

Application of a tiered service delivery framework within a public health service context in regard to child development

A child's development is a complex and dynamic process that begins before birth and continues across childhood and adolescence. Many services and agencies are invested in supporting development at different points along the care continuum.

It is increasingly apparent that a tiered approach to promoting optimal development and minimising the impact of persistent developmental impairment is required. This will be facilitated through collaborative partnerships between service providers.

Primary Prevention (CSCF 1-2) Universal Platform

<p>Target: all children and families across the community. Aim: promote awareness of optimal developmental trajectories and the environments required to support this.</p>	
<p>What this means for our health system in general</p>	<p>Health partners with other government and non government agencies at the federal, state and local government levels to advocate for investment in the environments and resources required for optimal developmental and health outcomes. Health provides services such as vaccination programs, pre and post natal services, and public health campaigns to ensure a healthy population. Health may input into community based and formal education training programs (pre and post graduate).</p>
<p>How the CDS may interface</p>	<p>CDS may:</p> <ul style="list-style-type: none"> • Provide advice to local government or community groups about initiatives to support development generally (eg. Design of local all-abilities playground) • Provide input into workforce education and training programs to support understanding of optimal development (eg. child health, local child care workers, general practice) • Grow partnerships and advocate for child development within the hospital and health service and beyond (eg. Grand Rounds presentations, meetings with Medicare Local) • CDSN review of policy, programs and proposals, and engagement with partners at a strategic level

Secondary Prevention (CSCF 3-4) Targeted Populations

<p>Target: populations identified as at-risk for poor developmental outcomes. Aim: support skills development in line with peers via evidence based practice models and programs.</p>	
<p>What this means for our health system in general</p>	<p>Greater awareness of the developmental needs of children who are known to be particularly at-risk of long term developmental impairment is required. This includes children with multi-medical involvement, adverse event neonates and children who have survived abuse and neglect, as well as children from culturally and linguistically diverse groups (including ATSI children). This may involve specific planning around improving developmental stimulation and support during long-term inpatient stays; improved surveillance of at-risk populations by the primary care workforce; and the application of evidence informed intervention strategies. Understanding the implications of cross agency initiatives such as 'Close the Gap' and parliamentary reviews such as the Carmody Inquiry into Child Protection is required. Transition pathways along the continuum of care must be better understood and there must be continued investment in specific teams that support at-risk populations (Deadly Ears)</p>
<p>How the CDS may interface</p>	<p>CDS may:</p> <ul style="list-style-type: none"> • Provide education and support to a specific workforce in regard to the needs of a particularly at-risk population (eg. Education of DEM staff regarding children with ASD; partner with sub-specialities to develop staff education program about the impact of significant health care needs on a child's cognition, language and behaviour) • Advocate for developmentally enriched inpatient experiences and for evidence informed advice to parents of children in hospital • Develop specific pathways to ensure that children with co-morbid medical and developmental needs transition from inpatient to post-acute care outpatient services in an efficient and timely way, including across regions • Ensure entry and re-entry pathways to developmental services for at-risk populations are well understood and easily negotiated by health providers and families • Partner with service providers such as child protection and Deadly Ears to ensure a consistency of message and timely access to service • Provide some care management and/or indicated intervention, in partnership with the child's primary health care provider, particularly in the post-acute phase or when there is a clear and evidence informed basis for support • Maintain an understanding of current and evidence informed practice to support clinical decision making and allocation of resources

Tertiary Prevention (CSCF 4-6) Indicated Populations

<p>Directed at families where a child’s developmental impairment is persistent and is unlikely to resolve with traditional intervention. Aim: reduce the negative effects of impairment across the lifecycle and optimise both health and development . CDS core business.</p>	
<p>What this means for our health system in general</p>	<p>These children have an identified complex and persistent developmental impairment which may be best understood through a partnership between primary care service providers and/or sub-speciality medical teams and/or the specialist child development service.</p>
<p>How the CDS may interface</p>	<p>The CDS may provide:</p> <ul style="list-style-type: none"> • an integrated, multidisciplinary diagnostic formulation that supports stakeholder’s understanding of current and likely future developmental needs (both medical and allied health led) • specific advice to families and other stakeholders (including education) in regard to the child’s developmental capacity and required supports to optimise development, function and participation • time limited, goal oriented intervention as required • care planning to support informed decision making and facilitate access to alternative service providers • opportunity for families to re-engage with the CDS in the event that circumstances significantly change or revised understanding is required • support transition to government funded intervention and support packages such as Helping Children with Autism, Better Start for Children with a Disability, and ultimately the National Disability Insurance Scheme.