

Inquiry into Child Development Services

Submission by the Neurosciences Unit, North Metropolitan Health Service - Mental Health, Public Health and Dental Services (NMHS MHPHDS)

13th of October 2022

Select Committee into Child Development Services
Legislative Council
Ref: A985843

To the Committee,

We write to you as a multidisciplinary team from the Neurosciences Unit (NSU) to present our thoughts regarding the inquiry into child development services in Western Australia. The NSU is a specialist state-wide, community- based mental health service administered through NMHS Mental Health, Public Health, and Dental Services. Our Paediatric General Diagnostic team, staffed by neuropsychology, speech pathology, and social work provides specialist consultation, assessments, and support to young people with cognitive and communication impairments associated with neurological, genetic, neurodevelopmental and / or mental health disorders. Child Development Services (CDS) are long standing and frequent referrers to our service for specialist speech pathology and neuropsychology input. In this submission we will outline our professional relationship with CDS and make a case for the importance of increased sufficient funding for their service to be able to deliver timely, effective, streamlined and patient-centred management of a vulnerable subset of young people. Below is our submission addressing the questions the committee is asked to report on.

1. The role of child development services on a child's overall development, health and wellbeing

- Child Development Service(s) play a key role in providing early intervention services for children with developmental delay. Early intervention can change a child's developmental trajectory, reducing the risk of further psychosocial and health issues, and their associated economic and social consequences. Early intervention ideally comprises a coordinated, family-centred, and timely provision of services that aim to promote the child's development.
- CDS supports the identification and assessment of developmental problems in children. This allows CDS to offer relevant intervention services while problems are being assessed and to assist in directing clients to other services such as the NDIS early childhood early intervention (ECEI) pathway. As stated by the NDIS ([Early childhood approach | NDIS](#)), the first point of contact for many children who are registered with the NDIS is through the health system and in Western Australia, CDS largely provides this role.
- CDS have a multidisciplinary team of clinicians including speech pathologists, occupational therapists, physiotherapists, social workers, clinical psychologists, paediatricians, therapy assistants, audiologists and nurses, which is critical to providing evidence-based assessment and intervention services, particularly for children with complex needs.

- Child health and developmental issues are closely interrelated. The CDS manages both child health and developmental problems whereas other systems such as the NDIS do not play a direct role in the management of health issues. This means that the CDS can provide more integrated care whereas families often describe challenges in managing separate health, disability and education systems. The CDS is a frequent referrer to our services at the Neurosciences Unit and plays a critical role in care coordination.

2. How child development services are delivered in both metropolitan and regional Western Australia

- CDS have made significant service delivery changes in recent years to streamline processes and better meet the needs of their clients, including implementation of a model based on the Choice and Partnership Approach. This involves holding a service planning appointment with families within eight weeks of referral, to develop a plan that incorporates parents' concerns, goals and priorities. This is an innovative approach which have used to inform the implementation of similar changes within our service.
- CDS have been under considerable pressure in recent years, resulting in extended waitlists, particularly for paediatrics. These pressures are occurring across the health system including our service at the Neurosciences Unit and are similar to that described in [Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents](#). CDS requires sufficient resources to meet these service needs.

3. The role of specialist medical colleges, universities and other training bodies in establishing sufficient workforce pathways

- There must be sufficient places through training institutions to support a sufficient workforce, including medical, nursing and allied health staff. We do not have information about all of these pathways but with respect to the psychology & neuropsychology workforce, the Australian Psychological Society (APS) has identified that placements within psychology are being lost because they are unprofitable for universities [Australian Psychological Society - 2022-23 Pre-Budget Submissions \(treasury.gov.au\)](#). Across the country, a number of neuropsychology training courses have closed over recent years, and current courses are under threat.
 - The private/non-profit disability space (NDIS funded and privately funded) is currently experiencing shortfalls in allied health staffing across Australia which has been projected to be an ongoing problem - [AHPA-submission-130821.pdf](#). Given CDS will need to essentially compete for allied health professionals, a stronger connection between training colleges and universities should be established to ensure a sufficient workforce, particularly for allied health.
- ## **4. Opportunities to increase engagement in the primary care sector including improved collaboration across both government and non-government child development services including Aboriginal Community Controlled Organisations; and**

- Policy frameworks will need to support and facilitate collaboration between services including the allocation of further resources to establish individual and system wide collaborations between services.
 - Improved systems for information sharing and shared health records would help increase collaboration. Other services require a fast and streamlined approach for exchanging medical information with the CDS and obtaining consent for the release of information.
5. **other government child development service models and programs operating outside of Western Australia and the applicability of those programs to the State.**
- Nil response from our service