

Gold Coast Primary Health Network Needs Assessment 2022



Perinatal and early childhood

phn
GOLD COAST

An Australian Government Initiative

Perinatal and early childhood

Local health needs and service issues

- High rates for children who are developmentally vulnerable across two or more domains in the Ormeau-Oxenford and Gold Coast-north SA3 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 and more 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 around sharing information and centralised depository from medical history that non-health professionals can contribute to, and
 - limited availability of low-cost assessments for diagnosis and National Disability Insurance Scheme applications,
- Rate of women being diagnosed with perinatal depression are increasing.

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 is linked 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.
- There is a large waitlist for fetal alcohol spectrum disorder (FASD) assessments for 7 to 10 year olds in the GCPHN region.

Prevalence, service usage and other data

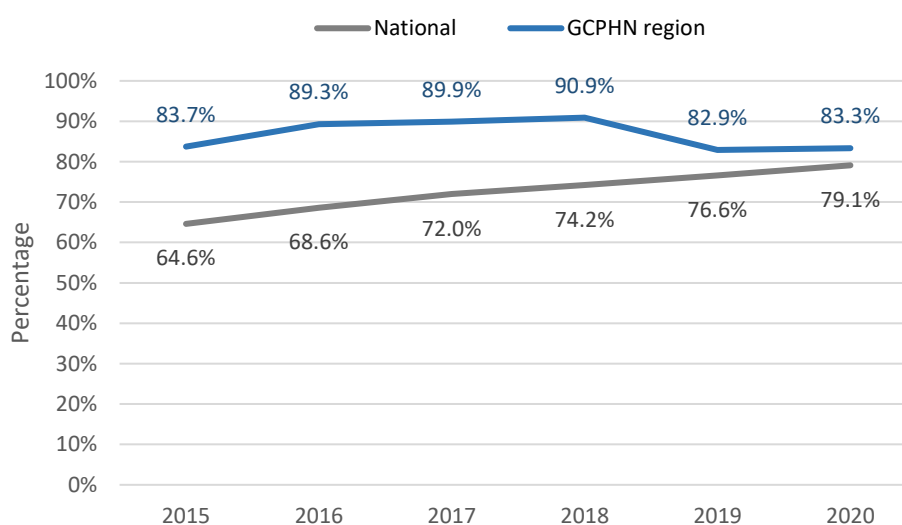
The early years of a child's life provide the foundation for future health, development, and wellbeing. Maternal nutrition and toxic avoidance are the foundation for the child's growth. The first year of life is also important for the newborn's health through appropriate feeding, including breastfeeding 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 compared to the national rate across 2015 to 2020. The national rate increased by 14.5% from 2015 to 2020, while the rate in the GCPHN region first increased from 2015 to 2018, and then declined by 7.6% from 2018 to 2020. The slight decline in the GCPHN region for 2019 and 2020 could be attributed to increased personal safety concerns and the ability for women to attend a face to face service due to COVID-19 pandemic¹.

Figure 1. Percentage of women who gave birth and had at least one antenatal visit in the first trimester, nationally GCPHN region, 2015-2020



Source: Australian Institute of Health and Welfare 2022. National Core Maternity Indicators. Cat no. PER 95. Canberra: AIHW.

Breastfeeding

Breastfeeding promotes 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 2016 in Queensland, 77% of infants were receiving only breast

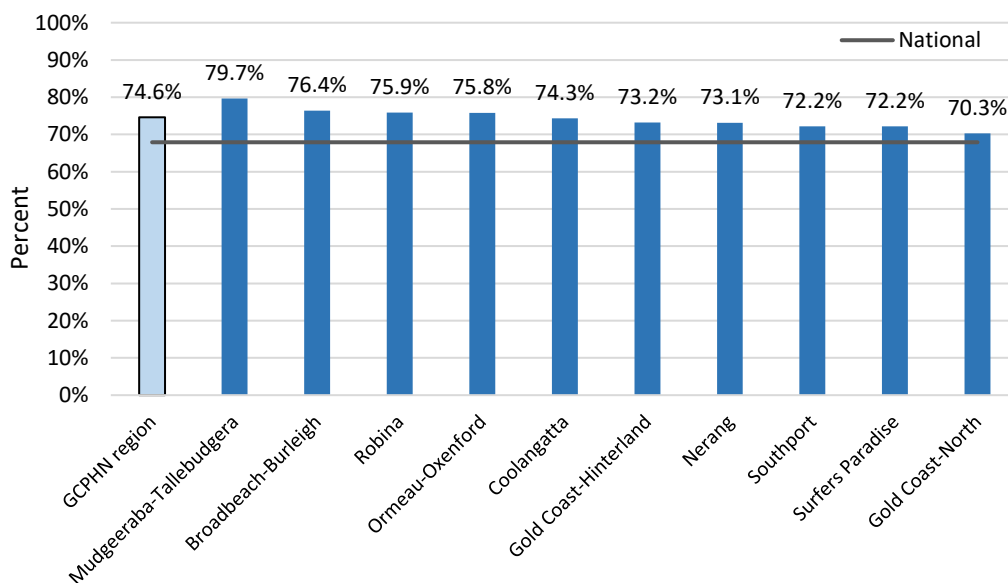
¹ Australian Institute of Health and Welfare (2022) Health of mothers and babies, AIHW, Australian Government

milk at discharge from hospital, 16% received breastmilk and infant formula, and 7% were receiving only infant formula.

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

Among GCPHN’s SA3 regions, Mudgeeraba-Tallebudgera (80%) and Broadbeach-Burleigh (76%) had the highest percentage of fully breastfed babies at three months, and Gold Coast-North (70%) and Surfers Paradise (72%) had the lowest percentages of fully breastfed babies.

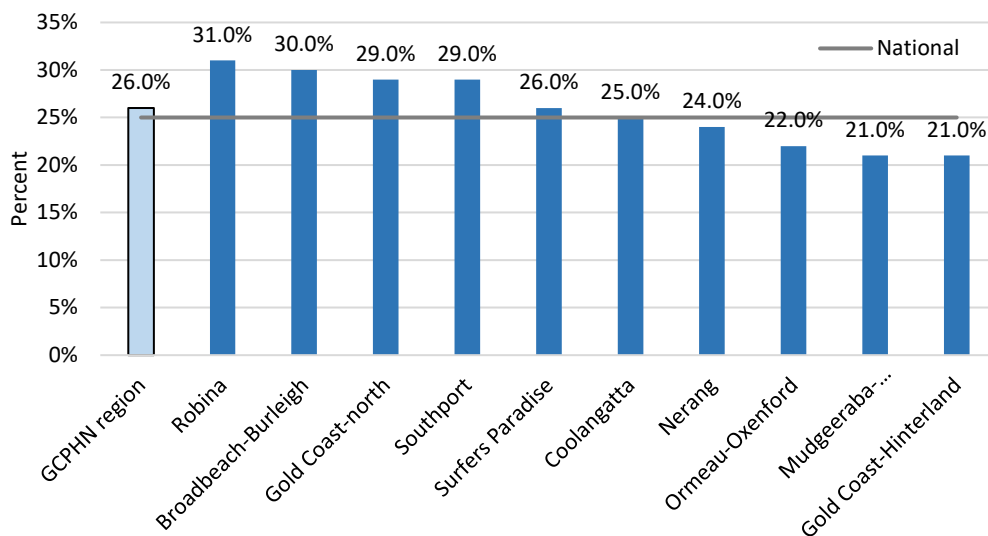
Figure 2. Percentage of fully breastfed babies at 3 months, Gold Coast SA3 regions, 2014-2015



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

The GCPHN region had a comparable percentage of fully breastfed babies at six months as the national rate of (26% and 25%, respectively) in 2014-2015. Among SA3s in the GCPHN region, Robina (31%) and Broadbeach-Burleigh (30%) had the highest percentage of fully breastfed babies at six months, and Gold Coast Hinterland (21%) and Mudgeeraba-Tallebudgera (21%) had the lowest rate (Figure 3).

Figure 3. Percentage of fully breastfed babies at 6 months, Gold Coast SA3 regions, 2014-2015.



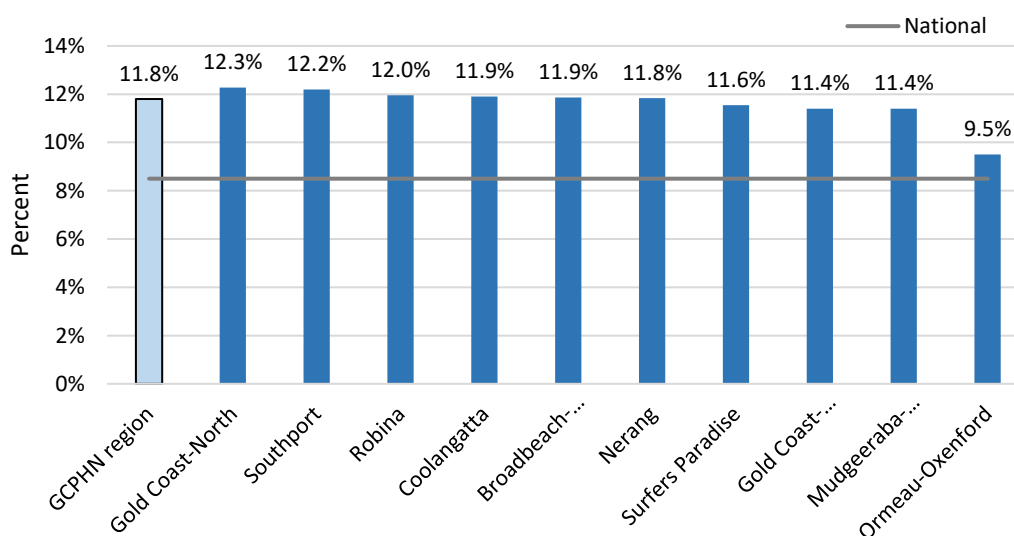
Source: PHIDU, Social Health Atlas, <http://phidu.torrens.edu.au/social-health-atlases/data>

The Department of Health strongly recommend that solids are not introduced before four months of age, since 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% 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 had the lowest percentage in the GCPHN region (9.5%) (Figure 4).

Figure 4. Children aged 0-3 years who ate semi-solid or solid food before 4 months of age, Gold Coast SA3 regions, 2014-15



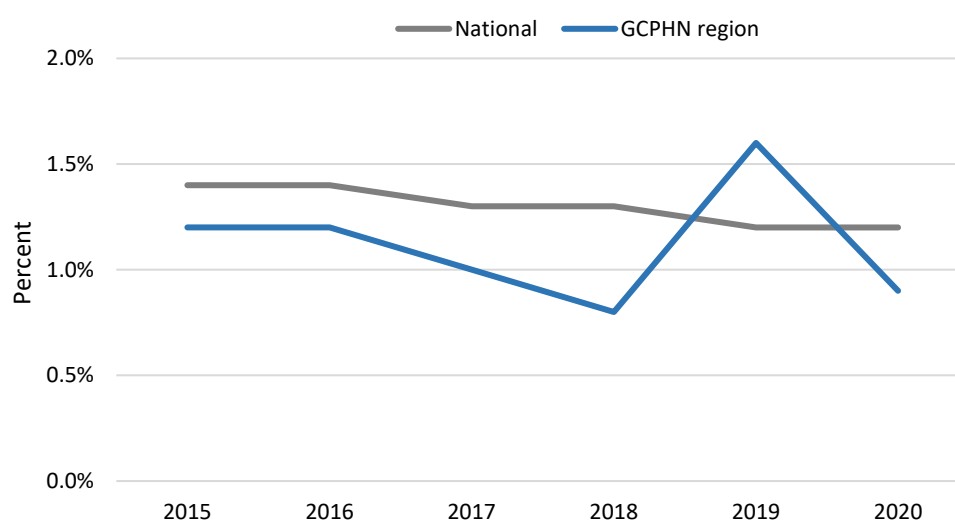
Source: PHIDU, Social Health Atlas, <http://phidu.torrens.edu.au/social-health-atlases/data>

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 care².

The percentage of live births that were low birthweight (born at or after 40 weeks gestation who weighed less than 2,750 grams) in 2020 the GCPHN region was 0.9%, which was lower than the national rate of 1.2%. Both the GCPHN region and national rates have decreased from 2015 to 2020. 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.

Figure 5. Percentage of live births that were low birthweight Nationally and in the GCPHN region, 2015 to 2020



Source: Australian Institute of Health and Welfare 2022. National Core Maternity Indicators. Cat no. PER 95. Canberra: AIHW.

Smoking during pregnancy

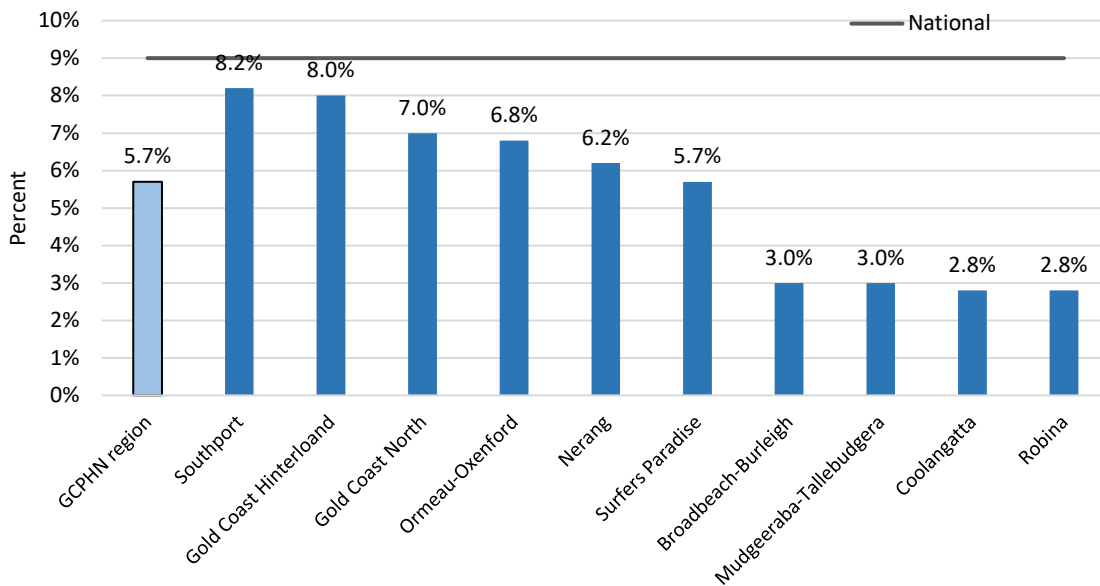
Smoking while pregnant exposes the mother and their unborn child to an increased risk of health problems. The percentage of women who smoked during pregnancy in the GCPHN region in 2018-2020 (5.7%) was lower compared to the national rate (9.0%). Both the national and GCPHN region's rate has decreased in recent years.

The GCPHN region's rate has decreased from 7.1% in 2016-2018 to 5.7% in 2018-2020. Southport had the highest percentage of women who smoked while pregnant in 2018-2020 with 8.2% while Coolangatta and Robina had the lowest with 2.8% (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.

² Goldenberg RL & Culhane JF 2007. Low birthweight in the United States. American Journal of Clinical Nutrition 85:584s-90s

Figure 6. Percentage of women smoking in the first 20 weeks of pregnancy, Gold Coast SA3 regions, 2018-2020



Source: Australian Institute of Health and Welfare 2022. National Core Maternity Indicators. Cat no. PER 95. Canberra: AIHW.

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 2019³ (NDSHS) indicated³:

- 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 can be a 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 baby⁴.

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 birthday⁵). 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)

³ Australian Institute of Health and Welfare 2020. National Drug Strategy Household Survey 2019. Drug Statistics series no. 32. PHE 270. Canberra AIHW

⁴ Deloitte Access Economics. (2012). the cost of perinatal depression in Australia – Final report. Available from: <https://www.deloitteaccessconomics.com.au/uploads/File/PANDA%20Exec%20Summ%20pdf.pdf>

⁵ Australian Institute of Health and Welfare, 2010 Australian National Infant Feeding Survey

- were smokers
- came from lower income households
- were overweight or obese
- had an emergency caesarean section

Data extracted through PATCAT from 158 general practices in the GCPHN region from April 2020 to March 2021 showed there was a total of 1,773 active patients with a coded postnatal depression. Of these, 80% 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 targets several underserved groups including children.

From July 2021 to June 2022 there were 1,620 referrals and 6,999 sessions delivered.

Table 1. Number of persons accessing Psychological Services Program on the Gold Coast, 2021-22.

	Referrals		Sessions	
	Number	Percentage	Number	Percentage
Adult Suicide Prevention	1,056	65.2%	4,909	70.1%
Children	235	14.5%	849	12.1%
Aboriginal and Torres Strait Islander	111	6.9%	383	5.5%
Homeless	55	3.4%	197	2.8%
CALD	47	2.9%	248	3.5%
Perinatal	68	4.2%	215	3.1%
LGBTIQAP+	48	3.0%	197	2.8%
General (COVID19 Response)	0	0	0	0
Total	1,620		6,999	

Source: PIR-FIXUS

Young mothers

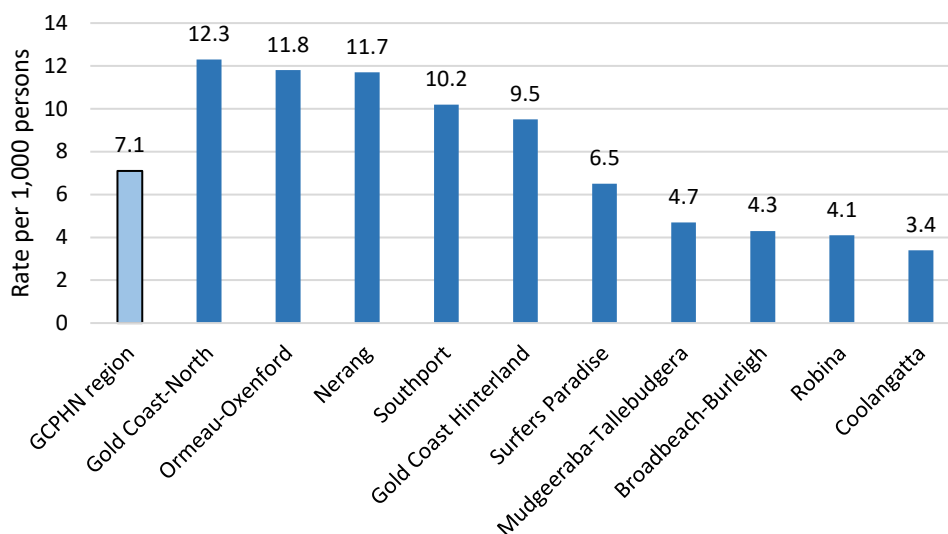
In the GCPHN region in 2015, 124 women who gave birth were aged younger than 20 years. Of these mothers, 24.2% stated that they smoked at any time during their pregnancy and 12.7% gave birth to low birthweight babies (<2,500grams)⁶.

Gold Coast-North SA3 region 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 (Figure 7).

⁶ Teenage mothers in Australia, 2015, <https://www.aihw.gov.au/reports/mothers-babies/teenage-mothers-in-australia-2015/data>

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%)⁷.

Figure 7. Birth rate per 1,000 women aged younger than 20 years, Gold Coast SA3 regions, 2015



Source: Teenage mothers in Australia, 2015

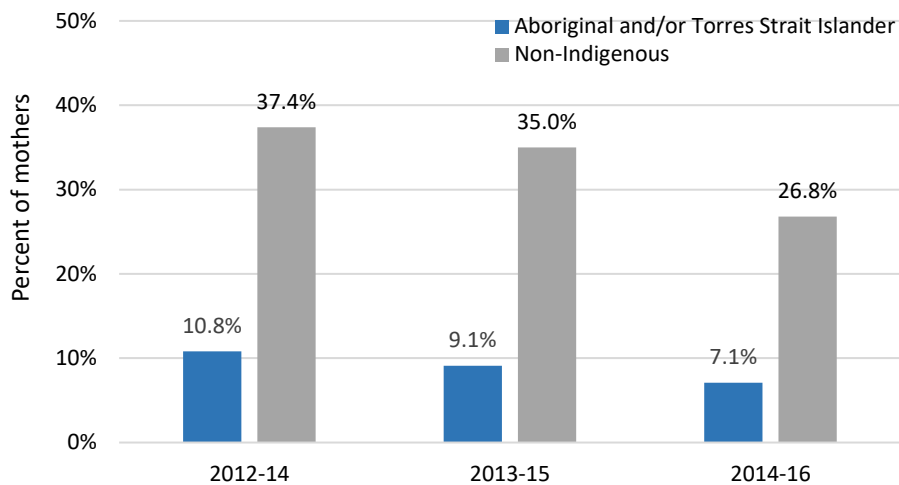
Aboriginal and Torres Strait Islander mothers

Among Aboriginal and Torres Strait Islander women in the GCPHN region who gave birth in 2014-2016, 26.8% reported that they smoked during pregnancy, compared to 7.1% of non-Indigenous women in the region (Figure 8).

This number is below the national rate of 45.2% and the Gold Coast rate has decreased from 37.4% in 2012-2014 while the national rate has decreased from 47.6% in 2012-2014.

⁷ Department of Health. Queensland infant feeding survey 2014: current results, sociodemographic factors, and trends. Queensland Government: Brisbane; 2016

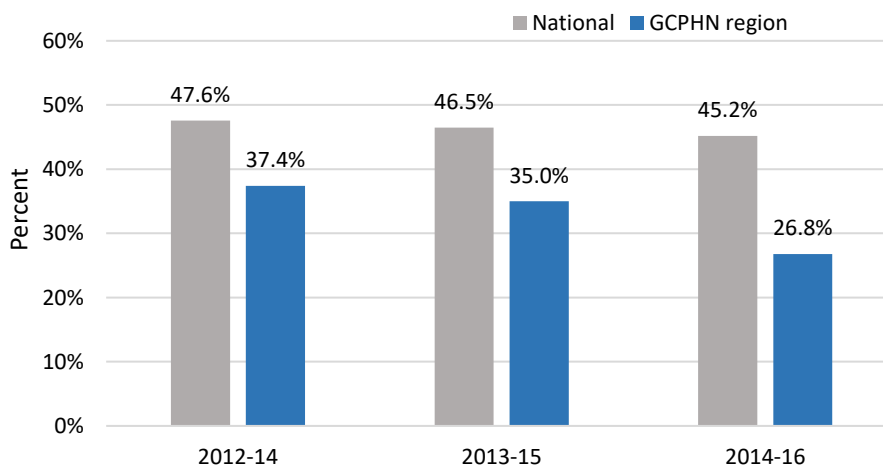
Figure 8. Percentage of Aboriginal and Torres Strait Islander women and non-Indigenous women who have birth and smoked during pregnancy, Gold Coast, 2012-2016



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

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%. The GCPHN region's rate has decreased from 37.4% in 2012-2014 while the national rate has decreased from 47.6% in 2012-2014 (Figure 9).

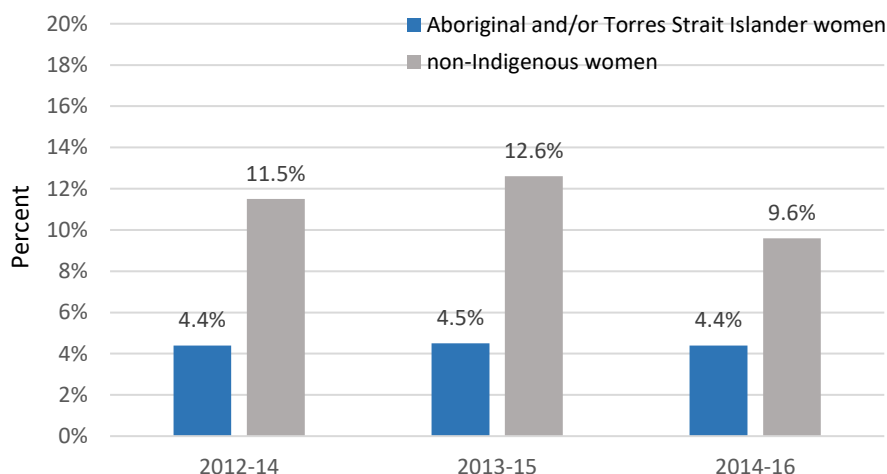
Figure 9. Percentage of Aboriginal and Torres Strait Islander women who gave birth and smoked during pregnancy, national and Gold Coast, 2012-16



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

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-Indigenous women in the GCPHN region in 2014-2016 (Figure 10).

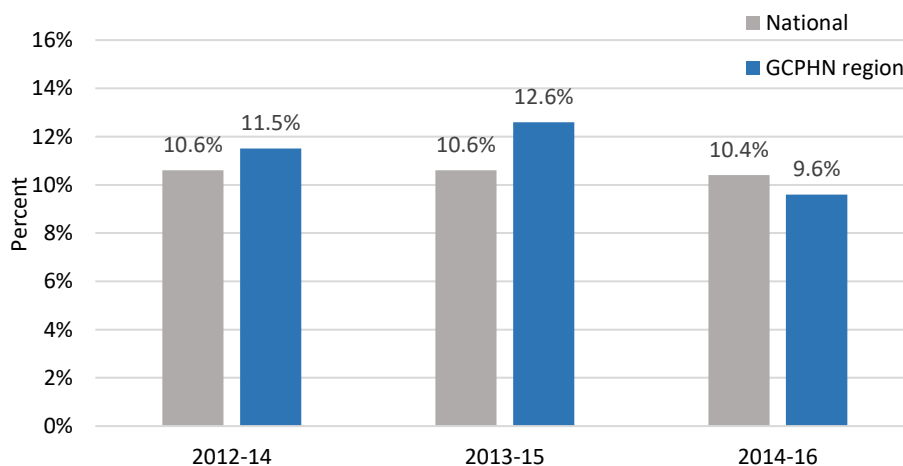
Figure 10. Percentage of Aboriginal and Torres Strait Islander women and non-Indigenous women on the GCPHN region who had low birthweight babies, 2012-16



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% (Figure 11).

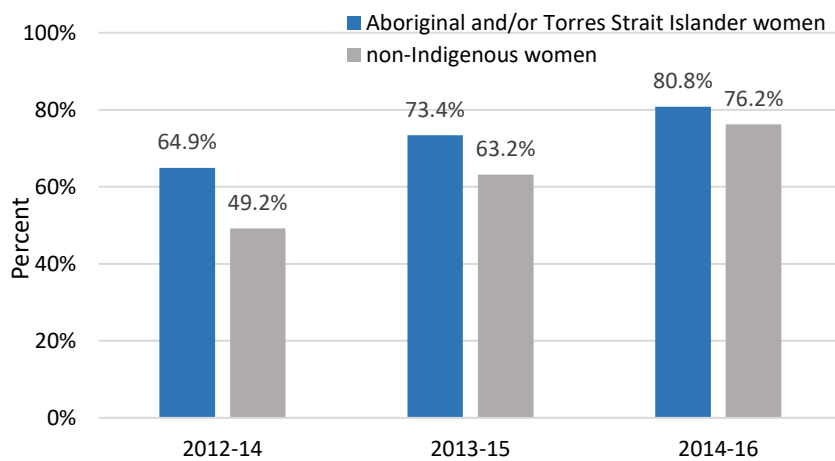
Figure 11. Percentage of live births that were low birthweight among Aboriginal and Torres Strait Islander women on the Gold Coast, 2012-16



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

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% compared to 80.8% 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-Indigenous women who had at least one antenatal visit in the first trimester, Gold Coast, 2012-16

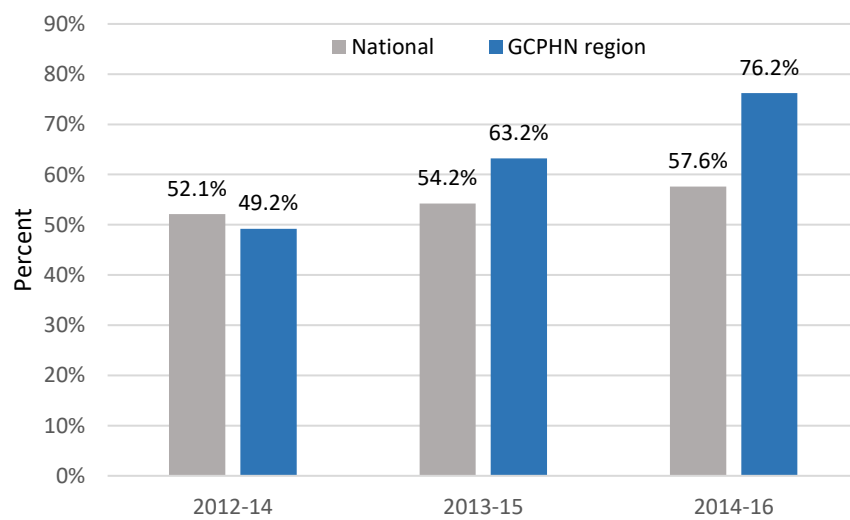


Source: Child and maternal health in 2014-16 via my healthy communities

In the Gold Coast region, the percentage of Aboriginal and Torres Strait Islander women who gave birth and had at least one antenatal visit in the first trimester is lower compared to non-Indigenous women, however, higher compared to the national rate of 57.6%.

This percentage in the GCPHN region has increased by over 13% each year over the past three years from 49.2% in 2012-2014 to 76.2% 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, nationally and Gold Coast, 2012-16



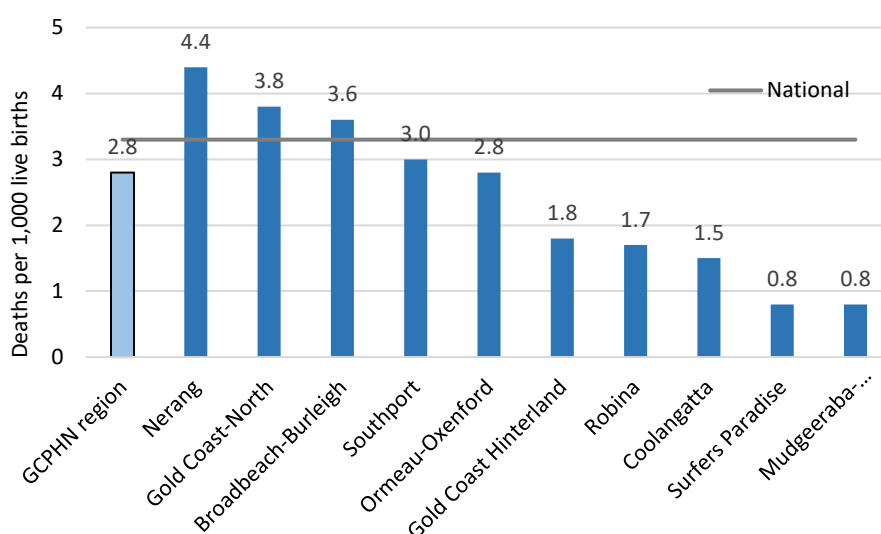
Source: Child and maternal health in 2014-16 via my healthy communities

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.

In 2014-16, the overall mortality rate in the GCPHN region for children aged less than one year was 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 (Figure 14).

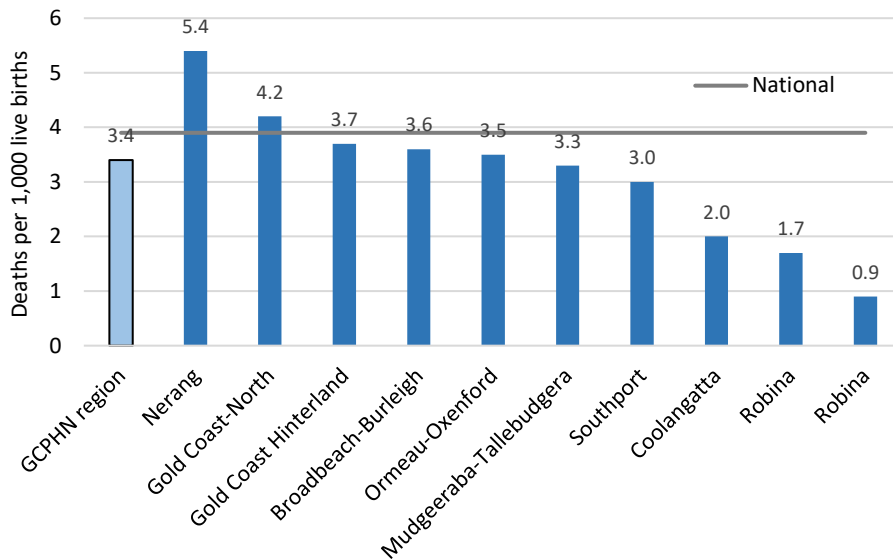
Figure 14. Mortality among infants aged less than one year old per 1,000 live births, Gold Coast SA3 regions, 2014-2016



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

The mortality rate for children under 5 years old in the GCPHN region was 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 (Figure 15).

Figure 15. Mortality among infants aged less than five years per 1,000 live births, Gold Coast SA3 regions, 2014-16



Source: AIHW National Perinatal Data Collection 2012 to 2016, AIHW National Mortality Database 2010 to 2016

Dental health

Good oral health in childhood contributes to better wellbeing and improved dental outcomes in adulthood, such as less decay and the loss of fewer natural teeth.

In 2016-17, 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 year⁸.

Australian early development census

A person's 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

⁸ The health of Queenslanders 2018, Report of the Chief Health Officer Queensland

Table 2. Percentage of developmentally vulnerable children, Gold Coast SA3 regions, 2021

Region	Physical health and wellbeing	Social competence	Emotional maturity	Language and cognitive	Communication skills /general knowledge	One or two domains	Two or more domains	Children accessed (number)
Queensland	11.6%	10.6%	10.0%	8.4%	9.1%	24.7%	13.2%	61,441
Gold Coast SA4	8.8%	8.8%	8.5%	5.9%	7.1%	20.4%	10.3%	6,910
Broadbeach-Burleigh	6.3%	6.4%	6.6%	3.1%	5.3%	16.3%	6.6%	639
Coolangatta	7.3%	6.5%	7.4%	3.2%	5.1%	16.7%	8.0%	627
Gold Coast North	9.7%	11.7%	9.3%	6.4%	10.0%	23.6%	11.4%	580
Gold Coast Hinterland	5.6%	5.1%	5.6%	1.5%	3.5%	14.7%	4.0%	198
Mudgeeraba-Tallebudgera	6.9%	7.9%	9.5%	3.8%	4.0%	18.2%	8.3%	521
Nerang	10.7%	11.4%	10.2%	7.3%	8.7%	24.3%	13.5%	859
Ormeau-Oxenford	10.0%	9.7%	9.3%	7.6%	7.6%	22.1%	11.8%	2,118
Robina	6.0%	6.5%	4.8%	3.7%	5.6%	13.9%	8.1%	569
Southport	10.6%	7.6%	8.2%	6.8%	8.4%	22.4%	10.8%	526
Surfers Paradise	9.5%	11.0%	10.6%	8.8%	9.2%	24.9%	13.2%	273

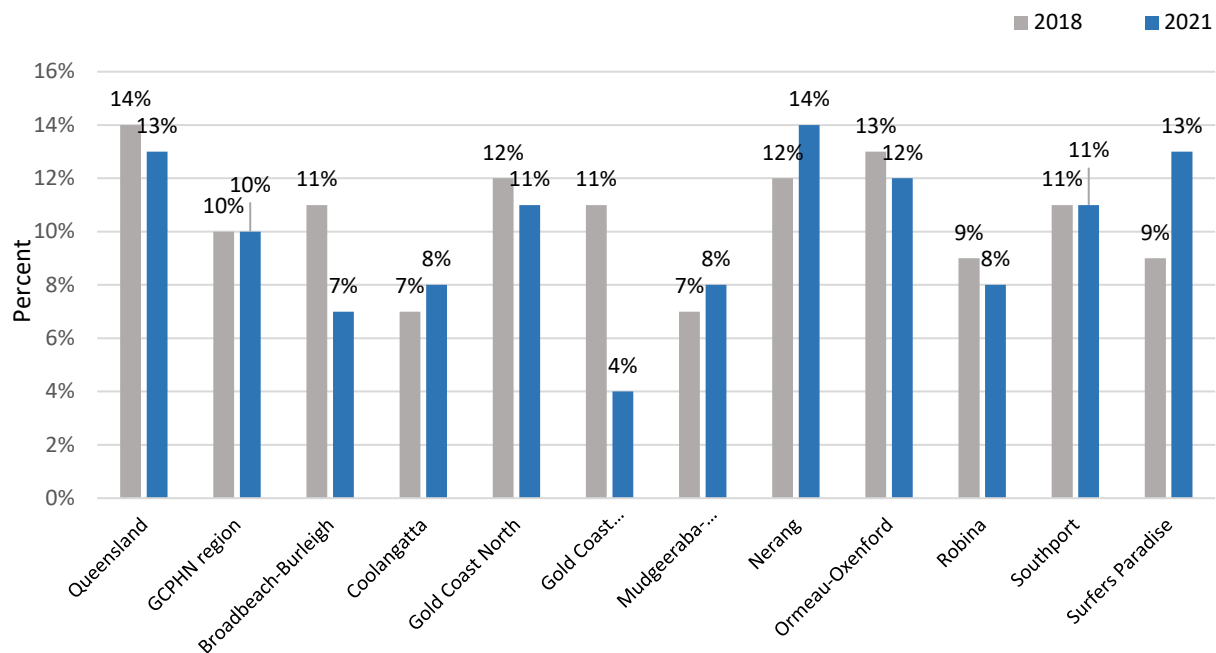
Source: Australian Early Development Census, Public table by statistical Area Level (SA3), 2009-2018

In 2021, 6,910 children participated in the AEDC in the GCPHN region, of which 20.4% were developmentally vulnerable in one or two domains. And 10.3% were vulnerable in two or more domains. These percentages were below the Queensland average (24.7% and 13.2%, respectively).

The AEDC has been completed by children from 2009 and there have been five censuses in this time. Figure 16 and 17 show rates of children who were developmentally vulnerable across one or two, or two or more domains across the Gold Coast SA3 regions between 2018 and 2021.

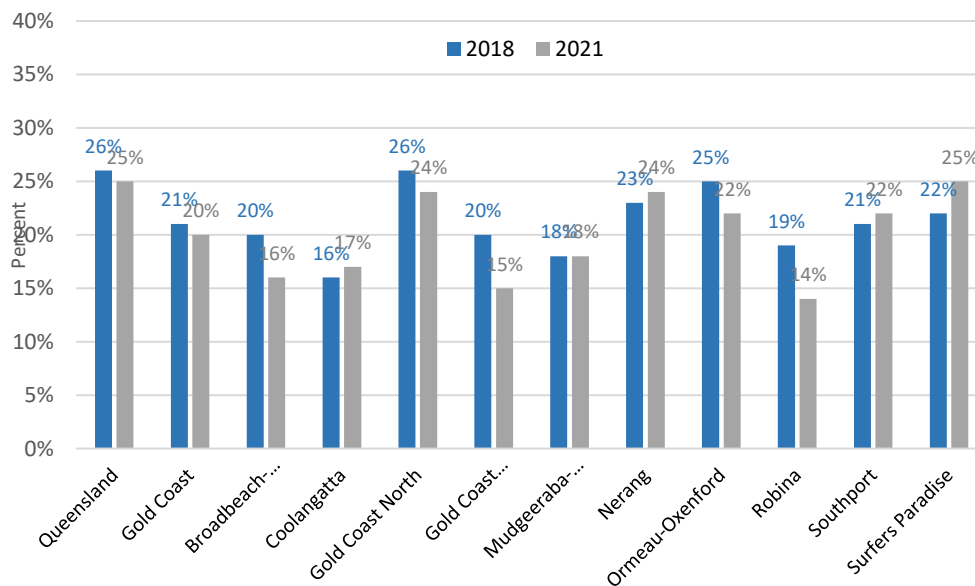
Five of the ten SA3 regions reduced their percentage of children that were developmentally vulnerable. Surfers Paradise had the largest increase from 22% to 25% for one or two domains, and 9% to 13% from for two or more domains.

Figure 16. Percentage of children who were developmentally vulnerable across two or more domains, Queensland, GCPHN SA3 regions, 2018-2021



Source: Australian early development censuses, 2009- 2018

Figure 17. Children who were developmentally vulnerable across one or two domains, Gold Coast SA3 regions, 2018-2021



Source: Australian early development censuses, 2018-2021

Influenza

Influenza is a highly contagious disease that peaks in winter months. It is usually prevented by vaccination and treated by managing symptoms. Influenza can affect anyone but is especially serious for pregnant women, babies and older people.

In 2017, the Gold Coast Public Health Unit surveyed hundreds of women who gave birth at the Gold Coast University Hospital and found that 71% of mothers were aware that they should have a flu shot during pregnancy, and of those, 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 it is born⁹.

Overweight and obesity

The percentage of children that were overweight and obese in 2017-2018 in the GCPHN region was 23.4%¹⁰. This number is below the Queensland rate (26.2%) and is the lowest among the seven PHNs 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 1 to 5 and their families.

Survey was conducted between May and July 2020, with 776 caretakers completing the survey. Most respondents were mothers (93%). Families living in major cities, and university-educated parents with higher-than-average incomes, were overrepresented in the sample.

Survey results 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,
- 5 to 10% of children may need specialised mental health support,
- one in five parents are struggling with moderate to severe anxiety, depression, or stress,
- young children are most affected by not seeing friends and family.

The survey also compared changes in young children and parents' emotional and behavioural wellbeing for those that did (Victorians) and did not (all other States and Territories) go through a second lockdown. In Victoria:

- Children who experienced the second lockdown in Victoria were 2 to 5-times more likely to show emotional and behavioural difficulties than children in other states.
- Between 27 and 44% 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.

⁹ Gold Coast Health, <https://www.goldcoast.health.qld.gov.au/about-us/news/flu-shots-now-available-ahead-winter-flu-season>

¹⁰ 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)	212	Clinics are generally distributed across the GCPHN region 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 and 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 (GPs), Obstetricians, Pediatrician, Psychiatrist and Mental Health Services can refer patients to the unit.
Uniting Care (ECEI)	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. • If required, can help request NDIS access and once confirmed, work with family to develop a plan.

			<ul style="list-style-type: none"> • 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),	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
Family participation program (Kalwun)	1	Kalwun	<ul style="list-style-type: none"> • 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. • The FPP is for Aboriginal and Torres Strait Islander families with children and young people under the age of 18 years
Family wellbeing program (Kalwun)	1	Kalwun	<ul style="list-style-type: none"> • Kalwun's Family Wellbeing Service delivers timely, effective support to Gold Coast families with children and young people under the age of 18 years. • Kalwun's Family Wellbeing Service works with Aboriginal and Torres Strait Islander families with children unborn to 18 years of age.
Foster and kinship care	1	Kalwun	<ul style="list-style-type: none"> • The Kalwun Foster and Kinship Care service recruits, trains and assesses Aboriginal and Torres Strait Islander carers.
Jarjums playgroup	1	Burleigh	<ul style="list-style-type: none"> • Kalwun Jarjums Playgroup supports and enhances learning in young children with a strong emphasis on

			<p>play-based learning are also welcome.</p> <ul style="list-style-type: none"> • Kalwun Jarjums Playgroup is for parents/carers of Aboriginal and Torres Strait Islander children aged 0–5 years.
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 and high-risk pregnancies. • 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	111	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,	<ul style="list-style-type: none"> • Health advice for infants from birth to four years

		Helensvale, Nerang, Labrador, Robina, Palm Beach	<ul style="list-style-type: none"> • 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 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 boarders may also use nearby hospitals such as Tweed District Hospitals, Logan and Beaudesert.
Dedicated GP immunisation clinics	3	Labrador, Canungra 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 GCPHN 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 GCPHN 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,

			<p>Physiotherapists, Occupational Therapists, Social Worker, and Nurse Navigator.</p> <ul style="list-style-type: none"> • GPs, Paediatricians, Other medical specialist, Psychologists, Allied Health professionals, Child protection service, Education Departments and Justice Departments can refer to the service.
Day care	228	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 program	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, 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
 - 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 has 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

GCPHN's Community Advisory Council (September 2019)

- 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)

- It is unclear what services are available for mothers with postnatal depression.
- It is 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 are 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 may impact on their accessing NDIS partner ECEI.



Australian Government



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

Gold Coast Primary Health Network

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

P 07 5635 2455 | E info@gcphn.com.au | W www.gcphn.org.au

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