

COMMITTEE-IN-CONFIDENCE

Health and Wellbeing Check for Three Year Olds Expert Group  
MINUTES  
Meeting 4  
Friday, 18 May 2012

Scarborough House, Level 1, Conference Room 3,  
Department of Health and Ageing (DoHA), Canberra

---

**Members**

Professor Frank Oberklaid (Chair)  
Dr Elisabeth Murphy (Deputy Chair)  
Professor Lyn Littlefield  
Dr Michael Fasher  
Dr Elspeth McInnes  
Dr Jan Pratt  
Dr Cathrine Neilsen-Hewett  
Professor Sue Kruske  
Professor Stewart Einfeld (via teleconference 9:50-12:30pm)  
Ms Christine Long, APHDPC representative  
Ms Pam Cahir (apology), Professor Helen Milroy (apology)

**Department of Health and Ageing**

Ms Sue Champion, A/g First Assistant Secretary, Mental Health and Drug Treatment Division (MHDTD) (present 10:30am-12:30pm)  
Mr David Mackay, Assistant Secretary, Mental Health Early Intervention and Prevention Branch  
Ms Diane du Toit, Mental Health System Improvement Branch  
Ms Sally Goodspeed, Population Health Division (PHD), Ms Barbara Whitlock (PHD)  
Mr Brooke Alexander, Medical Benefits Division (MBD), Ms Sue Gates (MBD)

**Secretariat – Child Mental Health Section**

Ms Renaye Lucchese, Director  
Mr Bruce Hogbin  
Ms Karen Dobinson  
Ms Natalie Bortolotto

**The meeting commenced at 9:50am.**

**ITEM 1. ADMINISTRATION**

**Item 1.1 Welcome and Conflicts of Interest**

- The Chair welcomed members and advised apologies. The Chair invited introductions from those in attendance.
- The Chair invited members to raise any perceived, potential or actual conflicts of interest. Professor Oberklaid declared his conflict of interest in relation to the Parents' Evaluation of Developmental Status (PEDS) and advised that this would be mitigated by the Deputy Chair leading the associated discussion regarding developmental screening tools.

## COMMITTEE-IN-CONFIDENCE

### Decision/s

- Members **NOTED** apologies and a conflict of interest and its mitigation strategy.

### Item 1.2 Minutes and Action list

- The Chair tabled the minutes and action list and invited comments from members.
- Members requested the following amendments to the minutes of the third meeting:
  - specify that it is not possible to assess social and emotional wellbeing (behaviour) in isolation from general development (fine and gross motor skills, language and cognition), Item 2.2, p.2;
  - include discussions from the third meeting on physical assessment Item 2.2, p.2;
  - Professor Kruske put forward the PEDS:DM for consideration rather than recommending it, Item 4, p.3; and
  - parenting (family well-being) should be included in the initial list of inclusions for the training package (Item 6, p.5).

### Decision/s

- Members **AGREED** on amendments to the minutes of the third meeting.
- Members **ENDORSED** the action list.

### Action/s

- Secretariat to amend minutes of the third meeting and provide a revised version to the expert group for endorsement.

## ITEM 2. WORKING GROUP RECOMMENDATIONS

### Item 2.1 Tools to support the assessment of emotional wellbeing and development

- The Chair advised that due to his conflict of interest he would chair the discussion on tools to support the assessment of emotional wellbeing and the Deputy Chair would lead a separate discussion on the general development tools.
- The Chair provided an overview of the discussions of the working group (also reflected in the agenda paper). The working group met twice to review the emotional wellbeing tools, eliminated the Ages and Stages Questionnaire: Social Emotional (ASQ:SE), and discussed the Strengths and Difficulties Questionnaire (SDQ) and Pediatric Symptom Checklist 17 item version (PSC-17) in detail.
- The working group summarised key strengths and weaknesses of the PSC-17: it is fast to administer and score, easy to interpret, free, available for use online, and available in a pictorial version that has been validated for low literacy groups. It was noted that the original validation sample included three year old children but there are limited studies on the use of the tool with this age group and it is not validated at this age.
- The Chair invited comments from members.
- Members discussed the Brief Infant Toddler Social Emotional Assessment (BITSEA), noting it is a good measure however, not valid for above three years of age.
- Members discussed the SDQ and raised concerns that it had not been developed as a screening tool. The working group noted that the SDQ is longer in length than the PSC-17 and may be more complex to interpret. It was also noted that there is currently

COMMITTEE-IN-CONFIDENCE

no legal option to use the SDQ in a for-payment situation, although this is expected to change during the next financial year.

**Decision/s**

- [REDACTED]
- [REDACTED]
- [REDACTED]
- The Deputy Chair led the discussion on the general development tools.
- Members reviewed the agenda paper, which covered: the PEDS, the Parents' Evaluation of Developmental Status: Developmental Milestones (PEDS:DM), Ages and Stages Questionnaire (ASQ), the Survey of Wellbeing of Young Children (SWYC) and the Centers for Disease Control (CDC) milestones list.
- Members agreed that the SWYC was not suitable since no peer reviewed research on the validation of the tool was found and the ASQ was not suitable as it takes too long to administer.
- Members discussed the CDC milestones list and were provided a copy of the Queensland Government's *The "Red Flag" Early Intervention Referral Guide for children 0 – 5 years*.
- Members noted the relevance of the developmental prompts in the CDC milestones list, under the heading "Act early by talking to your child's doctor if your child". It was noted that the list was not designed from a clinician's perspective and has some overlap with the Red Flag guide.
- The Chair declared his conflict of interest with the use of PEDS, the financial benefit to his Centre and the author of PEDS, Frances Glascoe.
- Members reviewed the PEDS noting: it is widely distributed in Australia; begins a conversation with parents; can be completed online; well validated in research conditions however, has been criticised by the child and maternal health workforce for its poor useability.
- Members reviewed the PEDS:DM noting: it is ideally used with the PEDS however, can be used independently; is complex to administer as it comprises several versions according to age in months; does not raise red flags; is not appropriate for Indigenous populations; may be too brief; and is not used widely in Australia.
- Members were provided a handout outlining development tools currently used by state and territory child and maternal health services across Australia.
- Members suggested that the promotion of the expanded check could be included in the routine immunisation notification letter to parents. Mr Mackay indicated it would be beneficial to consider existing written communication with parents by government departments particularly DoHA, FaHCSIA and Centrelink.

COMMITTEE-IN-CONFIDENCE

- Members discussed the importance of an integrated instrument for ease of use either all-parent administered or all-GP administered.

• [REDACTED]

- Members also considered that the review could include a prompt 'do you have any other concerns about your child's development?' to provide an opportunity for other concerns to be discussed.

- Members agreed that when assessing family environment, 'single parent' should not be considered as a risk factor for the child's development.

• [REDACTED]

Decision/s

- [REDACTED]

**Item 2.2 Training package to support the assessment of emotional wellbeing and development**

- Professor Oberklaid resumed his position as chair and invited Dr Fasher to speak to this item.

- Dr Fasher invited members to provide their comments on the learning objectives outlined in the agenda paper. Members agreed on the list of learning objectives.

- Members emphasised the need for quality training to upskill the workforce and reflected previous discussions the expert group has had on compulsory training.

[REDACTED]

- Members discussed the need for training to be flexible, in particular, applicable to multiple disciplines and able to be completed in blocks or all together.

Decision/s

- Members **AGREED** on a list of learning objectives outlined in the agenda paper.

• [REDACTED]

Action/s

- [REDACTED]

**Item 2.3 Linkages – template for local mapping of programs, services and referral pathways**

- The Chair invited Professor Lyn Littlefield to speak to this item.

- Professor Littlefield spoke to the National Template for Linkages noting the missing link in referral pathways for families with different levels of need (i.e. single/multiple services).

COMMITTEE-IN-CONFIDENCE

- Professor Littlefield invited comments from members on the updated template. Members suggested the following amendments/additions:
  - the template is a prompt rather than a questionnaire;
  - insert a two-way arrow to all linkages indicating the need for collaboration in the primary health care system;
  - refer to a three year old "review" rather than a check;
  - the template is to be directed at Medicare Locals and GPs to adapt to their region;
  - add domestic violence services and Centrelink to the list of referral pathways;
  - remove reference to welfare agencies in referral pathways, retain as a service;
  - indicate that the Healthy Kids Check is funded by the Australian Government; and
  - consult with the NHCCN on changes to the template.
- Dr Mary Welsh (DEEWR) recommended that Professor Littlefield consider the Common Approach to Assessment Referral and Support (CAARS) program as it may have generic tools for referral pathways.
- Members agreed Professor Littlefield would update the template for further consideration.

**Decision/s**

- Members **AGREED** on several amendments to the National Template for Linkages to be updated by Professor Littlefield.

**Action/s**

- Secretariat to provide Professor Littlefield with information on the CAARS tools.
- Professor Littlefield to update the National Template for Linkages.
- Professor Littlefield and secretariat to consult with the NHCCN on connection between linkages template and mapping exercise.

**ITEM 3. FINAL RECOMMENDATIONS**

**Item 3.1 Overview of recommendations to date and agreement on final recommendations against the Terms of Reference**

- The Chair invited comments from members on the overview of recommendations against the Terms of Reference.
- Members agreed on the following amendments/additions to the list of recommendations.

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

[REDACTED]

- [REDACTED]
- [REDACTED]

[REDACTED]

- [REDACTED]

[REDACTED]

- [REDACTED]

**Item 3.2 Broader recommendations**

- The Chair invited comments from members on this item.
- Members agreed on additional broader recommendations:

[REDACTED]

**Decision/s**

- [REDACTED]

**ITEM 4. UPDATE ON WORK TO DATE**

**Item 4.1 Mapping of child mental health services**

- The Deputy Chair invited Ms Natalie Healey from the NHCCN to provide an update on the mapping exercise.
- Ms Healey advised that the NHCCN are in the first phase of mapping exercise and have drawn on two key sources of information: a scoping study completed by the Hunter Institute for Mental Health and state and territory data.
- Ms Healey sought advice from the expert group on priority services and the preferred age range for child mental health services.
- Members noted the different terminology in each state and territory for service types. Members agreed that the mapping exercise would prioritise child health and developmental services and parenting support services for children three to five years of age.

COMMITTEE-IN-CONFIDENCE

**Decision/s**

- Members **AGREED** that the mapping exercise would prioritise child health and development services and parenting support services for children three to five years of age.

**Action/s**

- NHCCN to undertake mapping exercise in line with the expert group's recommendations.

**ITEM 5. MEETING CLOSE**

- The Deputy Chair advised that a teleconference out-of-session is required to finalise the recommendations and other business of the expert group.
- Secretariat to invite Ms Healey from the NHCCN to attend the teleconference to provide a further update on the mapping exercise.
- The Deputy Chair thanked members and the secretariat for their work on this measure.

**Decision/s**

- Final business of the expert group via teleconference.

**Action/s**

- Secretariat to organise teleconference inviting the NHCCN.

**The meeting closed at 3:30pm**

**List of acronyms**

ASQ	Ages and Stages Questionnaire
ASQ:SE	Ages and Stages Questionnaire: Social Emotional
CDC	Centers for Disease Control
CAARS	Common Approach to Assessment Referral and Support
NHCCN	National Health Call Centre Network
PEDS	Parents' Evaluation of Developmental Status
PEDS:DM	Parents' Evaluation of Developmental Status: Developmental Milestones
PSC-17	Pediatric Symptom Checklist 17 item version
SDQ	Strengths and Difficulties Questionnaire
SWYC	Survey of Wellbeing of Young Children