



**Early Childhood Intervention Australia  
(Western Australian Chapter)**

PO Box 638  
SUBIACO WA 6904

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Dr David Worth  
Principal Research Officer  
Education and Health Standing Committee  
Legislative Assembly  
Parliament House  
Perth WA 6000

9<sup>th</sup> May 2008

Dear Mr Worth,

**Re: Call for submissions to inquiry into screening and follow-up services for young children in Western Australia.**

ECIA (WA) is the Western Australian chapter of the peak national body, Early Childhood Intervention Australia. Since 1992 ECIA (WA) has provided a local forum for the promotion of the importance of Early Childhood Intervention. As such, ECIA (WA) is well-placed to contribute to the inquiry on behalf of the children, families and professionals involved in Early Childhood Intervention services in our state.

ECIA (WA) wishes to express its support for the inquiry into screening and follow-up services for the young children of WA. This is a most important issue, given that there is considerable evidence now to show that more effective identification, leading to promptly delivered, evidence-based, holistic early intervention programs, is cost effective in reducing the need for special education and other services in the future. Early intervention leads to better outcomes and has the potential for significantly improving the health and well-being of many Western Australian children and families.

Without the use of standardised tools, only 20 – 30% of children with developmental disabilities or mental health problems are identified. This rises to 70 – 90% when standardized tools are used (*TeKolste & Zinner, 2005: Developmental surveillance and screening: monitoring to promote optimal development*). In WA we currently have only two established opportunities to

routinely screen ALL children, at birth and school entry. The Department of Health's Review of Child Developmental Screening Tools (*Maternal & Child Health Portfolio 2007*) recommends the use of two consistent screening tools by child and adolescent community health services. Specifically, the report recommends that the Parent Evaluation Developmental Status (PED's) screening tool be included in the current universal developmental assessment schedule at 3/4 months, 8 months, 18 months, 3 years and school entry assessment and at any other opportunistic contact if required; and the ASQ and ASQ:SE be used as the secondary screening tool for any child who scores below the statistical norm. ECIA (WA) supports the recommendation to implement a consistent screening framework across all of child and adolescent community health services. ECIA (WA) further recommends that the tools identified be implemented in such a way that engages parents and seeks out their concerns, as parental concern has been found to be an accurate predictor of children's developmental problems (*Glascoe, 1997: Parents' concerns about children's development: prescreening*). Also, as identified by the Department of Health's Review of Child Developmental Screening Tools (*Maternal & Child Health Portfolio 2007*), planning for impact of the implementation of a total screening framework on current data collection and referral systems will be required.

It is known that established referral pathways must be in place for prompt diagnostic and intervention services to occur. Currently, if concerns are noted, the community health nurse refers the child to their local Child Development Centre for further assessment. ECIA (WA) recommends investigation into the frequency and effectiveness of follow-up of families who may not attend their initial or subsequent appointments at Child Development Centres. It is noted by the Review of Child Developmental Screening Tools (*Maternal & Child Health Portfolio, 2007*) that 'the current system relies on opportunistic contact between parents and community health nurse...' (p. 9).

Research shows that early childhood intervention can improve the development and functioning of children with disabilities and developmental delay, make a substantial difference to families' wellbeing and reduce dependence on costly specialist services in later life. However, it is noted by ECIA (WA) that some children in WA have difficulty accessing early childhood intervention services in a timely manner. To this end, ECIA (WA) recommends review of the length of wait-times experienced by families for initial appointment at their Child Development Service and separately, review of the length of wait-times for the commencement of Early Intervention services within the Child Development Service.

Families of young children with developmental difficulties currently experience challenges accessing early childhood intervention service providers in WA

without a diagnosis. Indeed, the majority of early childhood intervention service providers in WA do not accept referrals of children who do not have a recognised diagnosis. This raises a number of issues suitable for further inquiry:

- Length of wait-times experienced by families for diagnostic services
- Adequacy of current community supports for families of young children with developmental difficulties who do not have a diagnosis
- Length of wait-times experienced by families for early childhood intervention services
- Effectiveness of transition between health and disability service providers, for example, Princess Margaret Hospital to Individual & Family Services, Disability Services Commission.

ECIA (WA) is aware of variations in reported wait times across different early childhood intervention service providers. However, further investigation is required to establish whether this is a true discrepancy or a variation in the method of reporting the actual wait time period. For example, methods of reporting wait time periods may be taken from initial consultation, assessment, treatment etc. In addition, wait time periods may vary for different types of therapies and interventions offered by each service. It is known that early childhood intervention service providers currently prioritise referred children for assessment and intervention differently. Hence, investigation into variations in prioritisation methods across service providers and potential impact of this for children with certain types of difficulties in the community, such as mild developmental delay, is required. It is also known that transition of children between health and disability service providers is affected by wait-lists in disability services, disrupting smooth transitions for the child and family from one service to another. Again, further investigation of this issue is required.

ECIA (WA) wishes to express its strong support for initiation of this inquiry into the provision of screening and follow-up services for young children in WA. ECIA (WA) is most interested in supporting the inquiry and would be willing to act as a reference group and source of information and support for any of the inquiry's activities.

Yours Sincerely

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