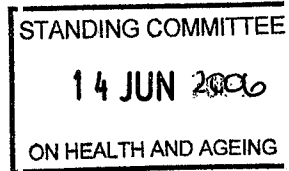


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19/05/06

House Standing Committee on Health and Ageing

Re: Health Fund / Medicare rebates for nursing services provided in the home of families with new babies:

The demands on the resources of the Child & Family Health Nursing (C&FHN) service has dramatically increased over the last 5 years. This is partly to do with the implementation of the Universal Home Visiting Policy (UHVP) under the Families First Initiative.

Historically the C&FHN service provided information and support to families who had just delivered a baby in the areas of child growth & development, safety and nutrition. Most of this service delivery occurred as a centre based service.

Visiting a client in their home has been found to be an effective way of identifying families with complex or multiple needs and C&FHN have been targeting these families once identified, and providing them with extra supports. Long term health outcomes for these families are improved.

However, implementing Universal Home Visiting and sustaining support for families with complex needs requires more time & resources than the traditional roles of a C&FHN.

The redirection of resources into these families with complex needs has left less available for the more traditional family. The end result being that they are not able to access the support or assistance they want or need.

If not seen in a timely manner, small problems can become large problems.

Both the directors of BUBS (Margaret Hodge & Ruth Scott) had been working in the C&FHN service and become frustrated with the inability of the service to cater to the needs of the more traditional family. By not being able to see families in a timely manner (due to inadequate recourses), their problems became exacerbated.

BUBS and other similar services are able to cater for the needs of these more conventional families, reducing the demands on the public sector. A home visiting service is provided by a qualified C&FHN. Problems the family are experiencing are assessed and dealt with and in most cases the problem can be prevented from worsening. The client can be seen quickly and health outcomes are improved.

The accessing of private services, however, does come at a cost. These costs are currently met entirely by the client. We are asking the **House Standing Committee on Health and Ageing** to look at assisting families to meet these costs. At present there is no rebate available either through Medicare or Private Health Funds for these types of nursing Services.

In the spirit of good Primary Health Care, it should be both **accessible** and **affordable** for everyone wishing to use the service. At present this is not the case.

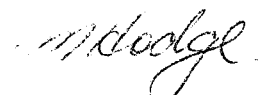
Points to consider if rebates were available for private C&FH services:

- Better health outcomes when problems are identified & addressed early
- More cost effective to have early intervention
- Occurrence and severity of Post Natal Depression reduced with early intervention and support
- By addressing breastfeeding difficulties early there is a higher chance of prolonged breast feeding (Supports the WHO code)
- Reduces the burden on already over loaded public health sector
- Frees Public C&FHN to concentrate on families with complex needs
- Rebates already available for 'Day Stay' & 'Residential' facilities. More cost effective to provide service in a client's home rather than to admit them to a health care facility

Regards



Ruth Scott



Margaret Hodge