



Hon Alannah Mac Tiernan MLA  
Chairperson  
Community Development and Justice Standing Committee  
Parliament House  
Perth WA 6000

Dear Alannah,

**Re: INQUIRY INTO THE ADEQUACY OF SERVICES TO MEET THE  
DEVELOPMENTAL NEEDS OF WESTERN AUSTRALIA'S CHILDREN**

Please find attached the Community Health Nurses Western Australia's  
submission to the above inquiry.

Thank you

Community Health Nurses Association WA  
PO Box 719  
Victoria Park  
WA 6979  
27<sup>th</sup> February 2009

**SUBMISSION INTO THE ADEQUACY OF SERVICES TO MEET THE DEVELOPMENTAL NEEDS OF WESTERN AUSTRALIA'S CHILDREN**

**NAME OF COMMITTEE:** The Community Development and Justice Standing Committee.

**NAME:** Karine Miller (0417921792) & Alison Blake (0404492047)

**NAME OF ORGANISATION:** Community Health Nurses Western Australia (CHNWA)

**POSITION HELD WITHIN ORGANISATION:** Members of the Executive, CHNWA

**REPRESENTATIVES PREPARED TO APPEAR BEFORE THE COMMITTEE:** Yes

**GENERAL ATTITUDE TOWARDS THE ISSUES UNDER INQUIRY:**

Community Health Nurses Western Australia (CHNWA) is the professional association for Community Health Nurses in Western Australia. Our objectives are to uphold, protect and advance the interests of Community Health Nurses by initiating measures which ensure high standards of nursing knowledge and practice by our members. The association welcomes the decision by the parliamentary committee to inquire into the adequacy of services to meet the developmental needs of Western Australia's children, prenatal – 3 years of age. Our members work predominantly in the child and adolescent field in Western Australia. It is generally known that current resource allocation within the public sector for Community Health and Child Development Services is extremely inadequate, however the framework, skill level, experience and ability to provide early intervention services to this cohort already exists within the sector. All evidence available suggests that to invest in the Early Years will improve the environment in which our children are nurtured. The development of a child's brain affects physical, emotional and mental health, self regulation and behaviour, and improves capacity to learn throughout childhood and adult life. Children who are well nurtured generally do better at school, attain great skill and contribute in a meaningful way to society and the wider community, therefore investment in nurturing this early years' development is an investment in future capacity.

**ARE EXISTING GOVERNMENT PROGRAMS ADEQUATELY ADDRESSING THE SOCIAL, COGNITIVE & DEVELOPMENTAL NEEDS OF CHILDREN, WITH PARTICULAR REFERENCE TO PRENATAL 3 YEARS?**

Community Health Nurses, Western Australia believes that community health nurses are ideally placed to provide an exemplary service to families with

infants and young children. They offer a range of culturally appropriate health promotion, early identification and intervention programs and services which focus on antenatal health, optimal growth and development in the early years and promoting physical, emotional and mental wellness during childhood, adolescence and parenthood. Community child health nurses are employed by the Department of Health and are registered nurses with post graduate qualifications in child and family health. They are experienced professionals who provide services in different settings, at home, parenting groups, in a clinic or other community venues. They integrate the principles of primary health care into practice, incorporating cultural security, advocacy and social justice in a working relationship with the family. Community health nurses work collaboratively within an interdisciplinary team, including allied health staff, aboriginal and migrant health workers, and medical practitioners.

Child health nurses in Western Australia have a vitally important role in supporting parents with new babies and young children, through the provision of a universal service to all families. For many families they are the only link into health services, and they provide ongoing assessments of child health and development, early identification of any health and development issues, and where possible, early intervention prior to referral to other agencies. Community health nurses also provide information on becoming a parent, breastfeeding, child behaviour, diet/nutrition, family health matters, growth and development, immunisation, infant/child feeding, injury prevention and child safety, playgroups and other community resources, play, postnatal stress and depression, sleeping/settling and toileting. Child health nurses act as a link between hospitals and the community, work closely with General Practitioners' and are part of a larger interdisciplinary team.

Unfortunately, the current services are extremely under resourced. The recent increase in the birth rate, and the exploding population related to the mining boom, have left services stretched across the State. Anecdotal evidence from some of our professional members note that in many communities within the Metropolitan area, child health nurses are currently working on an acuity ratio of 1:420 new birth notifications per year. This is increasingly untenable, resulting in limited services and availability to families at a critical time in their child's life. This increased acuity was noted by the previous Labour Government who had made a pre election promise to increase Full Time Equivalent (FTE) in child health services by approx 94.

## **HOW DO WE IDENTIFY DEVELOPMENTALLY VULNERABLE CHILDREN**

The community child health nurse can identify vulnerable families, through observation, history taking, universal and targeted screening and assessment, providing additional information and support where available. Child health nurses adhere to the principles of primary health care and have the competence, skill and knowledge to provide child health and developmental assessments, early identification of developmental delay, and the identification of vulnerable children and families, providing referral opportunities and support to families in the process. From the 1<sup>st</sup> January

2009, all child health nurses, in the course of their work, who form a belief, based on reasonable grounds that a child is or has been the subject of sexual abuse must make a mandatory report to the Department of Child Protection.

Child health nurses build long term relationships, from a partnership perspective, with children and families, encouraging the discussion of concerns for the family, whilst providing an opportunity for health education, health promotion, and supporting the family to access solutions for issues they may be experiencing.

Child health nurses are trained in a number of evidenced based assessment and screening tools, such as parent completed child developmental screening tools. These tools are offered in addition to the child assessments conducted by the nurse, and acknowledge the important role parents have in revealing child development issues. Nurses also offer an assessment of the mother's mental health status by offering an Edinburgh Postnatal Depression Scale (EPDS). Child health nurses are very aware of the risks to a child's development and attachment status, where there are ongoing mental health conditions within the family.

#### **WHICH GOVERNMENT AGENCY/AGENCIES SHOULD HAVE COORDINATING AND RESOURCING RESPONSIBILITY FOR THE IDENTIFICATION AND DELIVERY OF ASSISTANCE TO 0-3 YEAR OLD CHILDREN?**

CHNWA believes that no single agency can be responsible for all assistance to 0-3 year old children. However, child health nurses employed by the Department of Health have a key role in providing health and development services to all children, and supporting parents to care for their young children. With their local community knowledge, multidisciplinary focus, and collaborative role, child health nurses are well placed to support families as they seek to access programs and services to assist their child's development.

#### **WHAT IS THE BEST MODEL TO ENSURE INTERAGENCY AND INTERGOVERNMENTAL INTEGRATION OF DEVELOPMENTAL PROGRAMS DELIVERED TO 0-3 YEAR OLD CHILDREN?**

A Memorandum of Understanding between agencies such as the Department of Health, Department of Education and Training, Disability Services Commission, and Department for Child Protection should be sought as a matter of urgency. The memorandum should include agreement of their roles and service delivery in supporting families with young children, and incorporate common principles and processes within the agencies in their provision of services to families. A similar process for Information sharing and service provision, could facilitate streamlining of services, and reduce duplication.

## **HOW DO WE PRIORITISE THE RESOURCES AVAILABLE FOR MEETING THE NEEDS IDENTIFIED?**

It needs to be acknowledged that improving the early identification and treatment of developmental issues for prenatal-3 year olds will have a beneficial long term outcome, equally as important as solving the current emergency department and hospital issues. To not acknowledge this reflects poor planning for the future, when the evidence clearly demonstrates the importance of the investment in the early years.

There needs to be an identification of what resources we currently have, what works well, and be fair about resource allocation in relation to evidence based cost benefits of health prevention, early detection and early intervention. ABS data clearly confirms an expanding population which has disbursed further along the northern and southern coastline. Existing epidemiological data predicts that 20% of the population in these communities will be aged between 0-3 years by the year 2020.

Gaps in service need to be identified, and priority given to already identified highly vulnerable families, supporting them with programs that are proven to work. Financial support needs to be continued to these programs, along with urgent priority to increasing child health nurse numbers to ensure that families and children receive appropriate, timely, accessible services close to home.

## **MOST APPROPRIATE MEASURE OF PROGRAM OUTCOMES:**

Health Data can be accessed providing the number and age of children who have been identified earlier with developmental disability and delay.

Deliver evidenced based services and programs which have explicit outcomes that can be measured.

Implement early intervention programs measuring developmental status and health gain, utilising pre and post intervention evaluation.

Measure early referral and priority for assessment and treatment, through waitlists and intervention times at child development services.

Measure reduction in truancy and incarceration,

Reduction in teenage pregnancy.