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Submission to Select Committee on Reproductive, Maternal and Paediatric Health Services

THE TASMANIAN ABORIGINAL CENTRE - ABORIGINAL HEALTH SERVICE

The Tasmanian Aboriginal Centre (TAC) Aboriginal Health Service (AHS) provides medical, allied health, psycho-social and other community support services across lutruwita/Tasmania. This includes health clinics in niapluna/Hobart, Launceston and pataway/Burnie, as well as outreach clinics in limilinaturi/Devonport and kotalayna/Bridgewater. Of particular relevance to this submission, the AHS has Connected Beginnings collectives in place-based locations in the south, northwest and north of the State, as well as statewide Children and Families services. The TAC has been delivering a comprehensive range of integrated programs, services and activities, that provide seamless, whole of lifespan support to Aboriginal people in lutruwita/Tasmania, for many decades. The organisation is heavily embedded in the community, with a community representative board of directors and robust structure in place to ensure a community-led approach to program design and oversight.

The link between antenatal and postnatal outcomes and later life socio-economic outcomes is well documented, as is the higher levels of risk factors negatively impacting these outcomes for Aboriginal people nationally as well as jurisdictionally in lutruwita/Tasmania.

As signatory to the National Agreement on Closing the Gap (the Agreement), the Tasmanian Government has committed to the priority reforms, targets and outcomes of the Agreement. Of particular relevance to this submission, are target 2 Outcome: "Aboriginal and Torres Strait Islander children are born healthy and strong" and target 4 Outcome: "Aboriginal and Torres Strait Islander children thrive in their early years". Relevant data sets indicate a gap between whole of population and lutruwita/Tasmanian Aboriginal babies and children, with Aboriginal babies and children measuring lower achievement of both outcomes.

The TAC provides the following response to the selection criteria, along with some recommendations.

RESPONSE TO THE SELECTION CRITERIA

- Families are feeling anxious and overwhelmed when discharged from the hospital within 12-24 hours.
- There's a lack of post-discharge support, with many families being advised to call helplines that aren't helpful.
- The closure of the Mother and Baby Unit has reduced access to vital support services.
- The timing of discharge and the delay in Child Health Nurse's visits is impacting breastfeeding success.
- Access to lactation consultants or breastfeeding support in community is lacking. Community have identified the need for breastfeeding support from discharge and available close to home, place based.
- Availability of home visiting support in the crucial first few weeks is limited.
- There is limited access to birthing classes and mum's groups due to transport issues, with many asking why these can't be held within the community.
- There is a lack of support networks and investment for children aged 0-2.
- Confusion exists around the role of CHaPs, with nurses often focusing primarily on the Blue Book.
- Inconsistent approaches, result in Aboriginal families feeling singled out and given different information.
- There is a lack of cultural awareness in services.
- The focus on the first pregnancy and child leaves families feeling unsupported during their second pregnancy, as it's assumed they are confident, even when the transition can be harder for some.
- Many parent groups are only for first-time parents, leaving others without access to support.
- Lack of care coordination and extensive waitlists are ongoing challenges.
- There are continued issues and inconsistencies with NDIS access and services.
- Birth trauma is leaving women feeling isolated and unsupported.
- Support and access to perinatal mental health services to process the birth experience is limited.
- If a traumatic birth has been experienced, women have expressed their need for support leading up to subsequent births. Birthing can be a triggering time and memories from past experiences can have great impact on how women feel as they birth and into the postnatal time. Risk of postnatal depression is increased if support to process birth trauma is not provided.
- Limited access to Know Your Midwife or Midwifery Group Practice models of care reduces the ability for women to experience continuity of care throughout the antenatal/postnatal time. Women want to have a consistent midwife seeing them, that they know will be at their birth.
- There is a lack of place-based antenatal care. Transport for many families is challenging, often requiring multiple changes on public transport to access care at RHH. A broader place-based, in community, approach would potentially increase antenatal attendance and meet a need of antenatal care being available closer to home.
- Limited Child Health Nurses (CHN), particularly in the northwest of the State, impact access to essential early support and advice for families.
- Referral for specialist health assessment, investigations, follow-up and therapy can take many months, and in some cases years, to access. These long wait times delay diagnosis and treatment as well as essential specialised therapy options and support that can greatly improve children's outcomes if implemented early.
- The workforce shortages in all allied health disciplines, child health nurses, midwives and paediatricians is impacting the access and timely care of children.

RECOMMENDATIONS FOR TASMANIAN GOVERNMENT

All services/whole of system

- Develop and implement a strategy to improve cultural appropriateness of reproductive, maternal and paediatric health services to Aboriginal people across lutruwita/Tasmania to ensure equity in access, uptake and usage of services; including the following:
 - Involve the Aboriginal community-controlled health organisation (ACCHO) sector and the lutruwita/Tasmania Community in genuine co-design of reproductive, maternal and paediatric health services.
 - Where possible, transfer funds for design, management and delivery of these services to the ACCHO sector.
 - Undertake on-going monitoring and reviewing of Tasmanian Government reproductive, maternal and paediatric health system and services for cultural appropriateness and responsiveness and implement timely and sound consequential changes identified.
- Undertake a significant a review of antenatal and postnatal service scope and reach, that considers implementing a place-based approach, and where not feasible (eg for services that require hospital site delivery), provide transport support to access those services. The review must include a First Nations perspective and consumer-based approach rather than an internal desk top analysis.
- Provide dedicated and significant investment for improving care co-ordination throughout the antenatal and postnatal time, including, but not limited to, considering a First Nations Birthing on Country Program, Know Your Midwife and/or Midwifery Group Practice models of care and GP shared care programs.
- Programs need to be place based and include pre and post birth programs, and care coordination teams, to support the ongoing engagement of parents and their family network within a modern day diverse family context.

Specific service recommendations

- Provision of transport support to attend birthing classes, as well as mum's groups, and more classes and groups held in the community.
- Extension of time allowed in hospital after birth.
- Increased discharge support, that includes:
 - breastfeeding support, including access to lactation consultants
 - a review of helpline support that seeks recommendations for improved access and quality.
 - More timely and immediate home nurse visits including lactation consultants, especially in the first crucial weeks after birth.
 - Reestablishment of the Mother and Baby Unit with increased capacity in a regional hub model.
 - Increased perinatal mental health services to process birthing experience, along with better access to those services.
- Extension of "first time" supports, such as parent groups, to include support for second and subsequent births.

- Support for women who have had traumatic birth experiences, during subsequent pregnancies.
- Increased investment in support for the 0-2 age group.
- Improve multisector collaboration and networking, including: establish more efficient and effective communication between services when working with families; reduce confusion for families by committing to transparent and accountable collaboration; and ensure the family is always at the centre and their voice is being heard.
- Increase access and capacity for (CHaPS) Child Health Nurses to provide extended care and increased home visiting beyond the standard Blue Book checks.

Thank you for the opportunity to provide this submission to the Select Committee inquiry.

Kind regards



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