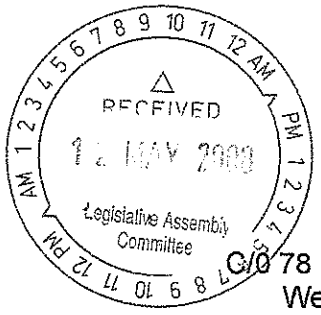
GHS Sub 27



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National Investment for the Early Years

SUBMISSION TO THE INQUIRY INTO GENERAL HEALTH SCREENING OF CHILDREN AT PREPRIMARY AND PRIMARY SCHOOL LEVEL
Education and Health Standing Committee, Legislative Assembly, Government of Western Australia

For many years Western Australia has had a comprehensive early health and developmental surveillance and screening program offered through Community Child Health and School Health Nurses of the Department of Health. *Surveillance* was the availability for monitoring the health and developmental status of children and offering advice and support to parents at Child Health Centres. *Screening* was the routine use of tests to check specific aspects of health development at specified times. When concerns arose, referral was encouraged to General Practitioners, and for developmental concerns referral could also be made for team *assessment* to the Child Development Centres in various districts, or to the State Child Development Centre for more complex problems, latterly in particular for suspected autistic spectrum disorders (ASD).

These centres staffed with specialised allied health and paediatric professionals could provide initial and ongoing assessment as well as initial and sometimes ongoing *management* – or arrange referral to other intervention and management agencies.

However over time the population increase and the changing complexity of developmental concerns outstripped the resources of these services leading to a reduction in availability of access to Community Child Health Nurses, a pruning of the Screening schedule, a restriction of Allied Health services to those up to age six only in most Child Development Centres, as a way of managing the increasing waitlist time. Even so it can, for example, be a six to nine month wait for Speech Pathology, up to 12 months for clinical psychology, and a 12-month wait for a primary school age assessment for ASD.

As a conservative estimate the prevalence of developmental problems indicates that 1 in 7 will have significant learning problems, 1 in 6 serious behaviour disorder, 1 in 20 one of the forms of ADHD, 1 in 10 language disorders, 1 in 160 ASD, and 1 in 1000 a disorder of vision or hearing. It is also known that Australia has only 17% 0f its population functioning at levels 4 and 5 of Literacy competency, skills neurologically connected in the early preschool years of life.

Developmental surveillance, and screening leading when necessary to comprehensive assessment and early intervention is the least a wealthy State should provide for the developmental wellbeing of its children.
Why then, for example, was the benefit of universal newborn hearing screening not funded?

Community Child Health in 1989 with recommendations to address the resourcing needs identified. However, there have been no essential increases since that time, despite the increase in population and complexity, amounting in essence to a decline in resources.

It is also noted that the present Government in 2003 as an election promise undertook to provide an additional 40-child health nurses. None in real terms have been provided. Even though this would not have been sufficient to meet the identified need the honouring of that commitment would have assisted to a considerable extent.

In addition it is of concern that no comprehensive screening and assessment service has been provided evenly for indigenous communities. Numerous business cases and proposals for the appropriate resourcing of Child Health Community Services, including indigenous child health, have been made in recent times and none have been successful.

On July 1st further pressure on Community Health Services and Child Development Centres will result from the introduction of Medicare items 709 and 711 – "the Healthy Kids Check." This initiative is likely to result in a marked increase in referrals for assessment thereby increasing waitlists beyond their already unacceptable level. The evidence for the importance of prevention, developmental input, and early intervention when necessary, in the early years of life, from antenatal through to the preschool period is now well established. So is the disadvantage in personal and community outcomes when such support in the early years of life is not provided.

The 1996 Nobel prize economist, James Heckman, has established that in social capital terms 1$ spent in the early years saves at least $17 in later service demands. Health surveillance and screening are an essential component of early years investment.

Niftey believes that appropriate resourcing and upgrading of our community surveillance, screening and assessment services is urgently required.

Nifty (WA)

8/05/08