

Community Health Services— Child health teams

Case study



A speech pathologist with one of the many children and parents seen by child health teams in Community Health Services across Victoria.

Identifying problems early is crucial

'By age seven attitudes to learning are generally set and names stick: dumb, naughty and unpopular are difficult names to turn around.' Christine, Speech Pathologist.

As early childhood is critical for every aspect of a person's development, identifying and dealing with early problems can be crucial. The right health services provided at the right time can help prevent problems escalating into full-blown issues later in life.

Some Community Health Services throughout Victoria work in socially and economically deprived areas where there are high numbers of families with young children. A number of children do not have disabilities but have difficulties with learning, socialising and behaviour.

Often there are few, if any, local specialists.

This means that the parents of children with difficulties may have nowhere to turn to for help until the children start school, which is often too late, *'Sometimes families fall between the cracks and things don't happen.'* Christine, Speech Pathologist.

Help resides with Community Health Service's child health teams—teams that have developed some innovative and exciting programs to help give children the best possible start in life.

Child health teams can help

'We all want to work in this team. We value the team and what it does for our clients.' Cathy, Occupational Therapist.

Child health teams usually include speech pathologists and occupational therapists; some also have paediatricians,

physiotherapists, psychologists, family casework counsellors, dietitians and neuropsychologists.

'Picking up kids' problems earlier is the key'

Greg, team manager

Working closely with professionals in local childcare centres and kindergartens, these teams act together to produce the best outcomes.

They often identify early symptoms when a child is struggling and develop creative and effective solutions to help them and their families.

This helps prevent children developing learning difficulties, becoming anti-social and, in extreme cases, being expelled from school.

An innovative response

During the last six years a Community Health Service in Melbourne's outer northeast suburbs has developed an excellent child health team. One of the many conditions they treat, and in which they have developed specialist expertise, is Sensory Integrative Dysfunction. This is a little known but not uncommon condition.

Children with this dysfunction have difficulty making sense of the world through their sight, hearing, smell, taste, touch and movement.

Most very young children using these senses, respond selectively to the world around them. They pay attention to some things and ignore others.

In contrast, children with Sensory Integrative Dysfunction cannot respond in this normal discerning way. As a result, they feel bombarded and overwhelmed by the vast array of signals they receive from the world around them.

Jack's problem

Nick and Julie were ecstatic when they had their first child, Jack. Julie knew that parenting would be challenging, but was not prepared for the way Jack developed.

From the beginning she thought him a bit 'out of sync', but when Jack was two years old he started having tantrums that Julie knew 'were not normal'.

Julie took Jack to a paediatrician in private practice but, when tests did not reveal any disorders, she and her husband were referred to a Positive Parenting course.

Nevertheless, Jack's behaviour worsened. At home, he didn't want to sleep in his own bed. In his second year at kindergarten he was having severe tantrums, biting other children and was 'unable to move from one task to another.'

Julie was having increasing difficulty washing and dressing Jack. She noticed he became distressed if people came too close.

The concerned kindergarten teacher called in a pre-school field officer—people trained to suggest appropriate referrals for children with additional needs. Identifying Jack's problems as severe, the officer referred him to the child health team at the local Community Health Service.

Jack's diagnosis

Jack was first assessed by the Community Health Service team's Speech Pathologist who, while noting his concentration difficulties, found his language skills were only slightly delayed.

She referred him to the team's neuropsychologist who did not detect any problems and found Jack's IQ was high.

Next, Jack was referred to the occupational therapist who quickly observed his difficulty processing sensory material, particularly related to touch, movement and sound. She said this was causing his tantrums, difficulties with other children and poor concentration.

The occupational therapist worked closely with the kindergarten teacher and the pre-school field officer to develop a program that would not cure Jack's condition but would improve his ability to deal with the world.

Importantly, the teams worked closely with the child's family. Cathy, the occupational

therapist said, 'Otherwise what's the use? It all goes down the drain if the parent cannot reinforce the new behaviour.'

Jack's treatment

The program aimed to desensitise Jack so that his 'brain became more integrated'.

At home, Julie spent a lot of time in the mornings preparing Jack for his day. She massaged him before he got out of bed to prepare him for the feel of his clothes and used visual cues to alert him to tasks such as brushing his teeth.

At kindergarten, the team established a pattern in which Jack was rewarded when he moved from one task to another. They set up a 'soft corner' for Jack to retreat to when he felt overwhelmed.

Jack also undertook intensive movement therapy with the occupational therapist. Julie has no doubt about the quality of the program created by the pre-school field officer, kindergarten teacher and the occupational therapist, 'I felt so blessed so supported by these three wonderful women, they were my guardian angels.'

The importance of the team

The program above was not the only help received by Jack and his family from the child health team at the local Community Health Service.

The dietitian recommended changes to Jack's diet such as a reduction in colours and preservatives as these made him even more hyperactive.

And for Nick and Julie there was emotional support and many practical suggestions from the team counsellor. This helped the family stay intact after years of distressing experience.

The team manager noted that 'each service provided a piece of the puzzle for Jack's improvement'.

Jack's transformation

Julie is extremely relieved and happy. Within three months Jack was able to socialise better and join other children on the kindergarten's playground equipment.

He washes and dresses himself and sleeps in his own bed. There are far less tantrums, his play is more organised and his concentration has dramatically improved.

Finally Julie's family sees a light at the end of the tunnel.