

COMMITTEE-IN-CONFIDENCE

Health and Wellbeing Check for Three Year Olds Expert Group  
DRAFT MINUTES

Meeting 2

Thursday, 2 February - Friday, 3 February 2012

Scarborough House, Level 2, Conference Room 1,  
Department of Health and Ageing, Canberra

Day 1

Thursday, 2 February 2012, 10.00am- 5.00pm

**Members**

- Professor Frank Oberklaid (Chair)
- Dr Elisabeth Murphy (Deputy Chair)
- Ms Pam Cahir
- Professor Lyn Littlefield
- Dr Michael Fasher
- Dr Elspeth McInnes
- Professor Helen Milroy
- Dr Jan Pratt
- Dr Cathrine Neilsen-Hewett
- Professor Sue Kruske (present 10:00am-4:00pm)
- Professor Stewart Einfeld (apology)
- Ms Christine Long, APHDPC representative (apology)

**Department of Health and Ageing**

- Ms Sue Campion, A/g First Assistant Secretary, Mental Health and Drug Treatment Division
- Mr David Mackay, Assistant Secretary, Mental Health Early Intervention and Prevention Branch
- Ms Tracy Thompson, Director, Medicare Financing and Analysis GP, Nursing and Midwifery Section
- Mr Mike McKenzie, Assistant Director, Medicare Financing and Analysis GP, Nursing and Midwifery Section
- Ms Suzy Saw, Advisor, Health Workforce Division

**Secretariat --Department of Health and Ageing, Child Mental Health Section**

- Ms Renaye Lucchese, Director
- Mr Bruce Hogbin, A/g Assistant Director
- Ms Karen Dobinson
- Ms Natalie Bortolotto

The meeting commenced at 10:15am.

**ITEM 1. ADMINISTRATION**

**Item 1.1 Welcome and Conflicts of Interest**

- The Chair welcomed members and advised apologies.

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- The Chair invited introductions from members and departmental staff absent from the first meeting.
- Ms Cahir acknowledged the traditional owners of the land upon which the meeting was held.
- The Chair invited members to raise any potential conflicts of interest. The Chair noted the work undertaken by the Centre for Community Child Health (CCCH) on the proposed National Child Health and Development (NCHD) check and involvement with the Parents' Evaluation of Developmental Status (PEDS) instrument. The Chair also noted that the CCCH is currently working with the Australian General Practice Network on a child development and behaviour training package.

### Decision/s

- Members **NOTED** the apologies and expertise/background of members and departmental staff.

### **Item 1.2 Minutes and Action list**

- The Chair tabled the minutes and action list and invited comments from members.
- Professor Littlefield indicated that the draft minutes she had been sent did not include the presentation on mapping she was asked to provide at this meeting.
- Ms Lucchese indicated that the tabled minutes include this item.

### Decision/s

- Members **ENDORSED** the minutes and action list from the first meeting.

## **ITEM 2. PRESENTATION: CHILD MENTAL HEALTH SURVEY**

- The Chair invited Ms Suzy Saw to present on the Child Mental Health Survey.
- Ms Saw provided an overview of the first Child and Adolescent Component of the *National Survey of Mental Health and Wellbeing* which was undertaken in 1998 and advised that the development of a second survey is currently underway. Ms Saw noted the need for updated evidence of the prevalence of mental disorders in the child and adolescent population.
- Ms Saw advised the expert group that the second survey will focus on children and adolescents from 4-17 years of age, and that she is working towards this survey being in the field by early 2013.

### Decision/s

- Members **NOTED** developmental work on a second national child and adolescent mental health and wellbeing survey is underway and the plans for its conduct.

## **ITEM 3. BRIEFING AND DISCUSSION: PROJECT OVERVIEW AND TIMELINE**

- The Chair introduced Mr David Mackay to speak to this item.

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- Mr Mackay emphasised to the expert group that the anticipated implementation date for the expanded check is 1 January 2013. He noted that this was an ambitious but achievable goal.
- Mr Mackay listed the four key priorities in the work plan and emphasised the need for guidance from the expert group on the content of the emotional wellbeing and development component of the check.
- Mr Mackay advised that key decisions were required to be made over the course of the two day meeting to ensure the work schedule remains on track.
- The Chair noted that implementation of the check was complex however, emphasised that the focus of the expert group is the design and use of the emotional wellbeing and development component of the check. The Chair invited comments from members.
- The expert group sought clarification from Mr Mackay on how countervailing internal and external departmental policy measures would be identified and who is responsible for the implementation of the expanded check. Mr Mackay advised that it is part of the expert group's advisory role to identify gaps, linkages and other issues. He advised that the expansion of the check will be a collective effort from various branches within the department, in consultation with relevant portfolios.
- The expert group noted that transitioning the check to reflect the target age (i.e. three year olds rather than four year olds) is crucial and advised that the social and emotional domains cannot be separated from the assessment of a child's development.

**Decision/s**

- Members **NOTED** the project overview and timeline for the expanded three year old health check.

**ITEM 4. BRIEFING AND DISCUSSION: HEALTH DOMAINS OF THE PROPOSED NATIONAL CHILD HEALTH AND DEVELOPMENT CHECK (NCHD)**

*Note: the Chair is referred to as Professor Oberklaid in his capacity as a presenter, not the Chair, for the purpose of this item.*

- Professor Oberklaid presented the work that the Centre for Community Child Health (CCCH) has conducted on the NCHD check.
- Professor Oberklaid outlined the challenges in early detection strategies and methods in development of the NCHD check, specifically regarding the limitations of screening, structural barriers, and quality assurance systems.
- Professor Oberklaid advised that screening is not the same as an assessment, and that no screening has 100% reliability. Rather the objective is to identify those who are at higher risk.
- Professor Oberklaid discussed in more detail the structural barriers in early detection strategies and methods for child health and development checks including, uneven geographic distribution of services and resources, varied expertise of providers, disincentives for early detection and health promotion, tension between prevention and treatment priorities, and time pressures.

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- The expert group identified other structural issues including the anxiety some health professionals experience when engaging with mental health issues and the importance of considering cultural diversity, particularly for the Aboriginal and Torres Strait Islander population.
- Professor Oberklaid outlined the quality assurance systems to consider, which included equity, quality of the screening process and minimising harm.
- Professor Oberklaid advised that the domains were selected by considering the impact on child's present and/or future functioning and the domains that parents were commonly concerned about.
- Professor Oberklaid facilitated a discussion on the process of the NCHD check, proposed service pathways, the social and emotional health and behaviour pathway and the tools for the NCHD check.
- Professor Oberklaid guided the expert group through the social and emotional health and behaviour pathway proposed under the NCHD check in detail.

Stage 1A: The parent completes the PEDS and SDQ, and if concern is raised then it is progressed to Stage 1B. It is a quick assessment, attempting to capture 100 per cent of children.

Stage 1B: Investigation of the problem is undertaken in greater depth.

Stage 2: Diagnosis and assessment conducted by a paediatrician or psychologist.

Stage 1A and 1B are not necessarily completed by the same professional.

- The expert group raised concerns about health professional's training to identify underlying issues in a child's behaviour and the importance of attachment in a child's development.
- Dr Fasher indicated that it would be important to consider the family dynamic when undertaking a check.
- Dr McInnes highlighted the importance of the 'system' around the child and the level of connectedness to various services which could be covered through a mapping exercise as part of the check.
- Professor Milroy noted it is important that parenting issues are considered when assessing a child to avoid misdiagnosis of issues.
- Professor Oberklaid indicated that the presentation on the NCHD check was intended to contribute to the expert group's consideration and discussion, rather than propose a way forward.

### Decision/s

- Members **NOTED** the work undertaken by the CCCH on the proposed NCHD check.

### **Item 4.1 Discussion: Child Health and Wellbeing Subcommittee response to the proposed NCHD check**

- The Chair invited the Deputy Chair to speak to this item.

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- The Deputy Chair advised the expert group that she and Ms Long are members of the Child Health and Wellbeing Subcommittee (CHWS) and that this response was completed several years ago,
- The Deputy Chair outlined some of the key issues identified by the CHWS, these included: limited evidence base regarding supporting age, clarifying the purpose of the check, linking the check to immunisation, duplication of checks across states and territories, associated licensing costs and costs for additional assessments when problems are identified, health workforce capacity, hearing screening, and supporting health literacy.
- The expert group agreed that the issues identified by the CHWS will be taken into consideration.

**Decision/s:**

- Members NOTED the CHWS response to the proposed NCHD check.

**Item 4.2 Discussion: Centers for Disease Control (CDC) and Prevention's 'Learn the Signs. Act Early' initiative**

- The Deputy Chair provided an overview of the work undertaken by the CDC.
- The CDC has developed a public awareness campaign called *Learn the Signs. Act Early* which aims to educate parents about childhood development, including the early warning signs of autism and other developmental disorders.
- The Deputy Chair advised that the CDC would be agreeable to have their materials distributed and co-branded. She advised that the CDC materials are different to the raising children network as the materials are specific to development only.
- The Chair enquired about the uptake of this initiative particularly with hard to reach parents. The Deputy Chair advised that information is currently being gathered on the uptake and effectiveness of the initiative. She advised that the CDC are looking at phone applications as an option to access/pass on information. A picture book has been written on three year old development and is in distribution.
- The expert group discussed the importance of a public awareness campaign/public health approach.

**Decision/s:**

- Members NOTED the work undertaken by the CDC on the *Learn the Signs. Act Early* initiative.

**ITEM 5. MEDICARE HEALTHY KIDS CHECK**

**Item 5.1 Presentation: Healthy Kids Check Item Descriptors and Assessment Checklist**

- The Chair invited Ms Tracy Thompson to present on the existing Medicare Healthy Kids Check (HKC). Apology was noted from the Medical Benefits Division of the Department of Health and Ageing from Mr Shane Porter.
- Ms Thompson provided an overview of the existing HKC and the associated legislation under the *Health Insurance Regulations 2011*.

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- The expert group discussed whether the expanded three year old check would target three year old children only or if an age range was possible. Ms Lucchese confirmed that an age range for the expanded check was possible, such as the existing age range of at least three years of age and less than five years of age.
- Ms Thompson discussed the time based nature of health assessments and the four health assessment Medicare items, and noted that the HKC is undertaken by a GP, or a practice nurse or Aboriginal health worker under the supervision of a GP.
- Ms Thompson advised the expert group that drafting instructions for the expanded check would need to be provided in June-July 2012 and that the expanded item may need to be considered by the Medical Services Advisory Committee (MSAC).
- The expert group asked if the MSAC membership included paediatricians. Ms Thompson advised that she would confirm the MSAC membership expertise.
- The expert group sought clarification as to whether there is scope for a two staged process, enabling a screen at the first stage and a more thorough assessment at the second stage. Mr Mackay advised that only one health assessment for the target group is possible under the existing Medicare item and that there is no budget provision for an additional item.
- At the end of the session the expert group agreed to a list of issues to be considered:
  - practice guidelines/benchmarking/quality and safety issues;
  - pathways for children identified with concerns;
  - health professionals that would conduct the check;
  - parent/carer issues which may impact on the child;
  - plan – transition year;
  - public health approach (eg. CDC);
  - drafting legislation instructions by June 2012 (20 weeks); and
  - flexible age range.

### Decision/s:

- Members **AGREED** on a list of issues to be considered.

### Action/s:

- Ms Thompson to provide the expert group with the MSAC membership expertise.

### **Item 5.2 Discussion and decision: additional content required to include consideration of emotional wellbeing and development**

- The Chair facilitated a discussion on the domains of the expanded check. The expert group agreed on four domains:
  - physical health: height, weight, body mass index, immunisation, oral health, hearing and vision (by assessing parental concern);
  - language/cognition;
  - social/emotional/behavioural; and

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- o family (environment).

It was noted that additional modules might be considered for certain population groups.

- The expert group raised the issue of how cultural factors will be incorporated in the expanded check. The Chair suggested that these could be addressed in the training package.
- The Chair advised that there was no evidence for the benefit of population screening for vision and hearing at the target age. The Deputy Chair agreed that at three years of age most children do not have the cognitive ability to undertake a vision test. The group agreed that there was value in assessing parental concern about vision and hearing.
- The expert group discussed the cost of instruments such as the PEDS and the SDQ.
- The Chair advised that the PEDS has good psychometric properties, starts a conversation with parents and is used in most states already. The Chair reiterated his conflict of interest regarding the PEDS. Ms Cahir suggested that the Chair's conflict should not prevent him contributing his expertise to the discussion.
- Mr Mackay noted that when the discussion moved to making recommendations, the Chair should absent himself from the discussion.
- Professor Littlefield commented that the SDQ is a good instrument. The Chair advised that it is used world wide, is simple and quick to administer.
- Professor Milroy raised the issue of play as a key indicator of mental health issues in showing a child's mental state. The Chair stated that play is open to interpretation and an inexperienced practitioner may not understand what play means in the mental health context. It is difficult to transfer this particular knowledge to the health professional. The expert group agreed that the issue around play would be covered as part of ongoing discussion about how to carry out the emotional wellbeing and development check.

ITEM 6. REVIEW AND GOALS

- The expert group understood that a two staged approach was not feasible given that only one health assessment is possible for the target group under the existing Medicare item. It was agreed that a more comprehensive check would be required.
- It was agreed that copies of the PEDS and SDQ screening instruments would be circulated to members for discussion the next day.

<p><b>Decision/s:</b></p> <ul style="list-style-type: none"> <li>• Members <b>AGREED</b> on four health domains to recommend inclusion in the expanded check and to a one-stage comprehensive check for the emotional wellbeing and development component.</li> <li>• Members <b>AGREED</b> to discuss the PEDS and SDQ screening instruments on the following day.</li> </ul> <p><b>Action/s:</b></p> <ul style="list-style-type: none"> <li>• Secretariat to circulate copies of the PEDS and SDQ the following day.</li> </ul>
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The meeting closed at 5:10pm.

Day 2

Friday, 3 February 2012, 9.00am- 4.00pm

**Members**

Professor Frank Oberklaid (Chair)  
Dr Elisabeth Murphy (Deputy Chair)  
Professor Stewart Einfeld (present via teleconference 10:00-3:00pm)  
Ms Pam Cahir (present 10:30-3:00pm)  
Professor Lyn Littlefield  
Dr Michael Fasher  
Dr Elspeth McInnes  
Professor Helen Milroy  
Dr Jan Pratt  
Dr Cathrine Neilsen-Hewett  
Professor Sue Kruske (apology)  
Ms Christine Long, APHDPC representative (apology)

**Department of Health and Ageing**

Mr David Mackay, Assistant Secretary, Mental Health Early Intervention and Prevention Branch (from midday)  
Ms Tracy Thompson, Director, Medicare Financing and Analysis GP, Nursing and Midwifery Section  
Ms Sue Gates, Departmental Officer, Medicare Financing and Analysis GP, Nursing and Midwifery Section

**Secretariat –Department of Health and Ageing, Child Mental Health Section**

The meeting commenced at 9:10am.

**ITEM 7. NATIONAL MAPPING EXERCISE**

**Item 7.1 Presentation and discussion: National Health Call Centre Network (NHCCN) – National Health Services Directory**

- The Chair invited Professor Donker to present on the NHCCN's work on the National Health Services Directory.
- Professor Donker explained that the service directory is being established to improve access to service information for consumers and health care providers.
- Professor Donker explained what the service directory will look like structurally and that it is built on a self-authorship model, as a multi-user, multi-purpose and multi-channel service, based on the Victorian Human Services Directory model.
- Dr Pratt asked how the service information will be maintained. Professor Donker said that the information is currently updated by the NHCCN. He advised that Medicare Locals will be required to provide local service information updates to the directory.



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- The Chair asked what the incentives are for health professionals to be included in the service directory. Professor Donker advised that it will help health professionals with management plans and electronic messaging.
- The Deputy Chair asked how likely it was that allied health professionals could be listed in the service directory by 1 January 2013. Professor Donker said that with appropriate resourcing it is manageable.
- The expert group asked about costing the mapping exercise. Professor Donker said costing is difficult as there is a lack of comparable work, however suggested maintenance costs of about 10 dollars per annum for each entry, which drives the push towards self-authorship.
- Ms Lucchese advised the expert group that there is provision in the budget for the mapping exercise.
- The Chair raised the issue of privacy for health professionals and how this would be managed. Professor Donker advised that the majority of information is publicly available.
- The Chair asked how feedback is received and the service directory is evaluated. Professor Donker advised the expert group that service directories are never complete and are an ongoing piece of work. Professor Donker indicated that there is functionality in the service directory to track consumers' searches.

Decision/s

- Members **NOTED** the work underway on the National Health Services Directory being undertaken by the NHCCN.

Action/s

- Secretariat to circulate Professor Donker's presentation slides to members.

**Item 7.2 Presentation and discussion: mapping child mental health services, policies and programs**

- The Chair invited Professor Littlefield to present. Professor Littlefield provided an overview of children's mental health services, discussed gaps, issues in service provision and ways forward.
- Professor Littlefield distributed to members a map of child mental health services, policies and programs. The map included links to the health and wellbeing check for three year olds.
- Professor Littlefield invited members to review the map and provide feedback to her on additional service, policy and program links to the check.

Decision/s

- Members **NOTED** the map of child mental health services, policies and programs prepared by Professor Littlefield.

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### ITEM 8. LINKAGES TO RELEVANT PROGRAMS

#### Item 8.1 Presentation and discussion: Department of Education, Employment and Workplace Relations (DEEWR)

- The Chair invited Dr Russell Ayres, Branch Manager, Policy and Strategic Coordination Branch, Office of Early Childhood Education and Child Care to present on relevant DEEWR initiatives.
- Dr Ayres provided an overview of early childhood policy, including the key challenges under the *Early Childhood Reform Agenda* and the key activities in improving quality and accessibility of services. He discussed the *National Early Childhood Development Strategy* which provides the overarching framework for the reform agenda. Key priorities of this strategy include increased access and support for vulnerable children, a high quality integrated sector, engaging parents and communities, support for early childhood workforce, engaging parents/families in understanding the importance of early childhood and building better information and a solid evidence base.
- Dr Ayres discussed how the government is supporting the early childhood education workforce including through the *Child Mental Health and Wellbeing Competencies and Professional Practices* project.
- Dr Fasher asked how DEEWR is supporting research in the early childhood sector. Dr Ayres spoke about building the evidence base through the Australian Early Development Index (AEDI), and noted the *Longitudinal Study of Australian Children* (LSAC) and the *Longitudinal Study of Indigenous Children* (LSIC), both funded and managed by FaHCSIA.

#### Item 8.2 Presentation and discussion: Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA)

- The Chair invited representatives from FaHCSIA to present on relevant programs.
- Ms Diana Lindenmayer, Acting Branch Manager, Family Payments Branch spoke about income support measures, including the *Healthy Start for School* measure.
- Ms Lindenmayer clarified that under this measure children can have a HKC or a similar health assessment as part of a general consultation or an age appropriate health check conducted by state or territory child and maternal health clinic.
- The expert group asked how this measure will link to the expanded check. Ms Lucchese advised the expert group that the existing check age range (from at least three years of age and less than five years of age) aligns with the *Healthy Start for School* measure and that departments would work together to maintain this alignment.
- Ms Lindenmayer also presented on the *Better Targeting of Immunisation Incentives* which are to commence on 1 July 2012, aimed at improving immunisation rates by strengthening incentives for parents.
- Ms Helen Bedford, Branch Manager, Children's Policy Branch spoke on the *National Framework for Protecting Australia's Children 2009-2020*, endorsed by the Council of Australian Governments (COAG). She also spoke about the *Building Capacity Building Bridges* project, part of the national framework.

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- The expert group requested Ms Bedford provide more information on the project, including the 12 locations, out-of-session.
- Ms Bedford also discussed the Common Approach to Assessment Referral and Support (CAARS), another priority under the action plan. CAARS promotes the need for services to improve identification of early indicators of the needs of at-risk children and their families through a common approach to assessment, referral and support in universal services such as medical centres, schools and day care centres.
- Dr Fasher suggested that it may be beneficial when funding non-government organisations to include in their contract a requirement to update service information on relevant service directories.
- Ms Jill Farrelly, Branch Manager, Mental Health Branch, spoke on *Family Mental Health Support Services* under the new *National Mental Health Reform* package. These services include a strong focus on interventions to address mental health issues for children and young people, or to avert the onset of mental illness.
- Professor Milroy asked if family mental health support services were long term services, as the needs of these groups require ongoing support. Ms Farrelly confirmed that these services have ongoing funding.

**Decision/s**

- Members **NOTED** the DEEWR and FaHCSIA programs and policies relevant to the three year old health check.

**Action/s**

- Ms Bedford to provide the secretariat with further information on the *Building Capacity Building Bridges* project for circulation to members.

**ITEM 9. DISCUSSION AND REVIEW****Item 9.1 Discussion: emotional wellbeing and development component**

- The Deputy Chair began the session and advised of an apology from the Chair for the beginning of this session due to another commitment.
- The Deputy Chair recapped the discussion from the first day of the meeting and suggested that the discussion on the scope of the training package needs to be held back until the content of the emotional wellbeing and development component is determined.
- The expert group reviewed the pathway for the emotional wellbeing and development check from the previous day. The expert group discussed two possible models. The first model would involve a simple rapid screen and referral for a more comprehensive screen only where indicated. The second model would involve a more comprehensive check for all patients and comprehensive training for providers.
- Ms Thompson joined the discussion to clarify information on the Medicare items. Ms Thompson advised the expert group that only one health assessment for the target group is possible and that compulsory training is not a requirement of existing health assessment Medicare items.

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- Ms Thompson discussed the intellectual disability health assessment where training was provided to support professionals and counted towards annual continuing professional development, by way of incentive.
- Ms Thompson advised the expert group that a health assessment should not take the form of a health screening service but that a screening tool could be used as a precursor to the HKC, like the diabetes health assessment. The expert group agreed that the terminology being used needed to be amended from a 'screen' to a 'check'.
- The expert group agreed that the second model is the most feasible option and suggested that the training might be linked to continuing professional development and a compulsory accreditation requirement. Ms Thompson advised that there may be a lower uptake if there is a compulsory accreditation requirement, as not all GPs would have undertaken the training.

### Decision/s

- Members **AGREED** to a one-stage comprehensive check for the emotional wellbeing and development component of the check, as agreed on the first day of the meeting.

### Item 9.2 Discussion: Mapping exercise

- The Chair invited comment on the presentation given by Professor Donker on the National Health Services Directory.
- The expert group commented that the work underway on the services directory is excellent.
- Ms Lucchese advised the expert group that it would be useful to know what types of services are a priority in light of the many possible child mental health services. The Chair invited members to brainstorm a list of relevant services.
- The expert group identified a broad list of child mental health services provided at Attachment A.
- The expert group agreed that it would support engaging Professor Donker to begin mapping child mental health services (0- 12 years of age).

### Decision/s

- Members **AGREED** on a broad list of child mental health services that may be considered for the mapping exercise.

### Action/s

- Secretariat to provide an update at the next meeting on engaging a provider to undertake the mapping exercise.

### Item 9.3 Discussion: Training package

- The expert group moved to discussing the training package. Dr Fasher suggested that the training should not be linked to a compulsory accreditation requirement. The Chair asked whether it would be possible to implement an incentive system without a compulsory accreditation requirement.
- The expert group discussed how quality would be addressed if the training is not compulsory. The Chair requested that further consideration would be given to options

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on how to make the training component more important, as quality supports the notion of safe practice (doing no harm). The Chair suggested that the expert group recommends, in the interest of quality, a compulsory accreditation requirement to encourage GPs to undertake the training.

- Mr Mackay advised the expert group that to consider a compulsory accreditation requirement the department would need to consult with the Minister and approach relevant medical colleges.
- The Chair advised that the secretariat will investigate training options out-of-session.

<p><b>Decision/s</b></p> <ul style="list-style-type: none"> <li>• Members <b>AGREED</b> a compulsory accreditation requirement was preferred.</li> </ul> <p><b>Action/s</b></p> <ul style="list-style-type: none"> <li>• Secretariat to consult with the Minister regarding incentivising the training package.</li> </ul>
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**Item 9.4 Other business, next meetings and close**

- The expert group identified additional issues to consider in the development of the check. A complete list from day one and day two is provided below:
  - practice guidelines/benchmarking/quality and safety issues;
  - pathways for children identified with concerns;
  - health professionals that would conduct the check;
  - parent/carer issues which may impact on the child;
  - plan – transition year;
  - public health approach (e.g. CDC);
  - drafting legislation instructions by June 2012 (20 weeks);
  - flexible age range;
  - training;
  - linkages; and
  - strategic communication (for professionals and parents).
- The Chair requested that Professor Littlefield undertake further work on mapping of child mental health services, policies and programs.
- The Chair advised the expert group that the emotional wellbeing and development component is required to be finalised by the next meeting and they will need to review the available tools prior to the next meeting. The expert group agreed to also circulate the Ages and Stages Questionnaires: Social-Emotional (ASQ-SE) screening instrument.
- The Chair advised the expert group of proposed dates for the next two meetings in March and May. The expert group agreed that the next meeting should be scheduled in late March over one day.

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### Decision/s

- Members **AGREED** to additional key issues to consider in the development of the expanded check.
- Members **AGREED** to discuss the screening instruments at the next meeting and reach a decision at the next meeting on the content of the emotional wellbeing and development component.

### Action/s

- Secretariat to circulate the ASQ-SE instrument to members for consideration at the next meeting. (PEDS and SDQ samples were distributed on the first day of the meeting)

The meeting closed at 3:00pm.

### List of acronyms

APHDPC	Australian Population Health Development Principal Committee
APS	Australian Psychological Society
ASQ-SE	Ages and Stages Questionnaires: Social-Emotional
CCCH	Centre for Community Child Health
CHWS	Child Health and Wellbeing Subcommittee
COAG	Council of Australian Governments
DEEWR	Department of Education, Employment and Workplace Relations
FaHCSIA	Department of Families, Housing, Community Services and Indigenous Affairs
HKC	Healthy Kids Check (Medicare)
MSAC	Medical Services Advisory Committee
NCHD	National Child Health and Development Check
PEDS	Parents' Evaluation of Developmental Status
SDQ	Strengths and Difficulties Questionnaire