CHILD AND FAMILY CENTRES & HEALTHCARE ACCESS – A PILOT COHORT STUDY

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Background
Access to child health care has been identified as an area of need in Tasmania, with cost of care and lack of suitable transportation having been identified as major barriers[1]. In response to this issue, the Tasmanian Government introduced Child and Family Centres (CFCs) to selected communities, with a defined aim: "to improve the health and well-being, education and care of Tasmania's very young children by supporting parents and enhancing accessibility of services in the local community"[2]. However, while the overall wellbeing of the children in the community is being monitored via Australian Early Development Census (AEDC) data, the effect of CFCs on access to health care is yet to be assessed directly. A literature review was conducted and a pilot cohort study was designed to assess the effect the presence of a CFC in a community has on access to health care for young children and their primary carers.

Methods
The proposed study compares children born to mothers living within the postcode area of a CFC, with children in a postcode area with similar levels of child vulnerability based on AEDC data, with participants being recruited at 26 week and 36 week antenatal clinic visits. Primary carers of enrolled children will be surveyed at regular intervals regarding their use of child health care services, their perceived access to child health care services, and their satisfaction with the health care their child receives. Results will be analysed to determine the effect of CFCs on access to care for vulnerable Tasmanian children.

Outcomes
While this study is, at this stage, purely theoretical, if it were to be conducted the results could be used to assess the efficacy of Child and Family Centres as a population health intervention, and to plan future developments to health service delivery in these vulnerable populations.

Conclusions
In all of the postcode areas within our proposed study, at least 10% of children had been identified as being developmentally vulnerable on at least one domain of the AEDC - in some areas almost 50% of children were developmentally vulnerable[3]. There is clearly a need for evidence-based public health initiatives to promote the health of children in these communities. If, when properly evaluated, CFCs are found to be both successful and cost-effective, their operational model could be replicated as part of a systematic approach to address the problem of health inequality, and promote the health of vulnerable populations throughout Australia.

References
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3. Australian Early Development Index. A snapshot of early childhood development in Tasmania. Tasmanian Government, 2011.