

Public child development services in the Perth metropolitan area have a focus on pre-school aged children. Assessment, therapy and on-referrals to ECEI via the NDIS work well once a child is seen but waiting times are an issue. As well as improving wait-times it is important that it is equitable across the metro area.

Services in regional/rural areas is also inequitable in terms of wait-times and service provision. There is currently a postcode lottery for paediatricians - if a child lives in Bunbury/South-West then there are minimal public paediatric clinics. Access to public allied health services is better.

A huge gap in public developmental services seems to occur for school-aged children. After the age of 7, public allied health services are limited and no ongoing therapy services are available. Free mental health services (eg. HeadSpace; YouthFocus) are not available until children reach the age of 12; unless their mental health issues are severe and they are accepted into the Child and Adolescent Mental Health Service. This is a problem as concurrent anxiety and behavioural difficulties are common in children with developmental problems. There is huge inequity as a result - only children whose families who can afford private services through a medicare rebate/private health insurance or are eligible for NDIS will receive recommended therapy interventions. For children with a formal mental health diagnosis, if the family cannot afford psychology interventions, currently the child is not eligible for any additional assistance at school (see below).

Schools could play a huge role in supporting child development - allied health therapy services for non-NDIS eligible children could be integrated into government schools. More school psychologists are also needed so that they can provide a service to any child who is deemed to be at risk academically. Cognitive testing, formal classroom observations, formal assessment of possible specific learning disabilities and completion of relevant questionnaires (to support further investigation of ASD, ADHD etc) should be available for any child that are flagged. Currently, testing for specific learning disabilities is only available in the private sector or through the UWA Robin Winkler Psychology clinic. Again - for families that cannot afford these services, their children are at huge disadvantage. Even for children who are formally diagnosed with a specific learning disability, the services provided to them by schools to support their learning is limited.

The SchoolsPlus funding system needs an overhaul. The current requirement for children to receive a formal diagnosis of a neurodevelopmental condition or mental health condition through a paediatrician or child psychiatrist is one reason for the huge demand for these medical services which cannot cope. Provision of SchoolsPlus funding should be based on the functional and educational need of the child, rather than a medical letter of diagnosis.

The role of the Child Health Nurse could also be expanded to support child development. Currently, scheduled child health checks are limited to 0-14 days, 8 weeks, 4 months, 12 months and 2 years. CHNs should have increased capacity to offer review for children between 2-4 years, so that early on-referral (before school) is possible if developmental concerns are identified. CHNs should also be the first point of call for parents who need more information and guidance on managing and supporting normal children health and development.