

24<sup>th</sup> October 2022

**Submission to the Select Committee into Child Development Services from Optometry Western Australia INC.**

Optometry Western Australia represents more than 90% of registered Optometrists in Western Australia. We thank the Select Committee for their invitation to submit. Our response is the result of consulting our membership widely on the subject matter and is mostly a direct quote of their contributions or a preferred position as a consequence of detailed consultation.

	<b>The role of Optometry</b>	<b>How Optometrists can contribute</b>
<p><b>The role of child development services on a child's overall development, health and wellbeing.</b></p>	<p>I think the role of these services is vital, especially for families that are unable to access services privately. It is a great option for allied health professionals and schools to use as a referral pathway for children needing extra support. I do believe that the waitlist for services is considerably long and this unfortunately means children can fall further behind whilst waiting for services.</p> <p>Vision plays such a critical role in the inter-sensory development for a child's performance, academic success and confidence. Sadly it is not considered as a key area to be assessed or given referral priority to Optometrists by medical professionals , educational institutions or diagnostic centres. In our experience Optometric care in conjunction with other intervention therapists can definitely and positively influence both visual function and wellbeing for many children.</p> <p>A child's vision is essential to learning and development. Often a child may be unaware or unable to communicate to parents that their vision is not normal. Eye</p>	<p>If permitted to do so Community Optometry can implement school screening services.</p> <p>Through training and education Optometrists can assist in raising awareness of common vision conditions to positively influence greater detection and prevention.</p>

	<p>examination is necessary to identify children who have issues with their vision. Many parents are unaware that optometrists can assess children from any age.</p> <p>Extremely important. The ability for receptive language (which requires development and integration of hearing, vision and speech) and expressive language is essential to learning, self-esteem, acceptance, belonging and success both educationally and in life, Better self esteem and success reduces chances of delinquency and increases productivity. Reduces dependency on welfare and reduces down stream costs of supporting people and effects of crime</p>	<p>Optometry already plays a vital role in advocating for change as it relates to screen time.</p> <p>To identify children at risk of disorders such as lazy eye whereby children are placed at high risk. To prevent life long disadvantage when identification and treatment in early childhood.</p>
<p><b>How child development services are delivered in both metropolitan and regional Western Australia</b></p>	<p>Not very well advertised as an option to see an optometrist. GPS and child health nurses refer to the ophthalmologist first it seems</p> <p>Many parents comment that the waiting time for children to be assessed by Paediatrician and other services is excessively long.</p> <p>Most of the referrals I have received from Child Health Nurses are at a city practice which heavily promotes child eye care. I have not received referrals from other child development services. I receive the occasional referral from a SEHA in Roebourne where I am a visiting optometrist at the AMS/ Marwarnkarra, however this is quite rare. Many referrals in the city come from primary school teachers, with the occasional/ rare one from primary teachers in Roebourne too. I am not as well-equipped time or support wise to provide the same</p>	<p>Wait times. Ineffective use of resources, poor triaging as a consequence.</p>

	<p>level of care in Roebourne as I am in city practice, and often feel those kids could be better supported. Many child eye problems evolve around the age of 8 years old (myopia/ accommodation and convergence disorders) and these patients are not being screened at school. My understanding is that any child whom a teacher refers to the CHN is directly referred to the local optometry service without assessment or follow up. This is understandable in city practice, however in regional and remote areas, must source a visiting optometry service. These practitioners may not be as comfortable or as experienced seeing children and but could still provide a good level of care.</p> <p>Vision screening is sometimes performed by a child health nurse around the age of 3-4, however many children are missed. Optometrists can assess children's vision from any age, but many optometrists lack confidence examining young children and parents may find it difficult to find optometrists who are experienced at examining children.</p>	<p>Need to increase the screening/development of vision skills in pre-school and school age children. Referral to optometry for vision (binocular and visual perception skills) as well as just sight skills. Current screening and referral system is inadequate (doesn't test for the important skills) and is too slow. Refers to wrong sector. IE: Referred for just sight rather than vision issues and medical reasons. Optometrists are well placed to speed up intervention and triage to tertiary care where required. Current system is costly and slow involving GP's and Ophthalmology. Optometry can see children quicker and more appropriately treat and refer.</p>
<p><b>The role of specialist medical colleges, universities and other training bodies in establishing sufficient workforce pathways.</b></p>	<p>I think the training organisations could provide experience working within a hospital/ government service environment, however that would need to be supported by our health system also providing significant employment to optometrists in hospital/ government services. I do not think that simply sending students on placements will make any difference to service provision.</p>	<p>The UWA School of Optometry in conjunction with Optometry WA and members located throughout Western Australia can work together to promote a multifaceted career pathway that is broader than metropolitan area based traditional clinics. There will need to be cooperation and recognition from RANZCO to enable and encourage a broader workforce capability. A collaborative approach is suggested.</p>

	<p>Optometry schools provide training related to examining children's vision. There is probably more theoretical training and less practical training (likely due to lack paediatric patients for students to examine). Optometry schools should become involved with screening programs for primary schools.</p>	
<p><b>How to increase engagement with. Collaboration between government and non-government child development services including Aboriginal Controlled Organisations</b></p>	<p>Working in a previous role I was a member on the Connecting Early Year's network. This was a fabulous collaboration of government and non government bodies coming together to create a support network across W.A Early Years Networks across Western Australia support better outcomes for children and their families in local communities. They achieve this by connecting the community, working collaboratively and developing and implementing initiatives, services and activities aimed at improving outcomes for young children and families. Something like the Early Years Network but for Health providers would be a great way to increase engagement and collaboration between all the service providers.</p> <p>Government programs such as child health nurse screening programs could liaise with select private optometry practices who have optometrists that are experienced and who are confident in examining children and First Nations patients.</p> <p>Optometry can advise and train nurses and Aboriginal Health Workers on appropriate screening tools and tests and referral pathways. Plus provide support or training for GP's interested in paediatric care. Current screening essentially only detects children</p>	<p>A WA Department of Communities initiative.</p> <p>Maintaining an ongoing consistent presence is crucial to longer term success</p> <p>Optometry WA as the peak body in Western Australia can harness the greater membership and promote positive messaging around collaboration with university, government departments and health care providers.</p>

	<p>who are short sighted, extremely long sighted or have medical issues. The bulk of children under performing or failing at school have more subtle vision and sight issues not screened for, not understood or tested for by GP's or ophthalmology. Nether GP's nor Ophthalmology have the time to do full binocular workups- take at least 45-60 minutes.</p>	
<p><b>How child development service models and programs outside of Western Australia could be applied in Western Australia.</b></p>	<p>Optometry WA is aware of programs in NSW, QLD and Victoria. Our knowledge of the <b>NSW</b> program suggests there is follow up care required. Wherever there is follow up that is not incorporated into an existing scheme or service provider we believe there exists a higher rate of drop off, particularly in disadvantaged communities.</p> <p>We believe that QLD delivers a school-based program, (The Primary School Nurse Health Readiness program. The similarities between QLD and WA suggest that a program such as this may be the most successful way forward.</p> <p>Victoria runs the Melbourne Initial Screening Tests program (MIST) delivered by Maternal and Child Health Nurses.</p>	<p>Optometry WA believes that a school based approach is preferable. Any program should be multidisciplinary and involve optometry, ophthalmology, child care, schools and general and specialist medicine.</p> <p>OWA would support a working group set up to assist in establishing management protocols, delivery and, referral pathways.</p>

Optometry WA thanks the Select Committee for the opportunity to contribute to the knowledge base under consideration.

Yours Sincerely



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