

8 May 2008

Hon Tom Stephens MLA
Chairman
Education and Health Standing Committee
Parliament House
Perth

Dear Mr Stephens

The provision of early intervention services for young children has been a long term interest of mine and I attach a series of parliamentary questions that reveal just how inadequate are those services.

It is very pleasing that the Education and Health Standing Committee has decided to investigate this most serious situation. In 2006 I endeavoured to establish a select committee of the Legislative Council but did not receive government support. Some of the issues the motion specified may be of interest to the Committee:

"(2) The committee is to inquire into and report on -

(a) the long waitlists for children in Western Australia accessing therapeutic interventions;

(b) the current and long-term impact of the long wait times on the children and their families including the financial cost of these delays;

(c) the financial impact on the community and government of these delays and the cost of reducing them;

(d) the ability of child development centres to respond to children's needs;

(e) the share of the health budget directed towards acute care at the expense of world class preventable health care in the early years of childhood development;

(f) the adequacy of funding of training and supervision of new speech pathologists, occupational therapists, physiotherapists, clinical psychologists, specialist surgeons and other specially trained child therapists; and

(g) any other matters relating to therapeutic interventions for children in Western Australia."

If the Committee is taking oral submissions on this matter I would very much like to present my concerns.

The importance of early screening and intervention services cannot be exaggerated.

Ludwig and Sawhill in a recent Brookings Institution paper (2006) concluded on reviewing all the evidence:

- intervene early (before birth if possible),
- intervene often (centre-based with parents),
- and have programs of high quality.

If we wish to achieve better equity in the health, well-being, and competence of our population, we will have to put in place early child development programs involving parents for all families with young children.

A British study by Sir Donald Acheson and his team on inequalities in health undertaken for the U.K. government in 1998 concluded, after having reviewed all of the evidence about early childhood and health, “Follow up through life of successive samples from birth has pointed to the crucial influence of early life on subsequent mental and physical health and development.” **It is important that early child development is seen to be a major factor in adult health** as well as the effects on learning and behaviour.

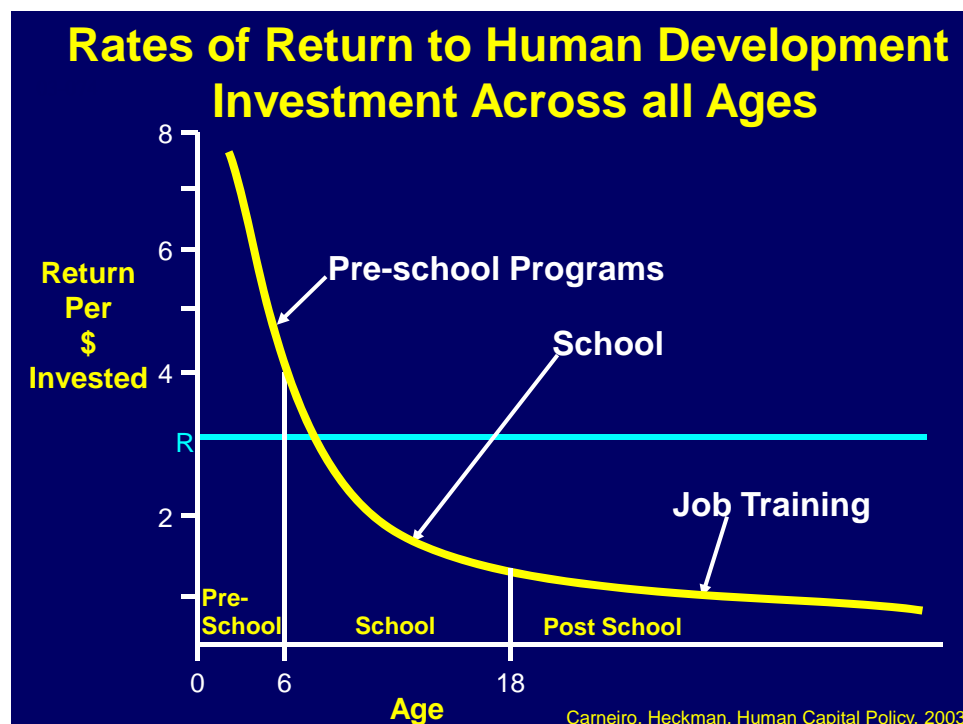
Among the conditions that appear to be influenced by conditions in utero and early child development that manifest themselves in adult life are; coronary heart disease, non insulin dependent diabetes (type II), obesity, blood pressure, aging and memory loss, and mental health problems. These are most of the major chronic illnesses affecting the Australian population. There is now active exploration seeking to understand how pathways in the brain affect the biological pathways that affect physical and mental health.

Heckman, a Nobel Prize economist at the University of Chicago, has, in his analysis of education in the United States, set out the limits of present school systems in closing gaps in learning. :

- Schools contribute little to closing test score gaps among children.
- Later schooling has little effect in reducing the gaps that appear early.

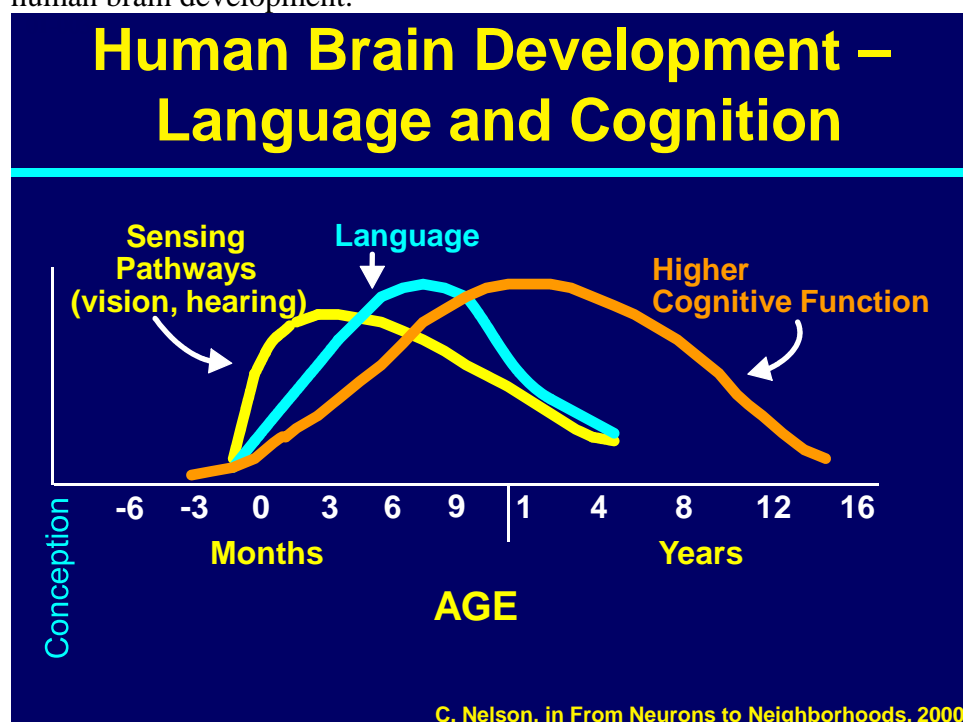
He also makes the point that criminal rehabilitation programs have limited effect.

Heckman’s assessment of when investments in human development have the greatest return on competence and coping skills is brutal in its honesty. It essentially means we have misspent a lot of public funds over the past century. This chart from his 2003 paper, using data from the United States, shows quite clearly that investment in the early years of life before the formal school system, gives the greatest return.



This should not come as a surprise, we now understand how the social environment gets under the skin, particularly in the early years, to affect health, learning, and behaviour throughout the life cycle. This estimate of Heckman **does not** include the health benefits to individuals and society of preschool early child development programs. As was just noted these include most of the common chronic diseases affecting Australians – a major impost on the public and individual's purse.

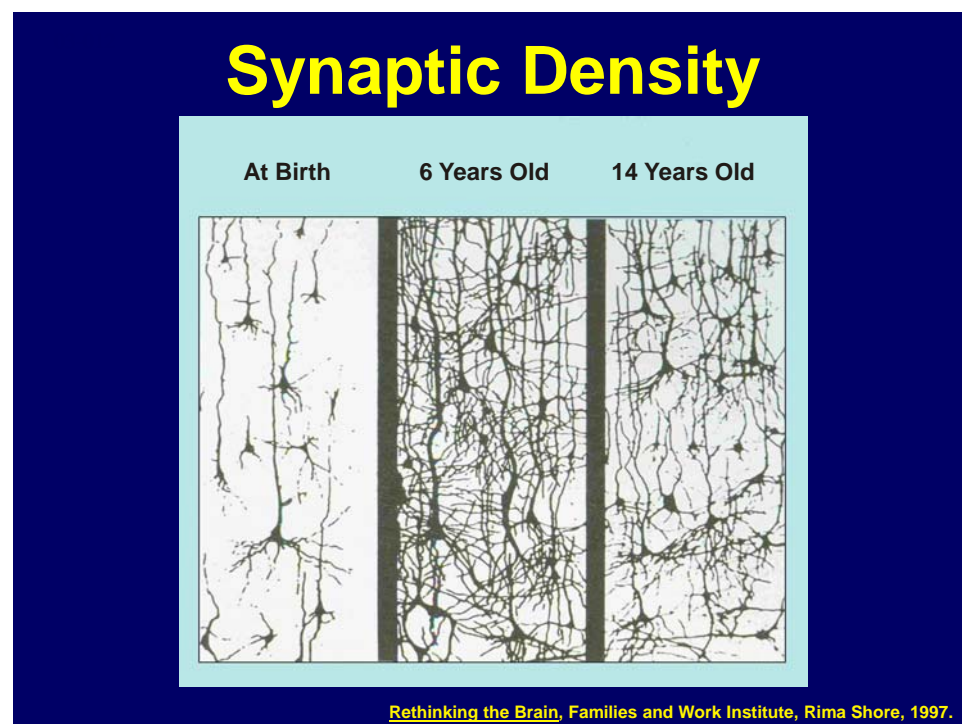
An understanding of why it is important that screening and intervention services act as early in life as possible, including during pregnancy, can be gained from this graph sketching human brain development.



The graph summarizes research showing that the development of the sensing pathways for vision, hearing, touch and other pathways, begins **before birth** and is **largely finished** by the time a child is **four years old**.

The development of these sensing pathways is important for the development of language which starts after the sensing pathways for sound and vision get established. It is important to note that the basic capability for language is largely set by four years of age. Higher cognitive functions, which are where education programs have their major affect, are built upon the neural pathways that were built in early life.

The following picture is particularly revealing.



Autopsies of children's brains were used to form this picture. It shows the extensive neuron connections (synapses) that occur in the first six years of life. This is the stage where we have been essentially failing so many children. In order for these connections to form correctly in all children we must have highly efficient screening and intervention services. One such service was the free new born hearing test that Hon Jim McGinty cancelled shortly after coming to power as Health Minister. The test is still available for those who can pay for it.

The right hand slide showing the connections at fourteen years of age indicates the importance of ongoing high quality education programs. The connections amongst the neurons and neural pathways are dependent upon use. If the neural pathways are not used, the connections are lost. The development of the synapses in the brain go through a process of pruning if they are not used. A classic case of if you don't use it you will lose it.

So we cannot simply say that we have been spending the money in the wrong place for the past century, lets move it to early intervention and education services. The current education

system must continue to be improved and in addition we must develop, as a matter of urgency, high quality early screening and intervention services.

Now that the Committee has a clear understanding of why early screening and intervention is so important it will also become clear why the current situation in WA is so bad and just how disastrous are the very long wait times for intervention services.

On the 23rd May 2006, the Minister for Health stated:

“It is government policy that community health staff across the state offer children health checks which include vision, hearing screening and an assessment of general development, for all children entering the school system. The check may be offered at either kindergarten, pre-primary or year one. Child health services continue to offer services to parents with children outside the school system until the age of five.”

As we have seen this is all too late. The sensing pathways for vision, hearing, and touch began to develop before birth and are complete by age four. Early assessment needs to start as soon as the child is born with assessments being done on hearing, sight, and touch minutes after the birth. The earlier the problem is detected the sooner corrective action can be taken. The later a treatment is received for a disability the harder it is to perform remediation and promote development.

Unfortunately in WA the wait time for an initial assessment by a paediatrician (after the problem has been discovered elsewhere and a GP has referred the child) can be as much as 18 months! (May 2005 figures)

The question then is what happens after this initial assessment? If there is a developmental problem, how efficient is the intervention stage? Alas it is no better. I will give a quick overview of delays in seeing speech pathologists and occupational therapists. The figures I am about to provide come from questions asked in late 2005. One could hope things have improved since then but they hadn't over the preceding years...

Speech Pathology

Speech plays a crucial role in all aspects of a child's life, they have to speak everyday of their lives, not only with their family but with their peers and members of the community.

Between 2001 and 2005 there were 20 resignations of speech pathologists from Princess Margaret Hospital with no doctors being trained at the hospital for remedial surgery, such as cleft palate correction. In October 2005 there were 35 speech pathologists employed in government funded services with 3556 children on wait lists. A child of one of my constituents in Rockingham had to first wait 24 weeks to see a paediatrician and then a further 55 weeks to see a speech pathologist.

With many children in Western Australia waiting considerable periods to receive treatment, the problems that result from speech pathologies continue to grow.

Occupational Therapy

Occupational therapy is a key to helping children with functional problems (eg. autism, cerebral palsy, fetal alcohol syndrome) cope with every day challenges.

In 2005 there were 1500 children waiting to see 24 government occupational therapists. One of my constituents waited 12 months for speech therapy then a further 2 years for occupational therapy for associated problems for her son. In desperation she borrowed money from her family to enable her to obtain private health therapy for her son. She had received a letter from the Metropolitan health service advising her that they only had 3 clinical occupational therapists to manage a caseload of over 700 children across 78 schools.

Conclusion

In any investigation into early screening and intervention services for children it is important to recognize that today's children are tomorrow's adults. Early learning is a fundamental building block for a healthy and meaningful life. The government must consider it a matter of urgency that efficient early assessment and intervention services are established. Without them the long term costs to the community will continue to grow and worst of all so many children and later adults will continue to suffer. Early competencies lead to later success.

Yours sincerely,

Hon Barbara Scott MLC

APPENDIX

PARLIAMENTARY QUESTIONS

House: Legislative Council- QUESTIONS WITHOUT NOTICE
Date: Thursday, 28 September 2006
Member: Scott, Hon Barbara; Ellery, Hon Sue
Subject: CHILDREN'S HEALTH SERVICES - EARLY INTERVENTION
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CHILDREN'S HEALTH SERVICES - EARLY INTERVENTION

866. Hon BARBARA SCOTT to the parliamentary secretary representing the Minister for Health:

Has the government considered subsidising access to private practitioners to alleviate the long wait times for early assessment and intervention for children?

Hon SUE ELLERY replied:

No. Private practitioners are funded by, and are the responsibility of, the Australian government under the Medicare system.

House: Legislative Council- QUESTIONS WITHOUT NOTICE
Date: Tuesday, 2 May 2006
Member: Scott, Hon Barbara; Doust, Hon Kate
Subject: CHILD DEVELOPMENT SERVICE PROVISION
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CHILD DEVELOPMENT SERVICE PROVISION

221. Hon BARBARA SCOTT to the parliamentary secretary representing the Minister for Health:

On 18 October 2005, the Minister for Health informed Parliament that after convening in July 2005, the Child Development Service Reference Group would examine child development service provision within the state and prepare a final framework to address a number of issues around access to intervention therapies. He also said that a draft of the framework document would be released for public comment in December 2005. That draft is not yet available. Will the minister inform Parliament why the draft has been delayed and how the upcoming budget will be able to address long wait times if the framework document has not been finalised?

Hon KATE DOUST replied:

On behalf of the parliamentary secretary representing the Minister for Health, I thank the member for some notice of this question.

Completion of the draft framework has been delayed due to extraordinary difficulties in gathering and analysing statistical data related to use and demand for these services. My note of a quote from a senior paediatrician who has contributed to the development of the framework reads -

Child Development services in Western Australia have different wait lists, different treatment and therapeutic programs and different intake and discharge criteria. In addition, there are different patient/client databases (and in some cases no database at all).

That work has only just been completed to the extent that it can be, given the anomalies and inconsistencies in the data. With the analysis now complete, the framework can be finalised and will be released before the end of this month. The Minister for Health regrets the delay in finalising the draft framework. The framework focuses on patient care and governance issues and does not address financial resources.

House: Legislative Council- QUESTIONS WITHOUT NOTICE

Date: Tuesday, 8 November 2005

Member: Scott, Hon Barbara; Ellery, Hon Sue

Subject: PAEDIATRIC AND PSYCHOLOGICAL SERVICES,
WAITING TIMES

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PAEDIATRIC AND PSYCHOLOGICAL SERVICES, WAITING TIMES

822. Hon BARBARA SCOTT to the parliamentary secretary representing the Minister for Health:

(1) Does the Minister for Health agree that early psychiatric disorders can be displayed in very young children and that paediatricians or clinical psychologists can diagnose and treat these disorders? If so, can the minister inform the Parliament of the amount of funding allocated to reducing waiting times for these services for children?

(2) Of the \$173 million so-called additional funding allocated to improving mental health services in Western Australia, what specific amount is intended to reduce waiting lists in the 0 to 3 years and the 4 to 9 years age groups in each of the Western Australian health services?

Hon SUE ELLERY replied:

I thank the member for some notice of this question. The answer involves a series of tables showing the dollar allocations to specific health services, so I seek leave to have the answer incorporated into *Hansard*.

Leave granted.

The following material was incorporated -

(i) & (ii) Paediatricians may be able to make early diagnosis of psychiatric disorders and paediatricians and psychologists can treat some of these disorders.

A total; of \$4.4 million has been allocated under the Mental Health Strategy 2004-2007 to improve public child and adolescent services. This includes the new eight bed mother - baby unit at King Edward Memorial Hospital and a new service to Mirrabooka Child and Adolescent service for \$230,000.

Area	Actual	Proposed	Proposed
Expenditure	Expenditure	Expenditure	
2004-05	2005-06	2006-07	

Mother/Baby Unit	W&CHS	\$0	\$1,500,000	\$1,500,000
CAMHS community teams	NMAHS	\$2,000	\$230,000	\$230,000
CAMHS community teams	SMAHS	\$30,000	\$228,700	\$252,000
CAMHS community teams	SWAHS	\$0	\$70,000	\$70,000
CAMHS community teams	WACHS	\$5,500	\$148,000	\$148,000
TOTAL		\$37,500	\$2,176,700	\$2,200,000

House: Legislative Council- QUESTIONS WITHOUT NOTICE
Date: Tuesday, 18 October 2005
Member: Scott, Hon Barbara; Ellery, Hon Sue
Subject: CHILDREN ON HEALTH SERVICE WAITLISTS
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CHILDREN ON HEALTH SERVICE WAITLISTS

762. Hon BARBARA SCOTT to the parliamentary secretary representing the Minister for Health:

(1) Will the minister provide the Parliament with the number of children on waitlists in each of the health services in Western Australia for the age groups -

- (a) early start - 0 to 3 years; and
 - (b) transition to school - 4 to 9 years,
- for the following services -
- (i) paediatricians;
 - (ii) child medical officers;
 - (iii) speech pathology;
 - (iv) occupational therapy;
 - (v) physiotherapy;
 - (vi) social work;
 - (vii) clinical psychologists;
 - (viii) audiologists; and
 - (ix) dieticians?

(2) The minister said that he had strategies in place to curtail the long waitlists. Will the minister inform the house of the strategies that are in place to curtail the long waiting lists for therapeutic intervention?

Hon SUE ELLERY replied:

The information provided for this answer is divided into the respective area health services and the strategies are quite extensive. I seek leave to have the answer incorporated in *Hansard*.

Leave granted

The following material was incorporated -

I thank the Hon. Member for some notice of this question.

1. WA Country Health Service

- (i) Paediatricians 42
- (ii) Child medical officer No child medical officer
- (iii) Speech pathology 100
- (iv) Occupational therapy 51
- (v) Physiotherapy 19
- (vi) Social work 5
- (vii) Clinical psychologist 0
- (viii) Audiologist 17
- (ix) Dietician 1

Women's and Children's Health Service

- (i) Paediatricians 421
- (ii) Child medical officer No child medical officer
- (iii) Speech pathology 197
- (iv) Occupational therapy 51
- (v) Physiotherapy 30
- (vi) Social work 11
- (vii) Clinical psychologist 12
- (viii) Audiologist 338
- (ix) Dietician 15

South West Area Health Service

- (i) Paediatricians 0
- (ii) Child medical officer No child medical officer
- (iii) Speech pathology 30
- (iv) Occupational therapy 6
- (v) Physiotherapy 5
- (vi) Social work 4
- (vii) Clinical psychologist 0
- (viii) Audiologist 24
- (ix) Dietician 8

South Metropolitan Area Health Service

- (i) Paediatricians 94
- (ii) Child medical officer 8
- (iii) Speech pathology 771
- (iv) Occupational therapy 325
- (v) Physiotherapy 96
- (vi) Social work 65
- (vii) Clinical psychologist 27
- (viii) Audiologist 48
- (ix) Dietician 1

2. WA Country Health Service

- (i) Paediatricians 48
- (ii) Child medical officer No child medical officer
- (iii) Speech pathology 505
- (iv) Occupational therapy 248
- (v) Physiotherapy 35
- (vi) Social work 10
- (vii) Clinical psychologist 2
- (viii) Audiologist 84
- (ix) Dietician 1

Women's and Children's Health Service

- (i) Paediatricians 619
- (ii) Child medical officer No child medical officer
- (iii) Speech pathology 262
- (iv) Occupational therapy 105
- (v) Physiotherapy 55
- (vi) Social work 20
- (vii) Clinical psychologist 82
- (viii) Audiologist 117
- (ix) Dietician 5

South West Area Health Service

- (i) Paediatricians 0
- (ii) Child medical officer No child medical officer
- (iii) Speech pathology 200
- (iv) Occupational therapy 22
- (v) Physiotherapy 14
- (vi) Social work 5
- (vii) Clinical psychologist 4
- (viii) Audiologist 24
- (ix) Dietician 8

South Metropolitan Area Health Service

- (i) Paediatricians 96
- (ii) Child medical officer 15
- (iii) Speech pathology 474
- (iv) Occupational therapy 391
- (v) Physiotherapy 65
- (vi) Social work 39
- (vii) Clinical psychologist 100
- (viii) Audiologist 163
- (ix) Dietician 1

1. and 2.

North Metropolitan Area Health Service

It is not possible to provide separate reports for the ages 0 to 3 years and 4 to 9 years for this Health Service. The figures listed below are all children 0 - 12. years.

- (i) Paediatricians 116
- (ii) Child medical officer 48
- (iii) Speech pathology 1117
- (iv) Occupational therapy 631
- (v) Physiotherapy 268
- (vi) Social work 51
- (vii) Clinical psychologist 160
- (viii) Audiologist 92
- (ix) Dietician 0

WA Country Health Service, North Metropolitan Area Health Service and South Metropolitan Area Health Service have all implemented strategies to improve access and treatment for children; these include:

WA Country Health Service

- Employed new salaried paediatricians
- Employing more allied health professionals

- Training additional allied health therapies assistants
- Increasing interactive group therapies practice
- Using telehealth and improved travel options for better access to allied health therapies.

Other approaches used by the WACHS to reduce allied health waiting lists are:

- Updating models of intake (triage)
- New therapy sessions such as early identification/intervention drop in clinics, screening clinics with flexible times, school based consultations
- Whilst one to one consultation is needed for a portion of referrals, partnership approaches between the therapist and parent/carer that educate and enable parents to work with their children provide effective results and reduce wait times.

South Metropolitan Area Health Service

§ The allocation of 4 new positions to Child Development Services across South Metropolitan Community Health to implement targeted waitlist management strategies, effective October 2005;

§ Prioritisation of referrals by age and the nature/severity of the problem, with a focus on a rapid response to referrals of children aged 0-3 to reduce the long-term impact of the issue on the child's development;

§ Providing information/advice sessions to groups of children and their families who are on the wait-list for speech pathology and occupational therapy so that general strategies can be implemented by the families whilst awaiting individual assessment;

§ A standardised approach to the use of both group and individual interventions in speech pathology, supported by a set of criteria for allocation of child to an individual or group model. This aims to increase the use and effectiveness of group-based interventions;

§ Increased use of training and liaison support for teachers within the school system so that the developmental needs of groups of children can be addressed in the classroom environment with allied health professionals acting as consultants; and

§ A number of interagency playgroups and intervention programs such as:

- 'Play, Talk and Learn' and 'Play and Learn' - multidisciplinary playgroup programs run in partnership with Local Government; and
- Caralee School's Early Years Strategy - a multidisciplinary preschool program which is a collaboration between Community Health, the Department of Education and Training and Local Government.

These actions are improving the access of children to Child Development Services in the South Metropolitan Area Health Service region.

South West Area Health Service

- Active recruitment of allied health professionals.
- SWAHS has planned and managed coordinated care:
Eg: multi disciplinary teams, care plan, priority group identified, best practice clinical intervention implemented, health condition based framework covering priority programs of mental health and pregnancy, newborn and early childhood.

North Metropolitan Area Health Service

- It has regularly reviewed and focused "intake" criteria. This has resulted in younger children with increasingly complex diagnoses being the primary target.
- More children are being seen in groups, both for assessment and treatment

- The Service is increasingly working in partnership with other organisations, (ie CAMHS, DCD, DSC, Smith Family (*Communities for Children*) to address difficult clinical and community issues.
- The Service is actively participating in the HRIT Review of Child Development Services which is assisting in the review of demand and organisational activity and response.

In July 2005, the Child Development Service Reference Group was convened by the Health Reform Implementation Taskforce to examine child development service provision within the State, and develop a framework for improvement of services.

The final framework will recommend clinical, operational and governance arrangements for Child Development Services, including the relationship between Child Development Centres, Area Health Services and the Women's and Children's Health Service. It will also address other issues, including policy development, equity of access across sites, and inadequate data systems the management of booking and service demand. A draft of the framework document will be provided for public comment in December 2005.

House: Legislative Council- QUESTIONS ON NOTICE

Date: Wednesday, 18 May 2005

Member: Scott, Hon Barbara; Ellery, Hon Sue

Subject: CHILDREN'S HEALTH

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CHILDREN'S HEALTH

1082. Hon Barbara Scott to the parliamentary secretary representing the Minister for Health

(1) What is the wait time for children aged from zero to six years to see a paediatrician to be assessed for therapeutic interventions e.g. speech therapy or occupational therapy, in each of the regional health districts?

(2) Will the Minister table the most recent report prepared on waiting times for therapy for children aged from zero to six years i.e. waiting times for a first clinical appointment in each discipline, in each of the health districts?

(3) What are the measures the Government is planning to reduce the waiting times for the early therapeutic interventions for this age group of children in each of the health districts?

Hon SUE ELLERY replied:

1. Wait Times for Assessment

WOMENS AND CHILDRENS HEALTH SERVICE (KEMH/PMH)

All allied health services at PMH are provided via referrals from PMH medical practitioners. The current waiting list for initial outpatient appointments are:

Occupational Therapy: Early Intervention Team intake meetings (chaired by Dr Jane Valentine) assesses patients and based on their referral criteria, provide initial outpatient appointments in six weeks, although appointments may be made for urgent cases within three weeks.

Speech Pathology: there is a 1-3 month wait list for new assessment outpatient appointments

Physiotherapy: a 2-3 weeks wait list on average for initial outpatient appointments, however there is a longer wait list for specific diagnoses due to availability of equipment and resources

Nutrition and Dietetics: there is a 2-month wait list for initial assessment outpatient appointments

Spasticity Management Clinic: 9-12 month waiting list

Children referred with general neurological disability may wait 3-4 months to see a paediatrician, and will then go onto an allied health wait list above for therapeutic services

The spasticity management clinic deals with children with that specific neurological disability. It involves the use of Botox and other measures which are time and resource intensive. It therefore has a longer wait time. Other neurological disabilities are first assessed by a paediatrician. The wait time for this appointment is 3-4 months. If part of the treatment plan arising from that clinic includes allied health therapy, the patient will then wait for those allied health services in accordance with the particular allied health waiting times as indicated elsewhere in the reply.

Social Work does not have a waiting list and endeavour to see patients within a week.

SOUTH METROPOLITAN HEALTH SERVICE

Paediatricians in the South Metropolitan Area Health Service do not see children for assessment for therapeutic interventions. An intake process allocates children to the appropriate professional, with paediatricians seeing children for medical issues.

Community Health Services in the South Metropolitan Health Service organise its services according to four age-based programs, so wait-times are presented according to the first two age-based programs. Wait times for children to have their first appointment with medical and allied health professionals were as follows, as at February 05.

EARLY START - 0-3 YEARS

PROFESSIONAL GROUP	ARMADALE REGION	BENTLEY REGION	FREMANTLE REGION	PEEL/RK REGION
Paediatrician	99 days	2 months	20.5 weeks	Nil
Child Medical Officer	NA	NA	8 weeks	55 days
Speech Pathology	301 days	6-9 months	9 weeks	188 days
Occupational Therapy	137 days	6 months	12 weeks	136 days
Physiotherapy	11 days	1-2 months	9 weeks	35 days
Social Work	57 days	1 month	13 weeks	72 days
Clinical Psychologist	30 days	5 months	Nil	208 days
Audiologist	105 days			

	(Area-wide service)			
Dietician	21 days	NA	NA	NA
Podiatrist	139 days	NA	NA	NA

TRANSITION TO SCHOOL - 4-9 YEARS

PROFESSIONAL GROUP	ARMADALE REGION	BENTLEY REGION	FREMANTLE REGION	PEEL/RK REGION
Paediatrician	136 days	5 months	30 weeks	326 days
Child Medical Officer	NA	NA	6 weeks	Nil
Speech Pathology	208 days	9-12 months	9 weeks	365 days
Occupational Therapy	106 days	12 months	39 weeks	622 days
Physiotherapy	13 days	3 months	51 weeks	Nil
Social Work	35 days	1 month	Nil	90 days
Clinical Psychologist	311 days	6.5	22.2 weeks	205 days
Audiologist	158 days (Area-wide service)			
Dietician	56 days	NA	NA	NA

* NA = Not Applicable as the region does not provide this service

WA COUNTRY HEALTH SERVICE

There is no requirement in any of the regions of the WA Country Health Service for children to be assessed by a paediatrician prior to accessing therapeutic services. Referrals to the services are by a range of avenues - GP's, community nurses, other allied health professionals and directly by the general public i.e. parents and guardians. The only proviso is that parent/guardian consent needs to be gained prior to treatment.

Kimberley - Paediatrician clinics operate on a 2-6 weekly basis. The elective waiting time to see the Paediatrician ranges between 0-6 weeks with an average of 2-3 weeks across the region.

Pilbara Gascoyne - Paediatrician clinics operate on a 2-8 weekly basis. The elective waiting time to see the Paediatrician is up to 3 months.

Midwest Murchison - The elective waiting time to access the visiting paediatric service is up to 10 weeks.

Goldfields South East - There is a 5-6 week elective waiting time to see the Paediatrician.

Wheatbelt - There is a monthly visiting paediatric service specifically provided for Aboriginal children in the Eastern Wheatbelt. All other children requiring referral to a Paediatrician are seen in the metropolitan area at the Women's and Children's Health Service or are seen privately.

Great Southern - There is a 6-8 week elective waiting time to see the Paediatrician

NORTH METROPOLITAN HEALTH SERVICE

Children do not routinely see a paediatrician prior to receiving early therapeutic interventions from speech pathologists, occupational therapists or other allied health

professionals although a paediatrician is sometimes the first point of contact, especially for complex or global development delay. Referrals are allocated at intake meetings to the most appropriate health professional or multi-disciplinary team based on referral information received. Intake meetings are held weekly at each centre. All disciplines are represented. All referral letters are discussed. According to the information in the letter the child is allocated to a particular discipline (speech, OT etc) for assessment and is placed on the waitlist. Complex cases will go initially to the paediatrician.

The waiting time for initial assessment by a paediatrician varies based on several factors including the age of the child at referral and the extent of the delay.

Child Development Centre	Assessment waiting time in months
Joondalup	9-12 months
Koondoola	9-12 months
Midland	3 -18 months

Wait times to see a paediatrician at the above centres as of 31st March 2005.

There are currently no paediatrician services at Clarkson, Lockridge or High Wycombe.

SOUTH WEST AREA HEALTH SERVICE

SWAHS does not employ a paediatrician to assess outpatients for therapeutic interventions. Referrals to allied health services are by a range of avenues including private paediatricians, private therapists, GPs, child health nurses and school nurses.

Children are assessed for therapeutic interventions by the appropriate allied health discipline. Wait times for these disciplines within SWAHS are as follows:

Speech Pathology Services:

0-2yrs: 6-8 weeks for initial assessment (Note - all children born are engaged by child health staff, standard assessments are provided and referrals to specialists as per identified need.)

3yrs olds: 4 weeks

4-5yr olds: 6-8 weeks

5-6 yr olds: 12 weeks

Occupational Therapy Services:

0-3 yrs: >4 weeks

3-6yrs: 8-12 weeks

Physiotherapy Services:

Urgent (pain/post op) 1 week

Gross motor 6-8 weeks

Lower limb 3-4 weeks

2. Reports on Wait Times

WOMENS AND CHILDRENS HEALTH SERVICE (KEMH/PMH)

N/A

SOUTH METROPOLITAN HEALTH SERVICE

Community Health Services in the South Metropolitan Health Service commenced a quarterly reporting process as of the second (Oct to Dec) quarter of the 04/05 financial year. Bentley became part of the organisation in December 04, so has not yet commenced this process. The relevant components of the reports replicate the information provided, above, and can be supplied, if required.

WA COUNTRY HEALTH SERVICE

Kimberley: Speech - 0-2 months, Physio - 0-8 weeks, Occupational - 0-8 weeks.

Pilbara Gascoyne: Speech - 0-6 months, Physio - 0-2 months, Occupational - 0-2 months.

Midwest Murchison: Speech - 0-6 weeks, Physio - 0-4 weeks, Occupational - 0-12 weeks.

Goldfields South East: Speech - 6 months, Physio - 0-6 months of age = 2 weeks, 0.5-6 years = 6 months, Occupational - 0-6 months of age = 2 weeks, 0.5-6 years of age = 6 months.

Wheatbelt: Speech - 3 - 8 weeks, Physio - within 1 month, Occupational - within 2 months.

Great Southern: Speech - 4-6 weeks, Physio - 2-6 months, Occupational - 4-6 weeks.

NORTH METROPOLITAN HEALTH SERVICE

	Median Waiting Time in Months as at 31st December 2004			
CDC	Speech Pathology	Occupational Therapy	Social Work	Clinical Psychology
Clarkson	8.3	73107*3		
Joondalup	8	4288*3		
Koondoola	6	84912*3		
Midland	5	8121		
Lockridge	3	71	Service from Midland	1
High Wycombe	221	No service	No service	No service

*Please note that a very significant amount of the physiotherapist time is spent treating torticollis & plagiocephaly in infants as a priority.

SOUTH WEST AREA HEALTH SERVICE

As above.

3. Measures to reduce wait times

WOMENS AND CHILDRENS HEALTH SERVICE (KEMH/PMH)

Paediatrician and allied health resources are allocated to achieve optimum access to clinical resources, according to clinical need.

SOUTH METROPOLITAN HEALTH SERVICE

Community Health Services in the South Metropolitan Health Service have recently adopted the following area-wide strategies to reduce wait-times, comprising:

§ Prioritisation of referrals by age and the nature / severity of the problem, with a focus on a rapid response to referrals of children aged 0-3 to reduce the long-term impact of the issue on the child's development.

§ Agreed targets in Speech Pathology for waiting times for specific age groups, to ensure that the identified priorities are met. The age groups are 0-3 years, 4-5 years, and 6+ years, with the target wait time being shortest for the youngest age-group.

§ Providing information/advice sessions to groups of children and their families who are on the wait-list for Speech Pathology and Occupational Therapy, so that general strategies can be implemented by the families whilst awaiting individual assessment.

§ A standardised approach to the use of both group and individual interventions in Speech Pathology, supported by a set of criteria for allocation of child to an individual or group model. This aims to increase the use and effectiveness of group-based interventions.

§ Standard definitions of Speech Pathology diagnosis and ratings for severity.

Strategies implemented in Peel and Rockingham/Kwinana Health Service (PARK):

- In January 2005, the Speech Pathology section introduced a process where every therapist was booked new assessments each week. This replaced a system whereby there were assessment blocks every 5 weeks.

- A 'rapid response' system was introduced in January 2005 to support referred children aged 0-3 years. This involves a parent advice session followed by one group therapy session. These sessions provide families with the capacity to work on the issue at home, while waiting for a more thorough assessment.

- Group interventions will be introduced in May.

The strategies implemented in January have reduced the time families of children aged 0-3 years have had to wait for a first appointment, though this cannot be meaningfully measured, at this early stage. It is expected that the introduction of group interventions will further reduce the wait time for all referred children.

Strategies implemented in FREMANTLE:

Fremantle has been successfully involved in working with other agencies, both to more effectively manage referred children and to prevent delay or disorder in children.

This includes:

§ Capacity building work with teachers within the school system, so that the developmental needs of groups of children can be addressed in the classroom environment with allied health professionals acting as consultants;

§ A number of interagency playgroups and intervention programs such as:

- 'Play, Talk and Learn' and 'Play and Learn'
- multidisciplinary playgroup programs run in partnership with Local Government; and
- Caralee School's Early Years Strategy - a multidisciplinary preschool program which is a collaboration between Community Health, the Department of Education and Training and Local Government.

WA COUNTRY HEALTH SERVICE

The WA Country Health Service has implemented a number of strategies to improve access and treatment for children.

There has been an increase in the number of salaried paediatricians, an increase in the number of allied health professionals, the training and increased utilisation of allied health therapies assistants, a move to increased interactive group therapies practice, the use of telehealth initiatives and improved travel options to allow better access to allied health therapies.

NORTH METROPOLITAN HEALTH SERVICE

The Services have implemented a number of strategies to try and facilitate earlier interventions for children including:

- The WILSTAAR program screens children at 8 months of age for expressive and receptive language delay and provides an early home visiting service for those children identified with a deficit in either or both areas. This can only be offered in certain suburbs, but is targeted to low socio-economic areas.
- Assessment and development of home based programs
- Play and Learning Program to support parents in promoting skill development through play (only available at some centres).
- Group therapy for children with mild to moderate problems and similar therapy needs.

- Applying strict clinical criteria to those children who are seen for more than one block of therapy.
- Parent information sessions for phonology, stuttering and early language referrals.
- Prioritisation of individual waiting lists according to age, disorder and severity.
- Individual therapy restrictions - individual therapy offered to moderate - severe cases only.

SOUTH WEST AREA HEALTH SERVICE

Group programs - this is an effective and efficient way to deliver a service to a larger group of clients.

Screening and Early intervention to reduce the burden of care further down the track.

House: Legislative Council- QUESTIONS WITHOUT NOTICE
Date: Tuesday, 9 December 2003
Member: Scott, Hon Barbara; Ellery, Hon Sue
Subject: JOONDALUP CHILD DEVELOPMENT CENTRE,
 WAITING TIMES FOR THERAPY
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JOONDALUP CHILD DEVELOPMENT CENTRE, WAITING TIMES FOR THERAPY

1650. Hon BARBARA SCOTT to the parliamentary secretary representing the Minister for Health:

(1) How long would a young child, say a four-year-old, who was referred to the Joondalup Child Development Centre have to wait to see a paediatrician to be assessed for therapy?

(2) Will the minister provide the Parliament with accurate and recent wait times for therapy to commence for early intervention services at the Joondalup Child Development Centre, in particular for speech therapy and occupational therapy after the initial assessment?

(3) Will the minister table the recent report prepared on the issue of waiting times?

Hon SUE ELLERY replied:

(1) The waiting time to see a paediatrician depends on the urgency of the case. Clients are rated according to clinical priority, and urgent cases are seen promptly. The average time to see a paediatrician at the Joondalup Child Development Centre is approximately 24 weeks.

(2) Waiting times for early intervention services at the Joondalup Child Development Centre are listed in the report referred to in question (3). Speech therapy waiting times are 28 weeks after initial assessment and occupational therapy waiting times are 24 weeks after initial assessment.

(3) Yes.

[See paper No 1814.]