

## Diagnosis and Assessment Services in NSW

Dr Jacqueline Small  
Paediatrician  
The Children's Hospital at  
Westmead



## The importance of D&A

- Developmental assessment is more than ascertaining a child's eligibility for services as the family begins a journey into the service system that holds multiple opportunities for a caring touch and possibilities for disappointment. The most important factor in a positive assessment experience is a strong alliance between specialists and families. Miller and Hanft, 1998



## Disability Pathways Project (Families First, 2005)

- The time of diagnosis is a confusing and stressful time for families. The process of reaching a diagnosis is not always straight forward. Reaching a diagnosis may happen early, after some time or not at all. In some cases the family may not seek a diagnosis. (The Assessment Exp project, SRPC, 2002)



## Diagnostic assessment

- Identification cause- aetiology
- Identification extent delay/ID
- Counseling
- Management plan/recommendations
- Use formal assessments, reports, observations



## Policy Framework in NSW

- **Development of a Service Framework to Improve Health Care of People with Intellectual Disabilities 2007**
- **Other policies exist**



## Service framework 2007

- Tier 1- Strategic health policy and population
- Tier 2- primary health and community health care
- Tier 3- Acute health care services
- Tier 4- Specialist area/local health teams
- Tier 5- Specialist state-wide clinical leadership, education, training and research



### NSW Diagnostic and Assessment Services Interest Group



- Established in 2006
- Members D&A teams and other professionals in public sector providing multidisciplinary assessments for children suspected to have global developmental delay/disability

### Objectives NSWDasig



- To improve collaboration among DA services in NSW
- To contribute to peer support for professionals within DA services.
- Advocacy for service improvement
- To share experience and information about service initiatives.

### Mapping D&A services in NSW



- Self identified public, multidisciplinary diagnostic and assessment services for children with or suspected to have global developmental delay/intellectual disability
- 5 teams previously existed as multidisciplinary teams in DADHC

### Mapping D&A services in NSW



- All area health services have "a team"
- 18 teams were identified
- Some missing data
- 11 teams provided full time services
- 2 teams also provided services to adults
- Not all geographic areas covered, some overlap

### D&A services in NSW-staff



- Medical-
  - 15 paed, 1 other CMO only, 1 no medical staff
  - CMO-4
  - Registrar- 5
- Psychology-
  - 14 psych, 3 teams without
  - 1 neuropsych

### D&A services in NSW-staff



- Therapists
  - Speech pathologist- 9
  - Occupational therapist- 11
  - Physiotherapist- 6
- Social workers- 10
- Nurses- 4
- Other- dietician (2), HEO (1), genetic counsellor, audiologist, psychiatrist

### D&A services in NSW- ages



- 0-5/6 years- 6
- 0-16/18 years- 8
- 5-12 years-1
- All age-2

### Mapping document of D&A services in NSW



- There are more services than the “traditional DA teams”, ie those previously part of DADHC, providing DA to children in NSW.
- That these teams exist as part of the service system has not previously been widely recognised.
- There are differences among the teams with respect to eligibility criteria of age, team composition, intake/referral processes and in some cases overlap in geographical referral base.

### What can be achieved from D&A



### Parents as spokesperson for child



- The importance of parents understanding the full extent of their child's disability is underscored by [Ho et al. \(1994:p. 146\)](#) who stated that '... if parents are to act as spokespersons and advocates for their child with disabilities, it would seem important that they are able to represent accurately the nature of their child's problem'.

### Predictions of service use



- [Roizen et al. \(1996\)](#) investigated outcomes of recommendations made by a multidisciplinary team which evaluated developmental delays in children under 3 years of age. They found reduced compliance for services that required commitment to multiple appointments, and those about which ambivalence was expressed during the family conference.

### Predictions of service use



- parents' perceptions of their child's disability
- parents' perceptions of treatment recommendations
- parental understanding of recommendations,
- acceptance of their relevance,
- judgment of developmental delay, and
- level of concern about the child's disability

### Parental knowledge important



- Cadman et al. (1984) found that parental agreement with diagnosis, attitudes and beliefs about recommendations and knowledge of their role in obtaining treatment for their child were associated with compliance.

### Improving consensus



- Participation of parents in the developmental assessment process is thought to be beneficial in promoting understanding of their child's disability, and improving consensus between parents and professionals about appropriate intervention programmes

### Conclusion



- D&A established as an important process for families
- Models of service vary
- In NSW, a number of D&A teams exist, but varying composition, eligibility by age
- D&A can influence longer term service utilisation