

MacKillop Rural Community Services North Western NSW Therapy Pilot Project Evaluation Report

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Wobbly Hub and Double Spokes Research Team

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Executive Summary

In early 2013, MacKillop Rural Community Services (MRCS) received funding from New South Wales (NSW) Family and Community Services, Ageing, Disability and Home Care (ADHC), Western Region to conduct a therapy pilot project funded under the *Strengthening Children 0-8 Years Strategy*. MRCS employed four therapy support workers (TSWs) to engage with children living in the northern NSW towns of Brewarrina, Walgett, Lightning Ridge and Coonamble aged 0-8 years who were not meeting their developmental milestones. The TSWs would work with mainstream services (playgroups, child care settings, pre-schools and schools) to provide targeted therapy services to the children who were all existing MRCS clients.

The dual aims of the pilot project were to promote the inclusion of the children in mainstream settings and, through individual therapy-related goals, to develop the children's physical, social and emotional readiness for pre-school and school.

The Wobbly Hub and Double Spokes research team at the Faculty of Health Sciences, University of Sydney, was engaged by ADHC Western Region to evaluate the MRCS model using a formative evaluation approach. Collaboratively, the Wobbly Hub team, MRCS and ADHC Western Region agreed on the best ways to measure the outcomes of the pilot project against the aims. The pilot project ran for 12 months and the evaluation for 15 months. The evaluation involved the collection of quantitative and qualitative data. An aim of the evaluation was to build capacity within the organisation to engage in ongoing service evaluation. MacKillop staff demonstrated a capacity to collect and use data for service improvement.

Child and Family Demographics

Fifty six (56) children were seen by TSWs as part of the therapy pilot project. The children were fairly evenly spread among the four towns. There were 31 males and 24 females. The mean age of the children was 3.5 years with a range from 1- 7 years. The children had a range of developmental, physical and psychological impairments. Between 69-93% of children were of Aboriginal or Torres Strait Islander background. Mothers were the primary carers for the majority of children ($n = 29$). Eleven children had foster parents or grandparents as their primary carers.

Therapy Support Worker hours spent with children/family

The TSWs spent a total of nearly 2,000 hours with children and their families over the 12 month period. The hours varied by town with Lightning Ridge recording the greatest number of hours and Walgett the least. In contrast to the consistent employment of TSWs in the other three towns, there was turnover in Walgett. TSWs spent time with children at home, in early childhood and school settings and in the local community. TSWs spent time with family members in the home and assisted some in accessing appointments with therapists and other professionals.

Mapping of therapists

A total of 12 individual therapists provided services to the towns over the 12 month period. No physiotherapy was provided and there were equal numbers of occupational therapists and speech pathologists. Over the 12 months there was considerable fluctuation in the therapy hours, therapy type and individual therapists highlighting the difficulty of maintaining consistency of access to therapy in these remote towns.

Development and assessment of individual child goals

Goals, based on the individual child's needs, were developed by each TSW with input from the Senior ADHC Occupational Therapist, some outreach therapists, and the Wobbly Hub researcher who was an experienced Occupational Therapist. Evaluation data were collected across three time points for 21 children who were the first cohort of children seen by TSWs. A total of 77 goals were developed for these children with an average of four goals per child. The goals focussed on activities and skills to increase children's participation in early childhood education and school settings. Simple, paper-based Visual Analogue Scales (VAS) were developed as an outcome measure for individual goals for each child in the towns of Brewarrina, Coonamble and Lightning Ridge. All children showed improvement over time on the VAS ratings. However, for some goals only small amounts of progress were made suggesting the need to refine the goal setting.

Views of stakeholders

Individual interviews were conducted with 22 stakeholders including parents, TSWs, therapists and early childhood educators. The qualitative results are divided into Greatest Benefits and Biggest Challenges.

Greatest Benefits included the grass-roots, community-based nature of the TSW role, the ways in which TSWs 'got alongside' families, the engagement of the TSWs with the children, and the ways in which the TSWs enhanced existing early childhood services.

Biggest Challenges were around the lack of clarity about the TSW role, the turnover of therapists providing services to the towns, and issues with local coordination.

Therapy Pilot Project Evaluation Recommendations

The results of the evaluation show that the MRCS TSW pilot project made a valuable contribution to the lives of the children and families who participated. The project also had a wider benefit in enhancing the capacity of early childhood services in the four towns to support children aged 0-8 years with developmental delay or disability. The evaluation highlighted the employment of local women in the TSW roles as crucial to engaging children, families and communities.

The evaluation team identified four recommendations with associated strategies:

1. Embed TSW service in local communities by building on existing links and extending the reach to schools and continuing to employ local people in TSW roles;
2. Support TSWs in their local communities by enhancing networks, mentors, formal training (including accredited qualifications) and adequate resourcing;
3. Clarify the TSW role via a range of strategies to inform local and outreach providers about the scope and boundaries of the TSW role. Train therapists to work with TSWs and to better understand community capacity-building approach;
4. Build, sustain and maximise relationships with therapists including engaging them in assessment and goal setting with TSWs and families using technology.

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