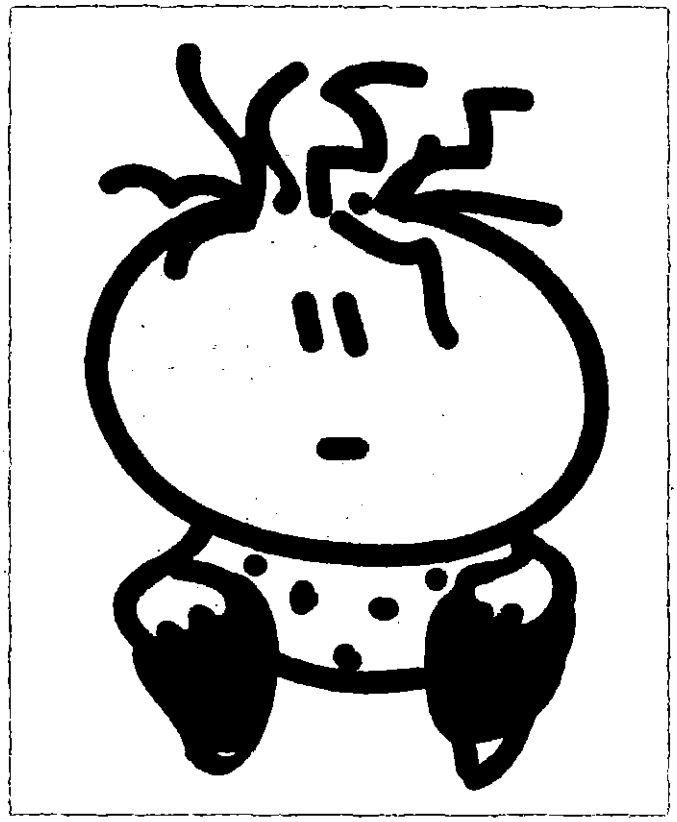
Child Health Developmental Screening Service



Assessing the Structural and Operational Resources of the Developmental Screening Check

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CHILD HEALTH DEVELOPMENTAL SCREENING SERVICE

A Report on the Structural and Operational Resources of the 9 Month Developmental Screening Check

by

The Department of Public Health
Western Health Board

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Dr. David S. Evans

November 2000

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We wish to acknowledge the co-operation which enabled this research to be undertaken. In particular we thank;

- The Area Medical Officers and Senior Area Medical Officers for completing and returning the questionnaires
- The clerical and public health nursing staff for providing additional information
- The staff in the Department of Public Health for advice and assistance in completing the report

EXECUTIVE SUMMARY

Best Health for Children (1999) is the first phase of a longer term project to develop services relating to children's health. Following its publication, the Western Health Board set up a regional implementation group, the *Child Health Steering Committee.*

Developmental screening for all babies at 7-9 months is a central element of the recommended core child health surveillance programme as described in *Best Health for Children.* It is also one of the cornerstones of the Child Health Service and the starting point for several other services for children.

A number of concerns had been raised by the Child Health Steering Committee about the Developmental Screening Service within the Western Health Board region. In particular, concerns were expressed in relation to medical staffing levels and the facilities available in the local health centres. The Committee decided that an assessment of the medical staffing and infrastructural requirements for the developmental screening services should be carried out. This study was undertaken with the overall aim of identifying the resources, if any, required to implement the developmental screening programme described in *Best Health for Children.*

Questionnaires which were completed by Area Medical Officers and Senior Area Medical Officers, addressed structural and operational issues relating to service provision.

The research found that:

- The Child Health Developmental service appears to be well distributed throughout the region
- There are no accurate statistics on, and no standard system for the organisation of the developmental screening service
- There are serious shortages of medical staff which have knock-on-effects on the clinic schedule
- Only 6% of rooms meet the recommended size criteria for hearing assessment
- Difficulty in accessing rooms is experienced in 26% of health centres
- In 22% of centres used for developmental assessment, the Child Health Team of Area Medical Officer and Public Health Nurse have been displaced entirely from the General purpose/ Developmental assessment room
- Although most other structural elements of the service are rated favourably there is a need to:

- reduce the noise level in some rooms
- improve the furnishings
- improve the waiting areas
- provide baby changing facilities

The study shows that there are serious deficiencies in the provision of the service. The following recommendations are made.

Operational Recommendations

- There should be an immediate recruitment drive to ensure the appointment of a full complement of permanent Medical Officers to the three counties

- Locum Medical Officers should be appointed for all Medical Officer absences other than short holiday periods in order to ensure that Child Health Targets are met

- Additional Medical Officers should be recruited to ensure that there are sufficient staff to carry out the expanded medical functions in the Community Services and to avoid deflection of the Medical Officers from the Child Health Service

- Clerical Support should be provided to the Child Health Service in each of the counties

- A Computerised Information System should be put in place to facilitate the provision of statistical information. This should link in with a national system. In the interim, a standard system of organisation and data collection should be established regionally

Structural Recommendations

- All health centres used for the service should be examined and prioritised for development

- A *Standard* for the facilities required in Health Centres which are used to provide the Child Health Service should be developed

- All Health Centres which are currently in the planning or development stage, or where building is in progress, should be reviewed with a view to ensuring that the facilities meet this *Standard* for Child Health Service Clinics

- A three-year development plan to bring all remaining centres up to the child Health Clinic Standard should be costed and submitted to the Department of Health and Children for implementation

CONTENTS

1. INTRODUCTION

1.1 Research Background

Best Health for Children (1999) is a national report commissioned by the Chief Executive Officers of the Health Boards. It is the first phase of a longer term project to develop services relating to children's health. The report reviews the promotion of health in children aged up to twelve years and in particular, the role of screening and surveillance and the development of parenting, education and support.

Following publication of this report in July 1999, the Western Health Board set up a regional implementation group, the *Child Health Steering Committee*, with the following terms of reference;

1. To prioritise areas of *Best Health for Children* for implementation.

2. To identify those areas that can be implemented without resource requirements and timetable for same.

3. To identify those areas where resources are required to implement policy and quantify the costs.

4. To identify/implement training requirements and ensure a smooth and effective introduction of the report recommendations.

5. To liase with the National Committee to ensure uniformity in implementation.

Developmental screening for all babies at 7-9 months is a statutory obligation and one of the components of the recommended core child health surveillance programme as described in *Best Health for Children*. Its aim is to access the entire population of children, to screen for delays in development of the child and to identify any defects (e.g. delays in motor development, defects in vision, and defects in hearing). It is one of the cornerstones of the Child Health Service and the starting point for several other services for children. Absence of the screening service results in delayed pick-up of defects, while long waiting times mean that babies are older when screened. Older babies are more difficult to screen and this results in increased numbers of children being referred on to a specialist service.

Within the Western Health Board region, developmental screening is provided at local health centres by the Area Medical Officer and the Public Health Nurse.

A number of concerns had been raised by the Child Health Steering Committee about the developmental screening service within the Western Health Board region. In particular, medical staffing levels and the facilities available in the local health centres were highlighted. As a result, the Committee decided that an assessment of the medical staffing and infrastructural requirements for the developmental screening services should be carried out.

1.2 Aims and Objectives

The overall aim of the study was to identify the resources, if any, required to implement the developmental screening programme described in *Best Health for Children.*

The specific objectives were to examine and report on:

The current operation of the service;

- the population of babies offered and attending the service
- the distribution map of the service
- the schedule of clinics arranged
- the organisation of the clinics
- the medical staffing

The structural facilities for the service;

- The accessibility of the rooms for scheduling of the clinics
- The physical attributes of the clinic rooms (i.e. quietness for hearing assessment, cleanliness, and furnishings)
- The size of the clinic rooms

2. METHODOLOGY

Two questionnaires were used in the study. Samples are attached in Appendix 1 and 2. The first questionnaire (Appendix 1) was sent to each of the 16 Area Medical Officers who are responsible for the provision of the service within their area. The second questionnaire (Appendix 2) was sent to the Senior Area Medical officers who are responsible for the planning and co-ordination of the service in each county.

The issues addressed by the questionnaire to Area Medical Officers included:

- Population of children eligible for the service in 1999
- Population of children offered the service
- Population of children attending the service
- Number of Health Centres used in the service
- Areas not receiving a service
- Schedule of clinics for 1999
- Planning of clinics
- Sources of data used to call the clinics
- Availability of Medical staff for the clinics

Detailed information on the suitability of each Health Centre used for the clinics was also elicited. This included information on issues such as:

- Accessibility of the room to the Child Health staff
- Structural elements including
  - size
  - furnishings
  - quietness in relation to hearing assessment
  - cleanliness
  - privacy
  - waiting area
  - measurements of room
  - hand-washing and nappy-changing facility

The questionnaire sent to the Senior Area Medical Officers sought views on the structural and personnel issues relating to the provision of the service. The questionnaires were administered in April 2000.

3. RESULTS

3.1 Introduction

Completed questionnaires from the Area Medical Officers were received from 13 of the 16 Child Health Areas. Partial returns were received from the remaining 3 areas. These latter areas had vacant Area Medical Officer posts at the time of the study and information was therefore provided by the Senior Area Medical Officers or Clerical staff. All three Senior Area Medical Officers completed and returned their questionnaire.

3.2 Target Population

The target figure for the service equates to the number of births in the previous year, in this case 4685 plus those who move into the area and are eligible by age for the service, minus those who move out of the area. A total of 5397 babies were offered first developmental assessment appointments in 1999. Table 3.1 shows the numbers offered and attending first appointments by county. The Roscommon figures do not distinguish between first and recall appointments. In addition, the data does not distinguish between the cohort of babies eligible by age for the service in any one year, as the returns include all babies attending the service irrespective of year of eligibility. Uptake figures for any one cohort cannot therefore be calculated.

Table 3.1: Attendance at Developmental Clinics, WHB 1999

	Galway	Mayo	Roscommon	Total
	No.	No.	No.	No.
Children offered first appointment.	3270	1613	514	5397
Children attending first appointment.	3062	1364	data not available	data not available
% attending first appointment.	93%	84%	data not available	data not available

3.3 *Age at Attendance*

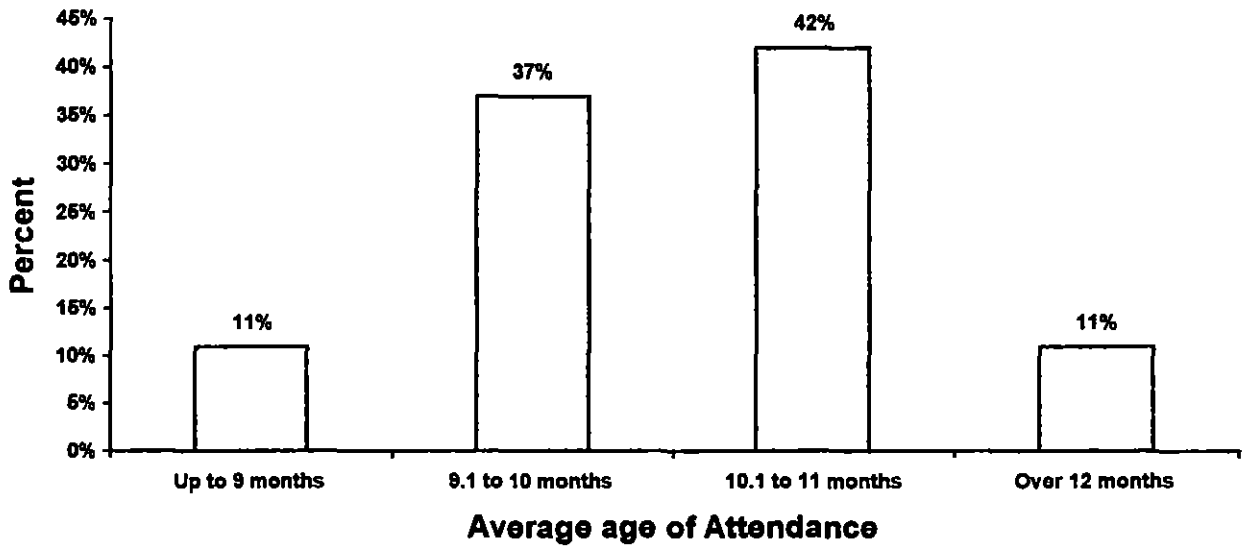
The babies' age at time of attendance ranged from 7.5 to 13 months. Table 3.2 shows the average age of attendance of babies in each of the three counties. In Galway, only 18% of babies are seen before the recommended age of 9 months. However, almost 80% of babies seen are under 10 months. In Mayo and Roscommon, none of the babies seen are under 10 months of age, and in Mayo almost 40% are over 12 months. In addition, the clerical reports from Roscommon indicate that at the time of the survey (April 2000), a number of babies born in November and December 1998 had not yet been called for developmental assessment. By the time of the survey, these babies would have been 16 to 17 months old.

Table 3.2: Average age of attendance at Developmental Clinics, WHB 1999

Age Profile	Galway		Mayo		Roscommon		Total	
	No.	%	No.	%	No.	%	No.	%
Up to 9 months	538	18	Nil				538	11
9.1 up to 10 months	1795	59	Nil				1854	37
10.1 up to 11 months	729	24	825	60	538	100	2092	42
11.1 up to 12 months	nil		nil				nil	nil
Over 12 months	nil		539	39			539	11
Total	3062	100	1364	100	538	100	4964	100

Fig 3.1 shows the overall age of attendance for the region as a whole. Only 11% of babies were seen before the recommended age of 9 months. Forty two percent were between 10 and 11 months and 11% were over 12 months.

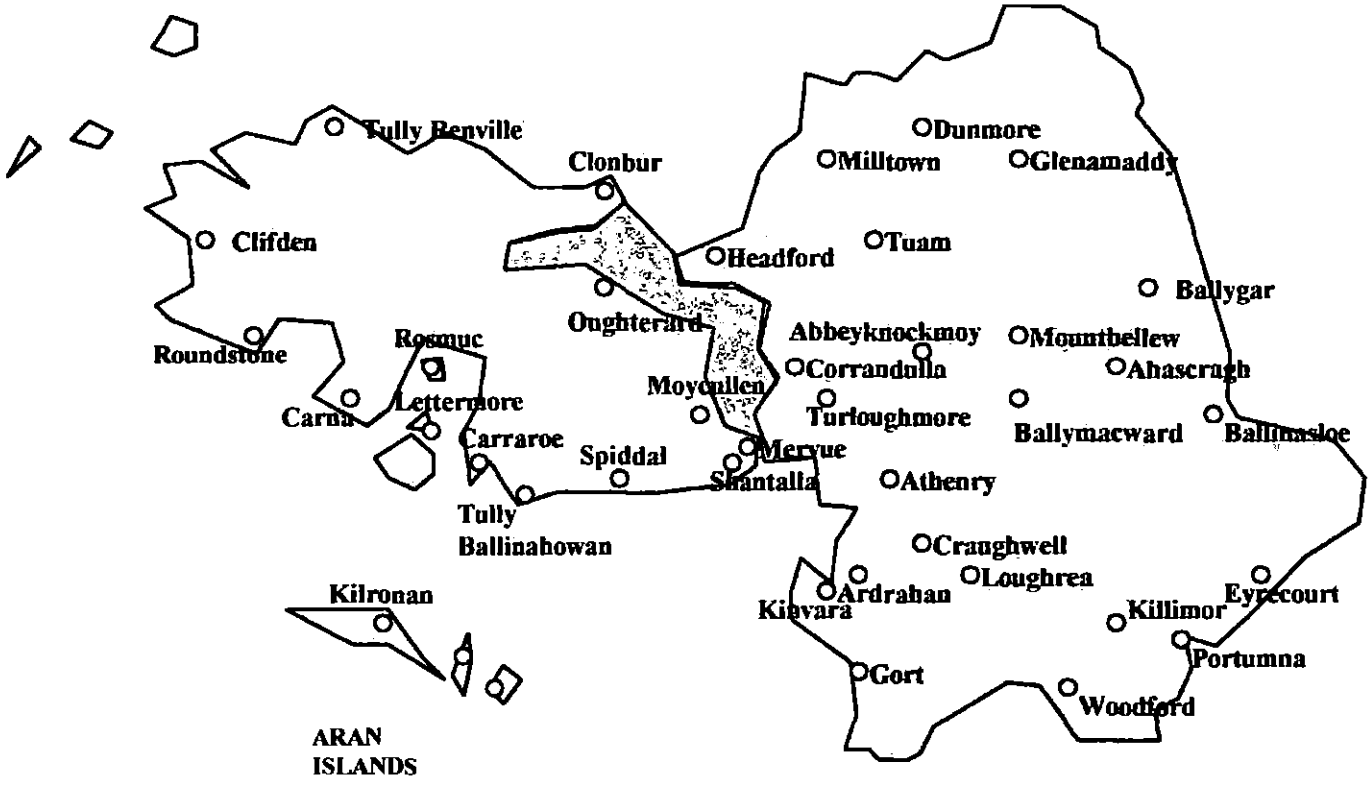
Figure 3.1: Age of Children Seen at Developmental Clinics WHB 1999



3.4 Distribution of Service

Seventy three health centres are used in provision of the service. These are well distributed throughout the region and no area is excluded from the service. There are only two centres providing the service in Galway city, Mervue and Shantalla. Babies from the west of the city come in to Shantalla. The frequency of clinics varies from centre to centre depending on the population of babies scheduled to be called for assessment. This ranges from 3 per week in one centre in Galway City (Shantalla) to one or two per year on the Aran Islands. Twice monthly clinics are the most usual schedule. Figures 3.2-3.4 show the geographic distribution of clinics throughout the three counties.

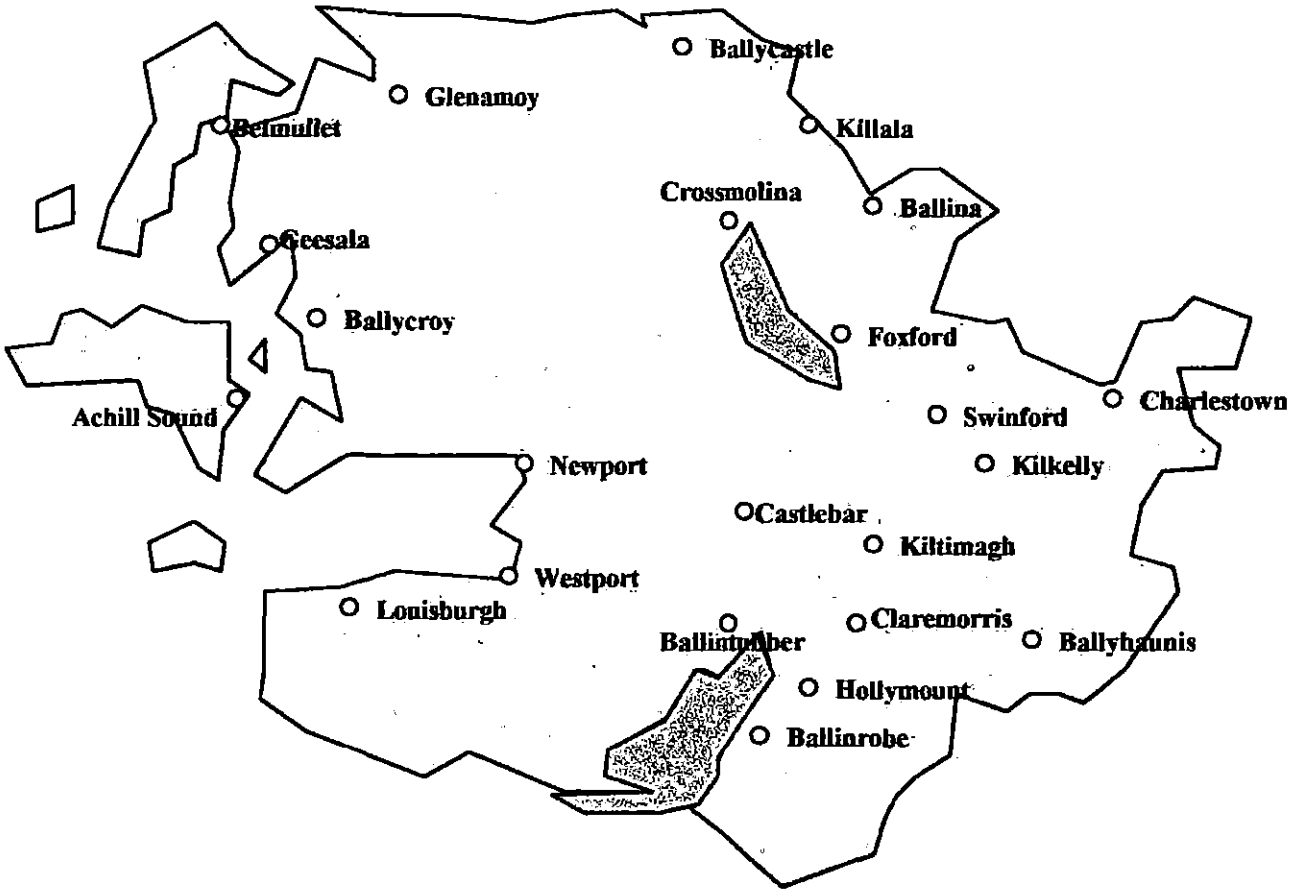
Figure 3.2: Location of Child Health Developmental Screening, Co. Galway



Key

O Health centres providing child health developmental screening service

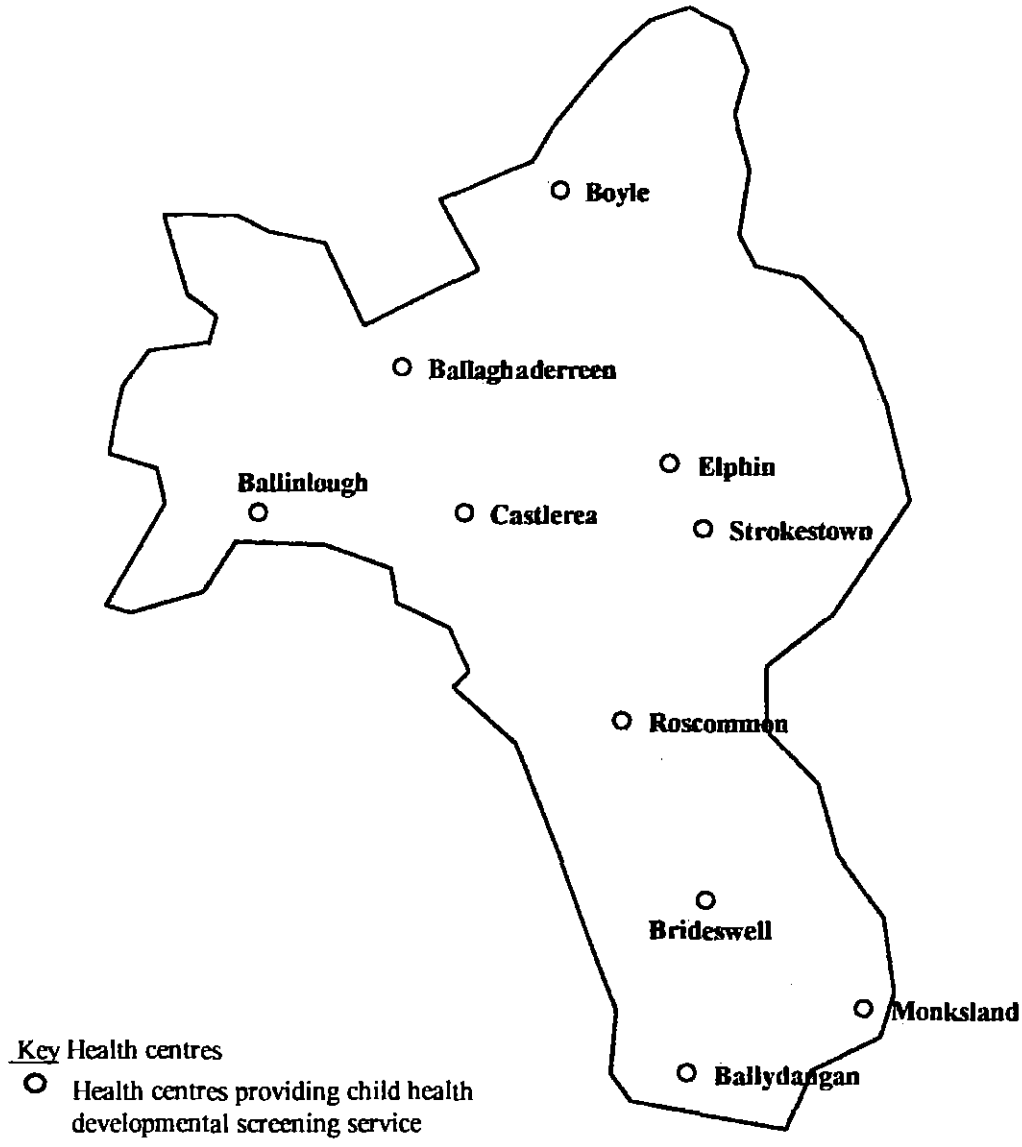
Figure 3.3: Location of Child Health Developmental Screening, Co. Mayo



Key

- Health centres providing child health developmental screening service

Figure 3.4: Location of Child Health Developmental Screening, Co. Roscommon



3.5 Extent of the Service.

The service depends on the availability of staff, and areas without Medical Officer cover have a limited service provided by cross-cover from the remaining Area Medical Officers.

Table 3.3 shows the clinic plan, the actual number of clinics held and the percentage of the target achieved by each Child Health Area within the region for 1999. The overall percentage achieved was 77%. The range however, is from 16% to 100%. In Galway, North Connemara had the lowest proportion of target achieved. In Mayo, Ballina 1 which covers Belmullet, Ballycastle, Crossmolina and other towns in North West

Mayo had the lowest proportion of target achieved, while in Roscommon the worst hit area was the Castlerea Ballaghaderreen region. Overall Roscommon fared worst, achieving just less than 50% of the target.

Table 3.3: Schedule of Developmental Clinics, WHB 1999

Child Health Clinic areas.	Clinics Planned	Clinics held	% of target achieved
	Number	Number	%
County Galway			
Loughrea	101	94	93
Tuam 2	108	87	81
Ballinasloe 1	84	84	100
Ballinasloe 2	84	72	86
North Connemara	194	110	57
Tuam 1	74	71	96
Galway	144	145	100
South Connemara	70	65	93
Sub-Total	859	728	85
County Mayo			
Claremorris/B'haunis	52	43	83
Castlebar/B'robe	78	70	90
Ballina 1	66	30	45
Ballina 2	74	50	68
Westport	39	39	100
Sub-total	309	232	75
County Roscommon			
Roscommon/Monksland	60	56	93
Boyle/Strokestown	40	27	68
Castlerea/B'derreen	102	16	16
Sub-total	202	99	49
TOTAL:	1370	1059	77

In each county, the reasons for omission of clinics was attributed entirely by respondents to absence of medical staff. In all, this amounted to a loss of 96 weeks of Area Medical cover over the three counties in 1999. Locum cover was provided on only one occasion and this commenced three months after a post became vacant. Table 3.4 shows the absences of Area Medical Officers within each county during 1999. Roscommon again fares worst. In Mayo, although the number of vacant weeks is not far behind Roscommon, the effect of this appears to be less as Mayo has still been able to achieve75% of its clinic target (Table 3.3). This may be explained by the remaining Area Medical Officers providing cross-cover. In Roscommon, cross-cover is not possible due to the overall low number of Area Medical Officers and proportionately, Roscommon lost the greatest percentage of its Area Medical Officer time in 1999.

Table 3.4: Loss of Area Medical Officer Cover, WHB 1999

Area	Number of weeks without medical cover	Proportion of County Area Medical Officer time lost
GALWAY		
Loughrea	10	
Tuam 2	6	
Ballinasloe 1	2	
North Connemara	4	
Sub-Total	22	6%
MAYO		
Ballina 1	15	
Ballina 2	20	
Sub-Total	35	15%
ROSCOMMON		
Boyle/Strokestown	13	
Castlerea/B'derreen	26	
Sub-Total	39	28%
TOTAL	96	

3.6 Organisation of Clinics

In both Galway and Mayo, the clinics are organised by the local Public Health Nurse from a list generated by the Notification of Birth forms forwarded to her for Child Health work. In Roscommon, the clinics are organised by a Clerical Officer from a central register.

3.7 Clinic Facilities

3.7.1 Access to clinic room

Area Medical Officers reported that, of the 73 centres used for developmental clinics, difficulty in having the room available to them was experienced in 19 (26%). In 16 centres the Area Medical Officer has been displaced entirely from the General Purpose / Developmental Assessment room and has been obliged to use a variety of other rooms ranging from the Public Health Nurses office (10 instances), to the GP surgery (7 instances), a filing room with no openable window, a demountable dwelling and a caravan. In one area, the Area Medical Officer no longer has access to any room and has had to re-direct babies to a health centre 10 miles away. In another area, where a new health centre is planned, the proposed developmental/general purpose room has now been reduced in size to allow for an enlarged General Practitioner room.

3.7.2 Size of room

The National Rehabilitation Board recommends a minimum space of 4m x 5m i.e. 13ft x 16ft for rooms being used for developmental hearing screening test. These measurements are required so that the examiner can be placed behind the child and the parent, and out of the child's sight (or else he/she will respond to movement and not to sound), and to maintain the recommended distance of approximately 6 to 10ft between

the examiner and the assistant. Table 3.5 shows the estimates of the measurements of the rooms used by the Area Medical Officers in screening. Of 64 estimated measurements, only 6% (four rooms) meet the recommended criteria for length and width. An additional 52% (thirty three rooms) measured 10 x 12ft or more. Some of these meet the standard on one measurement but not the other. Consequently, it is extremely difficult, if not impossible (unless the child is particularly co-operative), to do an accurate assessment. Additionally, 21 rooms were reported at 8ft or less in width; in these it is not possible to undertake a hearing assessment. Many of the Area Medical Officers also reported that the rooms used were very cluttered with filing cabinets or nursing supplies (due to non availability of alternate space), making movement to right and left behind the child very awkward.

Table 3.5: Measurements of Clinic Rooms

Rooms not meeting criteria* (impossible to undertake assessment)		Rooms not meeting criteria* (difficult to undertake assessment)		Rooms meeting criteria*	
Length x Width in feet.	Number Of clinic rooms.	Length x Width in feet.	Number Of clinic rooms.	Length x Width in feet.	Number Of clinic rooms.
7 x5	1	10 x12	8	14 x18	1
12x5½	1	10 x13	1	15 x18	1
8 x6	1	10 x14	1	17 x19	1
10x6	1	10x15	2	15 x20	1
15x6	1	10 x16	3		
10x7	2	10 x20	4		
8 x8	1	11 x11	1		
9x8	1	11 x12	1		
10 x8	3	12 x12	3		
12 x8	7	12x14	3		
14 x8	1	12 x15	2		
16x8	1	12 x16	1		
9x9	1	12 x20	1		
10 x9	1	14 x14	2		
10 x10	2				
10 x11	2				

* Recommendations of National Rehabilitation Board

3.7.3 Satisfaction with facilities

Satisfaction with the clinics in terms of a range of criteria was assessed. These are shown in Table 3.6. The most favourably rated elements were privacy (85% scoring 1 and 2 on a five point scale), cleanliness (61% scoring 1 and 2) and the waiting area (51% scoring 1 and 2). The least favourable were furnishings (38% scoring 1 and 2), and quietness for hearing assessment (only 38% scoring 1 and 2). Furnishings and cleanliness were rated less favourably in Mayo than in Galway. There was no data available on the centres in Roscommon due to vacant AMO posts at the time of the study.

Table 3.6: Perceptions of Key Elements of Child Health Clinic Room Facilities (1=very good; 5=very bad)

Key Elements of Clinic Room	Child Health Area							
	Galway		Mayo		Roscommon		Total	
	Mean	% scoring 1 and 2	Mean	% scoring 1 and 2	Mean	% scoring 1 and 2	Mean	% scoring 1 and 2
Furnishings	2.7	48	3.2	22	Not available		2.9	38
Quietness	2.8	40	2.8	43			2.8	41
Cleanliness	2.1	69	2.5	48			2.2	61
Privacy	1.6	86	1.9	83			1.7	85
Waiting Area	2.5	52	2.8	48			2.6	51

3.8 *Additional Comments from Area Medical Officers*

The Area Medical Officers were given the opportunity to provide additional comments on the structural and operational resources available to them in provision of the service. The main comments referred to the difficulty in accessing the rooms. This is a real problem for many, with some reporting a chronic shortage of rooms. Many rooms are considered very small, cluttered and overcrowded. Noise is also a problem, coming from the waiting area or often the passing traffic. Many comments refer to "dark", "dismal" and "not child friendly" rooms; others of "dilapidated" rooms, "old stained carpet" and "ancient changing facilities". It has also been suggested that a clinic facility should be provided in the west of Galway City in view of the population demands in that area. Currently, these babies attend at Shantalla which puts extra demands on a very old unsuitable centre. A number of Area Medical Officers commented that the development of a client database would help to reform the service and would lead to provision of statistical data.

3.9 *Reports from Senior Area Medical Officers*

The Senior Area Medical Officers were asked to report on the structural and personnel issues relating to the service.

In terms of the clinic facilities, they commented on the difficulty of booking rooms and the unsuitability of many of them. The language used to describe them ranged from "pokey", "grubby" and "not child friendly" to "not adequately sound-proofed." There are no waiting areas geared for children, no baby changing facilities and no examination couch in some clinics. Clinics have to be booked several months in advance in order to secure a room. There are difficulties in preparing a list of appointments as cancellations or additions often have to be made at short notice and it can be difficult to do this when the nurse is out on her rounds and not readily contactable.

Regarding personnel issues, they reported that there is insufficient clerical support available, with Public Health Nurses doing all the clerical work for clinics in some

areas. There is no standard system in place for doing this and consequently no adequate statistics are available.

Medical staff shortage is identified as a problem in all areas at times and is particularly critical in Roscommon and Mayo. The Senior Area Medical Officers reported that there are insufficient staff available for the workload involved in the service.

4. DISCUSSION

4.1 Introduction

The aim of the study was to examine the operational and structural resources of the current Child Health Developmental Service with a view to identifying the resources required to implement the Developmental Screening Service as described in *Best Health for Children.*

4.2 Statistics

The results indicate that there are no accurate statistics available on the Child Health Developmental Service in the Western Health Board area. Different manual systems are used but do not facilitate extraction of useful or meaningful data. The difficulties start with the source used to generate the list of babies due for assessment. In each county, this is based on the notification of birth forms received. In Galway and Mayo, the lists are maintained by each individual Public Health Nurse; there is no overall register or database for the service and it is not possible to know what percentage of babies in any one year are offered the service. The individual Area Medical Officers keep records of numbers of babies attending the clinics. However, there is no overall database containing this information and insufficient detail is gathered. In Roscommon, a central Birth Register is used to call babies to the clinics and to record their attendance. However, insufficient detail is collected and uptake figures for cohorts of babies are not readily available.

4.3 Organisation of the Service

There is no standard system of organisation of the service. Different staff do different things in different areas. In both Galway and Mayo, the clinics are called by the local Public Health Nurse from a list generated by the notification of birth forms for her area. It is believed that there are some advantages to this: the nurse knows the mothers and can offer suitable appointment times to them, thereby encouraging attendance. She can also schedule clinics when she has sufficient babies eligible to attend. However, there are serious disadvantages as outlined in section 4.2 above. Furthermore, it is considered that the nurse devotes a lot of time to the organisation of the service, though there are no accurate estimates of this available. There is little or no clerical support provided for this service in both Mayo and Galway and the current system places unnecessary clerical duties on the Public Health Nurse. In Roscommon, the clinics are called and organised by the clerical staff.

4.4 Distribution of the Service

The service is very well distributed throughout the region and all babies are theoretically offered the service. The service appears to be very accessible to the population apart from one area where babies now have to travel extra mileage to reach the service. In Galway City, there are only two centres providing the service. The provision of an additional centre in the West of the city may be required.

4.5 Clinic Schedule 1999

Eleven of the sixteen areas were able to achieve 80% or more of their schedule of clinics in the past year. Five areas met less than 70% of target, with two areas meeting less than 50% and one area meeting only 16%. In each instance, the only cited reason for not holding clinics was the absence of medical staff. The lack of statistical data means that we are not able to quantify the consequences of these unheld clinics. However, we know that over 11% of children called for screening are over 12 months of age and in Roscommon some babies are at least 16 months when called. This has serious consequences in relation to delayed pick-up of defects. Unpublished data obtained from the Audiology Service show that in Galway, where the developmental screening clinic schedule is considered reasonably satisfactory, 60% of the total number of babies referred on for audiological assessment are over the expected age of 10 months. In Mayo this figure rises to over 80%, and in Roscommon to over 90%. The consequences of this are that babies who need to be fitted with hearing aids are a lot older than the optimum age when the aid is fitted. This in turn results in delayed acquisition of the child's speech and language. Screening the older baby is also more difficult (as he/she is less easily distracted from the examiner placed behind him/her) and leads to an increased number of recall visits, an increased number of children referred on to the specialist services, and further expansion of waiting lists.

4.6 Medical Staffing

There are serious shortages of medical staff, amounting to a loss of 96 weeks of Area Medical Officer time in 1999. This has major implications for the clinic schedule and means that babies will not be called at the appropriate time. In the past two years, there has been an increase in field investigation of food poisoning cases and outbreaks. There has also been an increased number of cases of meningococcal disease which has led to a large increase in numbers requiring prophylactic treatment and prevention of secondary cases by immunisation. The bulk of this work is carried out by the Area Medical Officers and the Public Health Nurses. This means that the Area Medical Officers are diverted away from the Child Health Service to deal with the more immediate needs of infectious disease control. Staffing levels should provide for this level of work and ensure that the core child health work is maintained.

4.7 Clinic Facilities

The main problems associated with clinic rooms relates to difficulties in accessing the rooms and their unsuitable size. Only 6% of rooms meet the recommended size criteria for hearing assessment. This means that the assessment cannot be properly carried out in 94% of rooms used. Provision of rooms of adequate size and appropriate access to them is the most pressing structural need of the service. A planned programme to remedy this should be undertaken as a matter of priority. Although most other structural elements of the service are rated favourably, there is a need to reduce the noise level in some rooms, improve the furnishings, and enhance the waiting areas. Provision of baby changing areas is also required. The development of a set of standard criteria of facilities to meet these structural needs for developmental assessment of children would be most useful.

5. CONCLUSIONS AND RECOMMENDATIONS

The Child Health Developmental service appears to be well distributed throughout the region. Despite severe staffing shortages it is offered to a high number of babies. There are, however, major problems that need to be addressed urgently.

Operational Issues

These can be summarised as follows:

- There is no standard organisation of the service
- There is almost no clerical support
- There is no proper database
- There is no facility to audit the service
- There are serious medical staffing shortages
- Large gaps have developed in the provision of the service

Structural Issues

These can be summarised as follows:

- Only 6% of rooms used meet the recommended size criteria for hearing assessment
- In 26% of centres used for developmental assessment there is difficulty in accessing the room
- In 22% of centres used for developmental assessment the Child Health Team of Area Medical Officer and Public Health Nurse have been displaced entirely from the General purpose/ Developmental assessment room
- There is scope for improvement in reduction of noise levels in the clinic rooms and the improvement of furnishings and the waiting areas

In conclusion, the study has shown that there are serious deficiencies in the service. As stated in the introduction to this report, the service is one of the cornerstones of the Child Health Service and the starting point for many other services for children. The following recommendations are made in order to strengthen the infrastructure.

Operational Recommendations

- There should be an immediate recruitment drive to ensure the appointment of a full complement of permanent Medical Officers to the three counties

- Locum Medical Officers should be appointed for all Medical Officer absences other than short holiday periods in order to ensure that Child Health Targets are met

- Additional Medical Officers should be recruited to ensure that there are sufficient staff to carry out the expanded medical functions in the Community Services and to avoid deflection of the Medical Officers from the Child Health programme

- Clerical Support should be provided to the Child Health Service in each of the counties

- A Computerised Information System should be put in place to facilitate the provision of statistical information. This should link in with a national system. In the interim, a standard system of organisation and data collection should be established regionally

Structural Recommendations

- All health centres used for the service should be examined and prioritised for development

- A *Standard* for the facilities required in Health Centres used to provide the Child Health Service should be developed

- All Health Centres which are currently in the planning or development stage or where building is in process should be reviewed with a view to ensuring that the facilities meet this *Standard* for Child Health Service Clinics

- A three year development plan to bring all remaining centres up to the child Health Clinic Standard should be costed and submitted to the Department of Health and Children for implementation

REFERENCES

Best Health for Children: Developing a Partnership with Families. A Report to the Chief Executive Officers of the Health Boards of Ireland on behalf of the Directors of Public Health. July 1999.

Health Act, 1970, Dublin: Stationery Office.

APPENDIX 1

Questionnaire No ☐☐☐☐☐☐

SURVEY OF STRUCTURAL AND OPERATIONAL RESOURCES IN THE CHILD HEALTH DEVELOPMENTAL SCREENING SERVICE IN THE WESTERN HEALTH BOARD AREA.

By DEPARTMENT OF PUBLIC HEALTH, WESTERN HEALTH BOARD April 2000

Section A

For completion by Area Medical Officers Involved in the provision of the service.

Q1 Name of Geographic area covered by Area Medical Officer ☐

Q2 How many children were born in your area in 1999? ☐

Q3 How many children were offered **first** developmental appointments in your area in 1999? ☐

Q4 How many children attended for a **first** appointment in 1999? ☐

Q5 What was the average age of the children who attended for a **first** appointment ☐

Q6 How many Health Centres do you provide Developmental Screening at in your area? ☐

Q7 Are there areas within your area which are not provided with a Developmental Screening service?

YES	1
NO	2

Q8

If yes, please list the names of the areas that do not receive a service.

_____

_____

_____

In Q9 Can you list the health centres at which you provide a developmental screening service. Please tick the frequency of each clinic and insert the yearly totals for each.
(please also indicate the usual duration of the clinic at each centre)

Q9

Health Centre	Twice weekly	Weekly	Twice Monthly	Monthly	Alternate Months	Every three Months	Other (please specify	Total planned in 1999	Total held in 1999
egShantalla	✔ (3hr)							100	80

Q10 Have you been able to keep to your clinic plan in 1999?

YES	1
NO	2

Q11 If you answered *no* to the last question can you list the reasons for this:

	YES	NO
Other unplanned urgent demands in your own area (e.g. additional immunisation demand)	1	2
Having to provide a service outside your own area	1	2
Absence from your own area(other than normal holiday leave)with no locum cover	1	2
Other (please specify) _____ _____ _____ _____	1	2

Q12 Other than normal annual leave periods were there any periods in 1999 when your area was without an Area Medical Officer?

Yes	1
No	2

Q13 If you answered *yes* to Q12 can you state the reason_____

Q14 If you answered *yes* to Q12 can you state approximately the number of weeks without cover

Q15 Was locum cover sought ?

Yes	1
No	2
Don't Know	3

Q16 Was locum cover provided?

Yes	1
No	2

Q17 How are your developmental clinics organised?

	Yes	No
All clinics called by Clerical Officer	1	2
All clinics called by Senior PHN	1	2
Each clinic called by individual Public Health Nurse	1	2
Clinics called by yourself	1	2
Other	1	2
Don't know	1	2

Q18 What source is used to create the list of new children called to each clinic?

	Yes	No
Central Birth Register (i.e. a register held at the main Community Services office in the County)	1	2
A list generated by the local Public Health Nurse	1	2
Other	1	2
Don't know	1	2

Q19 How many of the Health Centres that you attend, are in your view providing you with a suitable room for developmental screening purposes?_____

Please complete Q20 Q21 Q22 for each centre at which you provide a Developmental Screening service.
Name of Centre _____

Q20 Is there a difficulty in booking the clinic room for your clinics ?

Yes	1
No	2
Don't know	3

Q21 If you answered *yes* to Q20 can you state what these difficulties are?

_____
_____
_____
_____
_____
_____
_

Q22 From your last visit, what is your overall opinion of the following structural elements of the Health Centre in so far as they relate to the provision of the Developmental Screening Services?
(1= Very **Good**: 5 = Very **Bad**) ⊗

CODE IN GRID (CIRCLE NUMBER) →	Very Good				Very Bad	Don't know
(a) Size of room	1	2	3	4	5	9
(b) Furnishings of room	1	2	3	4	5	9
© Quiet enough to do hearing assessments?	1	2	3	4	5	9
(d) Cleanliness of room	1	2	3	4	5	9
(e) Privacy to allow history taking ?	1	2	3	4	5	9
(f) Waiting area	1	2	3	4	5	9
(g) Other items you wish to comment on _____ _____ _____ _____ _____						

(h) Please state the measurements of the room you use for developmental screening

Rough guess Length (ft) Width (ft)

Accurate measurement Length (ft) Width (ft)

(i) Is hand washing facility available in the room?	Yes	1
	No	2
(j) Is nappy changing facility available in the room?	Yes	1
	No	2

Q23 Any other comments you wish to make on either the structural or operational resources available to you in trying to provide the Developmental Screening Service? (*Please note that issues relating to training, standardisation, referral pathways, outcomes will be dealt with separately so you do not need to comment on these at this stage.)*

_____

_____

_____

_____

_____

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_____

Thank you for your assistance. I hope that the information provided will lead to improvements in the resources for the provision of service

APPENDIX 2

Survey of structural and operational resources in the Child Health Developmental Screening Service in the Western Health Board area **Section B**

For completion by Senior Area Medical Officers involved in organising or managing the Child Health Developmental Service

Q1	**Number of Area Medical Officers areas**		
Q2	Annual Population of children eligible for a first Developmental appointment		
Q3	**Difficulties with the service**		
Q3.1	**Structural**	Yes	1
		No	2
	Comments		
Q3.2	**Personnel**		
Q3.2.1	**Clerical**	Yes	1
		No	2
	Comments		
Q3.2.2	**Nursing**	Yes	1
		No	2
	Comments		
Q3.2.3	**Medical**	Yes	1
		No	2
	Comments		

Q4	**Other Difficulties**	Yes	1
		No	2
	Comments		

Please note that issues relating to training, standardisation, referral pathways, outcomes will be dealt with separately so you do not need to comment on these at this stage.

Thank you for helping with this survey.