

Equalising access to speech, language and communication therapy for country kids: A telehealth approach

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royal far west

caring for country kids



Royal Far West

- 90-year charity
- Dedicated to children in vulnerable communities
- Child wellbeing & trajectory
 - Health
 - Education
 - Family & community capacity
- Solutions
 - Early intervention & prevention
 - Equity & access
 - Integrated care

RFW Community Telecare Services

- Currently a lack of equity in service access
 - Rural & remote
 - Vulnerable and disadvantaged communities
- Specialised technology enabled services
 - Compliment rural workforce and existing services
 - Created access - nationally
- Direct services into community
 - Paediatrics, Psychiatry & Psychology
 - Speech, OT, Diabetes, Healthy Living, Parenting
 - Learning Support
 - Training & Supervision

Speech, language and communication

- Central to RFW's life trajectory approach
- Long-term implications of speech / language issues
 - Higher rates of school failure, mental health issues, antisocial behaviour
 - Likelihood of criminal justice system
 - Lower rates of employment and community involvement
- 13.4% population live in rural and remote Australia
 - 3.9% of speech pathologists provide services in these areas
- Early identification and appropriate intervention are crucial to limit disadvantages experienced by children

Equalising access to Speech Therapy

RFW's '*Come N' See*' Tele-speech Program Aims:

- Provide regular services to children who lack access to speech pathology intervention.
- To see improvement in children identified with speech and language issues.
- Identify appropriate cases where telehealth maximises clinical improvement.

RFW Telecare Services – Key Deployment Principles

- Community collaboration
- Package-based
- Clinical criteria
- Technology platform and capability
- Administration processes
- Parent / carer and teacher support
- Measurement and evaluation
- 100% delivered via technology

Recruitment

School engagement

- RFW Partnership
- Schools refer children into the program

Therapy Aide

- Each school provides a therapy aide to attend all sessions with the children
- RFW provides training including, trouble shooting technical issues, roles and responsibilities, ways to maximize each child's potential

Clinical Exclusion Criteria

- Children with severe intellectual disability
- Children who have feeding difficulties – requires more medical management
- Children accessing local speech pathology services
- Children with acute mental health issues/ in crisis

Package-based Program Structure

Week 1& 2	Assessment	2 x 30 minute assessment sessions + parental follow up
Week 3	Goal setting and planning	Therapy goals are set
Week 4-9	Intervention	6 x 30 minute therapy sessions + parental follow up
Week 10	Buffer week	Catch-up therapy sessions
School holidays	Reporting	Reports finalised and distributed to schools and parents

Therapy Goals & Measurement

Achievement level	Levels of Attainment
Much more than expected	Spontaneously asks group members more than one question
Somewhat more than expected	Spontaneously asks a group member one question
Expected level of outcome (Goal)	Asks a question when the speech therapist suggests it
Somewhat less than expected	Asks a question when told to do so by the speech therapist
Much less than expected	Shows interest but does not ask any questions

RFWS "Come N See" Speech Therapy Program Beamed into a Remote Primary School



Results

- Term 4, 2014
 - 83 children (% indigenous)
 - 11 schools in rural and remote NSW
 - 99% (82/83) of children made progress towards at least one of their therapy goals
 - 71% (59/83) of children met or exceeded at least one of their clinical goals.
- Terms 1 & 2, 2015
 - Delivering to 350 children (% indigenous)
 - 35 schools in rural and remote NSW & QLD
 - Development of specialised programs for
 - Using language
 - Speech and sound production

Feedback

Parents

- Child is more confident
- Use of sentences/ reading improved
- Self aware- picking up mistakes
- Others can understand the child easier

Therapy Aide

- Child is now talking in a more relatable way to peers
- Improved self confidence and worth
- Children genuinely excited to do work at home and share new knowledge

Principals and Teachers

Analysis to inform future service direction

Identified Issues	Occasions of service (N = 662)	Total number kids over 3 terms	% of total occasions of service	Number of Children using service for 1 term	Number of Children using service for 2 terms	Number of Children using service for 3 terms	Priority for further program development
Voice	2	2	< 1	2	0	0	Low
Using Language	206	178	31.1	153	22	3	High
Understanding Language	129	117	19.5	105	12	0	Medium
Stuttering	14	11	2.1	8	3	0	Low
Speech Sound Production	204	177	30.8	153	21	3	High
Speech Sound Awareness	97	86	14.7	76	9	1	Medium
Social Interaction	10	10	1.6%	10	0	0	Low

Strengths and Challenges

Strengths

- Cost effective for parents
- Minimal disruption to child's education
- Children comfortable using technology and appears to enhance session engagement

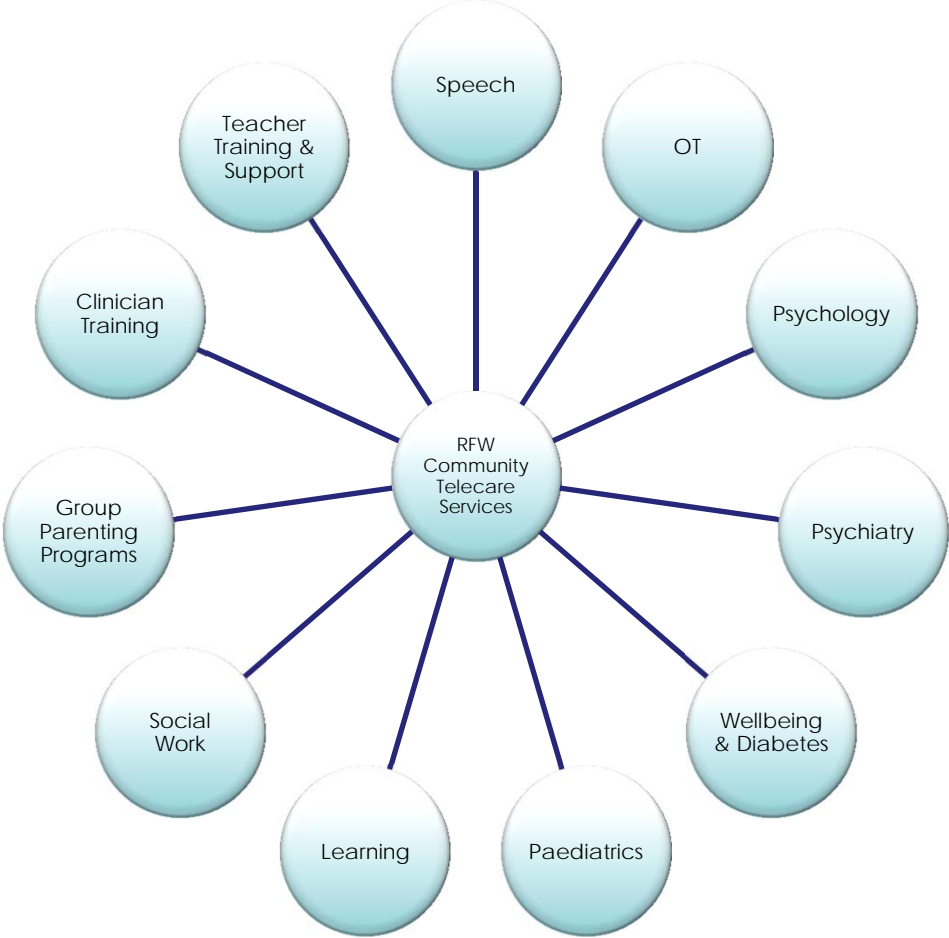
Challenges

- Technological issues
- Parental engagement e.g. homework

Future Directions

- Continued program development
 - Specialised therapy support
 - Clinician and therapy aide
 - Technology platform and content
- Evidence building
 - Clinical impact and outcomes
 - Economic evaluations
- Delivery escalation
- Funding for remote and vulnerable communities

Royal Far West Community Telecare Services 2015/16



Equalising access for country kids

- Speech, language and communication
 - Fundamental need esp. in vulnerable communities
- Technology enabled services
 - Create access
 - Can be clinically effective
 - Cost effective esp. for remote locations
 - Can compliment existing local services and providers
- RFW Community Telecare Services
 - Established due to tele-speech success and feedback
 - Investment in specialised technologies and delivery skills
 - Broad health and education service offerings



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