1216.

EDUCATION AND HEALTH STANDING COMMITTEE

WHOLE OF GOVERNMENT RESPONSE

Healthy Child – Healthy State: Improving Western Australia's Child Health Screening Programs

Attachment 1
Healthy Child – Healthy State: Improving Western Australia's Child Health Screening Programs

Recommendation	Responsible Department	Issue	Response provider	Actions Occurring
Recommendation1 (page 3) That the Department of Health and the Department of Education and Training improve the usefulness of their website, in particular the ease of use for parents seeking information on child health screening issues and programs	DOH/DET	The Committee attempted to access information on school health screening programs but found little information of use to parents or researchers.	Director Strategic Support Unit (Statewide) Child and Adolescent Community Health (CACH) Executive Director Mental Health	***Supported:*** <u>CACH</u> Information on child developmental assessments is being added to the DOH website including specific information regarding screening tools used in assessments such as the Parent Evaluation of Developmental Status (PEDs) and the Ages and Stages Questionnaires (ASQ). This information will also be linked to the DET website. The above information will be available on the DOH website by August 2009. The list of Child Health Centres on the DOH website has been updated. <u>Department for Communities</u> As the Department's Parenting WA website is the first point of contact for many parents seeking advice, it is suggested that the information on child development assessment being added to the DOH website should also be linked to the Parenting WA site. <u>Mental Health</u> Music feedback project: o In June 2009, the Department of Health (DOH) Mental Health Division (MHD) worked in collaboration with the Western Australian Music Industry Association to establish a Youth anti-stigma and mental health promotion website www.musicfeedback.com.au. This initiative is targeted at young people 15-25 years old and encourages them to: o participate in music and positive activities to improve their wellbeing, express themselves and connect with others; o talk more openly about mental health; o get help early for any problems; o accept, support and include people with a mental illness; and

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				○ study and work in the mental health area. Mental Health Website project: ○ In 2008 the Western Australia Mental Health Website was upgraded to encompass a more community-focused approach. The new website covers: ○ mental health and mental illness, with downloadable fact sheets; ○ how to get help, with a mental health service directory and emergency contacts; ○ consumers and carers getting involved in mental health and personal stories; ○ media, news and events, including upcoming Mental Health Week activities; and ○ mental health publications and resources. <u>DET</u> A website and hard copy resources to support parents of young children in Improving literacy and numeracy skills is being developed and will continue to be improved. Corporate Communications and Marketing will investigate inclusion of child health screening programs and provide off-site link on the Schools and You website on the Parent Information site.
Recommendation 2 (page 8) That the Department of Health review and compare Western Australia's current child health programs to the outcomes gained from overseas initiatives such as Sure Start, Bright Futures and Healthy Child Manitoba with a view to adapting and adopting those programs that bring together government, family and community	**DOH**	The Inquiry found that the current child health system is inadequately funded to systematically collect and analyse data on child health conditions, and to offer treatments in a timely fashion to all Western Australian children.	Director CACH Policy (Statewide)	***Conditionally supported:*** <u>CACH:</u> Child and Adolescent Community Health (CACH) services are underpinned by evidence-based policies. Any changes to service delivery are carried out in the context of the new evidence about early childhood. The Child Health Service – Universal Contact Schedule 2006 is currently being reviewed. Included in the review will be literature review of the evidence base underpinning universal services and compare national and international

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stakeholders in well-integrated health and education process commencing at birth				initiatives. The recently developed *Draft National Framework for Child and Family Health Services* included a review of current national and international child and family health service frameworks. The information gained from this work will also inform future CACH policies. DET The Office of Early Childhood Development and Learning located in Department of Education and Training is investigating innovative models of integrated early childhood services. Under the COAG Children and Family Centre initiative, five multi-functional centres providing a range of family services including parenting education programs, health and nutrition programs and early intervention services will be established in areas with high need.
Recommendation 3 (page 16) That the Government provide additional funds for the Department of Health to fully meet its planned introduction of Child Development Screening Tools at the key developmental ages 3-4months, 8 months, 18 months, 3 years and school entry.	**DOH**	The committee recognises that the early detection of health issues and subsequent early medical intervention produces the maximum benefit for a child.	Director CACH Policy (Statewide)	***Supported:*** CACH: Child and adolescent community health services statewide implemented parent completed child developmental screening tools into the universal child health contact schedule from January 2009. A 3 year renewal of the licencing agreement for the PEDS tool with the Centre for Child and Community Health, Melbourne is due in October 2009 at an cost of $10,000 per year.
Recommendation 4 (page22) That the government provide additional funds to support the introduction of the foetal alcohol spectrum disorder (FASD) 4-digit Diagnostic Code of Western Australia's child health screening programs.	**DOH**	The committee acknowledged and supports the model of care for FASD that is being developed by DOH. The committee noted that DOH stated they are introducing the FASD 4 – Digit Diagnostic Code.	Director CACH Policy (Statewide)	***Supported:*** CACH: In the metropolitan area every child development site (CDS) has received a copy of the diagnostic manual and all the CDS paediatricians have received initial training in the FASD 4-digit code. Strategies such as these are viewed as good evidence based practice and recorded as quality improvement activities. The use of the diagnostic

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				code in the CDS is being evaluated in the second half of 2009. The CDS is also working in partnership with WACHS to implement the 4-digit diagnostic code in the Fitzroy Valley of the Kimberley Health Service. DET If resources are available, the Department of Education and Training would support this. Early identification of FASD is useful in identifying targeted students requiring additional support. *Schools Plus* funding administered by the Department of Education and Training already provides additional resources for students with an intellectual disability and a diagnosis of FASD. The 4-Digit Diagnostic Code will assist in determining the severity of FASD. Ongoing discussions between the Department of Education and Training and the Department of Health are taking place to progress the initiative. The Department of Education and Training is currently developing and implementing a range of teaching and learning interventions to cater for the specific needs of students with FASD, their families and the school community.
Recommendation 5 (page 24) That the Department of Health prepare a business case that would fund a six-monthly hearing test for all Aboriginal Children in Western Australia	**DOH**	Evidence given to the committee suggested that hearing testing should be undertaken for all Indigenous children	Director CACH Policy (Statewide)	***Conditionally Supported:*** CACH: Child and Adolescent Community Health Policy is currently reviewing the evidence on universal and targeted hearing screening and assessments for all children 0-8 years of age. It is anticipated that this review will also consider and recommend best practice and effectiveness of screening tools. The policy unit will use the findings of the review to recommend any changes to current practice. DET The Department of Education and Training supports this recommendation, specifically on-entry testing to school at the Kindergarten, Pre-Primary and Year 1 levels.

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				The Department of Education and Training will engage in further discussions with the Department of Health to determine roles and responsibilities in the provision of six-monthly hearing tests for all Aboriginal children in public schools.
Recommendation 6 (page 26) Additional community migrant health nurses and greater access to child development and language services should be provided in those Western Australian communities with high concentrations of refugees and Culturally and Linguistically Diverse (CALD) members. Children who are suspected of having language difficulties in Year 1 should be able to access Department of Health speech and language services. Government services should also be available to address the needs of CALD children with language difficulties detected beyond Year 1.	**DOH**	Child health screening programs need to be adaptable to community needs. Increased resources and improved partnerships is required to allow better access to services,	Director CACH Policy (Statewide)	***Supported:*** CACH: Child and Adolescent Community Health has commenced a project to ensure tha service is responding to the needs of refugee children, adolescents and their families. The project aims to undertake a stock take of the various programs and services being delivered and to develop a consistent and equitable program/service which meets the health and developmental needs of refugee children, adolescents and their families DET Business units in the Department of Education and Training will continue to collaborate closely to ensure a coordinated approach to supporting teachers of CALD children with language difficulties. There is a shortage of suitably qualified and/or experienced speech therapists especially in rural locations. The development of the Department of Education and Training Literacy and Numeracy Plan in 2009 will provide further direction and support for teachers of CALD students. The Department's English as a Second Language and Aboriginal Literacy Strategy continues to address the specific needs of ESL/ESD students. Officers collaborate, wherever possible, with speech and language consultants and speech pathologists employed to work in schools.

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				Office of Multicultural Interests It is recommended that policy and program development by DOH and DET in response to the recommendations take into consideration the needs of CaLD communities, particularly humanitarian entrants with low English language and literacy levels and include these groups in consultation and service delivery. • Collaborate with Commonwealth funded settlement service providers of the *Integrated Humanitarian Settlement Strategy* and *Settlement Grants Program* to successfully transfer clients from Commonwealth managed programs to State services. • Additional community migrant health nurses with bi-lingual skills and/or who are from CaLD backgrounds, specifically new and emerging communities. • Co-ordinate monitoring and assessment of screening results for CaLD families, as a group. • Referral to additional community based literacy and language support programs. • Greater use of interpreters, translated materials and community leaders to identify needs. • Cultural competence training of community migrant health nurses and staff working with culturally and linguistically diverse communities. • Linking the DET and DOH programs for CaLD communities.
Recommendation 7 (Page 27) That the Government increase the funding for the torture and trauma counselling services for children and young people provided by the Association for the Services of		Lack of services to provide torture and trauma counselling for children aged 5-12 years	Executive Director Mental Health	***Conditionally Supported*:** Mental Health: ASeTTs is a non-government organisation with various funding streams including the DOH Office for Mental Health. Indicative funding from the Mental Health Division

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Torture and Trauma Survivors (ASeTTs).				to ASeTTS in 2009/10 is $464K. DET ASeTTs is the only dedicated service provider in this field in Western Australia. The School Psychology Service and the Principal Consultant (Mental Health) will collaborate with ASeTTs to promote this recommendation. Office of Multicultural Interests It is recommended that policy and program development by DOH and DET in response to the recommendations take into consideration the needs of CaLD communities, particularly humanitarian entrants with low English language and literacy levels and include these groups in consultation and service delivery. At present there are four major multicultural mental health services within the community sector funded by DOH. These services are: Association for Services to Torture and Trauma Survivors, Fremantle Multicultural Centre, Ishar Multicultural Centre for Women's Health and Transcultural Mental Health Service. The recommendation is for funding to be increased to one organisation, however a greater portion of community members would benefit if any funding increases were distributed across all four organisations.
Recommendation 8 (page 36) That the Government review the operation of the Memorandum of Understanding between the Department of Health and Department of Education and Training to address the shortcomings of Western Australia's child health	**DOH/DET**	Gaps in child health screening and assessment at school entry could be addressed by DOH and DET as part of the formal MOU partnership.	Director CACH Policy (Statewide)	***Supported:*** CACH: A new MOU will be established for the period July 2010 to June 2013. Preparation will commence in late 2009. There is scope to strengthen 'screening and surveillance programs' as identified in the Inquiry.

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screening programs identified by this Inquiry.				DET The MOU for the delivery of School Health Services is reviewed on a triennial basis by the Department of Education and Training and the Department of Health. The current MOU will expire in June 2010. The review process for the development of the next MOU will commence later this year and afford an opportunity to consider how improvements could be made to the existing screening program. Any expansion of the current screening program will be highly resource dependent and will require additional nurse FTE and the Department of Health infrastructure support. Redirection of the existing resources for screening and assessment could be to the detriment of existing components of the School Health Service such as primary health care in secondary schools.
Recommendation 9 (page 37) The evaluation of the School Entry Health Assessment Program undertaken by the Department of Health should focus on the effectiveness of identification, treatment and the evaluation of treatment programs, and compare these three components with similar programs undertaken in other jurisdictions.	**DOH**	It is perceived that the evaluation of the School Entry Health Assessment program has the capacity to evaluate the effectiveness of identification and treatment programs.	Director CACH Policy (Statewide)	***Conditionally Supported:*** CACH: The evaluation of the School Entry Health Assessment Program conducted in 2008/09 sought to assess the reach of the Program across WA. New and different series of evaluations will be required to evaluate the effectiveness of various treatment programs. CACH will explore opportunities for collaboration research with tertiary institutions. DET The Department of Education and Training will support this if resources are available in the Department of Health for this to occur.
Recommendation 10 (page 46) As an urgent priority, the Government should increase the number of school nurses employed	**DOH**	There is an urgent priority for the Western Australia government to increase the number of school and child	Director CACH Policy	***Conditionally Supported:*** CACH: The DOH acknowledges the gaps in resources in child

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in the school health system and approve the proposed business case for additional school and child health nurses to be employed within the Department of Health's Child Development Services.		health nurses, especially in the metropolitan area.	(Statewide)	and school health nurses. . Additional staff will be subject to available funds. DET Current services cannot be maintained unless the increase in student population and the establishment of new schools is matched by the allocation of additional resources.
Recommendation 11 (48) That the Department of Health ensure the new Child Development Information System (CDIS) provides a management tool to assist in monitoring the numbers, employment status of, and future demand for, the allied health professionals it employs.	**DOH**	DOH has reported that until 2008 there was no centralised system of monitoring numbers and the employment status, and future demand of its allied health professionals.	Director CACH Policy (Statewide)	***Not Supported:*** CACH: The Child Development Information System (CDIS) is a clinical information system designed to capture information and data regarding client demographics, services provided and clinical outcomes. CDIS has not been designed to be Human Resources Information system. Altemative systems will need to be developed to monitor staffing demands.
Recommendation 12 (page 49) In light of WA's increasing birth rates and long-standing shortages of school and child health nurses, the Department of Health (DOH) should urgently find and adopt other options that might be used to carry out child health screening programs. In particular DOH should investigate moving some screening programs (such as speech and language) from pre-primary and primary school years to an earlier age and have simpler tests undertaken by appropriately trained childcare staff.	**DOH**	The committee are concerned about the ability to attract increased numbers into the workforce. The committee feels that if new approaches to screening programs and moving screening programs to an earlier age, the existing waiting times for children needing assessment/treatment will continue.	Director CACH Policy (Statewide)	***Conditionally Supported:*** CACH: It is possible that other less qualified staff may be up skilled to deliver child health screening programs but child and school health nurses are still required to interpret the results, complete a clinical assessment and appropriately determine need for referral. A recent example of a strategy implemented in community health is the upskilling of Aboriginal Health Workers to implement the parent completed child development screening tools to Aboriginal parents across Western Australia. Community child health nurses are registered nurses with specialised qualifications and experience in family and child health nursing. They are trained to provide ongoing assessments of child health and development, early

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				identification of any health and development issues, and where possible, early intervention prior to referral to other agencies. At the same time they provide information on becoming a parent, breastfeeding, child behaviour, diet/nutrition, family health matters, growth and development, immunisation, injury prevention and child safety, playgroups and other community resources. For many families, community health nurses are the only link they have into health services, they also work closely with a larger interdisciplinary team including General Practitioners. <u>DET</u> The Statewide Speech and Language Service does not provide diagnostic or assessment services in the area of speech and language for children prior to school entry. Teachers are provided with resources and linked to appropriate services to support students from K-12. <u>Department for Communities</u> If child care staff were to be used to carry out child health screening programs then they would require appropriate training and support. Child and school health nurses would also need to be available to interpret the results, complete the clinical assessment and determine if there is a need for further referral.
Recommendation 13 (page 56) That the Auditor General undertake a comprehensive review of the Department of Health, Child Development Service and School Health Services and table a report to Parliament. This report should detail figures and timeframes for all children awaiting services for early assessment and early intervention	**Auditor General's Office**	There needs to be better monitoring and accountability in the area of Child Health, School Health and Child Development Services.		***Supported*** The Auditor General has advised that he is aware of the recommendation made by the Committee and that he will take this recommendation into consideration in developing future audit programs. <u>DET</u> Assessment and early intervention are one component of the activities undertaken by School Health Services. Additional resources are needed across the full spectrum

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for health related issues and make recommendations on the numbers of additional personnel across the health professions that are required to tackle the current backlog and cater for the increased population in Western Australia.				and age groups undertaken by the School Health Service.
Recommendation 14 (page 58) That the Department of Health review experiences in other jurisdictions with a view to adopting strategies aimed at reducing waiting lists and times for children requiring services in respect of early assessment and early intervention for health-related issues.	**DOH**	Other Australian and overseas jurisdictions have developed new approaches that have cut the waiting times in their child health sector.	Director CACH Policy (Statewide)	***Supported:*** CACH: The Department of Health undertakes research on an ongoing basis regarding child development services. This matter will be actioned through the CACH Policy (Statewide) Unit. It should be noted that service models vary across different jurisdictions and it is not always possible to simply apply strategies from other States. DET In accordance with the MOU between the Department of Education and Training and the Department of Health in relation to referrals for placement at a language development centre (LDC), community speech pathologists are advised of the limited number of places available each year. This avoids the time consuming task of assessing large numbers of children who cannot be accommodated. As a result, speech pathologists refer only a small number of young children with the most severe language difficulties for assessment.
Recommendation 15 (page 60) Given the importance of improving data sharing within Western Australia's child health system, the Minister for Health should provide	**DOH**	Committee were advised of progress of the CDIS roll out and implementation stages	Director CACH Policy (Statewide)	***Not Supported :*** The CDIS implementation was completed on 14 August 2009. It is now operational in all 18 metropolitan Child Development Service sites as intended. Client data

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the Parliament with regular reports on the status of the roll-out of the Child Development Information System, advising of any major alteration to the completion date and need for additional funding.			A/Director Population Health WACHS	continues to be uploaded and it will be some months before meaningful data and service reports and be produced. The Minister will to respond to letters of requests for updates and information. The CDIS has currently not been rolled out across WA Country Health Service.
Recommendation 16 (page 60) The Department of Health should publish the Child Development Information System (CDIS) data on waiting lists in a way that assists: i) parents making decisions about their child's health; and ii) the professional allied health staff providing child health services in Western Australia.	**DOH**	The committee notes that DOH has reported that the new system and reform will improve current systems and a reduction in the current admin time thereby allowing staff to have greater hand-on time.	Director CACH Policy (Statewide)	***Supported:*** The Department will analyse the capacity of the CDIS system to provide timely and reliable data regarding waiting times that can be made accessible to parents and other health professionals to help inform where they may wish to seek a service. As part of CDIS, detailed information regarding waiting times for all relevant disciplines is already provided to parents at the time their child is accepted for services. It is acknowledged that these waiting times are subject to change for a variety of reasons. CDIS is currently not able to generate updates to keep parents informed of how these wait times may have changed. The Department will look at options to upgrade CDIS so that regular updates can be provided.
Recommendation 17 (page 61) That the Government ensure that WA's future health and privacy legislation allows for the sharing between government agencies of data gathered by the Child Development Information System (CDIS), when it has been fully implemented.	**DOH**	The committee notes that DOH discussed MOU's between CDS/ Disability Services Commission, CAMHS and WACHS.	Director CACH Policy (Statewide)	***Supported:*** CACH: In the drafting of proposed State Privacy Legislation, consideration needs to be given to enabling the sharing of information within integrated data systems to improve responses to patients and improve health outcomes. DET Current Commonwealth and State legislative requirements precludes sharing of some data across agencies.

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				The Department of Education and Training would welcome initiatives to establish data linkage project to enhance individual and community wellbeing.
Recommendation 18 (page 61) That the Department of Health ensure that the final version of the presentation of the clinical pathways is prepared in a way that makes them readily comprehensible to parents.	**DOH**	The committee noted the progress of the work of the Child Development Service in developing clinical pathways for clients of the service but though they were complex. Suggested that the clinical pathways need to be articulated in simpler terms to ensure families understand them	Director CACH Policy (Statewide) Executive Director Mental Health	***Supported:*** CACH: Separate information packages are currently being developed by the Child Development Service for parents and referrers. The clinical pathways themselves have been developed to inform clinical practice within the CDS. Mental Health: Increase Collaboration: Complex Attention Hyperactivity Disorder Services o Operational funding was approved by the Western Australian Government in October 2007 for the establishment of two new clinical services for children and young people with Attention and Hyperactivity Related Disorders. This investment aims to better meet the demand for clinical services, and to broaden the range of services available to children, young people and their families. o The new services for children and young people up to the age of 18 years of age with Attention and Hyperactivity Related Disorders will be referred to as the Complex Attention Hyperactivity Disorder Services (CAHDS). o A clinical model for the new services has been developed, to ensure a consistent approach to the diagnosis and treatment of Attention and Hyperactivity Related Disorders. o North Metropolitan CAHDS will be located in Joondalup and will commence operating in late 2009, with a target date of October 2009. o South Metropolitan CAHDS is expected to commence operating in 2010, with a target date of February 2010.

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				o Each metropolitan service will link with Western Australian Country Health Service Districts with the aim of ensuring consistent state-wide service provision. o The two services will include multidisciplinary teams consisting of the following professional staff - consultant psychiatrist, paediatrician, neuropsychologist, clinical nurse specialist, clinical psychologist, senior occupational therapist, senior speech pathologist, senior social worker, and research psychologist. o The Department of Education and Training has committed to funding two full time Senior School Psychologist positions to be deployed in both CAHDS services
Recommendation 19 (page 64) That the Department of Health ensure that data on child health outcomes and resource shortfalls in Western Australia produced from the Australian Early Development Index is integrated with other data it collects, such as that held within the Child Development Information System.	DOH	Inquiry noted that the AEDI could be an important tool in providing timely data that allows DOH to better direct health interventions in regions and LGAs with greater child health needs. .	Director CACH Policy (Statewide)	***Conditionally Supported:*** Within WA, the across agency Data Linkage System can analyse multiple data bases and link records to provide population level information that can be used for identifying and answering important questions concerning the health and development of the population and specific groups. The National AEDI Data Committee has supported a proposal for AEDI data to be made available for data linkage. The capacity of CDIS data to be similarly included has not yet been determined as data is still being uploaded into CDIS and its functionality tested. Once fully operational opportunities for its inclusion in the Data Linkage System will be examined. <u>DET</u> Current Commonwealth and State legislation restricts the level of access to AEDI data and data linkages, especially in relation to access to individual student and school information.

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				The Department of Education and Training will also use AEDI data for its planning.
Recommendation 20 (page 71) That the Government provide additional funds of approximately $10 million for the Department of Health to implement a universal neonatal hearing screening program in Western Australia by 2013.	**DOH**	Benefits of implementing A Universal Neonatal hearing screening program would far outweigh the costs of such a program.	Director CACH Policy (Statewide)	***Conditionally Supported:*** CACH: The DOH will expand newborn hearing screening services to all West Australian public maternity hospitals. Service expansion will occur within existing resources and is expected to be completed by December 2010. Once implemented, all WA infants will have access to newborn hearing screening, in line with the Council of Australian Governments (COAG) agreement of 2 July 2009. The cost of this service will be significantly less than the $10 million originally estimated. DET The majority of children who are Deaf or hard of hearing are identified in the first two years of life and are supported by the Western Australian Institute for Deaf Education. Approximately 70 per cent of Aboriginal children have an Otitis Media hearing loss and it is this group of children who remain undiagnosed and/or receive limited support.
Recommendation 21 (page 71) That the Department of Health assess the ability of midwives, Child Health Nurses and maternity nurses to be trained to carry out the greater number of neonatal hearing screening tests that will be required under the new universal testing scheme being implemented in Western Australia.	**DOH**	The committee found that DOH currently has difficulty in assessing the numbers of children receiving this service as there is currently no coordination of these activities	Director CACH Policy (Statewide)	***Supported:*** CACH: Under the proposed expansion of services, the development and implementation of clinical practice guidelines will ensure standardised delivery of screening services across the State. The guidelines will allow for screening to be undertaken by a range of suitably qualified health professionals in a number of clinical settings, ensuring the most efficient use of staffing resources and the best outcome for infants and their families.

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Recommendation 22 (page 72) The Child Development Information System (CDIS) project should be urgently expanded so that data on the screening programs delivered to Indigenous children, especially hearing screening, can be gathered across the State.	**DOH**	The committee noted that DOH stated that due to a lack of an integrated data system, it is not possible to identify the proportion of children who receive extended hearing programs	Director CACH Policy (Statewide)	***Supported:*** CACH: CACH is currently developing a business plan to purchase and implement a database for community health. The database will have the capacity to record information about assessments conducted and Aboriginality.
Recommendation 23 (Page 74) That the Department of Health review its decision to remove the vision screening test for three-year-olds, as such a test would give affected children a better chance of receiving remedial treatment prior to their commencing school.	**DOH**	Committee is concerned that there is a gap in universal vision testing around the two to three years of age.	Director CACH Policy (Statewide)	***Not supported:*** CACH: The *Final Report* (May 2009) of the *National Children's Vision Screening Project*, by Murdoch Children's Research Institute for the Commonwealth Department of Health and Ageing, found that "There was low level evidence to support visual acuity screening on one occasion between 18 months and 5 years. The evidence suggested that visual acuity testing is more reliable from 3.5 years of age. Expert and community consultation supported screening at about 4 years as the best balance between reliability/accuracy and early diagnosis aiding successful treatment." Child and Adolescent Community Health Services offer a visual acuity test using the Lea Symbol Chart to all children at school entry (4-6 years of age). The recent school entry assessment evaluation report, found that approx 91.5% of children receives this test in kindergarten or pre-primary. The remaining 8.2 % are tested in year 1. The Lea Symbol Chart is a highly sensitive and reliable test for children 4 years old and over, it can be used on 3 year olds however its sensitivity and reliability is reduced. DET Failure to implement early intervention strategies impacts

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				on educational outcomes for children with vision impairment. Early and more frequent universal screening in identification of children with vision impairment would in turn lead to early referral to appropriate support services.
Recommendation 24 (page 75) That the Department of Health and Department of Education and Training develop greater collaboration between service providers to review the possibility of multidisciplinary teams, consisting of government and non-government organisations, to service the vision needs of children in remote areas.	**DOH**	Children living in rural and remote areas have limited access to therapies to deal with vision conditions.	Executive Director WACHS	***Supported:*** WACHS: Children and their families living in rural and remote regions of WA have access to visiting ophthalmologists for specialist treatment These services will be strengthened through proposed new initiatives being developed as part of WA's implementation of the National Partnership for Closing the Gap in Indigenous Health Outcomes. Multidisciplinary chronic disease teams are being proposed as one strategy to achieve Primary Health Care outcomes under the National Partnership Implementation Plan. The teams would address the screening, education and treatment of child health related matters. The implementation of the strategy will be led through inclusive regional Aboriginal Health Planning Forums. DET Department of Education and Training and the Department of Health are progressing the establishment of four Children and Family Centres in remote locations which will provide access to quality early childhood education, care, health and family services through the delivery and integration of a range of services. The nature of services provided at each centre will depend upon the needs identified during community consultation and service delivery organisations in the community. Vision screening will be included in the range of early intervention health services.
Recommendation 25 (page 81) That the Government give a high	**DOH**	The current screening methods for speech, language and motor		***Supported:***

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priority to provide additional staff and other resources to address the current inadequacies in Western Australia's speech and language services.		skills are inadequate. Access to remedial treatment for children with speech and language difficulties is fragmented, inadequate and unacceptable in all regions of WA.	Director CACH Policy (Statewide) Executive Director Mental Health	<u>CACH:</u> The DOH acknowledges there are gaps. Community health staff including, child health nurses, school health nurses and child development staff have a significant role in the identification, early intervention and treatment of child developmental delay. There are current capacity issues that have been identified to the inquiry and these matters are subject to Government consideration and progressed through the budget process. <u>Mental Health:</u> o The Department of Health has established a Language Services Network to lead and support the development of culturally appropriate policy, models, guidelines and best practice. This will enable staff to better identify, assess and support children from culturally and linguistically diverse (CALD) backgrounds who experience speech and language disorders. o Currently services provide interpreters when engaging with children and parents from CALD backgrounds, including arranging appointments and providing information on the roles, function of the specialist service and anticipated outcomes. o At present, professional interpreters are provided training by Central TAFE to work in a range of different health contexts, including mental health. Service planning, including addressing identified resource deficits to ensure that services are in a position to meet the language needs of new and emerging communities are a priority area of the Language Services Network. <u>DET</u> The Department of Education and Training does not have information to make a comment on this recommendation.

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Recommendation	Responsible Department	Issue	Response provider	Actions Occurring
				The Department of Education and Training employs speech and language consultants to support schools in the early identification of students with speech and language impairments. There has been an increasing prevalence of young students requiring this service, and the Department of Education and Training is currently reassessing the resources made available to speech and language services.
Recommendation 26 (page 84) That the Department of Health and Department of Education and Training develop a joint business case for government on the introduction of a standardised speech and language screening tool, such as *MELS* or *Catch Them Before They Fall*, to be used at pre-primary level throughout WA.	DOH	Evidenced-based programs may assist the negative impact of developmental delays in speech and language.	Director CACH Policy (Statewide)	***Conditionally supported:*** Child and Adolescent Community Health (CACH) services are underpinned by evidence-based policies. Any changes to service delivery are carried out in the context of any new evidence. The School Health Policy will be reviewed in 2010. There will be opportunities within the review to consider and compare national and international initiatives. <u>DET</u> *Catch Them Before They Fall* is a joint initiative between the Department of Education and Training and the University of Western Australia Child Study Centre. The project researched an evidence based screening tool to identify pre-primary aged children at risk of literacy failure. Another resource commonly used in public schools is the Sutherland Phonological Awareness Test – Revised (SPAT-R, Neilson, 2003). The Department of Education and Training is also progressing the development and administration of a Literacy and Numeracy On Entry Assessment Tool for all pre-primary children in 2010.
Recommendation 27 (page 86) That the Department of Health	DOH	The adequacy of the School Dental Service was not		***Supported:***

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Healthy Child – Healthy State: Improving Western Australia's Child Health Screening Programs

Recommendation	Responsible Department	Issue	Response provider	Actions Occurring
undertake a review of dental health services offered in rural and remote regions of Western Australia and report to the Ministers for Health and Indigenous Affairs on the dental health of children in regional and remote regions.		addressed by any other submission.	Director Dental Health	Dental Health: A functional review of public dental services has been requested by the Director General and will be complete by February 2010. The School Dental Service maintains an extensive data collection process providing appropriate information.
Recommendation 28 (page 92) The Department of Health should develop a business case for government on a formal evaluation of programs to assist children entering school, such as *LEAF, A Smart Start.*	DOH	Evidenced-based programs may assist children to make the transition to formal schooling.	Director CACH Policy (Statewide)	***Conditionally supported:*** CACH: DOH will first examine the feasibility, cost and effectiveness of programs such as *LEAF, A Smart Start* and other programs. DET Schools' implementing LEAF and Smart Start Programs report that the program supports the transition of young children to school and assists parents/carers to identify health concerns before the child enters the school system. The Department of Education and Training accepts responsibility to work with the Department of Health to do this within available resources.
Recommendation 29 (page 95) That the Department of Health (DOH) and the Department of Education and Training (DET) ensure that resources from Federal health initiatives in the area of early child health be fully utilised and integrated into current services in Western Australia. DOH and DET should include information in their annual reports on what Federal funds were available, have been applied for, accessed, and how the	DOH/DET	Formal collaborative approach agreements between agencies to provide more information on the recent Federal Government initiatives of health policy, and the additional funds likely to be available to the state government.	Director CACH Policy (Statewide)	***Supported:*** CACH: Inter-department mechanisms are in place to inform whole of Government responses to matters arising out of COAG. It is not possible for DOH to report on the acquittal of Commonwealth funding in the way suggested. DET The Department of Education and Training and the Department of Health are jointly progressing Improved integration of services for young children and their families through the Commonwealth Children and Family Centres

Recommendation	Responsible Department	Issue	Response provider	Actions Occurring
funds were utilised.				initiative. In accordance with the provisions of the *Financial Management Act 2006*, the Department of Education and Training is legally required to disclose details on all State and Commonwealth activities.
Recommendation 30 (page 97) That the Department of Education and Training, the Department of Health and the Disability Services Commission formalise their work on improving the health of Western Australian children by establishing an across-government State-wide approach to a common child health and development strategy, including all screening programs.	**DOH/DET/ DSC**	The positive experiences and lessons learnt of a "Whole of Government approach" in other policy areas and jurisdictions should be considered in WA's child health sector particularly to address the gap in availability of child health services between rural and regional areas and those in Perth.	Director Population Health WACHS.	***Conditionally Supported:*** WACHS: A WA Rural and Remote Primary Health Plan is being developed. One of the key priority areas is Child Health and Wellbeing. WACHS currently works with DET and DSC and DOH policy in collaborative approaches in addressing child health and wellbeing services, various MOU"s already exist. The strength of the country approach is it uses its regional networks that enable community input to ensure that solutions meet the local need and have community support. This is particularly relevant in Aboriginal communities where engagement is paramount to long term success and change. There is ongoing work to ensure rural, regional and metro linkages and that roles are delineated and are working well. This is critical in service coverage and accountability, directing available funds and resources to areas of need. DET Significant gaps exist in resources for the provision of health care support particularly for children in mainstream school settings who have complex health care needs that require constant or intermittent support that is beyond the expertise and responsibility of the classroom teacher or

Recommendation	Responsible Department	Issue	Response provider	Actions Occurring
				education assistant. OECDL established to do this.
Recommendation 31 (page 98) In her role promoting public awareness of matters relating to the wellbeing of children and young people, the Commissioner for Children and Young People should annually maintain a child health identification and treatment register which collects and reports data from the Department of Health on the number of children who have been identified as needing treatment for health problems, and those who have been unable to receive treatment.	**Commissioner for Children and Young People**	Each jurisdiction in Australia has a statutory authority responsible for the coordination of government policies involving children and youth, Western Australia has an independent body to review and advise on issues relevant to children.		***Supported*** I support the intention of the recommendation which is to ensure that this data is collected and made widely available. This is consistent with the intent of other recommendations to improve data collection and information shering for planning and reporting purposes (recommendations 15, 16, 17, 19, 22 and 36). However, I am strongly of the view that this task is more appropriately undertaken by the Department of Health, which should be adequately resourced to collect, monitor and report on this important dataset. As Commissioner for Children and Young People, my functions are established under section 19 of the *Commissioner for Children and Young People Act 2006* and generally position the role to undertake broad advocacy, rather than to maintain specific data registers. My Office does not have the resource capacity to undertake the recommended task and the value of my office collecting this data—as against any other data which is more generally related to the wellbeing of children and young people—is in my view questionable. I have attached for information my most recent submission to the Education and Health Standing Committee, to inform its Review of WA's current and future hospital and community health services, which may be of further assistance in clarifying my position on the issues raised in the Education and Health Standing Committee's report. See attachment 2.
Recommendation 32 (page 99) That the Government continue to pursue the benefits of having one Minister with portfolio responsibility for early childhood education and	**DOH**	The committee found there should be significant benefits from having a one Minister with portfolio responsibility for Early Childhood education and		***Noted*** DET The Government of Western Australia has given priority to improving the quality and integration of early childhood development and learning by establishing a dedicated

Recommendation	Responsible Department	Issue	Response provider	Actions Occurring
development.		development.		Office of Early Childhood Development and Learning. Ministerial responsibility for the early childhood portfolio resides with Hon Dr Elizabeth Constable MLA.
Recommendation 33 (page 100) The Government should ensure that any new Public Health Act address the identification, prevention, treatment and evaluation of contemporary and emerging child health issues.	**DOH**	The existing and proposed Public Health Act does not provide any reference to the general screening of children at pre-primary or primary school level. The act should include the provision of screening programs for hearing, vision, speech and general health issues, such as childhood obesity.	Director CACH Policy (Statewide)	***Noted*** CACH: A search of the NSW, Victorian and Queensland Health Acts and was unable to find detailed information on Child Health Screening in any of these Acts. The proposed Public Health Act will provide an opportunity to consider this issue. DET The Department of Education and Training does not have information to make a comment on this recommendation. However, any action that increases the number of children receiving services that identify, prevent, treat and evaluate contemporary and emerging child health issues is supported.
Recommendation 34 (page 104) The number of school health nurses, community child health nurses and allied health professionals employed within Western Australia's child health services should be urgently increased as per the business cases developed by the Department of Health. The new staff required are 126 full-time-equivalent (FTE) in the Child Development Services, 105 FTE Community Child Health Nurses and 135 FTE for school nurses.	**DOH**	Western Australia Child Health Screening system is contingent upon it being appropriately and adequately staffed	Director CACH Policy (Statewide)	***Conditionally supported:*** CACH: The DOH recognises there are current capacity issues in child, school and child development. These matters are subject to Government consideration and will be considered in the budget process. DET Additional resources would improve the capacity of health services to provide ongoing monitoring and surveillance, particularly of 'at risk' groups in rural and remote locations. The Department of Education and Training highly values the services provided by School nurses. Additional school nurses welcomed.

Attachment 1
Healthy Child – Healthy State: Improving Western Australia's Child Health Screening Programs

Recommendation	Responsible Department	Issue	Response provider	Actions Occurring
				Department for Communities The recommendation that the number of community child health nurses, school health nurses and allied health professionals be increased is strongly supported. Additional resources would provide more capacity to identify and intervene with "at risk" children and particularly those in rural and remote locations.
Recommendation 35 (page 105) That the Government conduct a review to assess what early childhood services can be transferred to, and resourced within, the Department of Education and Training.	DOH	The Victorian Government has transferred early childhood services to the renamed Department of Education and Early Childhood Department.		***Supported*** DET The Minister for Education has commissioned an independent review of how early childhood services are delivered in Western Australia. The final report of the review will be provided to Government later this year. The Department of Education Training continuously assesses how to improve efficiency and effectiveness of the services it provides.
Recommendation 36 (page 105) That both the Department of Education and Training and the Department of Health report separately their allocations for school and early childhood health programs (including screening) in their annual budgets. This should show costs for screening, costs for treatment and waiting times for each program by age group.	DOH/DET	DOH and DET do not presently make separate provisions in their annual budgets for school health screening services.	Manager Systems Reporting	***Conditionally Supported*** DOH: The Department of Health will analyse the requirements for the representation of community child health service budgets and performance reporting and consider their inclusion into DOH budget papers. ***Not supported*** DET DET currently contributes $5.5 million per year to the School Health Service which is reported each year in the Department's Annual Report. It would be difficult to determine resources allocated by schools for early childhood health programs separate to

Recommendation	Responsible Department	Issue	Response provider	Actions Occurring
				programs for other students.
Recommendation 37 The Department of Education and Training should adopt evidence-based language and literacy teaching for use in Western Austrailan schools to mandate the increased use of phonemic awareness (phonics) in the pre-primary and primary curricula.	DET	Committee support the direct systematic instruction& explicit Teaching of phonemic awareness and phonics during the early years of schooling providing essential foundation.		***Supported*** DET DET promotes the teaching of phonological awareness of which phonemic awareness is an auditory sub-skill. The *Early Childhood (K-3) Syllabus* English scope and sequence statements clearly describe content to be taught at year level for 'Phonemic Awareness' under the heading 'Phonological Awareness'. Explicit literacy resources for Spelling and Word Study for K, P/1' 2/3 also provide guidelines for the teaching of phonemic awareness and phonics, including monitoring of student progress. *First Steps* Reading and Writing Resource Books and Maps of Development provide teaching, learning and assessment opportunities. Through the Aboriginal Literacy Strategy teachers are supported in relation to the specific needs of second language and second dialect learners in the teaching of phonics. Practical teaching resources have been developed and will continue to be developed.

Commissioner for Children and Young People
Western Australia

30 July 2009

Submission to the Education and Health Standing Committee

Review of WA's Current and Future Hospital and Community Health Care Services

1. Introduction

This inquiry offers an important opportunity, at what I believe to be a critical point, for the Education and Health Committee to build on its previous report into child health screening programs by conducting a thorough assessment of the health services available and needed for optimum child development, and to provide strong leadership on the necessary way forward. I am pleased to offer comment in my capacity as Western Australia's Commissioner for Children and Young People, and would be happy to provide further information as required.

In Western Australia community child health services[1] have been the 'poor relative' of the Department of Health for many years. Despite the increases in Western Australia's population and birth rate, community child health services have not received equivalent funding increases and are now significantly under-resourced. Consequently, most of these services are now stretched beyond capacity, a situation which is increasingly manifesting in poorer health and developmental outcomes for children and young people. Although the extent of the shortages in community child health is now widely known, budgets and resources continue to be cut further.

My submission focuses solely on the Inquiry's term of reference (b): *identifying any outstanding needs and gaps in health care services.* In this paper, I provide an overview of my primary concerns in the area of child health and propose that the way forward is for the State Government to:

- increase long overdue investment in community child health services;
- focus on increasing early childhood health services, including by aligning Western Australia's service provision with the COAG early childhood agenda.

2. Role of the Commissioner for Children and Young People

I was appointed as Western Australia's inaugural Commissioner for Children and Young People in December 2007 pursuant to the *Commissioner for Children and Young People Act 2006* (the Act). The role of the Western Australian Commissioner for Children and Young People is one of broad advocacy; I have responsibility for advocating for the half a million Western Australian citizens under the age of 18 and for promoting and monitoring their wellbeing. I must always observe and promote the right of children and young people to live in a caring and nurturing environment and to be protected from harm and exploitation.

In performing all functions under the Act, I am required to have regard to the United Nations Convention on the Rights of the Child, and the best interests of children and young people must be my paramount consideration. I must also give priority to, and have special regard

[1] In this submission 'community child health services' is used to mean community child and adolescent health and development services in both metropolitan and country areas.

for, the interests and needs of Aboriginal and Torres Strait Islander children and young people, and to children and young people who are vulnerable or disadvantaged for any reason.

3. Western Australia's population growth

Western Australia's population continues to grow faster than that of any other Australian state and territory, increasing by 2.3% (46,700 people) in 2006-07.[2] Children and young people comprise a large percentage of that population growth: in the year ended 30 June 2008, Western Australia recorded the largest percentage increase in Australia in the number of children aged 0-14 years (2.4%).[3] Further, the number of births per year in Western Australia has increased by more than 20% in the past 5 years, and since 2005 there has been a steady increase of 5% each year of children aged 0-4.[4]

This growth also looks set to continue, with the projected population of 0-8 year olds in Western Australia estimated to reach around 250,000 by 2011.[5]

4. Demands on community child health services

Running parallel to this substantial increase in population and births was Western Australia's resources boom and years of associated economic growth. Despite the State's recent comfortable fiscal status, however, there has been no significant investment in staffing or budget across community child health services for more than 20 years.

Professor Fiona Stanley argues that Australia's recent economic growth has in fact had adverse consequences on child development outcomes, and that "our very effective economic machine is taking us efficiently in the wrong direction." [6]

> *... many key health and other indicators of child and youth development are not improving in modern wealthy Australia. Many are actually getting worse... The impact on health, mental health, child protection, education and juvenile justice services have been enormous and all of them are in crisis. In response, those providing the services pour money and energy into the ends of the pathways rather than asking "Why is this happening?" and "Can we prevent these problems?"...*[7]

The compounded effects of more children and fewer staff and resources has slowly eroded the operating environment of community child health services which, for decades now, have been required to do more with less.

As revealed by this Committee's recent report *Healthy Child – Healthy State: Improving Western Australia's Child Health Screening Programs*, Western Australia is in need of 105 community child health nurses, 135 school nurses and 126 child development service staff[8]—

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[2]Australian Bureau of Statistics 'Population Change States and Territories' http://www.abs.gov.au/Ausstats/abs@.nsf/mf/3218.0
[3]Australian Bureau of Statistics 'Population by Age and Sex, Australian States and Territories', http://www.abs.gov.au/Ausstats/abs@.nsf/mf/3201.0.
[4] Advice received from Dr Peter Flett, Director General, Department of Health, Correspondence to Commissioner for Children and Young People, 12 March 2009.
[5]Cameron, J., (Editor) *Integration of Early Childhood Education and Care: Meeting the Needs of Western Australia's Children, Families and Communities in the 21st Century*, National Investment for the Early Years, 2009, p57.
[6]Stanley, F., et al, cited in 'The Challenge of Change: Why services for young children and their families need to change, and how early childhood interventionists can help', presentation given by Dr Tim Moore to Gippsland Early Childhood Intervention Advisory Network's 2006 Conference *Managing Change*, October 2006.
[7]Stanley, F., 'Australia's Wealth Harms Our Children's Health', blog published on WA Today, 14 October 2008. (http://blogs.watoday.com.au/fionastanley/2008/10/headline_here.html)
[8]Education and Health Standing Committee, *Healthy Child – Healthy State: Improving Western Australia's Child Health Screening Programs*, Western Australian Parliament, 2009.

not to provide an enhanced service, but simply to keep pace with the State's population growth.

In the 2006 census, children and young people under the age of 18 years comprised almost 25% of the Western Australian population.[9] On the basis of this population figure alone, community child health services should be adequately resourced to provide effective and comprehensive services to the quarter of the population it is assigned to.

The recent report by the National Health and Hospitals Reform Commission reinforced the importance of embedding prevention and early intervention into every aspect of our health system, and particularly into child health:

> *Our recommendations related to prevention and early intervention focus on children and young people. The evidence is overwhelming. If we act early, we can prevent or reduce the magnitude of many disabilities, developmental delays, behavioural problems and physical and mental health conditions. Our recommendations for a healthy start to life involve ensuring that children and parents – and potential parents – get access to the right mix of universal and targeted services to keep healthy and to address individual health and social needs.*[10]

4.1 Child Health Nurses

Box 1: Role of Community Child Health Nurses[11]

Community child health nurses:

- assess baby and child health and development after discharge from hospital and at scheduled stages during the first 3 years of life.
- provide ongoing support for families and can offer information about many aspects of parenting, maternal and family health and healthy lifestyles.
- provide information about immunisation and locations of free clinics in community health centres.
- act as a link between hospitals and the community, working with family GPs and other health professionals when necessary.
- work as part of a broader health team and can refer to Aboriginal and ethnic health workers, audiologists, dieticians, medical officers, occupational therapists, paediatricians, physiotherapists, podiatrists, psychologists, speech therapists, social workers and specialised health educators.

Community child health nurses offer a universal service, including making contact with every newborn in the state, and are under extraordinary pressure with the ratio of community child health nurse (FTE) to birth notification now at least 1:167, and up to as high as 1:420[12] (in most other jurisdictions this ratio ranges from 1:78 to 1:98).[13]

In addition to providing an essential universal health service, community child health nurses act as a critical 'gateway' to the health system. Through regular contact with families they provide trusted, non-judgemental support in areas such as infant feeding, child development, injury prevention and child safety and protection. They also provide

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[9] Australian Bureau of Statistics, 2006 Census of Population and Housing Cat. No. 2068.0: Age by Sex. 2007. Available from: http://www.abs.gov.au/ausstats/abs@.nsf/productsbytitle/A6D612939697385ACA257306000D4DB9?OpenDocument.
[10] National Health and Hospitals Reform Commission, *A Healthier Future for All Australians*, Australian Government, 2009, p5.
[11] Department of Health, *All About Community Child Health Nurses*, (Brochure) Child and Adolescent Health Service 2009.
[12] Community Health Nurses Western Australia, *Submission to the Inquiry into the Adequacy of Services to Meet the Developmental Needs of Children*, 2009, p2.
[13] Information provided to the Commissioner for Children and Young People from Department of Health, correspondence received 20 August 2008.

networks; linking new parents together and encouraging the development of social supports, as well as referring to specialist services where more support or intervention is required.

However, the increased demand on the existing child health nurses is placing limitations on their ability to fulfil the potential of their role; there is much less capacity for nurses to build relationships with families or to provide an appropriate level of support, advice or intervention. This lack of professional support can be difficult for all parents but poses particular challenges for parents who are vulnerable, disadvantaged, or do not have other support networks around them.

Unfortunately, Western Australia is falling behind its state counterparts in providing this early support (see Boxes 2 and 3). It is a disappointing reality that a child born in Victoria is likely to be given a better start than a child born in Western Australia, and that parents will be better supported and informed.

Box 2: Schedule of visits with child health nurses - comparisons[14]

A Western Australian child will have seen a child health nurse 5 times at 18 months old.
A Victorian child will have seen a child health nurse 5 times at 4 months old.

I include this comparison not to spark debate about what an appropriate schedule of visits is, but rather to highlight the differing value—and associated resources—the two states give to early childhood. I commend Western Australia's community child health staff for the important work they do and for performing under increasing pressure, and point to the desperate need for these staff to receive high-level departmental, Government and political support. We must increase the value we place on investment in early childhood.

The current push from all governments through the Council of Australian Governments (COAG) to 'close the gap' between outcomes for Aboriginal and non-Aboriginal people should logically lead to an increased focus on universal, preventative health and supports. The role of community child health nurses, particularly in home visiting schemes, is a proven effective measure to make gains in healthy child development and improved outcomes. It is also an appropriate place to start in a complex policy area such as this where such substantial transformations are required: to begin "with the little children"[15] and their parents.

For example the recent *Overcoming Indigenous Disadvantage* report shows that Aboriginal women who participate in antenatal sessions are far less likely to have low birth-weight babies than Aboriginal mothers who do not. This improvement is by a significant margin (41.6% versus 8.5%) and other positive outcomes then tend to flow on from this improvement (for example, a reduction in pre-term babies and perinatal death).[16]

The prevalence of Foetal Alcohol Spectrum Disorder (FASD), which some estimates have as affecting one in four Aboriginal children in some parts of the Kimberley region,[17] must also

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[14] Victorian Department of Education and Early Childhood Development, Maternal and child health service information sheet, 2007; and Western Australian Department of Health, 'Child Health Services Birth to School Entry – Universal Contact Schedule', 2006.

[15] Prime Minister Kevin Rudd's Apology to Australia's Indigenous Peoples, http://www.aph.gov.au/house/Rudd_Speech.pdf , 13 February 2008.

[16] *Overcoming Indigenous Disadvantage: Key Indicators 2009*, Productivity Commission, 2009, p5.8.

[17] *Report into the deaths of 22 Aboriginal people in the Kimberley*, Western Australian Coroner, 2008, p14.

become a priority for policy and service delivery. Importantly it must be recognised that this is not an issue for Aboriginal children exclusively. There is currently no screening process for the disorder, little research, and a lack of data.[18] Services are required to assess, diagnose and provide the appropriate developmental intervention needed for these children. Again, this is an issue where early identification and intervention provides a significant benefit in improving the future positive outcomes for these children.

Box 3: South Australia Family Home Visiting Service[19]

The South Australian Family Home Visiting Service offers intensive care and support for parents who are considered to be more at-risk, for example where the mother is less than 20 years of age or where the infant is identified as being of Aboriginal or Torres Strait Islander descent. These parents are then offered **34 home visits over the first 2 years of the child's life**. This model is based on the building of a relationship between the nurse home visitor and the family, and on the development of the infant and the parent-infant relationship. Flexibility is embedded in the program so that it suits the family and follows the parent's lead, addressing the issues they raise. It is highly likely that this program has contributed to South Australia's delivering a "significant" increase in the proportion of Aboriginal mothers who are attending antenatal sessions.[20]

The evidence shows that where investment in child health has occurred and community health services have been boosted, positive outcomes follow. Despite knowing all this, however, the state of the community child health nurse sector in Western Australia is, as this Committee concluded, "dire", "under-resourced" and "dispirited".[21]

4.2 Child Development Services

Box 4: Role of the Child Development Service[22]

Child development services deal with the prevention, assessment and management of children's developmental disorder and delay. Child development services also play a key role in health prevention and promotion through the delivery of community education, professional development and the delivery of universal prevention programs. Child development services in WA are important referral points from universal and specialist health service providers. In the metropolitan Child and Adolescent Community Health Service and the WA Country Health Service the following occupational groups are employed in child development services: audiology; psychology; social work; physiotherapy; occupational therapy; speech pathology; podiatrist; dietician; clinical specialist early intervention; play and learning program therapist; senior child care; therapy assistant; paediatrics; medical officer; community health nurse.

Child development services across the state are suffering from inadequate resourcing and lengthy waitlists—and the situation is worsening. The metropolitan Child Development Service (CDS), for example, has waitlists of 12-18 months with some children, especially

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[18] *Overcoming Indigenous Disadvantage: Key Indicators 2009*, Productivity Commissioner, 2009, p5.10.
[19] South Australian Children, Youth and Women's Health Service, *Family Home Visiting: Service Outline*, 2005, pp15-19.
[20] *Overcoming Indigenous Disadvantage: Key Indicators 2009*, Productivity Commissioner, 2009, p32.
[21] Education and Health Standing Committee, *Healthy Child – Healthy State: Improving Western Australia's Child Health Screening Programs*, Western Australian Parliament, 2009, pxxi.
[22] *Future Directions for Western Australian Child Development Services*, Report of the Review by the Health Reform Implementation Taskforce, 2006, p5; http://www.pmh.health.wa.gov.au/general/CACH/services.htm#cds; and advice received from Department of Health, 24 July 2009.

those over eight years of age, not receiving treatment at all.[23] The shrunken capacity of child development services to meet increasing demand means, inevitably, that the often already extreme disadvantage of the children requiring treatment is compounded:

> *...there is a severe deficit in resources [within CDS] for targeted programs. The most significantly underserved 0-3 year olds are:*
> - *Indigenous children*
> - *Culturally and linguistically diverse children*
> - *children with severe disorders of language development,*
> - *children of substance abusing parents*
> - *children of intellectually handicapped parents*
> - *children of mentally unwell parents*
> - *children of lower socioeconomic areas*
> - *children with other risk factors (such as early fire lighting, aggression, violence, cruelty to animals).*[24]

Any delays in receiving treatment in the metropolitan region can generally be multiplied in the regional and remote parts of the State. These waiting lists are so long as to practically render the service obsolete in some cases—an 18 month old child with a speech delay might have to wait until he/she is three before they can receive professional treatment. Children cannot afford to wait half their lives for treatment; their window for intervention is small and their growth is rapid. Conversely, health issues identified early and treated early magnify positive outcomes into later life.

It is increasingly common to hear that if a child is identified as having a developmental issue, the parents are told that because of the waitlists for child development services their only option is to seek assistance from a private practice. For many parents, the cost of seeking private assistance is prohibitive and, once again, the cycle of disadvantage is perpetuated because of underfunded public health services.

> *For the most disadvantaged families, a healthy start to life is equivalent to providing a lifeline to help lift children out of generational cycles of poverty and unhealthy environments and give them the best health and life opportunities.*[25]

With all that we know about the benefits of early intervention, the situation within the child development service is untenable. The evidence showing the benefits of investing early in child health is conclusive, and there is increasing urgency for resources in this area.

4.3 School Health Nurses

Box 5: Role of school health nurses[26]

School health services aim to promote improved health outcomes for school aged children and young people through universal and targeted prevention, health promotion, early identification and intervention. Services are provided on site and in collaboration with public and private schools. The Department of Education and Training is a joint funder of the program. Universal health assessments at school entry, support to children in school with particular health needs, access to health care for adolescents and health promotion for all students are key elements of the program.

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[23] Education and Health Standing Committee, *Healthy Child – Healthy State: Improving Western Australia's Child Health Screening Programs*, Western Australian Parliament, 2009, p52.
[24] Wray, J., *Submission to the Inquiry into the Adequacy of Services to Meet the Developmental Needs of Children*, 2009, p3.
[25] National Health and Hospitals Reform Commission, *A Healthier Future for All Australians*, Australian Government, 2009, p98.
[26] Department of Health website at http://www.pmh.health.wa.gov.au/general/CACH/services.htm#shs

As a result of the increasing population and birth rate, the number of school students in Western Australia continues to increase. According to the Department of Education, the number of full-time pre-compulsory, primary and secondary students in the public school system will increase by 12% between 2007 and 2017.[27] This projected growth comes on the back of the already substantial growth that has occurred over the past 10 years.

As with other community child health services, the growth in numbers has not been matched by a growth in staffing, and services are diluted and folding under the pressure. According to this Committee's inquiry into child health screening programs: "[t]he ratio of School Health Nurses to students in metropolitan primary schools is one-third of the government target that is required to provide appropriate services."[28]

The National Health and Hospitals Reform Commission also strongly supported the important prevention and intervention role of school health nurses and recommended that:

> *...all primary schools have access to a child and family health nurse for promoting and monitoring children's health, development and wellbeing, particularly through the important transition to primary school.*[29]

4.4 Mental Health Services

I am aware that the Western Australian Government is developing a new State Mental Health Policy and Strategic Plan. I have participated in this process but have outlined key points below as mental health issues are consistently raised with me by children and young people, families and communities.

Across the State, there is concern about the gaps in services to meet the mental health needs of children and young people including: the high need for services, difficulty in accessing services, and that the services that do exist are limited, under resourced and poorly coordinated.

Again, the effects of a dearth of services are felt keenly by Aboriginal young people. In 2005, the *Western Australian Aboriginal Child Health Survey* painted a distressing picture, revealing the large gap between Aboriginal (24%) and non-Aboriginal (15%) children and young people identified as at risk of emotional and behavioural problems.[30] The recent ARACY report card reinforced this, showing that Aboriginal young people's mental health is astoundingly poor, rating 23 out of 24 OECD countries.[31]

The particular difficulties facing Aboriginal children and young people in regional and remote parts of the state, particularly the Kimberley and Pilbara regions, have been well documented. For the Aboriginal children and young people who live with the significant impact of a wide range of trauma including grief, loss, abuse and neglect, improved services are a priority. In his investigation into the suicide of 22 Aboriginal people in the Kimberley, Coroner Alastair Hope described the desperate situation for young Aboriginal people in the region:

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[27] *WA Teacher Demand and Supply Projections*, Department of Education and Training, [not dated], p6.
[28] Education and Health Standing Committee, *Healthy Child – Healthy State: Improving Western Australia's Child Health Screening Programs*, Western Australian Parliament, 2009, pxxi.
[29] National Health and Hospitals Reform Commission, *A Healthier Future for All Australians*, Australian Government, 2009, p20.
[30] Zubrick S, et al., *The Western Australian Aboriginal Child Health Survey: The Social and Emotional Wellbeing of Aboriginal Children and Young People*, Curtin University of Technology and Telethon Institute for Child Health Research, 2005.
[31] *The Wellbeing of Young Australians: Report Card*, Australian Research Alliance for Children and Youth, 2008.

It was clear that the living conditions for many Aboriginal people in the Kimberley were appallingly bad. The plight of the little children was especially pathetic and for many of these the future appears bleak. Many already suffer from foetal alcohol syndrome and unless major changes occur most will fail to obtain a basic education, most will never be employed and, from a medical perspective, they are likely to suffer poorer health and die younger than other Western Australians. In this context the very high suicide rates for young Kimberley Aboriginal persons were readily explicable.[32]

Given this reality, it is alarming that there are no child psychologists employed by the Department of Health in the Kimberley or Pilbara regions,[33] and that the new mental health facility in Broome is not being designed with the intent to provide dedicated child and adolescent services.

These are just some examples of where identified needs are being met by considerable gaps in mental health services.

Additionally I draw your attention to the tiered system of care described in the existing mental health policy for children and young people.[34] In this policy the importance of community health services and schools in providing primary mental health services for children and young people is very clearly articulated. This indicates the reliance that other health services place on community child health and school nurses to deliver their health messages (and supports) because of their universal role.

We cannot expect our community health professionals to perform all of these multiple tasks and deliver all of these primary health services without providing adequate resources.

5. COAG Early Childhood Policy Agenda

While community child health services across the board are requiring investment, there is a current – and necessary – focus on increased services for early childhood health services.

As mentioned above, COAG recently signed off on a wide-ranging package of reforms for early childhood, including a new national strategy for early childhood development titled: *Investing in the Early Years—A National Early Childhood Development Strategy*[35] (the COAG strategy). The COAG strategy is intended to guide consideration of investment in future reforms to support children aged 0-8, and their families, and refers to Australia's responsibilities under the United Nations Convention on the Rights of the Child to nurture and protect children in our society.

All State and Territory governments are in agreement that the area of early childhood is a critical area for attention and there is much work for Australia to do in order to elevate its international standing (Australia currently ranks 23rd out of 25 participating countries in meeting minimum standard benchmarks for childhood services).[36]

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[32] *Report into the deaths of 22 Aboriginal people in the Kimberley*, Western Australian Coroner, 2008.
[33] Hansard: Hon. Simon O'Brien representing the Minister for Health, Legislative Council, Tuesday 7 April 2009, p 2684.
[34] *Infancy to Young Adulthood: A Mental Health Policy for Western Australia*, Mental Health Division, Department of Health WA, 2001, p9.
[35] *Investing in the Early Years – A National Early Childhood Development Strategy*, Council of Australian Governments, 2009.
[36] UNICEF, *The child care transition: A league table of early childhood education and care in economically advanced countries, Innocenti Report Card 8*, Florence, UNICEF Innocenti Research Centre, 2008, p. 2-8.

The COAG strategy (and broader agenda) has brought with it tremendous momentum, and a great deal of alignment of Federal and State priorities—particularly in the area of early childhood health, and a shared commitment to achieve the 'closing the gap' targets. The strategy:

> *... seeks to achieve positive early childhood development outcomes and address concerns about individual children's development early to reduce and minimise the impact of risk factors before problems become entrenched. The aim is to improve outcomes for all children and importantly, reduce inequalities in outcomes between groups of children. This is especially important for some Indigenous children who, on average, have significantly poorer outcomes than non-Indigenous children.*[37]

Three of the six areas identified for further action in the COAG strategy relate to community child health services, and plans for their implementation are to be considered by COAG in 2010. These areas are:

1. *Strengthen maternal, child and family health service delivery as a key plank of a strong universal service platform.*
2. *Improve support for vulnerable children and their families through improved service response and accessibility.*
3. *Improve early childhood development infrastructure to support maternal, child and family health service delivery, increased access to quality early childhood education and care, and improved service response for vulnerable children.*[38]

I believe this COAG strategy has accurately identified the most pressing priorities and I am supportive of its focus on early childhood. There is an urgent need now for the Western Australian Government to turn this strategy into action. Clear leadership is required to support community child health services (and the education and care sectors) to achieve these commendable goals and make a real difference in outcomes, particularly for our Aboriginal children.

However, despite agreeing to the COAG strategy, as yet there has been no indication from the Western Australian Government, or the Department of Health, that these areas will receive increased funding, focus or resources. In fact, as mentioned above, I continue to receive reports that community health services are in fact being cut further.

Western Australia needs to work hard to establish a strategic plan of investment and implementation for community child health, in all the areas I have outlined above, so it can move at the pace required by COAG. This is imperative if we are to avoid the high risk that these COAG goals will dissipate into nothing or—worse—require that community child health spread its services even thinner without further resources.

If this rare opportunity presented by COAG is not taken, and if community child health continues to be cut, there is no question that Western Australia will be guilty of 'widening the gap' and will suffer later the significant social and financial consequences of not investing in children. As this Committee stated in its most recent inquiry:

> *...delayed interventions end up being more costly for government, as it extracts a greater demand on future health services to provide therapy and treatment requirements. In addition, many of these delays may exacerbate a child's behavioural conditions and social*

[37] Ibid, p4.
[38] Ibid, p27.

dysfunction, which ultimately places added pressures on other public agencies, such as the education and justice departments.[39]

To address many of these issues, it is my view that Western Australia needs an Office of Early Childhood to become a central office for all early childhood matters. I have proposed that a Western Australian Office of Early Childhood would be a central office, bringing together the key elements of:

- Early childhood health services;
- Childcare; and
- Early childhood education.

By pulling early childhood health services out of the Department of Health and into a separate Office, it would no longer be competing for budget with the resource intensive tertiary health services (such as hospitals) but would independently represent the universal and developmental health needs of children and young families. This model has been implemented in Victoria and is proving to be effective in creating well integrated early childhood services from the policy level through to service delivery.

Recently I published an 'Issues Paper' providing more detail on this proposal. It is attached for the Committee's information.

6. Conclusion

Investment in community child health through screening, prevention and early intervention is critical to ensuring the best possible outcomes for all children, and will also be the key to addressing many of the appalling disparities in health, education and employment experienced by Aboriginal people. We know that investment in childhood also saves money in the long term, and that investing earlier is more effective than investing later.

Yet unfortunately, neither this knowledge nor the recent years of wealth in Western Australia have delivered results for our children. The State's population and birth rate have increased significantly over past decades, but investment and planning in community child health services have not occurred concurrently. As a consequence, service delivery has thinned, become less effective, less universal, and it is becoming apparent that the children and families who are being most disadvantaged are the ones who are in need of the most support.

Now, in the more restricted economic environment in which we currently find ourselves, it will become increasingly important to invest wisely. The need to be more strategic and prudent with the State's finances in fact provides an opportunity to concentrate funding in areas that will have the most effect, be the most sustainable and contribute to a future society that can handle the environmental, social and economic challenges that will need to be faced.

I am strongly of the view that investment in community child health services meets these criteria. Western Australia now has a brief but invaluable opportunity to harness the momentum of COAG, and invest wisely by enhancing the entire system of community child health generally, with early childhood health as a priority.

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[39] *Future Directions for Western Australian Child Development Services*, Report of the Review by the Health Reform Implementation Taskforce, 2006 cited in: Education and Health Standing Committee, *Healthy Child – Healthy State: Improving Western Australia's Child Health Screening Programs*, Western Australian Parliament, 2009, pxx.

Investing in our children is important for their health and development now, and will reap rewards for the whole of society by ensuring decision-makers of the future have been given the best opportunity to be physically, mentally and emotionally equipped.