
CONFERENCE ABSTRACT

Health professional perceptions regarding screening tools for developmental surveillance for children in a multicultural part of Sydney, Australia

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Introduction: Encouraging early child development and early identification of developmental difficulties is a priority. The Ministry of Health in New South Wales, has recommended a program of developmental surveillance using validated screening questionnaires. However, the use of these tools has remained sub-optimal. A longitudinal prospective birth cohort “Watch Me grow” study was carried out in the South Western Sydney region to ascertain the uptake as well as the strategies and the resources required to maximise engagement in the surveillance program. We aimed to examine the attitudes, enablers and barriers to the current developmental surveillance practices, with reference to screening tools, amongst health professionals.

Theory and Methods: Qualitative data collected as part of the “Watch Me Grow” study from 37 primary health care providers that included General Practitioners, Paediatricians, Child and Family Health Nurses in a region of relative disadvantage in Sydney was analysed using thematic synthesis.

Results: The major themes that emerged from the data were the “difficulties/problems” and “positives/benefits” of surveillance in general, and “specificity” of the tools which were employed. Barriers of time, tool awareness, knowledge and access of referral pathways, and services were important for the physician providers, while the choice of screening tools and access to these tools in other languages were raised as important issues by Child and Family Health Nurses. The use of these tools by health professionals was also influenced by what the professionals perceived as the parents’ understanding of their child’s development. While the Parents Evaluation of Developmental Status and Ages and Stages questionnaires was utilised by Child and Family Health Nurses, both General Practitioners and paediatricians commented that they lacked awareness of developmental screening tools and highlighted further training needs.

Conclusions: The results highlight the practical challenges to, and limited knowledge and uptake of, the use of recommended screening tools as part of developmental surveillance. There is a need for further research regarding the most effective integrated models of care which will allow for a better collaboration between parents and service providers and improve information sharing between different professionals such as Child and Family Health Nurses CFHNS General Practitioners and paediatricians and practices nurses involved in screening and surveillance programs.

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Discussions: Barriers to use of developmental screening tools has been identified in many prior studies from North America. This is a first study from Australia that has systematically explored health professionals' perceptions inn using these tools based on the context of their practices.

Lessons learned: The developmental screening tools as part of a surveillance process for identifying children with developmental problems are not used consistently particularly by physician providers.

Limitations: Population level data was not collected.

Suggestions for future research: There is a need for large population based surveys on the use of screening tools by nurses and physician providers in Australia. The system barriers within the system need to be addressed and evaluation research on the impact of identification of developmental problems and referral and linkage to early intervention programs is needed.

Keywords: engagment; empowerment; child surveillance; multicultural
