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➤ Perinatal and  
early childhood

# Needs Assessment

**phn**  
GOLD COAST

An Australian Government Initiative

# ➤ Perinatal and early childhood

## Local health needs and service issues

- Rates for children who are developmentally vulnerable across two or more domains are above in GCPHN region in the Ormeau-Oxenford and Gold Coast-north Statistical Area Level three regions.
- 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 in the GCPHN region
- 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 mental health issues for children in care is hampered by:
  - long wait times for assessment and treatment in the public system
  - cost of private services
  - barriers sharing information and centralised depository from medical history that non-health professionals can contribute to
  - limited availability of low-cost assessments for diagnosis and National Disability Insurance Scheme applications
- Increasing rate of women being diagnosed with perinatal depression.

## Key findings

- The data explored in this needs assessment suggests that mothers in the GCPHN region have high rates of antenatal care through their pregnancy which are likely leading to positive health outcomes and behaviours for mothers and their newborns.
- Consultation suggests that there is room for preventive care around postnatal depression, with mental health assessed in the pre and postnatal stages.
- It was noted that there is a large waitlist for fetal alcohol spectrum disorder (FASD) assessments for seven to ten-year olds in the GCPHN region.

## 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

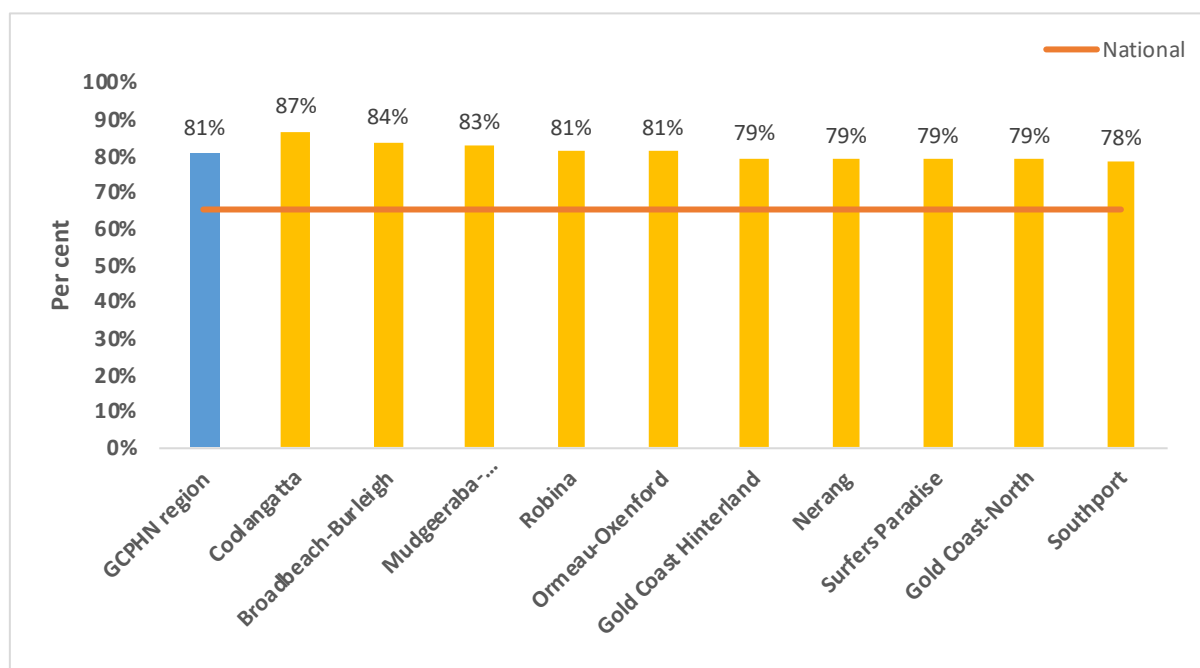
Antenatal care is a preventive healthcare which includes regular check-ups for the mother that allow health professionals to treat and prevent potential health problems through the duration of pregnancy

and to promote healthy lifestyles that benefit both mother and child.

The Gold Coast Primary Health Network (GCPHN) region had a higher rate of antenatal visits with 81 per cent compared to the national rate of 65 per cent in 2014-2016. The national rate increased three per cent from 2012 while the rate in the GCPHN region increased by 16 per cent.

At an SA3 level within the GCPHN region, Coolangatta had the highest percentage of women who had at least one antenatal visit with 87 per cent and Southport had the lowest with 78 per cent (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, 2014-2016**



Source: Child and maternal health in 2014-16 via my healthy communities, <https://www.myhealthycommunities.gov.au/national/npdc005#indicator-year-antenatal-visits-in-the-first-trimester-all-women-2014-2016>

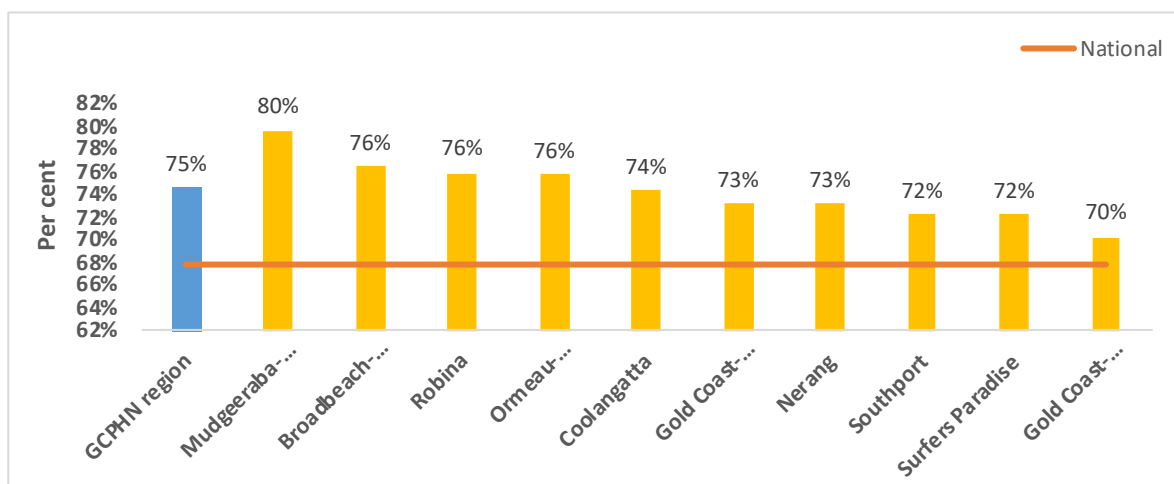
## Breastfeeding

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 the mother and child wish. In Queensland, at discharge from hospital in 2016, 77 per cent of infants were receiving only breast milk, 16 per cent received breastmilk and infant formula and seven per cent were receiving only infant formula.

The GCPHN region had a higher percentage of fully breastfed babies (no formula) at three months with 75 per cent compared to the national rate of 68 per cent in 2014-2015.

Among GCPHN's SA3 regions, Mudgeeraba-Tallebudgera (80 per cent) and Broadbeach-Burleigh (76 per cent) had the highest percentage of fully breastfed babies at three months in 2014-2015. Gold Coast-North (70 per cent) and Surfers Paradise (72 per cent) had the lowest percentages of fully breastfed babies at three months in 2014-2015 (Figure 2).

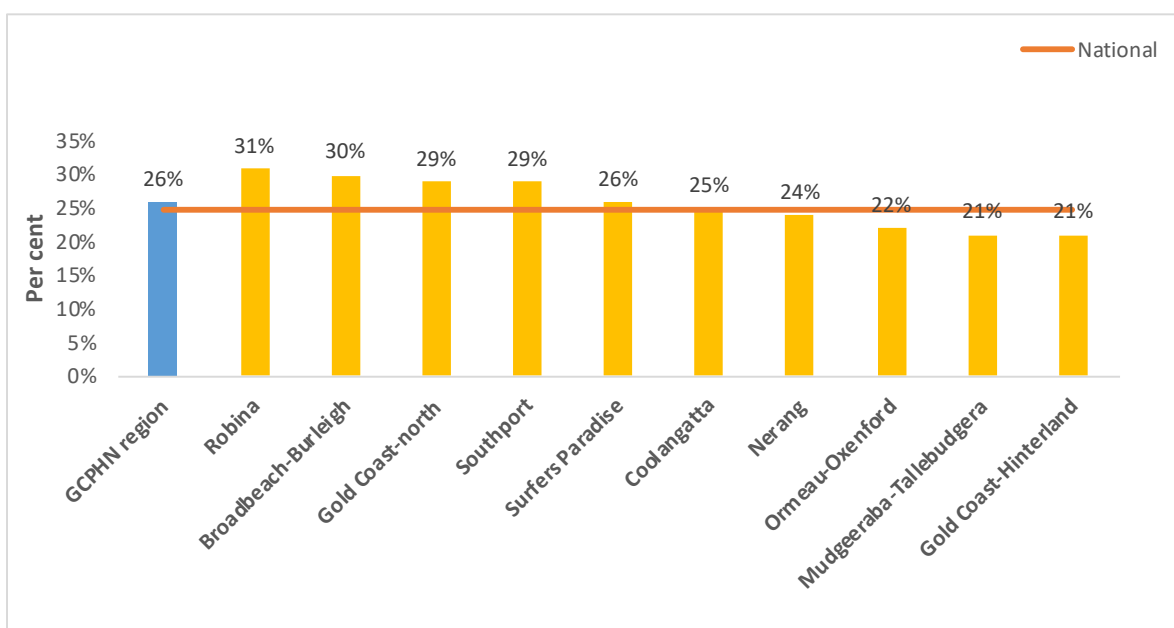
**Figure 2. Percentage of fully breastfed babies at 3 months, Gold Coast SA3 regions, 2014-15.**



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

The GCPHN region had a slightly higher percentage of fully breastfed babies (no formula) at six months with 26 per cent compared to the national rate of 25 per cent in 2014-2015. Among SA3s in the GCPHN region, Robina (31 per cent) and Broadbeach-Burleigh (30 per cent) had the highest percentage of fully breastfed babies at six months. Gold Coast Hinterland (21 per cent) and Mudgeeraba-Tallebudgera (21 per cent) were the lowest GCPHN regions 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), 2014-2015.**



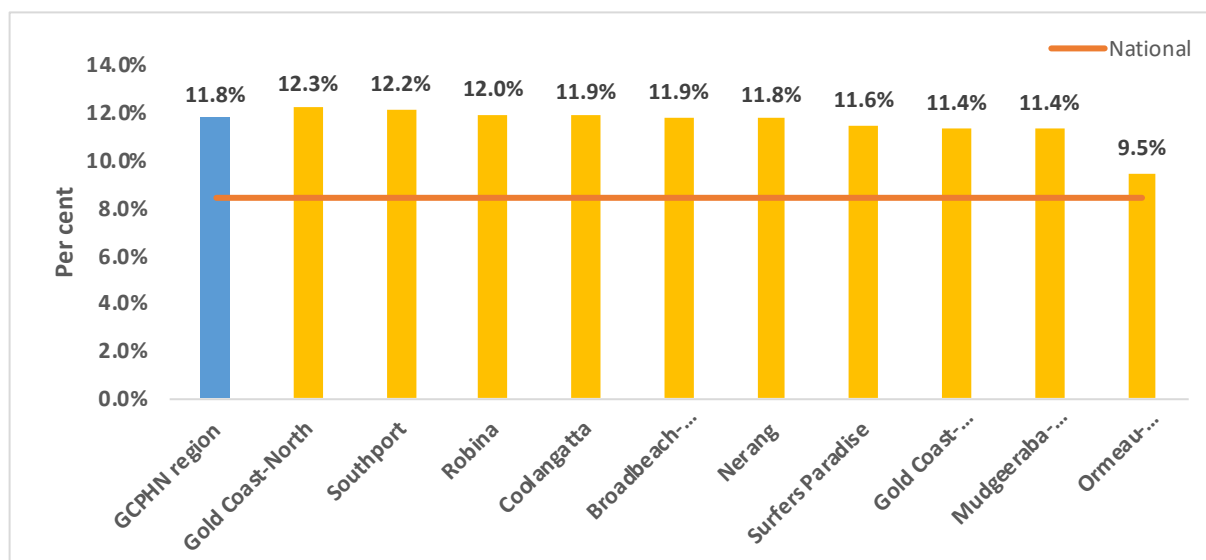
Source: PHIDU, Social Health Atlas, <http://phidu.torrens.edu.au/social-health-atlases/data>

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.

The GCPHN region had a higher percentage of children aged zero to three years who first ate semi-solid or solid food before four months with 11.8 per cent compared to the national rate of 8.5 per cent.

Gold Coast-North (12.3 per cent) had the highest percentage of children who ate semi- solid or solid food before four months while Ormeau-Oxenford had the lowest percentage in the GCPHN region (9.5 per cent) (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>

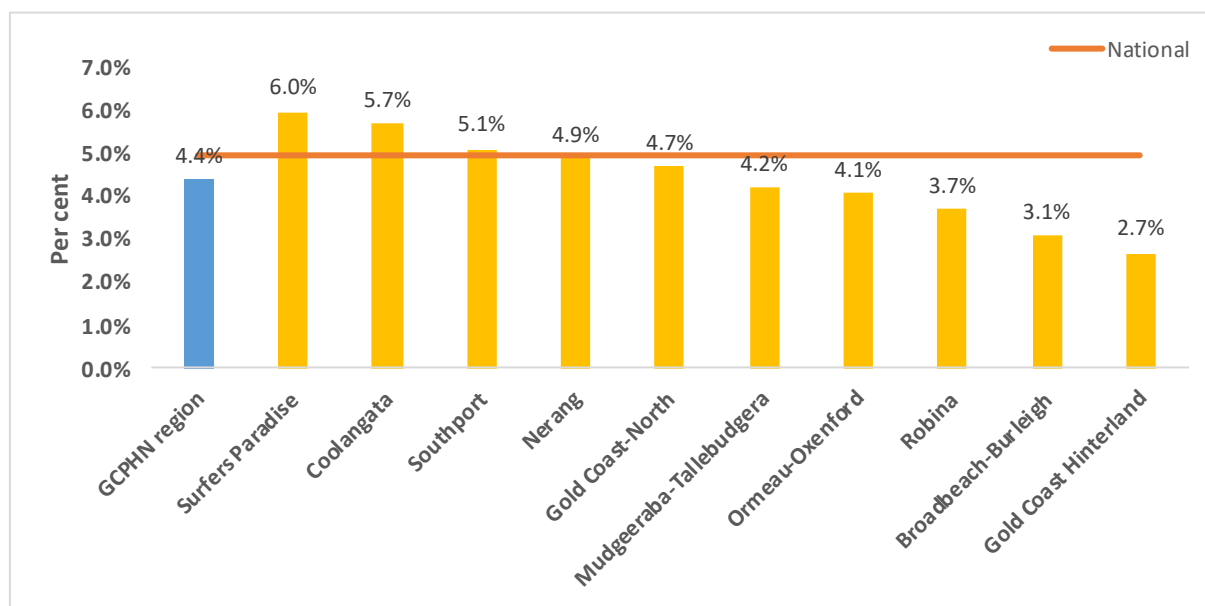
## Low birthweight

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<sup>1</sup>.

The percentage of live births that were low birthweight (<2,500 grams) in the GCPHN region in 2014-2016 was 4.4 per cent, which was lower than the national rate of five per cent. This number has not changed in recent years. Surfers Paradise had the highest percentage of low birthweight babies with six per cent compared to Gold Coast Hinterland with 2.7 per cent (Figure 5). Data on child and maternal health in the GCPHN region compared to Queensland for Aboriginal and Torres Strait Islander population can be seen on subsequent pages.

<sup>1</sup> Goldenberg RL & Culhane JF 2007. Low birthweight in the United States. American Journal of Clinical Nutrition 85:584s-90s

**Figure 5. Percentage of live births that were low birthweight on the Gold Coast, 2014-2016.**

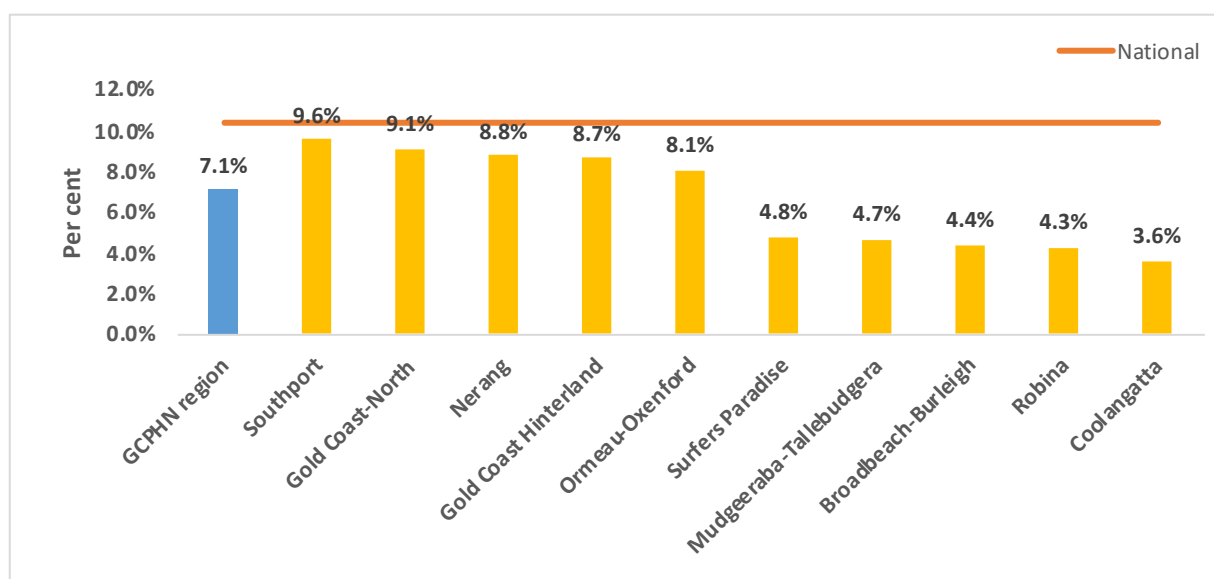


Source: Child and maternal health in 2014-16 via my healthy communities, <https://www.myhealthycommunities.gov.au/national/npsc001#indicator-year-low-birthweight-babies-all-women-2014-2016>

## 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 in the GCPHN region in 2014-2016 (7.1 per cent) was lower compared to the national rate (10.4 per cent). Both the national and GCPHN region's rate has decreased in recent years. The GCPHN region's rate has decreased from 10.8 per cent in 2012-2014 to 7.1 per cent in 2014-2016. Southport had the highest percentage of women who smoked while pregnant in 2014-2016 with 9.6 per cent while Coolangatta had the lowest with 3.6 per cent (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 subsequent pages.

**Figure 6. Percentage of women who gave birth and smoked during pregnancy on the Gold Coast, 2014-2016.**



Source: AIHW Child and maternal health 2014-16 via my healthy communities <https://www.myhealthycommunities.gov.au/national/npsc003#indicator-year-smoking-during-pregnancy-all-women-2014-2016>

## Substance abuse among pregnant women

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) indicated<sup>2</sup>:

- In 2019, nearly two thirds of women abstained from alcohol while pregnant, up from 56 per cent in 2016 and 40 per cent in 2007.
- 55 per cent consumed alcohol before they knew they were pregnant, and this declined to 14.5 per cent once they knew they were pregnant (down from 25 per cent 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 ensure the best possible outcomes. Recognising symptoms early and seeking help minimises the risk of potentially devastating outcomes for new parents and their baby<sup>3</sup>. Data from 2010, showed that one in five 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<sup>4</sup>). Data on perinatal depression in the GCPHN region is limited but nationally, perinatal depression was more commonly 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

Analysing data extracted through PATCAT<sup>5</sup> from 158 general practices in the GCPHN region recorded/claimed from April 2020 to March 2021, there was a total of 1,773 active patients<sup>6</sup> with a coded postnatal depression. Of these, 80 per cent were females aged 25 to 44 years old.

## 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 1 July 2020 to 30 April 2021 there were:

- 1,605 referrals
- 6,596 sessions delivered

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

<sup>3</sup> 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>

<sup>4</sup> Australian Institute of Health and Welfare, 2010 Australian National Infant Feeding Survey

<sup>5</sup> PAT CAT is a web-based interface that aggregates de-identified General Practice data for population health management and research programs.

<sup>6</sup> Active population represents the portion of the total population that have had at least three visits to the same practice in the last 2 years as per RACGP Accreditation Standards for general practice



**Table 1. Number of persons accessing Psychological Services Program on the Gold Coast, 1 July 2020 to 30 April 2021. This data set is a component of the minimum data set.**

July 2020-April 2021	Referrals	Rate of referrals from specified group	Sessions	Rate of total sessions delivered from referrals from specified group
Adult Suicide Prevention	826	51%	3,656	55%
Children	264	16%	884	56%
Aboriginal and Torres Strait Islander	112	7%	319	47%
Homeless	30	2%	92	51%
CALD	46	3%	200	72%
Perinatal	57	4%	144	42%
LGBTIQAP+	27	2%	121	75%
General (COVID19 Response)	243	15%	1,180	81%
Total	1,605		6,596	58%

Of those referred to the perinatal stream, 35 per cent were from clients located in Coomera, Pimpama, and Upper Coomera.

## Young mothers

In the GCPHN region in 2015, 124 women who gave birth were aged younger than 20 years. Of these mothers, 24.2 per cent stated that they smoked at any time during their pregnancy and 12.7 per cent gave birth to low birthweight babies (<2,500grams)<sup>7</sup>.

Gold Coast-North had the highest birth rate per 1,000 women aged younger than 20 years with 12.3 births while Coolangatta had the lowest birth rate with 3.4 per 1,000 women aged younger than 20 years (Figure 7).

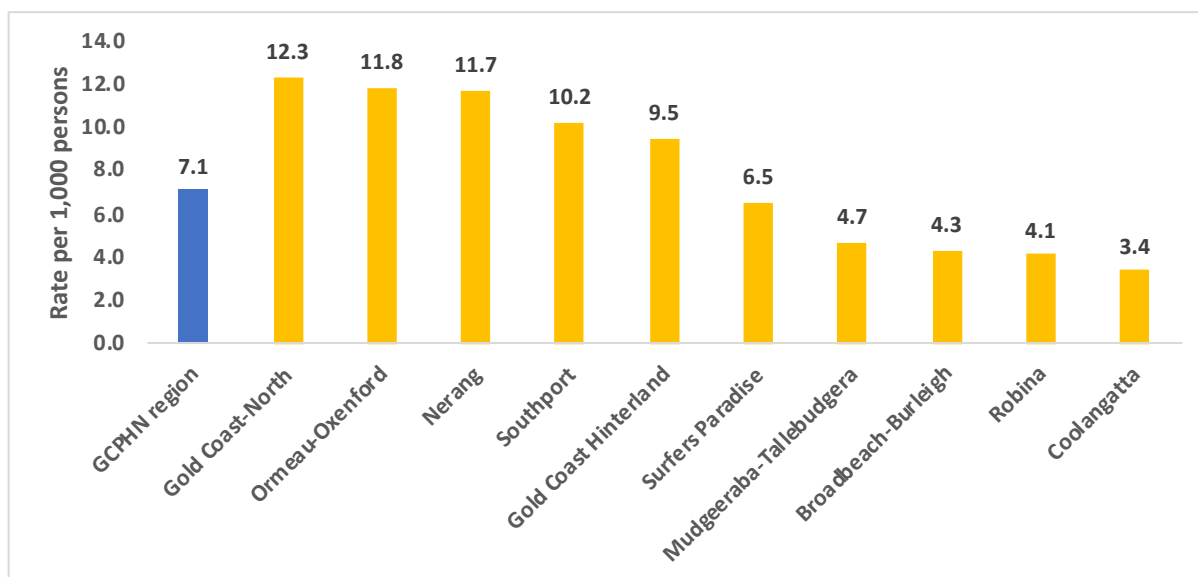
Younger mothers (under 20 years of age) were less likely to breastfeed (65 per cent exclusive breastfeeding at discharge) and more likely to use instant formula (11 per cent)<sup>8</sup>

<sup>7</sup> Teenage mothers in Australia, 2015, <https://www.aihw.gov.au/reports/mothers-babies/teenage-mothers-in-australia-2015/data>

<sup>8</sup> Department of Health. Queensland infant feeding survey 2014: current results, sociodemographic factors, and trends. Queensland Government: Brisbane; 2016



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

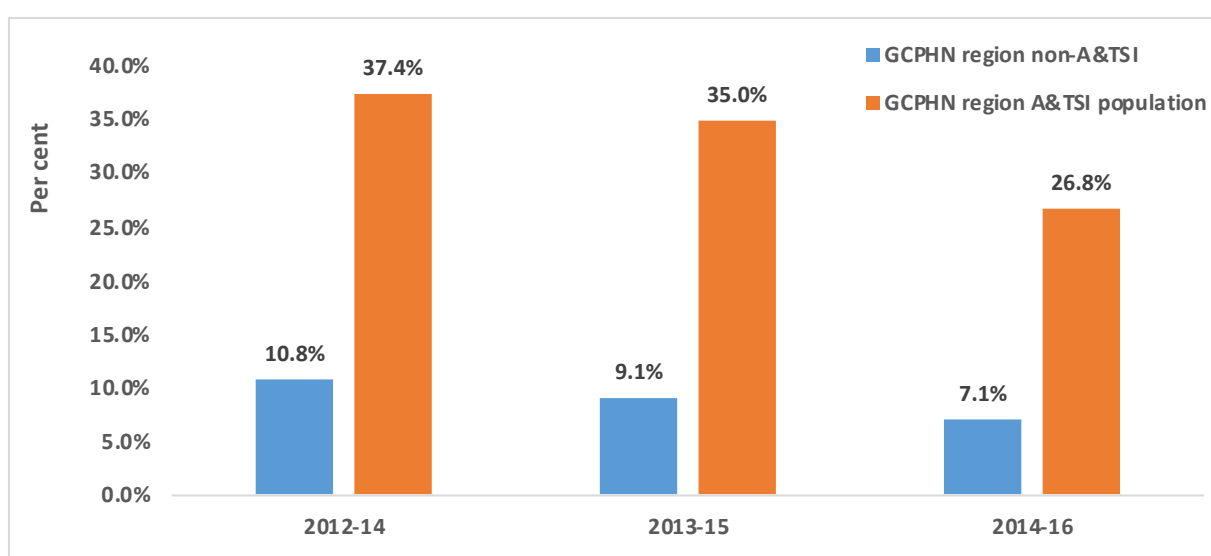


Source: Teenage mothers in Australia, 2015

## Aboriginal and Torres Strait Islander mothers

Among Aboriginal and Torres Strait Islander women in the GCPHN region who gave birth in 2014-2016, 26.8 per cent reported that they smoked during pregnancy compared to 7.1 per cent of non-Aboriginal and Torres Strait Islander women in the region (Figure 8). This number is below the national rate of 45.2 per cent and the Gold Coast rate has decreased from 37.4 per cent in 2012-2014 while the national rate has decreased from 47.6 per cent in 2012-2014.

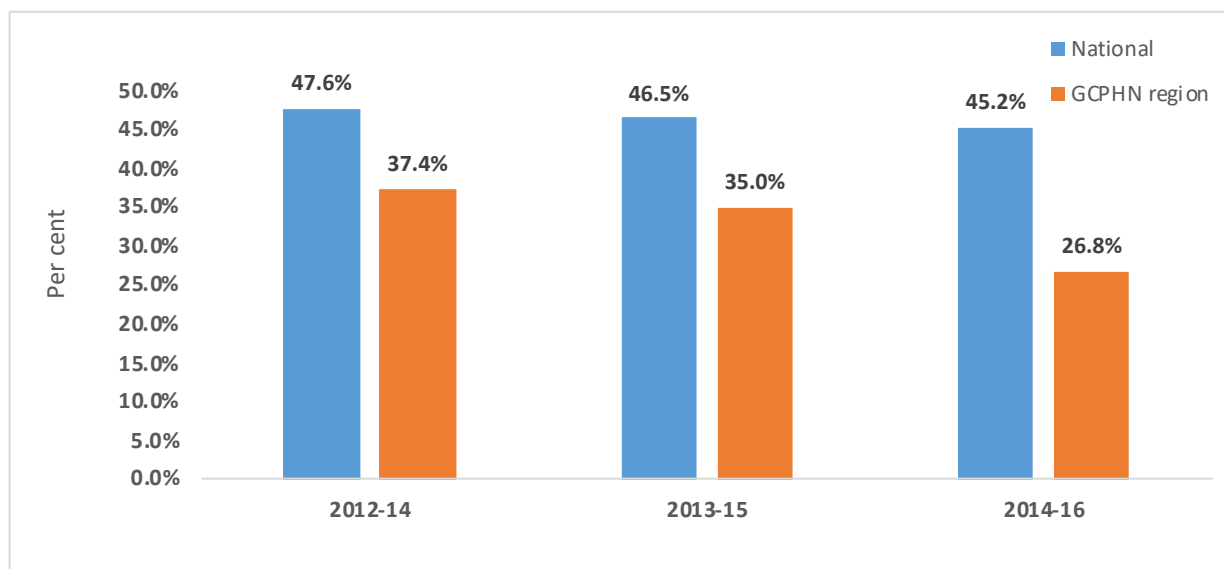
**Figure 8. Percentage of Aboriginal and Torres Strait Islander women and non-Aboriginal and Torres Strait Islander women on the GCPHN region who have birth and smoked during pregnancy, 2012-2016.**



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>

While the percentage of Aboriginal and Torres Strait Islander women in the GCPHN region who smoked is high compared to non-Aboriginal and Torres Strait Islander women, it's lower compared to the national rate of 45.2 per cent. The GCPHN region's rate has decreased from 37.4 per cent in 2012-2014 while the national rate has decreased from 47.6 per cent in 2012-2014 (Figure 9).

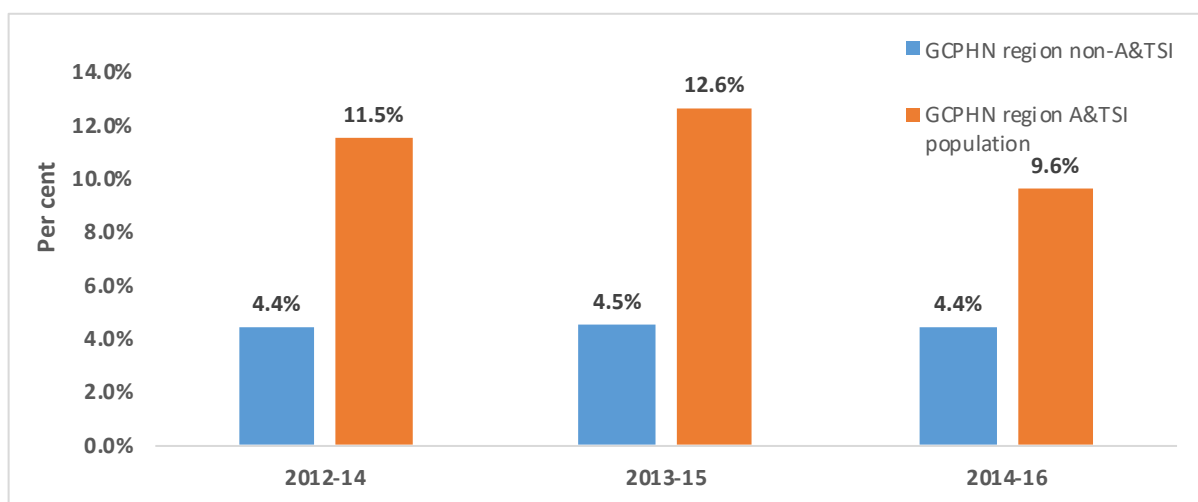
**Figure 9. Percentage of Aboriginal and Torres Strait Islander women who gave birth and smoked during pregnancy, National and Gold Coast, 2012-16.**



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 per cent compared to 4.4 per cent of non-Aboriginal and Torres Strait Islander women in the GCPHN region in 2014-2016 (Figure 10)

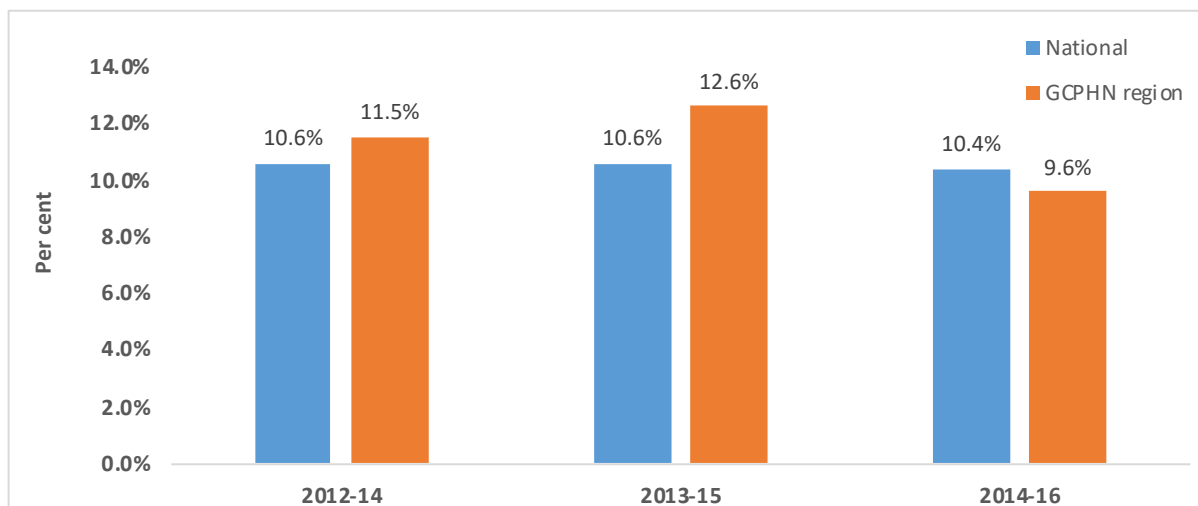
**Figure 10. Percentage of Aboriginal and Torres Strait Islander women and non-Aboriginal and Torres Strait Islander women on the GCPHN region who had low birthweight babies, 2012-16.**



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>

Although the percentage of live births that were low birthweight among Aboriginal and Torres Strait Islander women in the GCPHN region is high compared to non-Aboriginal and Torres Strait Islander women, it is lower compared to the national rate of 10.4 per cent (Figure 11).

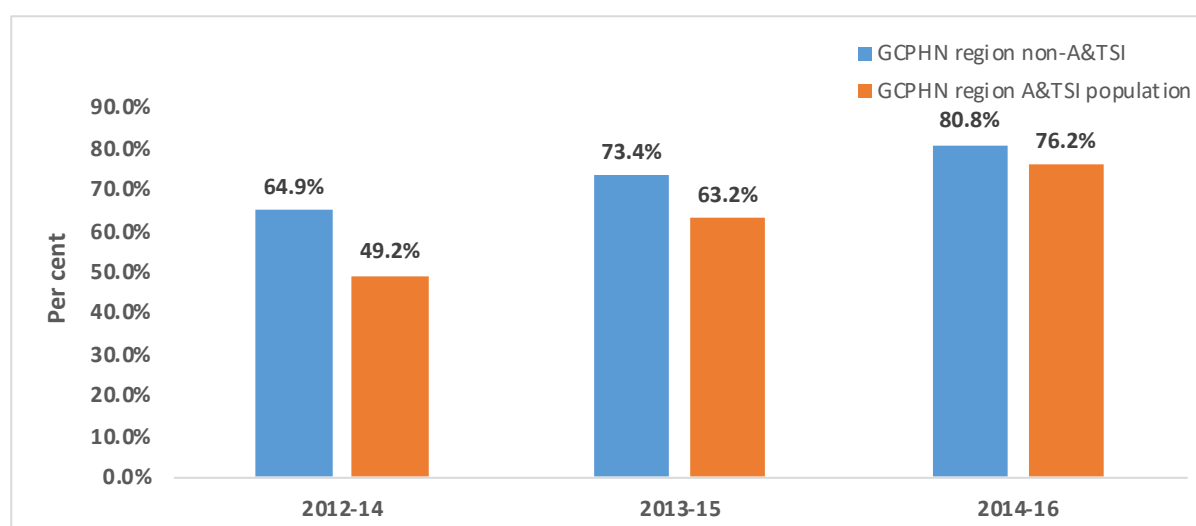
**Figure 11. Percentage of live births that were low birthweight among Aboriginal and Torres Strait Islander women on the Gold Coast, 2012-16**



Source: Child and maternal health in 2014-16 via my healthy communities, <https://www.myhealthycommunities.gov.au/national/npd002#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 in the GCPHN region was 76.2 per cent compared to 80.8 per cent of non-Aboriginal and Torres Strait Islander women in 2014-2016 (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.**

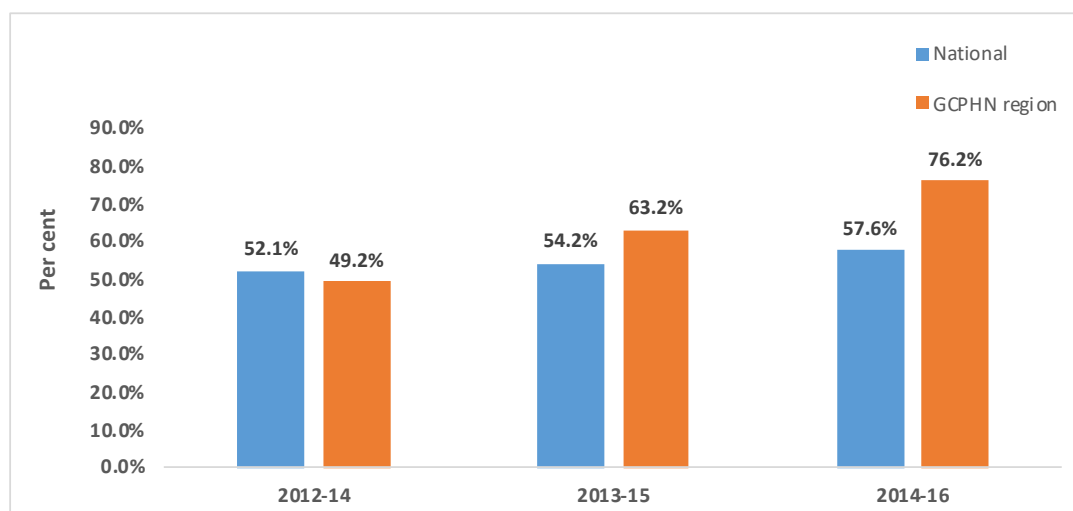


Source: Child and maternal health in 2014-16 via my healthy communities, <https://www.myhealthycommunities.gov.au/national/npd006#indicator-year-antenatal-visits-in-the-first-trimester-aboriginal-and-torres-strait-islander-women-2014-2016>

In the Gold Coast region, the percentage of Aboriginal and Torres Strait Islander women in the GCPHN region who gave birth and had at least one antenatal visit in the first trimester is lower compared to non-Aboriginal and Torres Strait Islander women, it is higher compared to the national rate of 57.6 per cent. This percentage in the GCPHN region has increased by over 13 per cent each year over the past

three years from 49.2 per cent in 2012-2014 to 76.2 per cent in 2014-2016 (Figure 13).

**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.**



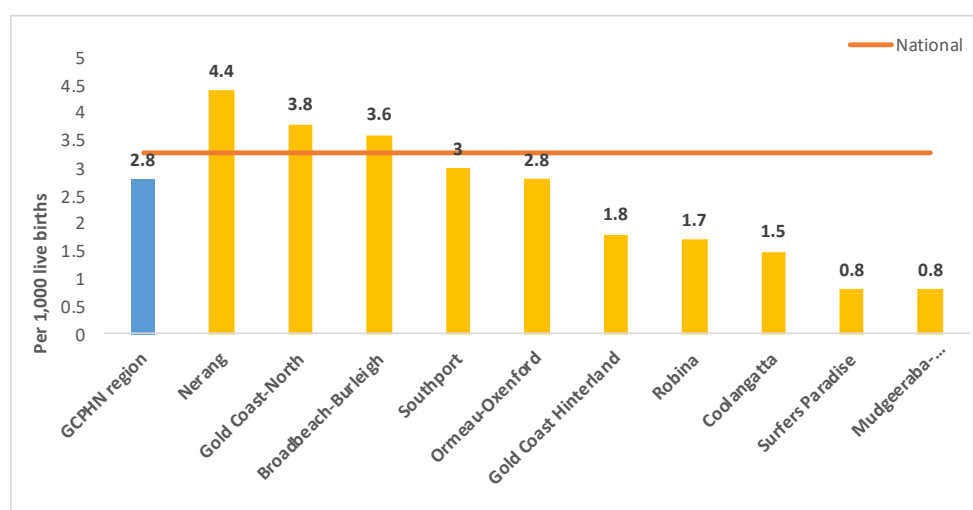
Source: Child and maternal health in 2014-16 via my healthy communities, <https://www.myhealthycommunities.gov.au/national/npdc006#indicator-year-antenatal-visits-in-the-first-trimester-aboriginal-and-torres-strait-islander-women-2014-2016>

## 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 in the GCPHN region 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. In the GCPHN region, 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 2014-2016 (Figure 14).

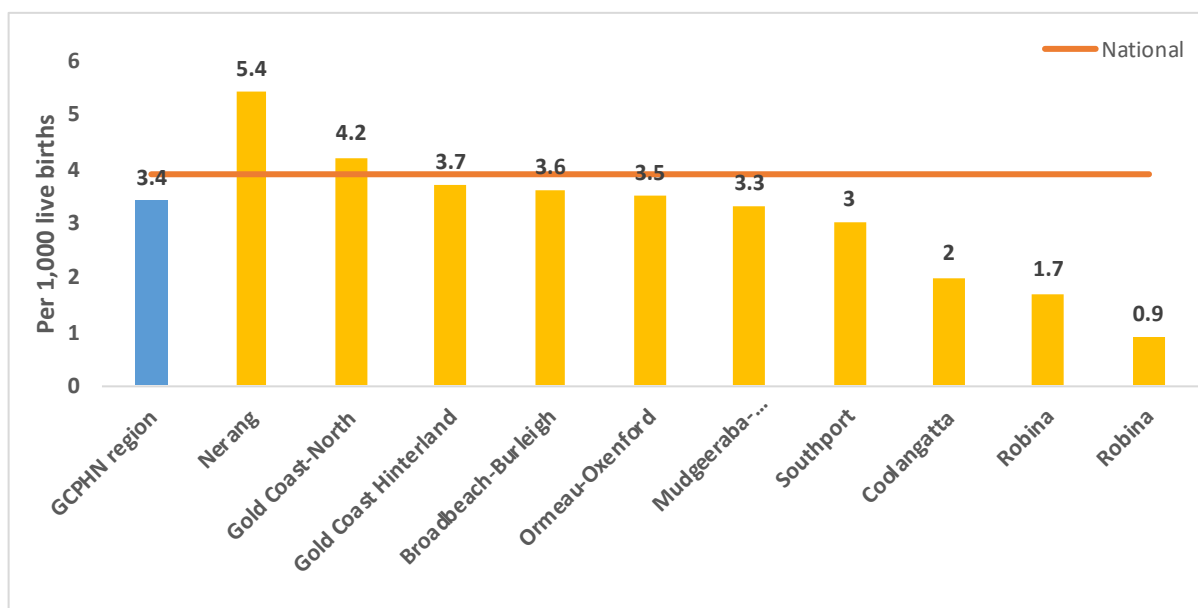
**Figure 14. Mortality among infants aged less than one year old per 1,000 live births on the Gold Coast, 2014-2016.**



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 olds in the GCPHN region 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 2014-2016 (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 better wellbeing and improved dental outcomes in adulthood- less decay and the loss of fewer natural teeth. The GCPHN region was above the Queensland state rate for 2016-2017 for dental hospitalisations. The GCPHN region's rate per 100,000 people for dental hospitalisations for children aged 0-9 years was 775 compared to Queensland State at 675 per 100,000 people per year<sup>9</sup>.

## 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, progress can be tracked to determine 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 measures across five domains:

- physical health and wellbeing
- social competence
- emotional maturity
- language and cognitive
- communication skills and general knowledge

<sup>9</sup> The health of Queenslanders 2018, Report of the Chief Health Officer Queensland

**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 accessed
	Per cent					Per cent		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

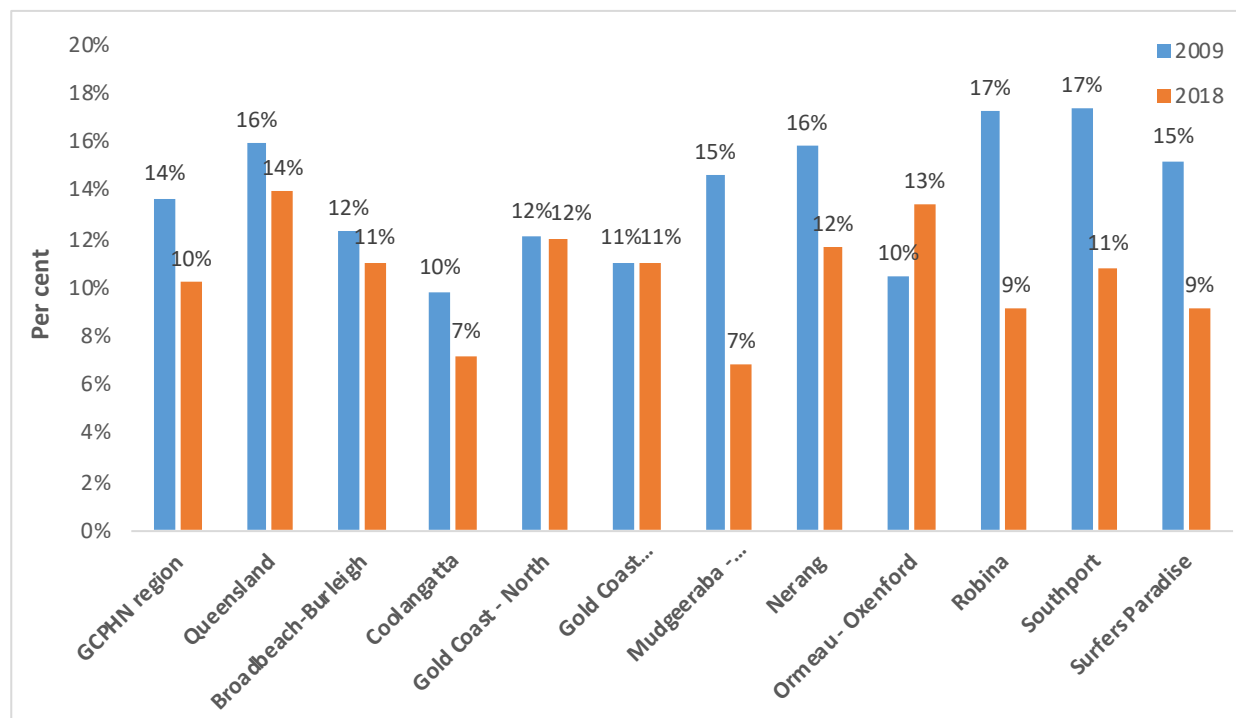
In 2018, 7,093 children participated in the AEDC in the GCPHN region which 21 per cent were developmentally vulnerable in one or two domains which was lower compared to the Queensland average (25.9 per cent). Among two or more domains that children were developmentally vulnerable, the GCPHN region was lower (10.2 per cent) compared to Queensland (13.9 per cent)<sup>10</sup>.

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 GCPHN SA3 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 GCPHN regions except for Gold Coast-North and Ormeau Oxenford. Both regions are within the northern growth corridor of the GCPHN region (Figure 17)

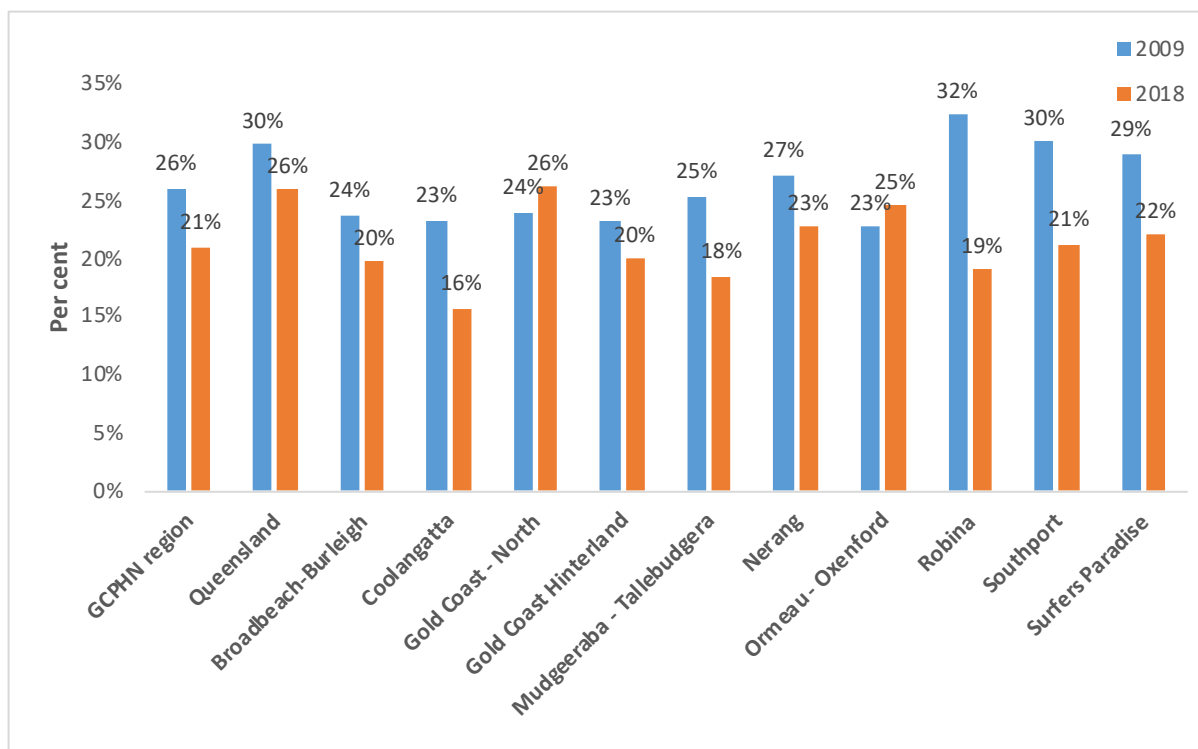
<sup>10</sup> Australian Early Development Census, Public table by statistical Area Level (SA3), 2009-2018, [https://www.aedc.gov.au/resources/detail/public-table-by-statistical-area-level-\(sa3\)-2009-2018](https://www.aedc.gov.au/resources/detail/public-table-by-statistical-area-level-(sa3)-2009-2018)

**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 per cent of mothers were aware that they should have a flu shot during pregnancy and of those who were aware 51 per cent 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 it is born<sup>11</sup>.

## Overweight and obesity

The percentage of children that were overweight and obese in 2017-2018 in the GCPHN region was 23.4 per cent<sup>12</sup>. This number is below the Queensland rate (26.2 per cent) and is the lowest among the seven Primary Health Networks in Queensland.

## COVID-19

COVID-19 Unmasked (Young Children) was an online study launched in Australia to help understand the mental health impacts of the pandemic on young children aged one to five years and their families.

Survey one was conducted between May and July 2020 and 998 caregivers started the survey and 776 completed all questions. Most respondents were mothers (93 per cent). Families living in major cities, and university-educated parents with higher-than-average incomes, were overrepresented in the sample.

Based on two major online surveys, which provided a good picture of how young children and their families cope with the pandemic, in Australia:

- one in four children are experiencing higher than average levels of anxiety symptoms.
- five to ten per cent of children may need specialised mental health support.
- one in five parents are struggling with moderate to severe anxiety, depression, or stress.
- young children most affected by not seeing friends and family.

The survey results also compare changes in young children and parents' emotional and behavioural wellbeing for those that did (Victorians) and did not(everyone else) go through a second lockdown. In Victoria:

- Children who experienced the second lockdown in Victoria were two-to-five times more likely to show emotional and behavioural difficulties than children in other states.
- Between 27 to 44 per cent of parents who experienced the second lockdown reported a significant increase in mental health difficulties in comparison to other states.
- Victorian children and families require higher levels of social and psychological support.

<sup>11</sup> Gold Coast Health, <https://www.goldcoast.health.qld.gov.au/about-us/news/flu-shots-now-available-ahead-winter-flu-season>

<sup>12</sup> The health of Queenslanders 2018, Report of the Chief Health Officer Queensland

## Service system

Service	Number in GCPHN region	Distribution	Capacity
General Practices (Antenatal visits)	206	Clinics are generally distributed across the GCPHN region with the majority located in coastal and central areas.	<ul style="list-style-type: none"> <li>• Confirmation of pregnancy</li> <li>• Immunity against infections that may affect the baby</li> <li>• Urine test (for evidence of diabetes or pre-eclampsia)</li> <li>• Progress of the baby (heartbeat, movements)</li> <li>• Progress of the mother, including emotional state</li> <li>• Antenatal visits are monthly until week 28, each two weeks from week 30 to 36 and weekly thereafter</li> <li>• Hospital visits usually occur for an initial assessment and then at week 32 and week 41</li> </ul>
Antenatal clinics at hospitals	4	2 in Southport, 1 in Tugun and 1 in Benowa	<ul style="list-style-type: none"> <li>• As listed above</li> </ul>
Childbirth parenting classes	2	Tugun and Southport	<ul style="list-style-type: none"> <li>• Pregnancy and process of birth</li> <li>• Pain relief and induction of labor</li> <li>• Assisted birth and cesarean section</li> <li>• Parenting the first few weeks</li> </ul>
Lavender Mother and baby unit	1	Gold Coast University Hospital	<ul style="list-style-type: none"> <li>• Four bed specialist state-wide acute service.</li> <li>• Specialist care for women who require admission to hospital for significant mental health difficulties in the first year following childbirth</li> <li>• General Practitioners (GPs), Obstetricians, Pediatrician, Psychiatrist and Mental Health Services can refer patients to the unit</li> </ul>
Uniting Care (ECEI)	1	Carrara	<ul style="list-style-type: none"> <li>• Determine the best support for child and family</li> <li>• Identify information, community-based and mainstream supports that can be used to support child</li> <li>• If required, can help request NDIS access and once confirmed, work with family to develop a plan</li> <li>• Help with the implementation of the plan</li> </ul>
Child Development Service (CDS)	1	Southport	<ul style="list-style-type: none"> <li>• 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.</li> </ul>

Early learning Program (Kalwun),	1	Burleigh	<ul style="list-style-type: none"> <li>• 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</li> <li>• Kalwun Jarjums playgroups is for parents/ carers of Aboriginal and Torres Strait Islander children aged 0-5 years</li> </ul>
Family participation program (Kalwun)	1	Kalwun	<ul style="list-style-type: none"> <li>• The Family Participation Program (FPP) is here to help you and your family if you are dealing with child protection matters and the Department of Child Safety.</li> <li>• The FPP is for Aboriginal and Torres Strait Islander families with children and young people under the age of 18 years</li> </ul>
Family wellbeing program (Kalwun)	1	Kalwun	<ul style="list-style-type: none"> <li>• Kalwun's Family Wellbeing Service delivers timely, effective support to Gold Coast families with children and young people under the age of 18 years.</li> <li>• Kalwun's Family Wellbeing Service works with Aboriginal and Torres Strait Islander families with children unborn to 18 years of age.</li> </ul>
Foster and kinship care	1	Kalwun	<ul style="list-style-type: none"> <li>• The Kalwun Foster and Kinship Care service recruits, trains and assesses Aboriginal and Torres Strait Islander carers.</li> </ul>
Jarjums playgroup	1	Burleigh	<ul style="list-style-type: none"> <li>• Kalwun Jarjums Playgroup supports and enhances learning in young children with a strong emphasis on play-based learning. are also welcome</li> <li>• Kalwun Jarjums Playgroup is for parents/carers of Aboriginal and Torres Strait Islander children aged 0–5 years.</li> </ul>
Birth Suites	4	2 in Southport, 1 in Benowa and 1 in Tugun	<ul style="list-style-type: none"> <li>• Collaborative multidisciplinary approach to provide midwifery to all women with both low risk and high-risk pregnancies</li> <li>• 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</li> <li>• Home visiting team provide ongoing support with infant feeding and early parenting needs</li> </ul>

Community Child Health Clinics	8	Southport, Coomera, Upper Coomera, Helensvale, Nerang, Labrador, Robina, Palm Beach	<ul style="list-style-type: none"> <li>• Health and developmental checks</li> <li>• Hearing assessment and referral (four years and over)</li> <li>• Feeding and nutritional support/information</li> <li>• Education and support groups</li> <li>• Parenting interventions to enhance parenting</li> <li>• Bedwetting program</li> <li>• Information and advice for parents for healthcare referrals</li> <li>• Indigenous health workers support Aboriginal and Torres Strait Islander families to access a variety of relevant services delivered</li> </ul>
School interventions	111	State schools throughout Gold Coast	<ul style="list-style-type: none"> <li>• State schools offer support and other services for children while they are in state schools</li> </ul>
Paediatricians	32	Paediatricians generally distributed across the Gold Coast, with the majority located in coastal and central areas	<ul style="list-style-type: none"> <li>• Manage the health of children, including physical, behavior and mental health issues</li> <li>• Trained to diagnose and treat childhood illness, from minor health problems to serious disease</li> </ul>
Child Youth and Family Health	8	Southport, Coomera, Upper Coomera, Helensvale, Nerang, Labrador, Robina, Palm Beach	<ul style="list-style-type: none"> <li>• Health advice for infants from birth to four years</li> <li>• Home visiting by referral</li> <li>• Breastfeeding clinic, practical assistance</li> <li>• Parent education groups- an informal setting to discuss health issues, guest speakers attend</li> <li>• Weigh and monitor infant progress between routine clinic visits.</li> </ul>
Community immunisation clinics, Gold Coast Health	6	Helensvale, Carrara, Upper Coomera, Burleigh, Robina and Southport	<ul style="list-style-type: none"> <li>• Drop in-no appointments required</li> <li>• Free for people with a Medicare card to attend the clinic</li> <li>• Vaccines on the National Immunisation Program Schedule QLD are provided free.</li> <li>• Other vaccines incur a cost.</li> </ul>
Emergency departments (ED)	5	Southport and Robina (public)  Southport, Benowa and Tugun (private)	<ul style="list-style-type: none"> <li>• Private health insurance is required to access private EDs.</li> <li>• Limited integration with general practice data. Residents near borders may also use nearby hospitals such as Tweed District Hospitals, Logan and Beaudesert.</li> </ul>

Dedicated GP immunisation clinics	3	Labrador, Canungra and Mermaid Beach	<ul style="list-style-type: none"> <li>These clinics provide a separate waiting area, no appointment is required and does not need to be a patient of the clinic.</li> </ul>
Psychological Services Program (PSP), Child (0-12) stream. Focus is moderate.	20 contracted organisations	Providers are available across the GCPHN region.	<ul style="list-style-type: none"> <li>The majority of child and youth mental health services focus on aged 12-25 with eligibility cut offs varying within the age bracket.</li> </ul>
Psychological Services Program (PSP), Perinatal depression.	20 contracted organisations	Providers are available across the GCPHN region.	
Neurodevelopment Exposure Disorder Service (FASD) clinic	1 (1 of 2 in country)	Gold Coast University Hospital	<ul style="list-style-type: none"> <li>Diagnosis of Fetal Alcohol Syndrome Disorder caused by fetal alcohol exposure.</li> <li>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</li> <li>Health professionals at the clinic include Paediatrician, Clinical Psychologists, Neuropsychologists, and Speech language pathologists, Physiotherapists, Occupational Therapists, Social Worker, and Nurse Navigator.</li> <li>GPs, Paediatricians, Other medical specialist, Psychologists, Allied Health professionals, Child protection service, Education Departments and Justice Departments can refer to the service</li> </ul>
Day care	228	Day cares are spread throughout the Gold Coast	<ul style="list-style-type: none"> <li>Day care provides professional care for children aged 6 weeks to 5 years.</li> <li>Some long day care centers offer Kindergarten or preschool programs.</li> </ul>
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"> <li>Run regularly, some are limited to the clients of the service</li> </ul>

## Consultation

The following key findings emerged through the consultation process with service providers and community members and people working closely with service providers in the GCPHN region who work with mothers and young children:

- Major issues that were identified:
  - postnatal depression
  - immunisation rates on the GCPHN region
  - GCPHN region has limited services for mothers and their children
  - If a service is not located near public transport, can be a barrier which can prevent access to service
  - families not having a regular GP or a regular general practice which they attend
  - extreme and excessive behaviours from a much earlier age in a preschool/school setting
  - long wait times into child related support services (FASD).
- Specific services that are missing or needs that are not met:
  - services that support parents with before and after school care
  - service providers need education on what other services are available to possibly refer to 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. Department of Children, Youth Justice and Multicultural Affairs 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 is 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 olds 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.
- 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:
  - low socioeconomic groups
  - those with limited access to transport
  - mother and child both have mental delay and complex needs

**The GCPHN'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 GCPHN's Clinical Council (August 2019) provided the following feedback:**

- Mothers with postnatal depression, unclear what services are available.
- Difficult for GPs to identify mothers who may be taking drugs while pregnant.
- Building stronger communication channels between paediatricians and GPs.
- 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 general practice nurses and registrars on immunisations.

**Service provider consultation**

- Provision of services targeted at mums living with a mental health issue/illness.
- Low general practice referral to Early Childhood Early Intervention (ECEI), children being missed for early intervention as once in school it's too late:
  - The GP may be the only services that picks up on development delay if child is not attending preschool.
  - Parents concerns on labelling their children therefore not accessing NDIS partner ECEI.





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## **Gold Coast Primary Health Network**

*"Building one world class health system for the Gold Coast."*

Level 1, 14 Edgewater Court, Robina 4226 | PO Box 3576 Robina Town Centre QLD 4230

P: 07 5635 2455 | F: 07 5635 2466 | E: [info@gcphn.com.au](mailto:info@gcphn.com.au) | [www.gcphn.org.au](http://www.gcphn.org.au)

Primary Care Gold Coast (ABN 47152953092), trading as the Gold Coast Primary Health Network. Gold Coast Primary Health Network gratefully acknowledges the financial and other support from the Australian Government Department of Health.



Gold Coast Primary Health Network would like to acknowledge and pay respect to the land and the traditional practices of the families of the Yugambeh Language Region of South East Queensland and their Elders past, present and emerging.