



Government of **Western Australia**
Department of **Health**
Office of the Director General



Our Ref: RSD-02680/02
Enquiries: Mark Crane - 93236675

Hon J.M. Woollard MLA
Chairperson
Education and Health Standing Committee
Parliament House
PERTH WA 6000

Attention: Dr David Worth

Dear Dr Woollard

**INQUIRY INTO THE GENERAL HEALTH SCREENING OF CHILDREN IN
PRE-PRIMARY AND PRIMARY SCHOOL LEVEL.**

Thank you for the opportunity for the Department of Health to present to the Inquiry on 8 April 2009.

During the course of giving evidence the Committee asked the Department's representatives to provide additional information. The responses to these questions and relevant documents are attached.

If the Committee requires any additional information please contact Mr Mark Crane, Director Child and Adolescent Health Policy (Statewide) Ph: 93236675 mark.crane@health.wa.gov.au.

Yours sincerely

Dr Peter Flett
DIRECTOR GENERAL
8 May 2009

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Education and Health Standing Committee Inquiry into Child Health Screening

Response of the Department of Health to questions arising out of public hearing on 8 April 2009

- 1. A copy of the Memorandum of Understanding between Child Development Service (CDS) and the Child and Adolescent Mental Health Service (CAMHS), and a summary of the impending agreement between CDS and WA Country Health Service (WACHS)**

A copy of the MOU between CDS and CAMHS is provided at attachment 1.

A draft copy of the Service Framework between CDS and WACHS is provided at attachment 2.

- 2. An updated figure of the current staff levels in the CDS and the school health nurse workforce, and the recommended staff level for the efficient operation of these services.**

- There are currently 162.6 FTE in the metropolitan Child Development Service. An additional 126 FTE over four years are required to respond to the increase in demand for child development services.
- Currently across Western Australia, there are 196 FTE child health nurses employed. Based on 2007 numbers of births in WA, the recommended staff level for child health nurses is 301 FTE. An additional 105 FTE are therefore required.
- The original business case identifying the need for an additional 135 FTE of school health nurses was developed in November 2007. To February 2009 there has been a 4% increase to 245,826 enrolled children in primary schools and kindergartens and a 1% increase in public high schools to 84,655 enrolled students.

These increases have not impacted on the total number of required additional FTE. However, ongoing service benchmarking has revised the relative needs of primary schools in WA, an additional 112.23 FTE required, and public high schools, an additional 23.21 FTE.

- 3. An estimate of the number of children currently referred to CAMHS from the CDS per annum.**

Due to the lack of an integrated data system, this information is not available. It is estimated that 5-10% of children seen in the CDS would have severe and significant mental health issues that would warrant a referral to CAMHS. There are currently approximately 22,000 clients across the CDS, which equates to approximately 1,100 - 2,200 children who would require referral to CAMHS. This does not include

children living in rural areas who access services from the CDS, however a similar proportion of children would be referred.

The Child Development Information System (CDIS), which is currently being rolled out across all metropolitan CDS sites, will enable ongoing data collection and reporting on client characteristics and the services delivered across the CDS. This includes information regarding referrals made to other agencies such as CAMHS.

4. **Either the final report or the information that has been gathered as part of the preliminary work, for the National Community Child Health Council examination of Australia's child health services.**

The National Community Child Health Council is not engaged in this work. The national inter-jurisdictional Child Health and Wellbeing Subcommittee of the Health Ministers Advisory Council is developing a *National Framework for Universal Child and Family Health Services*. This framework is still in draft. This report is attached.

5. **Also, can you please confirm whether the current roll-out of the Child Development Information System (CDIS) represents the final implementation, or is it a pilot trial of the software? Could you also clarify if the CDIS will only capture metropolitan data, or whether it will also incorporate data on regional and Indigenous children (such as the proportion of WA's Indigenous children who receive an extended version of the hearing screening)?**

Following a pilot at one CDS site, the Child Development Information System (CDIS) will be implemented across all remaining metropolitan sites with roll out due to be completed by 30 June 2009.

At this stage, the Child Development Information System (CDIS) has been developed for the metropolitan CDS and will capture data on all children receiving services at the CDS.

Work is also underway to develop an integrated data system for other areas of metropolitan community child health. This system will enable comprehensive monitoring, evaluation and reporting for all metropolitan service areas.

6. **Given that only 25 percent of children receive a Speech and Language assessment as part of the School Entry Health Assessment (refer to DOH's 'Summary and Update' provided to the Committee), could you advise the current status of the evaluation of the *Catch Them Before They Fall* speech and language screening tool?**

Speech and language assessment are usually conducted only if the child's parent, teacher and/or the nurse considers that the child could have a speech and language delay/problem. Approximately 25% of children receive a speech and language assessment at the time of, or soon after school entry. The majority of the other 75% of children are considered to have age-appropriate development of speech and language.

There is a small percentage of children who 'fall through the gap' because their family is transient, the child is often absent from school, and/or the parent/guardian does not consent to any assessments.

Speech and language skills are fundamental to a child's ability to develop literacy skills. In turn, literacy skills are highly important for academic achievement and employment prospects. Health services, as a part of the 0-5 years of age screening schedule, aim to identify children with language delay prior to school age as there is generally a greater success rate the earlier the intervention is made.

The *Catch Them before They Fall* speech and language screening tool is not known to Child and Adolescent Community Health. An internet search has shown general use of this term with respect to assessment and early intervention by teachers with children who may have reading difficulties.

http://www.aft.org/pubs-reports/american_educator/spring_sum98/torgesen.pdf.