

# Healthy Kids Bus Stop

Integrated care for children  
living in rural Australia



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# Our Partners



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Western NSW  
Local Health District



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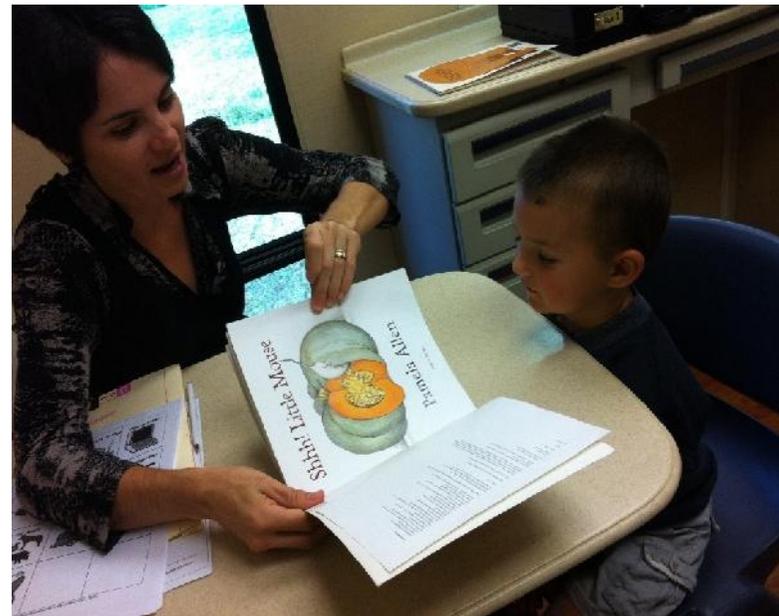
*of New South Wales*



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# About Royal Far West

- Royal Far West is a non-government organisation that has been providing health services to children living in rural and remote New South Wales for 90 years.
- Royal Far West offers allied health services to children living in rural and remote parts of NSW both in Manly and through our telecare programs.



## Community telecare services

RFW's Community Telecare Services provide a direct service option for communities by providing evidence-based and clinically appropriate services through:

- Direct to client specialist health and education assessment, therapy and treatment packages.
- Direct support to parent and carers living with children with developmental, mental health and other specialist needs
- Training, peer support and supervision services to clinicians, teachers and other community workers based in isolated communities.

# Nature and extent of the problem

- Childhood is a complex area with many factors combining to influence children's health, development and wellbeing.
- In Australia, people living in rural and remote regions tend to have poorer health than urban dwellers (AIHW, 2008).
- The opportunity to receive speedy, convenient, adequate and affordable health care can be vastly different depending on place of residence (Dew et. al. 2013).

## Factors that contribute to this:

- critical workforce shortage
- poor coordination between services
- limited or no access to the required health care services in some towns.
- State and Federal Government policy, funding & restructure.

# Context

## In NSW:

- 20% of children starting school have an established or emerging health and/or developmental issue.
- It is estimated that 25% of children are not ready to start school due to poor living and developmental environments (AEDI, 2013).



# Context

In rural and remote NSW:

- 12.5% of children have complex health and learning issues (AEDI, 2013).
- There are potentially 16,500 in need of assessment, treatment and support for complex health and learning disorders (AEDI, 2013).
- 32% of children have difficulty accessing the health services they need (NSW Rural Child Health Survey, 2012).

# Background to HKBS

- It is important for health and welfare organisations to work together to improve the health and development of children so they can reach their full potential.
- Initially, Royal Far West, Ronald McDonald House Charities, the Western NSW Local Health District and the Western and Far West NSW Medicare Locals collaborated to improve the health trajectory of children living in rural and remote NSW.
- The **Healthy Kids Bus Stop (HKBS)** program was identified as a worthwhile strategy for preparing children to start school.

# Aims

To:

- Create and deliver an integrated 'whole of child' health and developmental assessment and pathway to care program
- Identify and help address local health needs
- Reduce waiting times for care and therapy
- Build collaborative supportive partnerships
- Promote and assist school readiness
- Develop long term service linkages and connections
- Enhance community awareness and understanding of health needs.



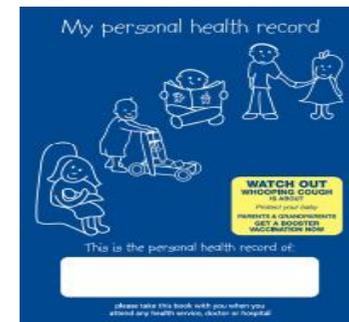
# What is the Healthy Kids Bus Stop

- The Healthy Kids Bus Stop is a one-stop-shop, health screening, assessment and pathway to care program for children aged 3-5 years.
- It focusses on early detection and coordination of an integrated and effective pathway to care for children living in rural and remote NSW.



# About the Program

- The Program delivers a comprehensive health assessment in line with the NSW Health “*Child Personal Health Record*” (*Blue Book*).
- All children attend a child health check, hearing check, oral health check, food and nutrition check.
- Children with identified needs attend a speech and development check, fine and gross motor skill development check.
- The health assessment is undertaken by a multidisciplinary team comprising of nursing and allied health staff from the Local Health District, Medicare Local and other local health service providers.



# About the Program

- The Program is designed to be fun and interactive.
- Children progress through ‘bus stops’, hopping on and off at each stop in order to complete their health assessment.
- Children are given a bus pass and receive a stamp in the bus pass at each stop along the way.



# About the Program

- Between each bus stop children are engaged in directed play.
- During this time parents or carers are provided with the opportunity to consult further with the multi-disciplinary team of health professionals or collect health related information/brochures of interest.
- When all stations have been attended, children are rewarded with a 'Healthy Kids Bus Stop Bag' containing goods to support their health and development.

# Pathway to care

- At the conclusion of the Healthy Kids Bus Stop, a multidisciplinary case conference is undertaken. Each child's health assessment is reviewed and used to develop a coordinated referral pathway.
- The pathway may include referral to Royal Far West, the Local Health District, Medicare Local or other local services and includes the child's local GP and Child and Family Health Nurse as key coordinators of the care.



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# Program Evaluation – Pilot 2014

- Warren and surrounding communities
- Central NSW – Moderately Accessible/Remote
- Population 2,758
- 13.3% Aboriginal and Torres Strait Islander
- 17.1% of 5 year olds were developmentally vulnerable

(AEDI, 2012)

# Program Evaluation – Pilot 2014

- 65 children – 33 girls and 32 boys
- 22% (14) children identified as Aboriginal and/or Torres Strait Islanders
- 1 child in out of home care
- 63 of the children between 3-5 years old.

# Program Evaluation - Pilot

- 91% (59) of children referred to support identified health issue
- 122 referrals for 59 children
- 20 referred to Paediatrician
- 19 referred to Dentist/Dental Therapist
- 17 referred into the Paediatric Development Program at RFW
- 16 referred to Audiologist

# Program Evaluation - Pilot

## Parent Feedback

- 100% agreed it made it easier to complete their child's Health Check (Blue Book)
- 99% felt the experience was positive

*“ I learnt new things about how to help my children.”*

*“ Much needed, keep coming back”*

*“Set mind at rest as to the progress of my child”*

# KEY FINDINGS – 6 month follow-up

## Enhancement of working partnerships

*“It has been absolutely essential to have the local Child and Family Health Nurse here, the inside information is supporting us to make informed decisions.”*

*“It was wonderful having the allied health staff to refer to on site. I learnt what to look for and when I was concerned, able to refer instantly.”*

*“We are learning so much from each other.”*

# KEY FINDINGS – 6 month follow-up

- Referral Uptake

- More than half of the referrals were taken up. This indicates that families may require further support to ensure that children present to their referrals.

- Parental engagement

- A lack of parental engagement accounted for 81% of referrals not taken up.
- 50% (30) of parents did not have any health concerns prior to accessing the program. 33% (20) of parents discovered a previously unidentified health concern in regards to their child.

# KEY FINDINGS – 6 month follow-up

- Referrals to Royal Far West

- Children referred faced complex social issues in addition to health concerns.
- RFW worked to engage parents by assisting to overcome economic barriers e.g. bulk billing, free meals and accommodation
- Local health nurse, social workers, teachers supported families by liaising with RFW and helping to complete paper work.

# KEY FINDINGS – 6 month follow-up

- Referrals to Royal Far West
  - 11 of 17 children were assessed and diagnosed within 5 weeks of being referred.
  - Significant developmental concerns were identified including mild intellectual disability (2 cases), ADHD and the early identification of severe autism in one child.
  - All of the Aboriginal children (7) referred attended RFW.

# Key Challenges & Implementing Solutions

- Whole family pathway to care
  - Development of 3 and 6 month service partner reporting tool to follow parents and siblings.
- Parental engagement
  - Health promotion activities now incorporated into program
  - Dietitian now 'mandatory' Bus Stop
  - Organisation of transport for families if resources available

# Key Challenges & Implementing Solutions

- Unidentified health concerns
  - Education and Peer-Support programs for parents, teachers and health professionals to capacity build within each community.
- Culturally appropriate
  - An Aboriginal Cultural Relations Officer is being employed by Royal Far West.

# Healthy Kids Bus Stop Locations

## 2014

Bourke

Brewarrina

Cobar

Coonamble

Gulargambone

## 2015

Grenfell

Dunedoo

Coolah

Dubbo

# Summary of Data

- 292 children attended HKBS
- 158 boys (54.1%) and 134 girls (45.9%)
- 84 (28.8%) Aboriginal and/or Torres Strait Islanders
- 1318 assessments undertaken
- 236 (80.8%) children referred for follow-up
- 48 (16.4%) children referred to Royal Far West PDP

# Summary of Data

- 35% (102) referred to Speech Pathologist
- 34% (99) referred to Dentist/Dental Therapist
- 26.7% (78) referred to Audiologist
- 25.6% (75) referred to Occupational Therapist
- 15% (44) referred to Dietitian
- 13.3% (39) referred to Immunisation Nurse

# Sustaining Change

- Embedded in Royal Far West - Child Health Strategy.
- Ministerial interest - both Health and Education.
- Ongoing commitment from Western NSW LHD and other health districts and medicare locals involved.
- Collaboration has extended to other Districts of NSW. Nine HKBS programs have been conducted with 10 more planned.
- Greater evaluation.
- Enhanced engagement with, and reporting to, schools and funders.

# Lessons Learned

- There is an openness to being innovative and to sharing resources to effect change in health outcomes for the child – integrated care.
- Local solutions to local issues work best.
- A collaborative approach achieves better health outcomes for children and families.
- A greater need to support families around health literacy.
- Benefit of collaborative, coordinated care pathways.
- Role of RFW in facilitating collaboration and filling gaps.

# Healthy Kids Bus Stop



Thank you



Questions???

