

Early childhood development practices in a remote ACCHS setting

Background:

Healthy early childhood development gives a child the foundation to reach their full adult potential. Supporting early childhood development is especially important for Aboriginal people, who face documented inequalities in health outcomes. Unfortunately, over half of Kimberley Aboriginal children are entering school with developmental concerns. Missed opportunities to identify early developmental concerns can have significant lifelong consequences. Child health checks provide one opportunity for early childhood development practices (anything done to detect and/or address developmental concerns). They are provided through both government-funded community health clinics and the Aboriginal Community Controlled Health Services (ACCHS) sector. Early childhood development activities may also be provided opportunistically when families present to their primary health care provider for other reasons.

What we wanted to find out:

- What was happening on a day-to-day basis regarding early childhood development? Was it being assessed, either opportunistically or through a structured means (and by who)?
- If developmental issues were identified, was follow up arranged, and did it happen?
- What were the barriers in doing these things? And what helped?

How was this study done?

A retrospective audit of early childhood development practices of 176 children aged 0 – 5 years who attended 756 times (visits on any one day) and had 1241 consults (visits with individual health providers) at Derby Aboriginal Health Service (DAHS). Developmental enquiry (any documentation in the consult notes regarding a child's development) was identified and analysed by developmental domain. We also talked with five DAHS staff members about their experiences in developmental screening and follow-ups.

What did we find out?

- Despite limited resources, DAHS staff recognised the importance of early childhood development and had opportunistically incorporated developmental monitoring into their core work.
- Nearly two-thirds of children in the audit had developmental enquiry documented. Communication was the most assessed developmental domain (49%) and problem solving least (8%).
- A third had a child health check (80% of these included developmental enquiry). Barriers included time limitations, acute illness taking priority, and a busy consult room with the whole family. A lack of easily accessible templates or triggers to monitor development was also noted. Clarity of roles between government community health services and DAHS, and communication between services was another suggested area for improvement.
- Recorded follow-up: 22% children had been followed-up by all agencies referred to with developmental concerns, 22% had partial follow-up, and 56% had not had any follow-up at the time of audit. Few consults (6%) involved the provision of anticipatory guidance (education for parents to support child development).

What happens now?

- Recent [Closing the Gap data for Target 4](#) highlights the lack of progress in improving early childhood development for Aboriginal and Torres Strait Islander children across Australia.
- [This study highlights](#) the potential of primary healthcare to have an enhanced role in early childhood development.
- Capacity building in anticipatory guidance and improving child health assessment templates could be efficient strategies to add benefit to existing clinical practices with the aim of Closing the Gap in Aboriginal and Torres Strait Islander early childhood development.

We would like to acknowledge the contribution of the Aboriginal and Torres Strait Islander community for the data that was included in the audit and thank DAHS staff who took part in this study.

Questions, comments and feedback to Dr Emma Griffiths (emma.griffiths@rcswa.edu.au).

Available: <http://doi.org/10.1111/ajr.12900>