

**Submission
No 5**

**IMPROVING ACCESS TO EARLY CHILDHOOD HEALTH AND DEVELOPMENT
CHECKS**

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Submission

For the last 10 years my team and I have conducted child-focused, community embedded, in-depth health assessment and developmental screening. The first iteration of the model of care involved homelessness families (as our industry partners) accessing generic homelessness services. This provided previously underserved vulnerable children access to health care. We have now expanded this model of care and the population served to a state-wide delivery using Paediatric Registered Nurses, Nurse Practitioners and MCFHN on the team. We provide a more comprehensive health assessments and a developmental screen tool and process which allows for direct referrals to Paediatricians, Speech Pathology, Occupational Therapist, Child Development Units, ENT specialists, and medical specialists.

The latest pilot of this model of care links in-depth health assessments and developmental screening and the extended referral program and this is foundational to improving child health and developmental outcomes for 1,027 children. One without the other increases the percentages of children falling through the gaps and exacerbates the existing silos between education (development) and health. Our model of in-depth health assessments and developmental screening links children 0 to 5 years and their families to the supports they require to access early interventions and service delivery as required.

Providing early learning services with opportunities for health assessments and developmental screening enables parents to engage comprehensively, effectively, and efficiently in addressing the wellbeing needs of their children. For example, the use of health and development fact sheets for parents enabled them to care for their child enhancing development or while they were waiting for referral services to provide support.

Children in long day care are in a stable accessible community-based service for most of the day. Parents reported that they would prefer to complete future CHDCs at Early Learning Centres if this were offered. All the children consented by their parents/carers were provided with a letter summary of the assessment. The children also provided their own consent on the day of screening. If the child refused, they were offered another opportunity to participate on another day. The overall findings were:

- Overall, 60% of all children presented had a condition that required the nurse to contact the parent with a fact sheet, or for potential referral, or care plan (including fact sheets).
- 37% of the children had previously undiagnosed conditions requiring interventions, and referrals.
- Of the 37% noted above all were disconnected from mainstream health services, and the NP/PRN connected the child and family to medical and allied health services.
- 5% had Child Protection Issues resulted in a notification to the Department for Child Protection.

This model of assessment and care includes extended referral pathways and codesigned (designed with parents) referral plans to ensure that the service goes beyond the mere counting of children's developmental status and provides an effective needs-based model of service provision.

The Nurse Practitioner (NP) and Paediatric Registered Nurse provided in-depth health assessment and age-appropriate developmental screening of consented children. A summary of the population assessed found:

- A total of 1027 children were screened.
- 56% of the children were male and 43% were female.
- Overall, 60% of all children presented had a condition that required the nurse to contact the parent for potential referral, or care plan.
- 69% of parents were provided with health and/or development advice by the Nurse.
- 4% identified as Aboriginal or Torres Strait Islander, 4% unknown, and 92% did not identify as Aboriginal or Torres Strait Islander.

The screening of 1027 children in 12 months exceeded expectations.

The use of resiliency plans by governments, communities, and services such as education are becoming commonplace. The aim is to create communities and services that enhance the well-being of people through connections support by government, communities, and service initiatives packages.

Social policy initiatives seek to address children's well-being and development especially during critical developmental periods through education and health interventions need to be embedded in

the community and uses RN and NP to improve the reach and links to Medical and Allied Health Professionals.