Giving rural children the best chance: improving multidisciplinary screening strategies

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Abstract
This presentation outlines the journey of the Royal Far West (RFW) to increasing the disclosure requirements within the Intake process and developing direct, closer liaison with referrers and local service providers to help ensure that the intake process includes a holistic assessment of the child within the broader family context.

The RFW is a health care service charity which offers a secondary referral service for children living in remote and very remote NSW, and a tertiary referral and multi-disciplinary developmental assessment service for children with developmental, behavioural and mental health concerns. These children have limited or, no access to, local services due to their rural and remote locations.

Utilising a grant from the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs under the Child Aware Approaches initiative, RFW took an action research approach to reviewing and enhancing their screening processes to improve the delivery of health services.

The RFW journey utilised a cyclical period of observation, reflection and action supported by literature reviews and evidence based best practice to lead to a strengthened screening tool and intake procedures. Having the right questions and knowing how to ask them, enables health services working with children in rural and remote areas to better identify health issues and approaches to care tailored for the children, their families and their communities. RFW has been able to improve the development of achievable and targeted plans that support improved outcomes for the young people requiring their services through the strengthening of local partnerships and better identification of service gaps.

The presentation shares the evidence and experience gained through the research and the implementation of multi-disciplinary screening strategies and tools. It explores the key challenges and successes achieved when developing screening tools and processes that are appropriate for children living in rural and remote areas (and how they differ from strategies used in urban areas).

The improvements made through the multidisciplinary screening approach within the RFW have helped to inform and improve the health outcomes of country children accessing RFW services and have progressed an integrated model of care for improved safety and well-being of the children. It also builds the capacity of families, local communities and partnership with local referrers, health agencies, schools and community groups.

Background
A third of Australia’s population lives outside major cities and many residents of the 1500 rural and remote communities face significant health disadvantage and reduced access to health services (AIHW, 2008). Considerable research over recent decades has identified the significant problems confronting the health of residents in rural and remote communities including the critical workforce shortage and consequent poor access to health care as well as lower health status of rural and remote area residents compared urban residents (Doherty, 2007; Hemphill et al., 2007; Liaw & Kilpatrick, 2008; Winters et al. 2010). Delays in access and poor coordination of services mean that problems often compound and that secondary complications arise, resulting in increased need for services (Doherty 2007). Unmet needs also result in reduced participation in family and community life, with flow-on social and economic costs for individuals, families and communities from missed opportunities to participate fully (Wakerman et al., 2008).
Royal Far West (RFW) is committed to providing a high quality, integrated model of care to enhance the health and well-being of the children requiring their services and to build the capacity of families and local communities. It offers a secondary referral service for children living in remote and very remote NSW, and a tertiary referral and multi-disciplinary developmental assessment service for children with developmental, behavioural and mental health concerns.

An appraisal of its client base indicated that a significant number of the families attending RFW had a history of domestic violence, child sexual abuse and parents with mental health and alcohol and other drug related issues. A successful submission to the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs for a Child Aware Initiative Grant enabled RFW to undertake a review of its screening tools and processes to better identify children at risk of being negatively impacted on by these specific life experiences. As part of this comprehensive review, an additional screening tool and process were developed and trialled to assist the clinical team establish a broader understanding of these parental/family difficulties and to provide greater assistance to the children who utilise our service.

**Aim**

The aim of the project was to develop, implement and evaluate an improved assessment for children at risk of exposure to domestic violence, childhood sexual assault, parental mental health difficulties and alcohol and other drug issues. Increasing the disclosure requirements within the intake process and developing direct liaison with referrers and local service providers as part of this process aimed to ensure that RFW’s intake process included a holistic assessment of the child within the broader family context. It was envisaged that this would provide RFW’s clinical staff with a greater capacity to work in collaboration with parents and other agencies throughout the client journey.

**Methods**

The Child Aware Screening Pilot Project utilised a mixed-methods approach to review existing intake tools and processes and develop a broader understanding of the parental/family difficulties that may negatively impact on the child’s developmental trajectory.

Data collection methods comprised consultations with staff and key health experts, a literature review, a desk-top search of current legislation and industry requirements, a telephone questionnaire conducted with 35 parents/carers prior to their child’s arrival at RFW and a telephone interview with five parents/carers following their visit to RFW. The findings were integrated across the data collection methods to provide a comprehensive picture of the successes and challenges of screening for serious issues experienced by families whose children are clients of RFW. The findings build on existing research and evidence about the importance of improved screening for children at risk and best practice in screening.

**Results**

The project enabled early identification of issues experienced by families that would previously have been unknown. Follow-up telephone interviews revealed that parents appreciated the opportunity to discuss these issues more fully with a RFW social worker or psychologist. In particular they valued the opportunity to gain strategies for better management of their family health and relationship issues. Where families were not able to be linked into local support or did not currently require it, they were invited to contact RFW social work or psychology services in the future should their circumstances change. RFW will continue to investigate the outcomes of having access to additional information about clients’ family situation as part of improved screening.

Importantly, the project provided RFW with summary data about issues experienced by clients and their families. This led to more appropriate programming decisions and assisted the clinical team to establish a broader understanding of these parental/family difficulties. The longer term outcomes for the children who utilise the service are still to be realised.
The project also has the potential to build capacity within communities by raising awareness and linking local service clinicians in with multidisciplinary service experts such as those at RFW. However, strengthening local community partnerships and consolidating the services and support provided to families is ongoing work.

The project evaluation found that RFW should continue with the screening questions in seven key areas—family context, child behaviour, child sexual assault, domestic violence, mental health, alcohol and other drugs and availability of support, as these questions elicited valuable information as well as responding to legislative and ethical obligations. These questions can be embedded in other questionnaires currently requested as part of the intake process.

**Conclusion**

While a number of barriers to implementing effective screening in health services were identified, the project offered strong support for the process of screening parents/carers about key issues that impact the health and wellbeing of their children. This is a key development in fully utilising the health care setting to promote children’s health. RFW will continue to monitor outcomes for clients and their families as a result of its increased ability to utilise the new screening questions to identify family difficulties. Central to producing positive change for families in rural communities is the ability to continue to strengthen partnerships with local service providers.

**References**


