

22/10/2022

Hon Dr Sally Talbot MLC
Select Committee into Child Development Services
Parliament House
4 Harvest Terrace
WEST PERTH, WA 6005

Dear Dr Talbot,

Thank you for the opportunity to provide input to your select committee regarding the Child Development Services in Western Australia. I work in both the public and private sector as a Paediatrician and currently involved in extensive Child Health Research. I see a number of children with neurodevelopmental and mental health needs in my private rooms and with my research hat as Co-director of the ORIGINS project where we are closely monitoring 10,000 families and identifying problems early where they can be directed to appropriate services.

The role of the child development service on children's overall health and wellbeing.

Children who are developmentally challenged and do not receive early intervention are more likely to require a greater level of care later on in their life. Early intervention is the key to successfully managing children with neurodevelopmental disabilities.

The Child Development Service in Western Australia has had an excellent reputation and standard of care ensuring that children referred to their service are investigated using gold standard measures and followed up appropriately. However, with the rapid increase in WA's population along with the increasing concerns around the rise in mental health and neurodevelopmental presentations, CDS has not been able to cope using their current systems and enabling change has been very challenging at multiple levels.

Unfortunately, there has always been a wait list in relation to children receiving services under the public sector, where the private sector has propped up the public sector in filling the important gap of seeing vulnerable children and ensuring they receive the early intervention they require. As the private service has become saturated with a few experienced Paediatricians retiring, there is limited capacity currently to see children as a private service, especially if they have chronic neurodevelopmental and mental health issues. Families have no option but to join a wait list of over 2 years from when the patient is referred to when the patient is actually receiving regular service. There are over 6,000 children on the public wait list and probably a similar number on the private wait list with the numbers growing daily. The complex needs of children presenting to this service does require experienced staff who are able to support other services eg GP's, school teachers, and allied services involved with the family.

I would also like the committee to note that the number of school referrals has escalated, and the common theme is that the school suggest there is a problem in relation to the child's behaviour, interaction with peers development and scholastic work where they request a specialist assessment prior to any funding support. This adds to the delay and frustration of families knowing there is an issue that may disadvantage their child where there has been a suspicion for at least 2 years that there is a problem, families have to wait 2 years to see a paediatrician, another 6-12 months to make a diagnosis and another 6-12 months to develop and NDIS plan and a further 6-12 months to even begin to action this plan. That means it can take children SEVEN years (more if they are socially disadvantaged with no advocates) before they get the support they require which is '**a life time**' in child years.

Finally, I would like to point out to the committee that Joondalup Health Campus is the only Hospital in WA that public patients cannot be followed up, with the exception of obstetrics and fracture clinic. Joondalup Health Campus is an extremely busy service where it has the second highest number of deliveries to King Edward Hospital and the second busiest Paediatric service to Perth Children's Hospital; hence it is important that children are followed up if there are ongoing concerns, not just for their development, but also their general physical and mental wellbeing.

Recommendations that may be worth considering:

- 1 Increase numbers of, or Full Time Equivalent (FTE) for Clinical, Non-Clinical and Allied staff within the public sector.
- 2 A Hub and spoke Child Development Service model with appropriate infrastructure to ensure care is brought closer to home.
- 3 Enable paediatricians who are connected to the service at ground level more authority to enable change.
- 4 Looking at new models of care that use digital devices on a larger scale to identify problems and direct children to an appropriate service (this model could be tested within The ORIGINS Project for children living in the Wanneroo and Joondalup community which can then be scaled out appropriately to metropolitan and rural Western Australia).

- 5 New models of care can look at :
 - a. Improving efficiency of the appointments
 - b. Enabling General Practitioners and Nurses to work in the Child Development Centre (CDS)
 - c. Have a KPI on the number of new and follow ups that need to be seen within all public services
 - d. Reduce paperwork and develop templates
 - e. Autism assessments need to be less time consuming and more efficient
- 6 Outsource a proportion of the public service to the private sector providing extra support to the private sector to enable a multidisciplinary approach to continue in this area. However there needs to be a cap on out-of-pocket costs within the private sector for medical and allied services.
- 7 Use of telehealth consultation as an initial assessment to then be able to direct children and families to the best and most appropriate service. This could mean outsourcing 30% to GP's who have a support line either in the private or public sector, 30% to Private Supported Services and 40 % of the complex children to remain at the Child Development Service
- 8 Provide more capacity for school (Kindy – year 12) to perform appropriate psychometric assessments of scholastically vulnerable children and provide support on their symptoms rather than their diagnosis.

The role of specialist medical colleges, universities and other training bodies in establishing sufficient workforce pathways.

This is an extremely important area as there needs to be an increase in workforce in order to keep up with the service needs. I would strongly recommend support from the RACP College to ensure that there is a much more efficient system of supporting Paediatricians completing their training pathways. There are a number of inefficiencies in the system and the training pathways within Western Australia which leaves Paediatric registrars disillusioned, looking at alternative specialties and finding it difficult to complete their training.

I would strongly support registrar and fellow/senior registrar training positions specifically in the field of child development with a rapid pathway into supported clinical and Community Consultant Services.

I would support the College developing training pathways for non-paediatric practitioners to assist in managing children with neurodevelopmental disorders.

An important point to mention is that currently there is an increase in childhood referrals for neurodevelopmental disorders and the severity is increasing. I would strongly advocate the need to increase research capacity to look at prevention and symptom reduction in the field. It is important that Government and non-Government organisations provide support for good research that looks at the environmental risk factors and early markers of disease in order that the trajectory can be altered requiring less services.

Please let me know if you need any input and I wish the Select Committee all the best in enabling better service delivery for children and families across Western Australia which can then be scaled across Australia where families are experiencing similar issues.

Children are Our future

Thanking you

Yours Sincerely