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Dear Dr Worth

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

Thank you for the invitation to respond to the above inquiry. The Disability Services Commission acknowledges the importance of the General Health Screening process for all children as they commence school.

Please find attached the Commission's response to this inquiry.



Yours sincerely



DISABILITY SERVICES COMMISSION

8 May 2008

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Education and Health Standing Committee

Inquiry into the General Health Screening of Children at Pre-primary and Primary School Level

Disability Services Commission

1. Summary

The Disability Services Commission is the State Government agency responsible for advancing opportunities, community participation and quality of life for people with disabilities. The Commission provides a range of direct services and support, coordinates disability access across government and the private sector and funds agencies that provide services to people with disabilities, their families and carers. These external agencies are primarily in the non-government sector.

Funding for the Commission is from both State and Commonwealth governments, through the Commonwealth State Territory Disability Agreement (CSTDA).

The delivery of services for people with disabilities reaches across levels of government, government departments, the non-government and private sectors. In particular, the Commission recognises the interface of its services with the Departments of Health and Education and Training in working with children with disabilities and their families.

2. Introduction

The Commission welcomes this inquiry and acknowledges the importance of the General Health Screening process conducted by the School Health Service for all children as they commence school.

This provides a once-off opportunity for potentially all children to be screened and, where necessary, referral is made for further investigation for children who may be at risk.

There is the potential for some children who are referred on for further assessment to fall within the Commission's target group for services. For these children, access to Commission funded or provided **Disability Professional Services** may be required. A brief explanation of Disability Professional Services is necessary to understand the context of the Commission's response to this Inquiry.

Disability Professional Services (DPS) provide people with disabilities and their families access to professional expertise and services that contribute to the outcomes of wellbeing, independence, positive relationships, development of abilities, skills and competencies and participation in community life.

DPS are enabling strategies based on recognised scientific bodies of knowledge with prescribed clinical skills, expertise and professional standards which address disability across the continuum of impairment, activity and participation. Through developmental¹ and preventive strategies, DPS develop and maintain the wellbeing, independence, positive relationships, abilities, skills and competencies and contributions of people with disabilities and their families, in order to participate in a good life within their chosen life roles.

¹ Development across the life span.

Comprehensive DPS are defined as 'multi-focused services that are family or individually centred and provided in partnership with other community services. Comprehensive services have the flexibility to respond to the holistic needs and desired outcomes of the child and family, individual and carer'. These include:

- Early Childhood Intervention (ECI);
- School Age Disability Professional Services (SDPS); and
- Adult Intervention services.

Within the scope of intervention for comprehensive services funded by the Commission, specialist clinical approaches and strategies are used that do not constitute a separate stand alone or targeted service but rather demonstrate specialist knowledge and expertise relating to needs of the target group. For example:

- development of behavioural management strategies;
- fabrication and design of orthoses to promote independence; and
- intervention and advice to carers with respect to meal time management.

These are all part of the holistic approach to individuals within a comprehensive service and part of the specialist body of knowledge within the scope of DPS. This knowledge and expertise of professionals working within the disability sector is one of the characteristics that define the difference between disability professional services and generic therapy services.

Through a Service Agreement the Commission funds non-government organisations to provide DPS to people with disabilities and their families/carers. The Commission also provides DPS to people with an intellectual disability and autism, and their families/carers.

For the Terms of Reference of this inquiry, there are a number of considerations the Commission has in relation to its target group for services, which will be outlined below.

3. Term of Reference (1) Appraisal of the adequacy and availability of screening processes for hearing, vision, speech, motor-skills difficulties and general health.

The General Health Screening conducted by the School Health Nurse provides a universal screening for children in the areas of vision, hearing, speech and language, fine and gross motor skills, psycho-social (including behaviour) and general development (including body weight issues). It is also understood that in some cases, an Allied Health Professional may be included in the screening process where relevant, and a targeted assessment may be conducted for specific areas of concern.

It is understood that the areas of vision and hearing use standardised measures of assessment, with the other areas utilising a range of checklists (which have been developed with Allied Health professionals).

3.1 Key Issues and Discussion

- **Importance of Screening Process**

The General Health Screening is a unique opportunity for potentially all children to be screened, and provides the starting point for further investigation where required. For some of these children, this starting point may ultimately lead to the identification of a disability which may require access to a Commission funded or provided DPS. Anecdotal information suggests that approximately 90% of children starting school are screened by the School Health Service.

The Commission supports the screening process as it is an effective way of detecting delays or difficulties when children are young. It is recognised that early childhood intervention is particularly important for young children whose brains and bodies are developing rapidly.

For children who have not been identified as having a disability prior to commencing school, the General Health Screening provides an opportunity for children to be assessed and a starting point for the referral process.

The capacity for the School Health Service to also provide a targeted assessment for specific concerns if they are raised by schools and/or parents is also beneficial for detection outside of the General Health Screening.

- **Timing of the Screening Process**

Children in Western Australia are currently screened by the School Health Service at kindergarten, pre-primary or year one (for children who commence school at the compulsory starting age).

There is evidence which supports the screening of young children to detect delays, as it is more likely for better outcomes to be achieved. It is understood that the School Health Service is moving towards screening all children when they commence kindergarten. The Commission supports this direction as it follows best practice for the early identification of children who may be at risk.

- **Current Screening Tool**

In terms of the adequacy of the current screening tool, it is understood that the School Health Service is investigating the use of standardised measures of assessment for gross motor and fine motor development and psycho-social behavioural tools.

There is also evidence which supports the use of standardised screening tools for the identification of children who are at risk. The Commission supports this investigation of the use of screening tools which are standardised to maximise the efficacy of the screening process. Anecdotal information suggests that approximately 90% of children starting school are screened by the School Health Service. This being the

case, with appropriate screening tools this can be a cost effective method of early detection.

- **Inclusion of Children with a Disability**

The General Health Screening process provides the opportunity for all children starting school to be assessed.

The Commission supports the inclusion of children with disabilities in this screening process, however acknowledges that some elements of this process may not be applicable for children with disabilities. For example if a child uses a wheelchair for mobility, gross motor skills would not need to be assessed.

There are instances, however, where elements of the screening would be applicable for children with disabilities. For example, where the primary disability does not include sensory impairment, vision and hearing testing would be applicable. This screening may or may not require some modification to meet the needs of a child with a disability. In the case where modification is required, it is understood that the School Health Service will refer to the appropriate source for assessment.

From anecdotal information, it is understood that some parents of a child with a disability may choose not to use this screening process. This may be where:

- the child is already being in receipt of services through a Disability Professional Service (funded or provided by the Commission) and it may be perceived to be a duplication; or
- the child will be attending an Education Support School and the screening may not be relevant.

It is understood that the School Health Service follows up with families of children who do not engage in the screening process. In some cases it may result in a targeted assessment being conducted by the School Health Service. For children with multiple and complex disabilities, an individual health care plan may be devised by the School Health Service where relevant.

- **Understanding the Needs of Children with Disabilities and their Families**

The capacity of the School Health Service to be flexible and responsive to the individual needs of children with disabilities and their families is important in working towards achieving positive outcomes.

It is believed that through enhancing the capacity of the School Health Nurse to include children with disabilities at the initial screening stage will provide a positive introduction for families to the School Health Service.

The Commission's Health Resource and Consultancy Team (HRCT) has established links within the School Health Service to provide training in disability awareness.

This relationship between the two agencies will continue in order to maximise the understanding of the issues related to children with disabilities and their families.

- **Monitoring of Children at Higher Risk of Health Problems**

The School Health Service's Early Detection Sub-Policy ensures that children considered at higher risk of health problems (including children who require educational support) are monitored on a regular basis. This is of particular importance for children with complex and multiple disabilities who as they grow may develop health related problems as a result of their disability.

3.2 Conclusion

- The General Health Screen is an important process as it provides a unique opportunity for screening all children at the commencement of school.
- Early screening of children is important and initial screening at kindergarten for all children in Western Australia is preferable.
- The use of standardised measures for screening where possible are preferable to ensure the best outcomes as a result of screening.
- Children with disabilities continue to be included in the initial screening process, with the School Health Service continuing to be responsive to the individual needs of children with disabilities and their families.
- Support from the Commission's HRCT is an important element for School Health Services to understand the needs of children with disabilities and their families.
- Monitoring of children at higher risk of developing health problems, including children with complex and multiple disabilities, is necessary and relevant.

4. Term of Reference (2) An assessment of access to appropriate services that address issues identified by an appropriate screening process

Following the screening process, where indicated, referral is made to follow up areas of concern related to the child's development. It is understood that the School Health Service refers children to:

- the local Child Development Service (CDS);
- School Psychologists;
- Australian Hearing;
- Ophthalmology at Princess Margaret Hospital; or
- private services (where parents choose to pay).

Within this Term of Reference there are two factors for consideration – access to services for further assessment and diagnosis, and access to service providers. The

response to this Term of Reference will focus on children who are within the Commission's target group for services.

4.1 Key Issues and Discussion

- **Access to Child Development Service for Further Assessment**

Where the referral is made to a local Child Development Service (CDS), anecdotally it appears that the waiting time for access to assessment by an Allied Health professional is variable.

For a child who potentially falls within the Commission's target group for services, this delay in accessing more detailed assessment further delays referral for determination of eligibility to a Commission funded or provided DPS.

It is important to note that there are children assessed by the CDS who will not be eligible for Commission funded or provided services.

- **Access to other Services for Further Assessment**

For children who have a profound hearing loss or severe vision impairment (who would fall within the Commission's target group for services), anecdotal information suggests that these children are already in receipt of Commission funded or provided services. As such, referrals for further assessment of hearing and vision are generally for conditions that would not indicate a profound hearing loss or severe vision impairment.

Where the referral is made to a School Psychologist, further assessment is undertaken. Anecdotal information suggests that services may either be provided by the School Psychologist, or in some cases referrals are made to a Commission funded DPS, who in turn determines eligibility for services.

- **Access to Service Provision**

For a child who potentially falls within the Commission's target group for services, following assessment, the referral source may make a referral to a Commission funded or provided comprehensive DPS for Early Childhood Intervention (ECI) or School Age Intervention (SDPS) for determination of eligibility for services.

If a child has not commenced year one, the child may be eligible for services through a Commission funded or provided comprehensive DPS – ECI. For children who have commenced year one, the child may be eligible for Commission funded comprehensive SDPS.

For access to these services, children need to meet certain eligibility criteria according to the Commission's policy on eligibility. In a broad sense this would include children who have an intellectual disability or a profound and severe disability which impacts on function.

Depending on the time of the year, for all children who require access, places may or may not be available with a DPS. Waiting times for access to services vary between service providers. When a waitlist occurs the DPS will prioritise according to need.

Given the complexities of the pathway for service access, officers of the Commission are involved in a joint committee with the Child Development Service to develop formal arrangements to clarify the appropriate pathway to services for children who are within the Commission's target group.

4.2 Conclusion

- Waiting times exist for access to further assessment by a CDS.
- Some children assessed by CDS or other referral sources as requiring services will not be eligible for Commission funded or provided DPS.
- Eligibility criteria exist for access to Commission funded or provided DPS.
- Waiting times may or may not exist and waiting times vary for access to a DPS.
- Pathways to access services need to be clear and considerate of eligibility criteria.

5. Conclusions

- The Commission acknowledges the importance of a screening process for children at the commencement of school. Evidence indicates that early screening using standardised tools is optimal as it provides for better detection rates, and outcomes can be achieved through the provision of early childhood intervention.
- Access to further assessment may be subject to waiting times which will delay referral for access to service provision where required. Access to a Commission funded or provided DPS is subject to eligibility criteria, and not all children requiring an intervention service will meet the criteria. Pathways for access to the appropriate service need to be clear.

End of Submission