

SELECT COMMITTEE INTO CHILD DEVELOPMENT SERVICES — INTERIM REPORT

902. Mrs J.M.C. STOJKOVSKI to the Minister for Health:

I refer to the interim report of the Select Committee into Child Development Services, *Child development services in Western Australia: Valuing our children and their needs*, tabled in the Legislative Council today.

- (1) Can the minister outline to the house how this government continues to improve the delivery of paediatric and child health services in WA?
- (2) Can the minister advise the house how the government will respond to findings and recommendations in today's report?

Ms A. SANDERSON replied:

- (1)–(2) I thank the member for Kingsley for her question and for her ongoing advocacy for child development services and their access to the community. The Child Development Service in Western Australia is unique in the country. There is no other publicly run service that does intake assessment and treatment in the public system, so it is a unique service. In fact, with our private sector partners, families move to Western Australia to access services, particularly those with kids with autism. I thank the committee for its very thorough consideration of this issue. The government supported the establishment of the inquiry, looking for very practical suggestions to a very complex issue. The interim report has delivered some very simple and practical findings and recommendations, so I thank the committee, and in particular Hon Dr Sally Talbot, for its work and commitment.

There is no question that demand for both public and private developmental services has exploded over the last few years. The report outlines that both public and private services are overwhelmed by demand. There are a number of reasons for that. In fact, referrals to paediatricians have increased by 123 per cent and referrals to clinical psychologists have increased by 114 per cent. The workforce has not grown in that time at that pace. Add to that an increase in the complexity of clients, more complex social factors and the requirement for multidisciplinary care from multiple highly skilled health practitioners to provide interventions for these children.

As outlined by the report, this is not a Western Australian challenge. It is not even just an Australian challenge; providing multidisciplinary interventions for these kids is a global challenge. However, I can reassure the community that the Child Development Service is a priority for both myself and the government. I am listening to parents, the Child and Adolescent Health Service and non-government organisations and will carefully consider the recommendations of the interim report.

I understand the challenges that families face when they have challenging circumstances and a child who needs assessment. We are working on what this will look like and how we can better meet those needs. I have to give great credit to the Child Development Service because it is implementing really innovative solutions in the meantime, including piloting a joint nurse–paediatrician medication review pathway so that children on medication through the CDS do not have to see a paediatrician every time they need a review. We are using nurse practitioners at the top of their scope to do those reviews and support those families. Of course, that also frees up space for that paediatrician.

We are piloting a combination of service planning and assessment appointments. It will create more efficient appointments for those families so that they do not have to take time off and come back many times. We have also opened some CDS sites on weekends. The reality is that families work and going to multiple appointments during work time is extremely onerous and challenging for families, so we are trialling Saturday appointments. In credit to those in the healthcare workforce, they have embraced that with open arms because they know it is making a difference to those families.

We are creating more flexibility in the way that we deliver services. We are transitioning to electronic referral processes, reducing administrative burden, and are moving to a hub-and-spoke model. The Murdoch and Midland hub-and-spoke sites are currently under development. That is where the Child and Adolescent Mental Health Services and mental health, behavioural and developmental experts will all be together in the same building so that families will get that genuine multidisciplinary approach, instead of having to go to different sites on different days to see different healthcare workers. We are putting the patients, children and their families at the very centre of those services. That is exactly the way that health care should be; it is about putting patients and families at the centre.

I also have to say that we are also seeing a significant number of private paediatricians ageing out and retiring. I get regular heartbreaking letters from families whose private paediatrician is retiring and not referring them onto other paediatricians. They are not being case-managed into another service. They are

simply being dropped. The CDS stood up an entirely new service to support those families for ongoing medication management. It stood up an entirely new service, with a finite workforce that had to be drawn from other parts of the service, to fill the gap that paediatricians are leaving as they retire.

We do not get to close our books. The government service does not close its books and it does not get to reduce its hours or pick and choose its clients. A number of consultants will not see certain conditions and medication requirements. That is not the case for the state government. We see everyone, no matter where they live, their condition or their personal circumstances. That is the great strength of the Child Development Service.

We are very committed to providing ongoing support for the Child Development Service, expanding it and doing things better with what we have got. I thank the committee for its inquiry, particularly for its interim findings. We will examine them closely and seek to work better with CDS in the future.