

To
The Principal Research Officer
Community Development and Justice Standing Committee
Legislative Assembly
Parliament House
PERTH WA 6000

lacdjsc@parliament.wa.gov.au

Submission to the
Community Development and Justice Standing Committee
INQUIRY INTO THE ADEQUACY OF SERVICES TO MEET THE DEVELOPMENTAL NEEDS OF WESTERN
AUSTRALIA'S CHILDREN

Submitted by

Name: DEPARTMENT OF PAEDIATRIC REHABILITATION	Postal Address: GPO Box D184, Perth, 6008
Organisation: Princess Margaret Hospital	
Contact phone number: 9340 8006	Email Address: jane.valentine@health.wa.gov.au
I am prepared to present my case to the committee in person.	

1. Brief Summary of my submission:

The Early Intervention Program (EIP) at PMH is a tertiary level service for young children (0 – 30 months) with complex neuro-developmental problems. It involves an interdisciplinary team approach with an experienced and cohesive mix of Pediatricians, Speech Pathologists, Occupational Therapists, Physiotherapists and Social Workers. However, the full potential of the program is restricted due to resource limitations within the hospital setting.

The EIP aims to provide coordinated assessment and management for children and their families from initial referral, to transition from hospital to community services. The importance of Early Intervention is well recognized.

There have been two comprehensive reviews of PMH EIC program. The last of these in 2005 supported the funding for an EIC co coordinator position to help streamline referrals and priorities follow up. This position has been very successful to improving coordination and maximizing to full capacity the resources of the clinic. .

However despite this there has continued a long waitlist. In early 2007 this wait list was over 6 months and short term emergency funding was directed to providing 4 months of extra allied health time to

help clear this wait list. The waitlist was cleared and funding ceased. Currently, January 2009 the wait list remains at an unacceptable time of 7 Months. The EIP currently manages 70 children with complex neuro developmental and medical disorders with 2.6 FTE.

There is an urgent need to fund another clinic per week to comprehensively manage these children. It is also important to be able to provide appropriate therapy interventions. At present there is NO psychology allocation for this clinic but this remains a priority area in view of the high rates of mental health issues in the parents of children with complex medical problems.

Urgent funding bringing down wait list to 2/12 and provide appropriate intervention.

0.3 FTE	Senior Speech Pathologist
0.3 FTE	Senior Occupational Therapist
0.3 FTE	Senior Physiotherapist
0.3 FTE	Senior Social Worker
0.1 FTE	Developmental Paediatrician
0.2 FTE	Psychological Medicine

2. I would like to comment on the following Terms of Reference

- a) whether existing government programs are adequately addressing the social and cognitive developmental needs of children, with particular reference to prenatal to 3 years;

My general view:

The significant under funding of Early Intervention Services for children with complex neuro developmental problems seen in a tertiary referral hospital is outlined above.

However the Dept of Paediatric Rehabilitation at PMH also receives referrals for children with global developmental delay, speech delay etc and these referrals are redirected to the regional Child Development Centre (CDC). The regional CDC sends a letter of receipt of referral and states wait list time. There is always a greater than 6/12 wait list and often greater than 12/12 wait list given for any service; medical or Allied health. For a child with developmental concerns this is an unacceptable delay.

The cutting of medical services by Disability Services Commission has lead to increased transfer of medical care of these children through tertiary referral centres such as PMH and other regional CDC's and this has been with no transfer of medical funding. This compounds wait lists for medical review.

There are wait lists for Early Intervention Services at all centres in all programs including; PMH Early Intervention Program, Disability Services Commission, Child Development Centres and Non-Government Organisations. In general all of these centres have addressed issues of prioritising service to young children, streamlining intake and multiple other strategies to maximize clinical service.

It is acknowledged that communication could be improved between agencies however the major issue is severe under resourcing. Hence it is not considered any government program is able to adequately address the social and cognitive developmental needs of children especially 0- 3 years.

b) how to appropriately identify developmentally vulnerable children;

My general view:

There are adequate referral pathways within PMH for PMH EIC program and it is fully booked and has a wait list. There are specific at risk children eg. cardiac patients, and other specific diagnostic groups who are not seen by EIC to due extensive wait list and limited resources.

Other developmentally vulnerable children we support recommendations made by SCDC and Regional CDC (Child Development Service).

My reasons/my experience:

My recommendations:

This inquiry is a comprehensive beginning but must be considered within the context of providing more funding.

In specific reference to PMH EIC Program funding see table in question 1.

General recommendations made by the SCDC and Regional CDC (Child Development Services) are supported by PMH Paediatric Rehabilitation Department.

c) which government agency or agencies should have coordinating and resourcing responsibility for the identification and delivery of assistance to 0–3 year old children;

My general view:

Complex tertiary referral children are the main priority for PMH EIC
General recommendations made by the SCDC and Regional CDC (Child Development Services) are supported by PMH Paediatric Rehabilitation Department.

My reasons/my experience:

My recommendations:

d) what is the best model to ensure interagency and intergovernmental integration of developmental programs delivered to 0–3 year old children;

My general view:

General recommendations made by the SCDC and Regional CDC (Child Development Services) are supported by PMH Paediatric Rehabilitation Department.

My reasons/my experience:

My recommendations:

e) how to best prioritise the resources available for meeting the needs identified;

My general view:

General recommendations made by the SCDC and Regional CDC (Child Development Services) are supported by PMH Paediatric Rehabilitation Department.

My reasons/my experience:

My recommendations:

f) what is the most appropriate measure of program outcomes; and

My general view:

General recommendations made by the SCDC and Regional CDC (Child Development Services) are supported by PMH Paediatric Rehabilitation Department.

My reasons/my experience:

My recommendations:
