

## **Submission to the Select Committee on reproductive, maternal and paediatric health services in Tasmania**

Whilst there is an overlap of the eight services under review, my submission is regarding the Child and Parenting Service (CHAPS).

I work as a CHAPS nurse however my submission is my own personal view and not on behalf of the organisation.

I have recently relocated to Tasmania, having worked for many years in similar services interstate, with last 12 years in the Victorian Maternal and Child Health service (MCH), which is a similar model to CHAPS in Tasmania.

My main concerns are :

1. CHAPS model of Care (currently under restructure after 2 external consultancy engagements) offers 7 Child Health Assessments (CHA)..at 2 weeks, 4 weeks, 8 weeks, 6 months 12 months, 2 yrs and 4 yrs. This is 3 less than considered best practice in Victorian MCH model. This model misses critical developmental periods of 4 months and 18 months and doesn't align with the SACS screening used for autism disorders which are 12m, 18m, and 2 years, making the screening we can do almost irrelevant as it doesn't align with the evidence around autism screening.

The First 1000 days is recognised as the critical period in a child's development and missing opportunities for screening, referral, parenting anticipatory guidance in the Universal CHAPS leads to less optimal outcomes for Tasmanian children and parents. Providing early, more intensive universal services, hopefully in a continuity of care model, according to years of evidence, will result in better outcomes for Tasmanian families.

2. Data collection and evidence of uptake of 2 years, 4 years CHA

While there is a data system, Echaps, and potential for data retrieval, there is little transparency in this data. Anecdotally uptake for the first 3-4 CHAs is high, however, uptake for the older CHAs is much lower (again anecdotally), and nurses indicate that if parents, carers were to try to book these CHAs, there would be no capacity for nurses to accommodate them.

3. Model of Care

Currently the CHAPs service is an inflexible, 9-3.30 service of principally centre-based booked appointments. There is such scope for more innovation: before hours, after hours, weekend appointments; fathers participation, liaising with child care centres to capture the older children in Child Care, Playgroups, Launch into Learning, a presence in Women's Shelters, prison system etc

4. Family violence screening

The prevalence of Family Violence is well documented in Australia, including sadly, Tasmania, and current interventions appear to be having little impact.

Currently CHAPS service doesn't routinely screen for Family Violence in a systematic way, that is screening at each consultation when safe to do so, documenting within the EChaps system, supporting women who do disclose FV with education around what FV is (including coercive control), safety plans and referrals for tertiary support. This is done but in ad hoc way and not documented in a manner to be able to extract the data around prevalence, interventions etc

CHAPS service and their nurses are well placed for FV screening: CHAPS is a universal freely available and sees all women in their most vulnerable time for experiencing relationship issues and family violence from an intimate partner: when they are pregnant and after they have had a baby.

There is no need to reinvent the wheel!

The Family Violence Multiagency Risk Assessment and Management tool (MARAM) has been used by MCH nurses in Victoria for many years, imbedded into each of the child Key Age Assessments (10 KAS visits) and included in the data management system CDIS which is the same data management used by CHAPS (eChaps) I understand there have been recent Project Managers investigating Family Violence within CHAPS, however there seems to be no progress made on this very disturbing societal problem with such alarming statistics.... affecting woman.

5. CHAPS relies on having agencies to which to refer infants, children and their parents. The perennial problem of lack of these agencies continues and I hope that this Select Committee will address this problem! The difficulties for families to access GPs, Early Intervention services for developmental delays, mental health services for children and adults is well described and a huge concern for CHAP service. What is the point of screening and surveillance if we can't refer and have these referrals accepted in a timely way. I'm metro based and imagine it must be far more challenging for more regional and rural communities.

Thank you for accepting my submission.

Kind regards

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