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**Deputy Premier of Western Australia
Minister for Health; Tourism**

Our Ref: 25-25955

Dr Janet Woollard MLA
Chairman
Education and Health Standing Committee
Parliament House
PERTH WA 6000

Dear Dr Woollard

Thank you for your letter regarding Report 13 of the Education and Health Standing Committee: "Inquiry into improving educational outcomes for Western Australians of all ages".

Please find attached responses to the recommendations.

Yours sincerely

Dr Kim Hames MLA
DEPUTY PREMIER
MINISTER FOR HEALTH

29 MAY 2012

Education and Health Standing Committee
Report 13. Child Health-Child Development: the first three
years

Department of Health Response

Recommendation 1-

The Minister for Health ensures that funding is provided for the addition of 151 child health nurse full time equivalent positions in the 2012 state budget.

The Department of Health (DOH) notes that the stated additional 151 child health nurses was arrived at through an examination of the ratios of child health staff to new births in selected Australian jurisdictions and the United Kingdom. The DOH position is that models of care vary between jurisdictions and by themselves should not be used for resource allocation planning. The DOH analysis of staffing need is based on the delivery of the Western Australian (WA) Universal Contact Schedule with time loadings required to provide additional services to respond to families with higher needs. The recently announced State Budget includes provision for additional one hundred nurses.

Recommendation 2-

The Minister for Health should direct the Department of Health to secure and collate data from relevant Commonwealth Departments to help identify children in the 0-5 age group who migrate to Western Australia each year. This data should then be used to:

- ***Advise parents of the child health services available, in particular child health nurses;***
- ***Supplement birth notification data in staffing and workforce planning calculation for child health nurses.***

Data on interstate migration relating to children 0-5 age group is not available. As all States and Territories provide community child health services, many newly arrived families self refer to these services. The DOH offers refugees and displaced people a voluntary health assessment on arrival to WA and families with children are advised of and linked to refugee health teams in the community

The DOH uses a number of data sources to inform workforce planning for community child health services. Including the Australian Bureau of Statistics data that is updated regularly with birth, death and migration information. A key information source for trend data on numbers of children 3 years and older is first time school enrolments.

Recommendation 3-

The Minister for Health provide funding in the 2012 budget for the infrastructure required to support current and additional child health nurses to improve service delivery. This should include funding for:

- ***Improved information technology for all child health nurses***
- ***Administrative support***
- ***Significant improvements to the physical infrastructure of child health centres***
- ***Better access to pool cars for metropolitan child health nurses.***

The DOH is improving its information systems and access to computer hardware. In the Perth area, Child and Adolescent Community Health is in the process of rolling out a new patient management data base to be utilised by all child and school health staff. This is an expansion of the Child Development Information System (CDIS) data base that was successfully implemented for metropolitan Child Development Services in 2010. This will allow for the implementation of a centralised booking system for clients, which will free up nurses from administrative duties and provide more time for direct clinical care.

The WA Country Health Service (WACHS) has refined business rules for the existing HCARE information system, better enabling the use of information for management and resource allocation.

The DOH provides the necessary infrastructure and resources for community child health staff to undertake their work effectively. Community Child Health Services are decentralised, and are often provided from sites not owned or managed by the DOH. The DOH regularly negotiates with the owners of these properties to ensure all necessary standards are met and the accommodation is of a suitable quality.

The Area Health Services within the DOH regularly review the management of pool cars to ensure staff with clinical needs is provided with access to a vehicle. Child health nurses have the necessary access to cars to ensure that client needs are met.

Recommendation 4-

The Department of Health be funded to enable more flexible service delivery by child health nurses particularly through such mechanisms as;

- ***The provision of assertive outreach activities to locate and assess vulnerable children***
- ***The development of more accessible services with flexible/extended opening hours for child health clinics and the provision of mobile service to childcare centres, shopping centres.***

The DOH has in place a range of flexible service delivery strategies to ensure at-risk and vulnerable children are reached. This includes a 'Special Referral

Form to Child Health Services' to ensure there is effective and timely transfer of information from maternity hospitals to child health services for babies, mothers or families for whom there are concerns. A Child Health Acuity Tool has recently been developed and is being implemented by the DOH. This evidence-based tool provides child health nurses with an improved ability to assess children and families considering a number of factors including social context. This will assist them to prioritise cases.

Over the past 10 years, specialised nursing roles have been developed to respond to the increasingly complex needs of clients. These services are targeted to high risk groups and are located in sites across WA, based on an analysis of need. The range of services offered includes refugee health, postnatal depression support and intensive home visiting. Aboriginal infants/young children and their families are a priority group for child health services state wide. An enhanced child health schedule designed to engage with vulnerable Aboriginal children and their families has been developed and implemented to increase participation rates. The schedule is delivered predominantly as a home visiting service.

The DOH has recently trialled weekend opening hours for child health clinics. In addition, clinics are increasingly offering extended hours during the week in order to provide parents with greater access.

Recommendation 5-

That the Department of Health be funded to extend the current capacity of child health nurses to have ante-natal contact with a family.

The DOH agrees that in principle it is desirable to establish a relationship between the family and the community child health nurse before the birth of a child to improve engagement postnatal, but for most families it is not essential. Antenatal engagement does occur opportunistically in situations such as when the midwife is also the community child health nurse, as can occur in country areas or when a parent attends a community child health clinic while pregnant. Families in metropolitan Perth that are identified by maternity service providers and/or the Department of Child Protection as being at risk, may be seen in the antenatal period through the Best Beginnings program.