

Summary of the Performance Audit

Universal Child Health Checks

Report 11 – November 2010

Background

There are around 200 000 children aged 0-6 years living in Western Australia. Research shows that there are critical milestones in children's early development that impact on their physical, mental, social and emotional wellbeing for the rest of their lives. Around 17 per cent of all children are estimated to have some developmental problem that requires intervention.

Checking children's development at the right time during their first five years can prevent or detect problems early on. Undetected developmental delays may worsen and have long term negative effects on a child's health, education and other life outcomes. Untreated developmental problems have been linked to behavioural disorders, poor learning outcomes at school and juvenile delinquency; these carry a social and economic cost to the whole community. It is generally accepted that early detection and intervention saves money in the long term.

WA Health (Health) has a free universal child health check program that promotes the best possible early development for all Western Australian children. It offers seven health and development checks to children aged between birth and school entry (generally around 4 years old), and is supported by a statewide evidence based policy.

These health checks are the entry point to accessing other child health services. The universal checks are important for identifying potential developmental delay so that children can be referred for further assessment and treatment where necessary. Within the public health system Child Development Services are the main provider of these specialist intervention services.

The number of children receiving checks will have a direct impact on the demand for treatment at Child Development Services and their waitlists. If children miss the early detection and intervention opportunities offered by health checks, problems can go undetected and become more severe. This may lead to longer and more intensive treatment which also impacts waitlists for Child Development Services.

Between 2005 and 2008 the state had a 12 per cent increase in birth rates, mostly in the metropolitan area. There has also been increased migration to Western Australia. These factors have led to more children being eligible to receive the free health checks, but there has not been a corresponding increase in the numbers of child and school health nurses. In its 2010-11 budget, Health allocated around \$60 million for child and adolescent community health services in the metropolitan area, which includes providing health checks and support to families with young children. Health could not tell us how much it spends on child health in the country regions.

Although the schedule of child health checks is the same statewide, how the checks are delivered is not the same. Since 2007 metropolitan child and adolescent health services have been combined and reorganised to improve the consistency of service delivery. This has not been the case in the country, and there are variations between and within the seven country regions. How services are delivered will depend on the size of population centres, the distances between them, and the people who live there. For example, in a region such as the Kimberley that has a high proportion of Aboriginal people (around 50 per cent), living in widely dispersed communities, the service delivery is quite different to that in a country centre like Bunbury.

Our audit focused on three questions:

- Does Health have clear objectives for delivering its universal child health checks and are they being met?
- Does Health understand the need/demand for universal child health checks and the resources required to meet this?
- Is Health using its resources to deliver universal child health checks efficiently and effectively?

Our audit covered the delivery of universal child health checks by both metropolitan and country health services. Seventy-five per cent of Western Australian children aged 0-6 years live in the metropolitan area where birth rates have risen significantly. Since 2007, when metropolitan child health services were combined, there has been a drive to make service delivery consistent within the metropolitan area. In the country, circumstances vary from region to



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region and so does the delivery of child health checks. Providing even basic information across all regions proved difficult for Health. Consequently, this report draws mainly on evidence from the metropolitan area, highlighting key country issues where appropriate or different. Nonetheless, our findings and recommendations are relevant to service provision across the state.

What the audit found...

Many children are missing out on key health checks between birth and school entry. As a result, some developmental problems are not being detected and intervention is being delayed. This can have a significant impact on children's development and school readiness.

Health is giving priority to the first four checks, and is reaching 99 per cent of newborns within the first month in the metropolitan area. But this is at the expense of other checks. Only 30 per cent of 18 month olds and nine per cent of 3 year olds received checks in 2009-10. Health has not demonstrated why it considers this approach to be the best use of available resources.

Take-up of universal child health checks is voluntary. Although Health recognises that it needs to deliver services in flexible ways to make them accessible, in the metropolitan area it has made little progress in improving accessibility. The services available across the metropolitan area are not consistent in spite of attempts to make them so, and depend on where families live rather than their needs.

Health does not have good information on its universal child health checks which hampers its ability to plan and deliver services effectively. Health is not using its current resources as efficiently as it could. More effective facilities management, and better information technology and administrative support for child health nurses would help them reach more children.

What the audit recommended...

To demonstrate that it is delivering best value for money, Health should:

- set performance targets for each child health check and report its performance against these in its annual report

- improve its patient management system and financial reporting to provide better business information for service management and planning, and performance monitoring
- use its existing information system (HCARe) more effectively as a stop gap until an improved system is in place
- undertake analysis to demonstrate that its current practice gives the best value for money

To increase the number of children receiving checks, Health should:

- better promote to parents the importance of all the child health checks and particularly the 18 month and 3 year old checks, which rely to a greater extent on parent engagement
- implement different models of service delivery to improve accessibility of services in response to changing community needs

To improve consistency of services and support offered to families wherever they live, Health should:

- put in place monitoring mechanisms to support nurses in delivering services in keeping with the core business framework
- consider partnering with other agencies to make better use of other government and non-government services that are funded and set up to deliver relevant complementary services, such as parenting information and toddlers groups

To better support child health and school nurses so they can reach more children, Health should:

- ensure adequate information technology support for all child health and school nurses
- review its approach to administrative tasks such as booking appointments and collating data to free-up nurses to deliver services
- review its management of child health facilities to coordinate leasing and maintenance to ensure that buildings are safe, 'fit for purpose' and located in the right place.