



NursePrac Australia

NursePrac Australia Submission to  
Select Committee into Child Development Services  
Parliament of Western Australia

16 November 2022

Select Committee into Child Development Services  
Parliament of Western Australia  
Legislative Council Committee Office of Western Australia  
Ground Floor, 18-32 Parliament Place, West Perth WA 600

By email [sccds@parliament.wa.gov.au](mailto:sccds@parliament.wa.gov.au)

Dear Committee,

We are a nurse-practitioner-led health service for children. We are the only service of this type in WA, and we have a special interest in working with families living with high levels of adversity.

Using a nursing framework, we provide healthcare combined with health promotion and health education and support parents to manage their children's illnesses and health at home. We work collaboratively with hospitals, general practice, primary care, schools, local government, non-government organisations and welfare providers. We partner with NGOs and work in metro, rural and remote areas in WA, so we have a broad understanding of the many health and social issues across our state. As we are independent, we are less constrained than many other healthcare providers to try new models of care and we are also willing and able to speak out about our concerns and advocate for our patients and their families.

Over the last year, we have noticed a significant increase in referrals and presentations to our clinic for child development/behaviour concerns. Most of this cohort of families have low income and are unable to afford private healthcare. Worryingly, many of these children and families are outside the usual pathways to trigger assessments by community health services or have missed all usual child health checks due to COVID service disruptions and personal factors such as family adversity. Every week now we see at least 2-5 new children with severe developmental concerns, and we know that the likely time to be assessed (even with our vigorous advocacy) is 1-2 years – with little difference between public and private providers.

We have many examples of concern we can share with you and have outlined some common family feedback, our observations, and recurring themes below. We are deeply frustrated with the current state of the Child Development system in WA and the lack of willingness to try new models of care and work flexibly with existing providers to address the issues. We would be happy to meet in person to discuss these issues in greater detail and can offer you a visit to our clinic, if desired.

Yours sincerely,

**Stephanie Dowden**

Children's Nurse Practitioner/Director

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**Access:**

- Access to public or private child development specialists vary little at present with significant delays for both— 3 years ago it was relatively fast to access a private paediatrician (if affordable), now the majority of those in Perth having closed their books for new referrals until 2023 or indefinitely.
- The current wait at CDS to see a Developmental Paediatrician is 16-20months.
- The impact in rural and remote areas is much worse, with usually only public services and many of these with clinician positions that are unfilled due to staffing shortages, resulting in regions that have had no access to even basic developmental screening.
- Delays to see Developmental Paediatricians means children can't access appropriate level of support at school if they do not have an Education Department 'listed' condition or they have not had a Griffiths assessment.
- Parents report huge delays for children who have been approved for NDIS funding to access therapy teams. Many of these families report they have no understanding of what is happening or how to navigate NDIS concerns.

**Impact of COVID**

- Loss of face-to-face services especially Child Health Nurses (CHN) being redeployed to other areas, e.g., vaccination clinics or only offering phone visits. Those families who have not been previously connected, are very unlikely to seek out a CHN who is not known to them
- GPs are less able to support families than before, with many struggling with very high patient volumes and long delays for appointments.
- Worsening rates of FDV and the negative impact on child development.
- Worsening poverty, unstable housing leading to developmental worries having low priority

**Blame and shame**

- Parents and carers are often afraid to ask about development worries; they may feel it's their fault, or they will be blamed, or they must be 'bad parents' or they may have little idea of what is normal or delayed development
- Large volume of children with developmental concerns who see us have parents report they have been referred to parenting classes or to counselling for 'behavioural concerns' when there is a significant undiagnosed disability.

**Small skilled workforce**

- Very few GPs with detailed understanding of child development
- Poor understanding of developmental red flags by health professionals, early childhood educators, family support agencies etc
- Lack of awareness of impact of no care /very delayed care on developmental disability and the consequential life-long disability due to lack of timely and early intervention.
- Poor understanding of the complex inter-relationship of FDV and attachment disorders and neurodisability across generations

**Incorrect information provided**

- Parents report they are commonly told it's OK to wait until children start school as they will get screened then
- Confusion by GPs about appropriate referral pathways (referred to hospital paediatrician not developmental services)
- Initial CDS phone assessments may be complicated if the CDS staff member has a poor understanding of disability and the impact of delayed care or the parent struggles to articulate their concerns or needs.

**Lack of awareness of socioeconomic burden for some families**

- Children with developmental delays/disabilities are disproportionately represented in underserved communities and in families with high adversity.
- There is an assumption that lots of issues are 'behavioural' and due to parenting practice rather than understanding the impact of poverty, adversity and stress on parents and their children's development and wellbeing.
- The current CDS service model best fits families with high levels of personal agency, capacity to manage complex system navigation and confident advocacy –we find families without these skills struggle a great deal and need a lot of assistance and support.
- We have had several families who are homeless/living with high adversity being dropped from CDS waitlist as they didn't answer their phone.
- Families with very low-income report being advised by CDS to ask their GP for referral to private services and given names of private providers to seek support from.

**Lack of optimising existing workforce to capacity**

- The lack of recognition and understanding of the Nurse Practitioner role is a significant barrier to the assessment and diagnosis of children with developmental concerns
- Senior nurses working within the CDS system could have a greater clinical role and do more developmental assessments and triaging.
- Inability of CDS to allow our nurse practitioners to do Griffith's training as we are 'not part of a CDS service'.

## About NursePrac Australia

NursePrac Australia is an independent nurse practitioner-led business in Western Australia with a vision to improve health outcomes and impact on social determinants of health for children and their families.

NursePrac Australia believes there are many missed and unmet opportunities to improve child and family health and well-being outcomes in the community setting. NursePrac Australia takes pride in breaking new ground to fill service gaps and resolve disparities in healthcare needs for children and their families. NursePrac Australia has a particular focus on supporting children and families living with high levels of disadvantage and adversity.

NursePrac Australia **Vision:** *Reduced health inequality and childhood adversity*

We do this by improving health outcomes through addressing the social determinants of health.

NursePrac Australia **Mission:** *Nurse Practitioners taking care of children's health in the community.*

We do this by delivering high quality, evidence-based, integrated and equitable healthcare; combining intensive education, child, family and individual empowerment with supportive clinical care.

### What we offer:

- Skilled paediatric healthcare, screening and intervention in the community setting by expert children's nurses
- Delivering healthcare closer to home in easy to access environments
- Developing care pathways in partnership with other services
- Advocacy for children, young people, and their families
- Education about health, health promotion and well-being for children, young people, parents/carers, agencies, educators, support workers and health care professionals

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