



An innovative model to attract and retain allied health professionals in rural areas

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Abstract

In 2003, the Australian Government commenced their 'Stronger Families and Communities Strategy' which included the Early Childhood - Invest to Grow initiative. The Invest to Grow initiative is designed to build on the evidence of what works for Australian families with vulnerable children and to then refine and develop a model for possible application elsewhere.

Kurrajong Early Intervention Service (KEIS) based in Wagga Wagga was successful in obtaining a grant over four years (2004-2008) under the Early Childhood-Invest to Grow initiative for our 'Rural Beginnings' Project. The Rural Beginnings Project is being independently evaluated by The Centre for Social Research at Charles Sturt University, as well as by nationally appointed evaluators of the Australian Government's Stronger Families and Communities Strategy.

The Rural Beginnings Project is an expansion of a successful family centred early intervention model. This model has therapists, special educators and family support staff working together in a coordinated transdisciplinary team to provide families who have a child with a disability or developmental delays with services that best meets their individual needs. The Rural Beginnings Project operates on a 'hub and spoke' structure. Three early intervention teams go out into the local communities where the families live, while the regional centre acts as a hub. The 'hub and spoke' structure is seen as an important factor in addressing the issue of attracting and retaining therapists in rural areas.

Rural Beginnings is a project that is working on delivering a model that addresses this issue of attraction and retention of allied health professionals as an integral factor in the successful delivery of early intervention services to children with disabilities/delays in their development and their families. The Rural Beginnings Project will not only make a difference for families who have a child with a disability or developmental delays living in regional areas, it will also make a difference by contributing evidence that will enhance early intervention service delivery in rural and remote areas nationally.

Challenges for early intervention service delivery in rural areas

Families with children with disabilities or delays in their development living in rural areas have, in the main part, had limited access to therapy and family support at the most crucial time of their child's and their own lives. Services were either not available locally, or were at best spasmodic, with attraction and retention of therapists in rural areas being a major difficulty. A Review of Therapy Services for the NSW Department of Ageing and Disability, by Maher and Associates (1998), noted that in the field of early childhood intervention "[m]ajor gaps in services exist, particularly in rural areas, due to difficulties in recruitment and retention" (p.18). A recent review of early intervention in Australia by Kemp and Hayes reinforced this view, stating that 'Metropolitan areas, in particular the capital cities in each state and territory, arguably have the best range of services, whereas gaps are frequently identified in the services available in rural and remote areas (Bailey and du Plessis, 1996; Cocks, 1998; Fyffe, Gavidia-Payne and McCubbery, 1995; Goodfellow, 1998; Hayes, 1991; Rouse, 1998). Rural and remote areas have difficulty attracting the appropriate professionals, in particular physio-, speech, and occupational therapy staff' (2005, p.409). The writers concluded that although Australia has many examples of exemplary best practice in early intervention, access to best practice is not universal (2005).

Another major concern for the provision of early intervention is the lack of adequately trained personnel working in the area of early intervention (Kemp and Hayes, 2005). Undergraduate education is a single discipline model where much of allied health professionals core knowledge is separate, setting practitioners up to work as 'islands'. Whilst the ability to work independently and unsupervised are an essential part of professional expertise, therapists working in early childhood intervention services often have difficulty in:

- ▷ viewing families as equal partners in the therapeutic process to empower parents with their knowledge;





- ▷ working collaboratively with other disciplines in an interactive team context;
- ▷ seeing components of the development of the child in isolation without an holistic view of how a delay or deficit in one area of development will affect development in other areas; and
- ▷ viewing the child within the context of the family and of the wider community (Maher, 1993).

Mary-Beth Bruder (2000), an American researcher, also sees the lack of effective training models for personnel responsible for the delivery of services as a barrier to the adoption of family centred early intervention with the most promising strategy being interdisciplinary or inter professional models of training.

Therapists themselves regard disability as a specialist area and feel that they lack peer support and professional development to support them in their role (Maher et al., 1998. p.32) which highlights the need for ongoing training and support for professionals in the area.

The Rural Beginnings Project

The Rural Beginnings Project is establishing a best practice model for delivering equitable access to early intervention services, particularly paediatric therapy and family support, for rural and remote families which addresses these difficulties.

Kurrajong Early Intervention Service was successful in obtaining a grant over four years (2004-2008) under the Australian Government's 'Early Childhood - Invest to Grow' initiative as part of the Stronger Families and Communities Strategy to operate the 'Rural Beginnings' Project. The Invest to Grow initiative is designed to build on the evidence of what works for Australian families and to then refine and develop a model, such as Rural Beginnings, for national application.

The Rural Beginnings Project is being evaluated by the Charles Sturt University's Centre of Rural for Social Research under the leadership of Professor Margaret Alston. The evaluation plan by CSU is underpinned by Action Research principles. The results of the project will form part of the overall evaluation of the Stronger Families and Communities Strategy.

The Rural Beginnings Project is based on our existing successful early intervention model of therapists, special educators and family support workers, working together in a coordinated, transdisciplinary team. Through this model, families who have a child with a disability or developmental delays receive an integrated service that best meets their individual needs. The 'Rural Beginnings' Project expands this model of early intervention to include therapy and family support to families who have a child with delays in two or more areas of their development living in the nine Local Government Areas around the regional city of Wagga Wagga, NSW. Over seventy families who have children with disabilities and developmental delays are provided with a comprehensive service each year under the Rural Beginnings Project with over 200 families receiving a service in the whole KEIS program.

The main features of the Rural Beginnings Project are:

'Hub and Spoke' structure

The Rural Beginnings Project operates on a 'hub and spoke' structure for service delivery to rural areas. Three early intervention teams consisting of therapists and educators and a family support worker are located in a regional centre (the 'hub') in Wagga Wagga and travel out to the smaller rural centres and villages in the local government areas to provide services. Wagga Wagga is the resource centre for the therapists, educators and the Family and Behavioural Support Unit which are part of the teams. Wagga Wagga has the biggest central team to service the Wagga LGA. Two service centres have been established in two of the main outreach areas to act as smaller 'hubs' to provide a base from which to operate.

The 'hub and spoke' model is designed to assist in the attraction and retention of therapists in rural areas. The Rural Beginnings Project employs qualified senior therapists across speech pathology, occupational therapy and physiotherapy disciplines (the 'hub'). These senior therapists provide peer support, training and supervision for new graduates and other therapists who travel out to the local government areas to provide services. In the hub, staff are provided with general training in cross disciplinary work, family centred practice and specific paediatric training in their





individual discipline. Professional development and training of staff is a strong feature of our program and a contributing factor to our success in attracting and retaining therapists in our service.

Family centred practice

Early childhood intervention aims to enable and empower the family with knowledge and skills and sees the family as an equal and valued member of the early intervention team. Family centred practice underpins all our early intervention work at KEIS. Family centred practice involves working with the families as partners and active participants in the early intervention program for their child

Families must be at the centre of each professional's practice. The family must be recognised and respected as an equal member of the transdisciplinary team. It is essential to recognise the family as the most important influence in the child's life, including them as equal team members who have a say in all decisions about the child's program (McGonigel et al, 1994).

Undergraduate courses do not adequately prepare staff for working in family centred early intervention services, therefore training in the area of family centred practice is essential for all early childhood intervention teams. In a recent family centred workshop at KEIS, which challenged staff to examine their family centred philosophy, the consensus of staff was they were surprised to find that they were not as family centred as they had thought. All staff examined their own practice and set some goals that they would work on.

Some comments from team members on reflections on the family centred workshop include:

I think that when I first started work I felt I had to have all the answers. Now I feel able to say I don't know, and I will find out, and to let the family take charge. As your confidence in your own ability grows it is easier to give power back to the family, rather than protecting it.

I am not going to be afraid to spend the time to talk and gain understanding of the whole family including: routines, personalities, roles and expectations, jobs etc. and to focus on adjusting the therapy program more to accommodate this and not be so focused on activities and achieving outcomes.

Transdisciplinary team approach

The transdisciplinary team model (TDM) is widely recognised as best practice for early childhood services as it recognises the family as an integral part of the early intervention team. It is the model that best meets the needs of families who have children with complex needs and therefore have many disciplines involved as it provides an integrated and coordinated service for the family. 'If the complex needs of families today are to be met, a coordinated and coherent approach is necessary. This approach requires new ways of working that are neither multidisciplinary nor interdisciplinary but are trans-disciplinary' (Carpenter, 2005, p.31).

As the transdisciplinary team model is seen as the most family friendly approach and best practice for early childhood intervention services, KEIS has always worked towards refining the transdisciplinary model. As Doyle succinctly says 'If we aspire to be truly family centred, we should aspire to the transdisciplinary approach' (1997, p.151). Also, KEIS has been fortunate in having therapists and educators working under the same roof and same manager, so sharing of information and coordination of services, features of the transdisciplinary team approach, have developed naturally.

Transdisciplinary teams share roles, crossing disciplinary boundaries to maximise communication, interaction and cooperation among members. Team members make a commitment to teach, learn and work together across disciplinary boundaries to implement coordinated services (McGonigel et al., 1994; Orelove and Sobsey, 1991; UCP National Collaborative Infant Project, 1976).

The major element that distinguishes the transdisciplinary model from all others is shared meaning (McGonigel et al, 1994). Team members who have shared meaning not only understand their own disciplines but understand and appreciate the terminology and basic principles of the other disciplines (eg an educator understands the importance of visual communication and implements visual communication aids in early learning groups). They understand how the family and each discipline contributes to the child and family's development. At KEIS, we view creating shared meaning as the most important feature of the transdisciplinary approach. This facilitates a shared understanding and good communication for the child, family and team across transdisciplinary boundaries.





To be effective each team member needs to be knowledgeable and 'up skilled' firstly in their own discipline and then in other disciplines to be able to follow through recommendations. One of the real benefits of being part of a transdisciplinary team is the opportunity for team members to become very skilled and competent professionals. This is enhanced by the learning of skills not only in their own discipline but across other disciplines. For example, when a family who has a child with Autism enters KEIS, the key worker will most likely be the speech pathologist. The speech pathologist, educator and occupational therapist all work closely together and so can each integrate aspects of the speech program (eg turn taking), education program (eg object permanence) or occupational therapy program (sensory integration) while working with the child.

Difficulties in recruiting therapists in country areas can be addressed by one team member skilling up members of another discipline being 'multiskilled' to be able to take on some parts of their role—'role release'. This is a positive aspect of the transdisciplinary team approach as it allows the team to still function effectively when a service has a skills shortage in a specific discipline as it then frees up other team members to give time to more complicated discipline specific issues while still allowing the child and family to receive a service that meets their needs.

Development of a training package

As part of the Rural Beginnings project, a training manual is being developed to support other Early Childhood Intervention professionals, particularly those services operating in rural and isolated areas throughout Australia. The manual is entitled 'The Rural Beginnings Project - Working together in early childhood intervention'. This manual will allow other professionals and services to take the information and work that KEIS has found to be successful, innovative practice and incorporate it into their own service and practice where appropriate. This package will be available in early 2007.

Conclusion

To 'build a bridge to future workforce and health services', there firstly needs to be a commitment by universities to redevelop undergraduate courses to improve the training of allied health professionals to better meet the needs of professionals working in the early childhood intervention area. As Kemp and Hayes, (2005) state 'Early intervention has a cross disciplinary focus and therefore requires cross-disciplinary training. Such preservice training is not generally available in Australia'. The Rural Beginnings Project incorporating the Hub and Spoke model addresses the need for ongoing training in the area of early childhood intervention where staff are resourced to become multiskilled practitioners able to work collaboratively with families in an empowerment framework.

The ultimate aim of the Rural Beginnings Project is to add to the evidence base of what works in delivering essential early intervention services to families of children with disabilities/delays in their development that could be adapted to rural and regional areas throughout Australia. One of the greatest challenges for early childhood intervention services, particularly in rural areas, is the attraction and retention of allied health staff. The Rural Beginnings Project is a project that is a model that addresses this issue of attraction and retention of allied health professionals. The project will not only make a significant difference for families who have a child with a disability or delays in their development living in the Riverina area but it will make a difference by contributing to a national evidence base and enhance early intervention service delivery in rural and remote areas across Australia.

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