Kids Pitstop: one stop community health shop for Indigenous families in the West Pilbara

Sarah Thomas
Pilbara Population Health Unit

Abstract

The West Pilbara district covers an area of 120,000 km² in the north of Western Australia, including the towns of Karratha, Wickham, Roebourne, Point Samson, Paraburdoo, Tom Price and Onslow; and several Aboriginal communities comprising a total population of approximately 23,000 people.

The WA Country Health Service (WACHS) Pilbara provides publicly funded health services in the Pilbara with the Pilbara Population Health Unit providing a range of nursing and allied health services to the community. Previously speech pathologists, occupational therapists and physiotherapists, based in Karratha, struggled to provide regular and appropriate services to Indigenous families in the town of Roebourne. Due to difficulties accessing families, uncoordinated and culturally inappropriate service delivery and a failure to work in a culturally appropriate family centred way.

These difficulties lead to the development of the Kids Pitstop. The Kids Pitstop is a regular community based drop in day aimed at Indigenous families who have children at developmental risk through disability, social circumstance or medical status. This “one stop shop” originally included an occupational therapist, physiotherapist, speech pathologist, child health nurse, nurse generalist, and Aboriginal health worker with the later addition of a dietitian, therapy assistant and a school health nurse.

Services offered to families through allied health include assessment, intervention, advocacy and education while families also have access to childhood immunisations, child health checks, dietary advice, and sexually transmitted infection (STI) screening, treatment as required, and advice with families moving from one service to another according to their needs. An Aboriginal liaison officer assists with transporting families to and from Roebourne Community Health when transport is a limiting factor and the Aboriginal health worker facilitates yarning amongst the mothers about common parenting concerns, diet or social issues creating a safe and comfortable environment.

Previously attendances at allied health appointments in Roebourne varied between 0% and 50% but since the commencement of the Kids Pitstop attendances for all services are consistently between 75% and 100 per cent. Other benefits over the last 12 months have been the development of a stronger therapeutic relationship between the therapists and families enabling intervention and home visits that previously did not take place, greater ‘ownership’ of the team by the community, greater cohesion of the primary health team enabling more coordinated service delivery for other client groups e.g. adults, and a move towards inter-disciplinary practice which has built capacity within the team and offers clients a more comprehensive service regardless of staffing. Most importantly qualitative evaluation reveals that the Kids Pitstop meets family’s needs to have all services offered at the one time to reduce the frequency of trips to the clinic which is more culturally appropriate given the strong family ways of many Aboriginal families. Families report the services offered are valuable, needed and appropriate.
Background

Demographics of the Pilbara
Currently Aboriginal and Torres Strait Islander people make up approximately 2.3% of the population of Western Australia (1;3). The Pilbara region, in Western Australia’s northwest comprises an area of 502,000 square kilometres with six main towns, South and Port Hedland, Karratha, Tom Price, Paraburdoo and Newman that are home to approximately 70% of the Pilbara’s 41,000 residents. Indigenous people make up 13.7% of the total population living in these towns (1) and in small often very isolated communities in desert country stretching from the Indian Ocean coast through the Western Desert to the Northern Territory border.

The regional centre of the Pilbara is Port Hedland (241 kilometres east of Karratha) from which the East Pilbara primary health team works. Both Pilbara primary health teams provide services to the wider community and not exclusively to Indigenous people. The west Pilbara primary health team is largely based in Karratha (1,535 kilometres north of Perth, Western Australia’s capital).

The team services the towns of Karratha, Dampier, Roebourne, Wickham, Point Samson, Tom Price, Paraburdoo, Onslow and Pannawonica, and several small Aboriginal communities and large pastoral stations in the region. Roebourne is a small, predominately Indigenous town located 39.6 kilometres from Karratha. The population according to the 2006 census was 1,151 people, 65.2% of those people identify as being Indigenous (2).

This figure would generally be accepted as an under-estimate of actual numbers. Over 20% of the population is under 14 years of age and approximately 60% of people are between 14 and 54 years.

Aboriginal health
The gap in health outcomes between non-Indigenous and Indigenous people in Australia has been well documented (3-6). For example; life expectancy for Indigenous people is 17 years less than that for non-Indigenous people (5), Indigenous people are more than twice as likely to be hospitalised, Indigenous children are twice as likely to be born with a low birth weight (3) and recurrent infections also affect Indigenous children at a higher rate than non-Indigenous children.

Affected by and contributing to these poor outcomes in health are the social determinants of health including inadequate and overcrowded housing, low socioeconomic status associated with poor education and employment outcomes (4, 5).

West Pilbara primary health in the town of Roebourne prior to January 2008
Prior to January 2008 allied health and nursing services provided to the town of Roebourne in the West Pilbara were delivered in isolation of each other. The child health nurse and generalist nurse worked with the Aboriginal health worker to complete child health checks, immunisations, STI screens and other primary health services, occasionally making referrals to other services such as allied health. The nursing team and Aboriginal health worker were based full time in the town and worked both in the clinic and in the community.

Allied health services, occupational therapy, speech pathology and physiotherapy conducted “outreach” visits to Roebourne. Occupational therapy and speech pathology serviced the town on a needs basis (ie when referrals were made) and largely worked in schools or in the clinic. Physiotherapy conducted regular outpatient services at the local Aboriginal health service and ran exercise groups for adults on a needs basis also.
Prior to January 2008 the allied health team would offer a paediatric allied health clinic for children in Roebourne who had been referred to their service. These children were characteristically Indigenous, school aged, often diagnosed with a disability and with complex needs (i.e. involvement of more than one service). The children that attended this clinic were also frequent “non attendees” to individual clinics, thus regardless of their need, they were not receiving required therapy on a regular basis due to the difficulties with them engaging in the service.

The numbers attending were small and clinic attendance was anecdotally between zero and 50% on average for each clinic run on a quarterly basis. The clinic was held at the local Aboriginal health service and appointments organised by allied health with transport offered by an Aboriginal liaison officer. The children were assessed by each discipline with follow up at the next clinic.

Identified problems with this service

Several events in 2007 were catalysts to the change of services offered in Roebourne. Firstly throughout 2007 the allied health team in Karratha made a gradual shift to a more inter-professional model of service delivery, and became more family centred.

Secondly the occupational therapy, speech pathology and physiotherapy services committed to a common day in Roebourne, which not only gave the team a consistent presence to clients, and other service providers but also enabled the team members to be a part of the community as opposed to visitors.

Thirdly current affairs and organisational directives were highlighting the issue of Indigenous health and the importance of early intervention which prompted the team to critically review caseloads. Therapists providing services to this community believed the referral numbers were not an accurate representation of the actual need, that services, were not capturing at risk children early enough and were not satisfied that the current allied health clinic was valuable to clients, evidenced in part by the low attendance rate.

With knowledge of the barriers that can exist for Indigenous people in accessing services; cultural and language barriers (3-5, 7), availability of health professionals (4, 8), a lack of or unreliable transport (4, 8), limited access to telephones (8) and disempowerment of Indigenous people by traditional medical models of service (4, 7, 8) the allied health team began to evolve the service offered to the children and families of Roebourne that continues today.

Current model of service

The Kids Pitstop

Early in 2008, the allied health team, nursing team and the Aboriginal health worker in Roebourne began trialling a combined clinic at Roebourne Community Health. This location was chosen as it is an existing “drop in” centre for local families and is not medically centred, so the spirit of the Kids Pitstop could be less clinical and a celebration of development and children.

The name Kids Pitstop was coined from the successful Men’s Pitstop, the success of which was evidenced in the Gascoyne region of Western Australia in the 1990’s (9). The aim of the Pit Stop was to encourage interest by men in their own health by participation in health activities based on an automotive mechanical theme. It was developed in response to the poor status of men’s health and low utilisation of health services in comparison to women.
The “one stop shop” approach was successful in changing men’s behaviour towards their health and continues to be used throughout Australia. The Kids Pitstop in Roebourne is also a one stop shop where the theme is play, a child’s primary occupation, and families are the focus.

Families are invited along personally by a therapy assistant and the Aboriginal health worker, and transport can be provided to and from the centre. The Kids Pitstop ran between 9am and 1pm throughout 2008 (with the times reflecting identified preferences) and families can arrive anytime. Families congregate in the existing reception area or outside on the front lawn where there are activities for the children and caregivers to do together similar to a play group.

The Aboriginal health worker uses this time to yarn with caregivers about related health issues such as hygiene or environmental health and the therapy assistant engages families in the making of a light morning tea. Food choices are guided by the dietitian and Aboriginal health worker, so healthy options are provided and incorporated into the existing local diet.

Once families are at the facility they are able to see any of the health team (occupational therapist, physiotherapist, speech pathologist, dietitian, child health nurse, generalist nurse, Aboriginal health worker) available on that day so all necessary health checks, immunisations and assessments or therapy can be accessed without attending multiple appointments on different days. At that time it can be decided between families and the health team if further intervention is required such as a referral to another service provider, review at the next Kids Pitstop or follow up contact by the team (eg a home visit, daycare visit, etc). Families are provided with a copy of the written report by the team which is also discussed with them, and families are given a choice of written material, pictures and/or demonstration of programs, exercises etc.

A brief evaluation is done with parents by the Aboriginal liaison officer or therapy assistant regarding satisfaction with the Kids Pitstop, comments and feedback. These are then used to continually evolve the model of service delivery. When the Kids Pitstop ends the team discusses any concerns and actions as agreed with the families and a plan is formed for the next Kids Pitstop in one month’s time.

**Evaluation**

Prior to the development of Kids Pitstop record keeping was poor however allied health therapists report attendance to clinic appointments as individual disciplines and the allied health clinic was between zero and 50%. Attendance records for the new Kids Pitstop kept throughout 2008 demonstrate attendance at each Pitstop being between 75-100%.

Evaluations of family satisfaction are overwhelmingly positive with the common theme for most parents being the convenience of having all the health team available in the same location on the same day so they only have to make one trip to community health. Further and more detailed evaluation is planned for 2009.

**What has changed?**

The experiences of early childhood can have a profound impact on health, well-being and coping skills across the entire life course (10:3).

The work done with Kids Pitstop in Roebourne is setting the scene to positively improve experiences of early childhood in an at risk population, and provide a stronger foundation for better health and well-being through later life.
Target group
Since integrating nursing and allied health services these clinics are now identifying more children zero to three years (our target group) as evidence suggests development, health and growth during this stage of life influences health and educational outcomes later (8).

The Kids Pitstop specifically targets at risk children such as; premature or low birth weight babies as these children are at higher risk of health problems in their early life and chronic disease later in life (8); children at social and environmental risk (from families who have been traumatised by imprisonment, violence, neglect, abuse, mental or other illness or death of caregivers etc which are significant indicators of future disadvantage); developmental delay and ill health (8, 11); children diagnosed with or suspected of having disabilities; children who are difficult to access due to lack of telephone contact; itinerant families; or those whose families with whom the primary health team is still establishing a therapeutic relationship (as establishing good relationships is an essential component of effective practice and thus therapeutic benefit) (7, 12).

Client interaction
More frequent and better quality interactions, with a greater number of clients has been an exciting and notable change for the primary health team. The relaxed informal nature of the Kids Pitstop that encourages families to yarn with each other, cook and play with their children perhaps reduces the impact of involvement of the primary health team in their lives, reducing any feelings of shame they may experience.

Other factors, supported in the literature, contributing to improved client interaction include:
- the provision of transport enabling clients to physically access the service (7, 12, 13);
- the encouragement of extended family members to attend recognising the importance of family (14);
- the “drop in” nature of the Kids Pitstop reflecting a more flexible service (7, 14);
- access to all members of the primary health team working in an inter-professional framework (14) recognising cultural priorities and obligations are not centred around health appointments while still providing each client the opportunity to attend those appointments;
- the involvement of an Aboriginal health worker to guide the team in culturally safe practices (including communication), for invaluable knowledge of local history, people and geographical information, and to enable families to feel safe, comfortable and a vital collaborator in their community’s health (12-14); and
- continuity of health team members and Kids Pitstop frequency assisting in the development of therapeutic relationships (7).

The Primary Health Team
For the team there have been many informally reported benefits since the commencement of the Kids Pitstop in Roebourne. Many of these benefits are a result of the consistency of attendees to each Kids Pitstop, the positive feedback from parents and the development of therapeutic relationships with clients.

These benefits include:
- greater job satisfaction which is important for retention of staff in rural and remote areas;
• greater feelings of solidarity amongst professionals that previously worked in isolation. This has promoted the sharing of knowledge and skills amongst the health team, created a sustained drive to continue to develop the Kids Pitstop and improved relationships professionally and personally;

• greater interest and commitment in working towards an evidence based, dynamic model of service delivery that is culturally safe, given the cross cultural nature of this service;

• greater awareness and skill when working with Indigenous people through a strengthened learning environment in which there is more opportunity to learn across cultures and across disciplines through the involvement of the Aboriginal health worker with the nursing, allied health and other disciplines; and there is now a growing awareness for each team member of their own culture and how it impacts (and indeed is impacted upon by) their own values, thoughts and behaviours.

Future directions

The Roebourne Kids Pitstop is a relatively new idea for the West Pilbara. It continues to evolve with community and colleague feedback and will hopefully remain dynamic and therefore suitable for the community. The primary health team in Roebourne continues to meet to discuss future directions, and certainly there is a feeling that there is a long way to go, particularly in the areas of evaluation, empowerment of clients to take greater control of their own and their family’s health, greater ownership within the wider community of the health and development of children and improving culturally safe practices of the health team to ensure an equitable, fully accessible and valuable service to Indigenous people.

Evaluation

The current process of evaluating the Kids Pitstop focuses on parental satisfaction and records of attendance. Program effectiveness in terms of health promotion or primary health objectives which could potentially inform service delivery models used for other target populations as well as evolving the service for this one are not measured at this time. During 2009 it is planned to develop some relevant indicators with assistance from WACHS Pilbara’s research and evaluation coordinator.

Empowerment

Empowerment has been defined as “a measure of people’s capacity to bring about change” (15;12). Empowering people with a history of chronic disempowerment and disenfranchisement by those who may unknowingly perpetuate this cycle through cultural misunderstanding appears to be a daunting task. This is compounded still by the health disadvantage that many Indigenous people already carry and their poor economic and educational outcomes associated with the determinants of health. The question of where to begin is constantly raised.

Several possibilities are currently being discussed including a change of physical location of the Kids Pitstop to a community based organisation such as a play group whereby the health service becomes a more integrated part of the community, primary health opportunities will be more accessible and over time, it is speculated, families and play group coordinators will request the services of the Kids Pitstop health team as a “normal” part of all children’s health and development. Certainly reassessing frames of reference (eg considering the suitability of community development models to this community) and building partnerships within the community (eg with CHILD Australia) is an ongoing process.

In the shorter term, different primary health themes, such as parenting or the importance of play, may underlie each Kids Pitstop with activities, information and facilitation of discussion being offered if
appropriate. The team’s primary goal in the immediate future is to work on boosting the resilience of the caregivers by providing access to parenting information or resources, assistance to access play groups and advocating where necessary, as a child’s physical, emotional and social well-being are heavily influenced by family functioning and capacity (16).

**Culturally safe practice**

This is currently the area of practice that requires the most attention and yet has also seen the most progress in this project. Cultural safety encompasses every aspect of our work in Roebourne, the team is aware of many risk areas such as documentation and language barriers but there are many which will never be fully appreciated or understood simply due to the diversity of backgrounds and cultures between the team and their clients.

Some issues currently being considered are:

- current documentation including reports, parent handouts or advice sheets are recognised as potentially being inappropriate for Indigenous clients (13, 14);
- use of spoken language as the dominant Indigenous language amongst in Roebourne is Yinjibarni (2) and so the team has identified the need to know some of the key words in language and utilise interpreters more frequently where required (17);
- continued support of staff training regarding cultural awareness; with greater awareness of their primary health team member’s own culture as well as that of our local people;
- greater support of and knowledge sharing with the Aboriginal health worker in Roebourne, not only to enhance the skills of the team but to better value the role that the workers play, as health professionals in their own right, in the health of their community.

**Conclusions**

The Kids Pitstop in Roebourne in Northwest Western Australia is a new and constantly evolving health “one stop shop” for Indigenous children and their families. It offers families a variety of nursing, allied health and other professionals in the one location, on the one day, once a month with a flexible model of service delivery in a relaxed family orientated atmosphere.

The Kids Pitstop attempts to provide answers to some of the barriers to accessibility of population health services and preliminary evaluation of attendance, parent satisfaction and health professional satisfaction is extremely positive. As this service evolves further, research and development of areas such as evaluation of short and longer term outcomes and cultural safety is required in order to meet the needs of the local Indigenous community and contribute to closing the health gap between Indigenous and non-Indigenous people.

**References**


**Presenter**

**Sarah Thomas** has been working in the north-west of Western Australia as an occupational therapist since graduating from Curtin University MOT program in December 2005. Sarah’s professional passion is Indigenous health and the role that OT can play in this area. Sarah was a convenor of the 2008 Northwest OT Symposium in the West Pilbara and with her colleague, had an abstract accepted as a poster presentation for the 2008 National OT Conference in Melbourne titled “Navigating the Waitlist Boom”. Sarah is also studying towards a graduate certificate in International and Community Development through Deakin University.