



Royal Far West
Children's health, country-wide

Early learning, intervention and screening in rural and remote areas

October 2022

A final report on the Healthy Kids Bus Stop (HKBS)



Executive summary

The physical, emotional and social development attained in childhood can make the difference between kids flying or falling behind, not just in school but across their lifetime.

Early learning and childcare outcomes for young children should not be determined by where they live in Australia, but alarmingly, children living in very remote areas of Australia are twice as likely to start school developmentally vulnerable compared to city kids.

New data from the 2021 Australian Early Development Census (AEDC) shows that the rates of developmental vulnerability continue to increase the further a child lives from a metropolitan centre, and the gap between city and country kids has widened over the past three years.

The 2021 AEDC figures highlight that those children who are already disadvantaged, the majority of whom live in rural and remote areas, are slipping further behind, especially those with two or more developmental vulnerabilities. In its 2021 national report, the AEDC said: “These changes can appear to be small, but they are significant, with real impacts at the community level...This highlights the fact that substantial support is still needed for these children to have the best chance of thriving through their school years.”

Added to the existing disadvantage for children living in rural and remote areas, is the issue of access. The Mitchell Institute's report, released earlier this year, *Deserts and oases: How accessible is childcare in Australia?* shows that shortage of early childhood education and care increases in regional and remote locations. About 30% of people living in major cities live in childcare deserts, compared with around 87% and 80% of people living in remote and outer remote neighbourhoods.

While the large numbers of rural and remote children missing out on early learning may not be a surprise, research shows it could have life-long impacts on young children.

About 90% of the size of a person's brain is developed by the age of five, and it is during this time children learn essential social, interpersonal and cognitive skills. Children who are already falling behind in the first few years of their childhood face greater obstacles to catching up and succeeding at school and beyond.

The importance of early learning and access to childcare in addressing developmental vulnerabilities (DV) is key – it is all about early intervention and picking up challenges before children start school. It is also a smart investment.



Royal Far West's own data analysis has found more than
180,000
children across rural and remote Australia need some form of developmental support.

The work of the Healthy Kids Bus Stop (HKBS) in identifying and referring children in rural and remote NSW has been significant over the past eight years. This report highlights some of its findings and challenges.

The Healthy Kids Bus Stop (HKBS) is a free mobile

The Healthy Kids Bus Stop Background

developmental screening program for 3-5 year old's living in rural and remote New South Wales, operated by Royal Far West from 2014 to 2022. The aim of the program is to improve the health, well-being and eventual school-readiness of pre-school children who would otherwise have limited access to screening services.

Additionally, it provides an opportunity to introduce guidance for healthy lifestyles, discuss early intervention strategies and identify any potential issues with school readiness.

The HKBS delivers a comprehensive health screening in line with the NSW Health "Child Personal Health Record" (Blue Book). The health screening is undertaken by a multidisciplinary team of nursing and allied health staff from Royal Far West, working with staff from other agencies such as the Local Health District (LHD), the Primary Health Network (PHN), Aboriginal Health Services and other local health service providers. A summary flowchart of the HKBS is at Attachment A.

The HKBS has relied on philanthropic funding, sourced by Royal Far West, to support the stops and speech pathology and occupational therapy delivered via Telecare. Ronald McDonald House Charities were also a key partner in this program, providing the care mobile.

Royal Far West will cease its current HKBS model with a final bus stop in



Tumbarumba and Tumut from 26-27 October, and move to an evidenced based wraparound model of care for preschools and schools, called "Better Learning, Better Lives." This decision is in line with the recent announcement by the NSW Government of its "Brighter Beginnings" initiative. The "Brighter Beginnings: the first 2,000 days" policy is the NSW Government's whole-of-government initiative, aimed to improve the lives and experience of parents and families in the first 2,000 days of their child's life and better support all children to achieve the best start in life.



The "Brighter Beginnings" initiative includes \$111.2 million to bring health and development checks to all children in NSW preschool settings, in partnership with health professionals.

The HKBS program is designed to be a fun and

About the Program

interactive health program where children progress through bus stops or 'health stations', hopping on and off at each station to complete their health screening. Children receive a bus pass stamp at each station along the way. Health stations typically include (but can vary from location to location):

Child health check

Oral health

Hearing

Dietetics

Speech and language development

Fine and gross motor skill development

Health promotion

Between health stations children



are engaged in free or directed play, whilst parents or carers are provided with the opportunity to consult further with the multidisciplinary team of health professionals or collect health promotion material of interest. When all stations have been attended, children get a 'show bag' containing goods to support their health and development.

At the conclusion of the day, a multidisciplinary case conference is undertaken where each child's health screening is reviewed and used to develop a coordinated referral pathway. The pathway includes the child's local GP and Child and Family Health Nurse as key referral points, with Royal Far West, the Local Health District, Aboriginal Health Service, the Primary Health Network, and other local services supporting the child's identified health needs.

'It was very positive to see a multidisciplinary team approach in action. Much is to be gained from multidisciplinary assessments on the one day and case conference team discussions to identify the most appropriate referral options and pathways for children living in rural and remote areas.'

LHD Manager/Director

Royal Far West has conducted the Healthy Kids Bus Stop (HKBS) in partnership with Ronald McDonald House Charities (RMHC). The program has also been delivered with the support of the NSW Department of Health via the Local Health Districts (LHDs) and many corporate and philanthropic organisations.

Highlights

Since commencing in 2014
HKBS has:

Visited
120 locations
across rural and remote NSW

Screened over
4,200 children
(30% of these indigenous), from
over 450 communities

Conducted over
18,000 screeners
(an average of 150 per location
and 4.2 per child)

HKBS has referred nearly
3,500 children
– or 80% of those screened –
to other services or further
assessment. On average
children received just over two
referrals and at some visits
around 10% of children received
4 or more referrals

The rate of referral varied
between LHD, ranging from
64% in the Mid-North Coast
to over 85% in Hunter New
England.

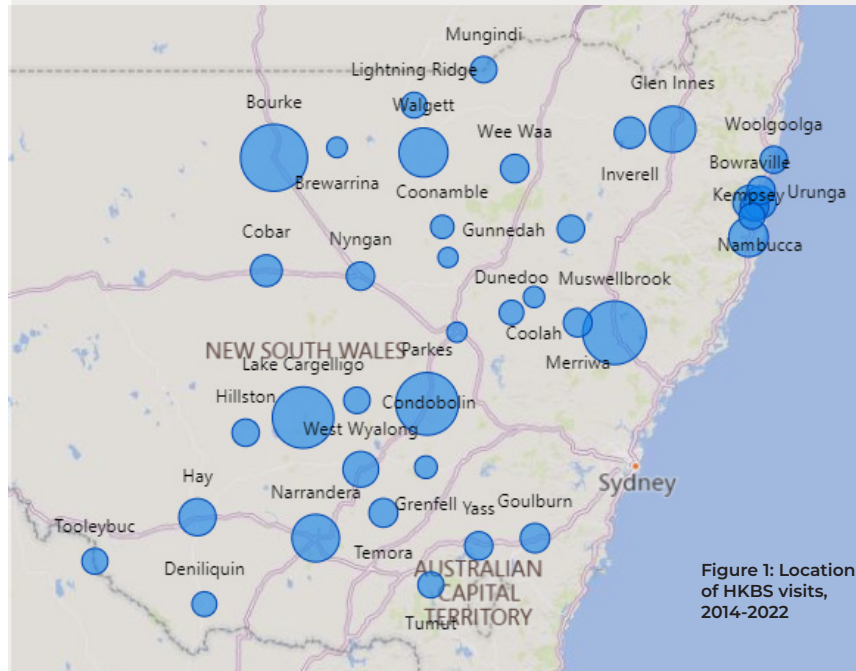


Figure 1: Location of HKBS visits, 2014-2022

Table 1: % of children receiving a referral – by LHD

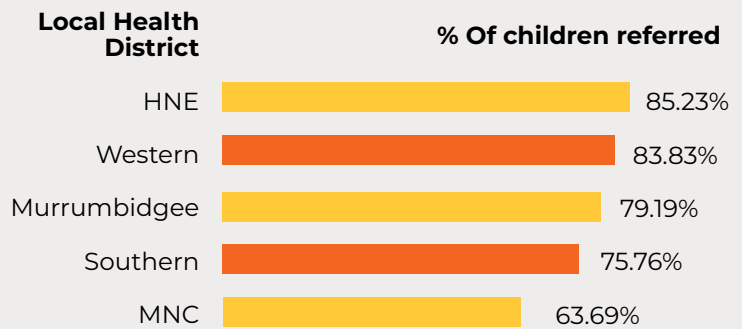
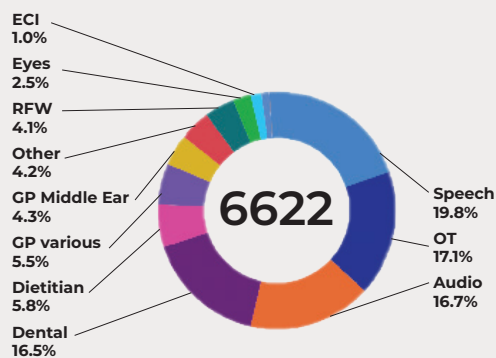


Figure 2: Type of referrals as % of all referrals



Of the over 6,600 referrals the greatest proportion were for speech pathology (20%), followed by occupational therapy (17%), audio (17%) and dental (16.5%). Once assessed, families are contacted periodically over the next 12 months to see how they are going accessing services and to provide any assistance necessary.

Strengths and challenges

The HKBS aims to support early detection of allied health needs and provide an effective integrated pathway to care for children living in rural and remote areas. Access to health checks is important in helping to address not only children's health needs, but also to help them start school ready to learn.

The initiative was successful in identifying children with health and developmental issues for referral, so that their issues could be assessed, particularly in remote, disadvantaged communities.

The vast majority of children who attended a HKBS were referred to one or more health services. Children with complex developmental needs were referred to Royal Far West's Paediatric Development Program (PDP) when they were unable to access local services and were seen to benefit from a multidisciplinary assessment.

Over the eight years of its operation, the HKBS delivered thousands of screeners to children in rural and remote NSW who otherwise would have carried unidentified and untreated issues into school, risking their academic and life progress.

Often these issues were inter-generational, as one health professional put it:

"Many required occupational therapy or speech reviews but limited services [are] available in area... One family had 3 generations of significant stuttering that had not been assessed."

"As a classroom teacher, it is valuable to see the screening results from these services on particular children. These services set children up for a successful start to school. This program gives the families, school and services the opportunity to communicate between each other to offer the best support for children on an individual basis."

Teacher at a government school

Based on several surveys conducted of parents/carers, health, and school staff during the past eight years, there was strong agreement that the HKBS has:

Supported children's transition to kindergarten

Increased parent knowledge of their child and professionals' knowledge of local networks

Improved service access

Highlighted service gaps

Improved collaboration between service providers

Increased capacity of local health and education personnel to improve the development outcomes of children living in rural and remote communities

Strengthened partnerships in the health, education and social care/disability services in local areas

Challenges identified include:

Increased workloads on local staff for service administration

Longer waiting lists and delay in accessing local health services such as allied health and dental care, as a result of increased referrals

Case study

Five-year-old Alec* came to the HKBS in Narrandera. He presented with behavioural issues and concerns for his attention, social skills and emotional regulation. He was referred to an occupational therapist, GP and a paediatrician.



The waitlist for the local paediatrician was lengthy so, in the meantime, Alec was enrolled in Royal Far West's Telecare for Kids program, doing weekly occupational therapy for two terms.

Sessions were a mix of Alec and his Mum, Alec and his teacher, as well as indirect sessions with Mum and his teacher. His Mum said, "At the time of the Healthy Kids Bus Stop I was really struggling to handle Alec; he was so hard to parent and I was feeling really disheartened. I now feel like I've got some great strategies to get me through".

The goals were for Alec to demonstrate increased participation in the classroom, show greater confidence to contribute and have fewer meltdowns throughout the day, especially when transitioning from one task to the next.

By the end of his therapy, Alec had increased confidence and engagement both in the classroom and in his occupational therapy sessions. Transitions in and out for recess and lunch have become smoother, he is experiencing less signs of dysregulation and is beginning to form new connections socially with peers. His Mum could see improvements with his behaviour at home too.

*This story has been de-identified to protect the privacy of the family

"I cannot thank you enough for offering the screening day service. Nor can I highly enough praise all the service providers we encountered on the day. I found every visit beneficial beyond what I had anticipated. All providers were helpful (kind, friendly and professional) and offered lots of suggestions for us moving forward beyond our appointment. I wish I had encountered this service 12 months earlier with my son. If you are back I will definitely visit you again with my daughter, before she is five though. Many, many thanks."

Parent

Conclusion

Comprehensive health checks for children prior to school age is an important step in early identification and treatment of health and developmental issues that can have lifelong consequences. The importance of an initiative that facilitates this, particularly for children in remote and marginalised communities should not be underestimated.

In reaching nearly 5,000 children and their families, throughout much of remote NSW, the HKBS has proved an effective model for identifying children's health and developmental needs in rural and remote locations. HKBS has also supported the ongoing cooperation between community-based health and education organisations in supporting children with developmental needs.

The project has demonstrated the benefit of an integrated approach. It has highlighted the importance of early identification and intervention for health and developmental issues that may have a profound effect on children's health trajectories. It has also shone a light on some gaps in service provision for children in rural and remote NSW, and the need to ensure the most disadvantaged children with challenges are identified before school begins.

Child Care Deserts

A report released in March this year: *Deserts and oases: How accessible is childcare in Australia?* by the Mitchell Institute, has revealed that when it comes to childcare – where you live matters, with more than a third of Australians (37%) living in a neighbourhood classified as a 'childcare desert'.

The report measured the available childcare in more than 57,000 neighbourhoods across Australia and defined a 'childcare desert' as having less than one childcare place per three children in the local area.

The report's main findings were:

A shortage of early childhood education and care increases in regional and remote locations. About 30% of people living in major cities live in childcare deserts, compared with around 87% and 80% of people living in remote and outer remote neighbourhoods. A correlation between the socio-economic status of neighbourhoods and childcare access. There are more childcare places per child in neighbourhoods in the highest socioeconomic decile compared to neighbourhoods in the lower 60% of socioeconomic status.

Only about 12% of Australians live in a childcare oasis.

About nine million Australians, 35% of the population, live in neighbourhoods classified as a childcare desert. This is where childcare access is most scarce and there are deserts in all states and territories, and in all capital cities.

But Australians living outside of major cities are more likely to be living in an area classified as a childcare desert.

In rural and regional areas, childcare deserts may mean a total absence of services, or it may mean there are too few places available to meet the potential demand. The impact of this means families may need to travel a lot further to access childcare.

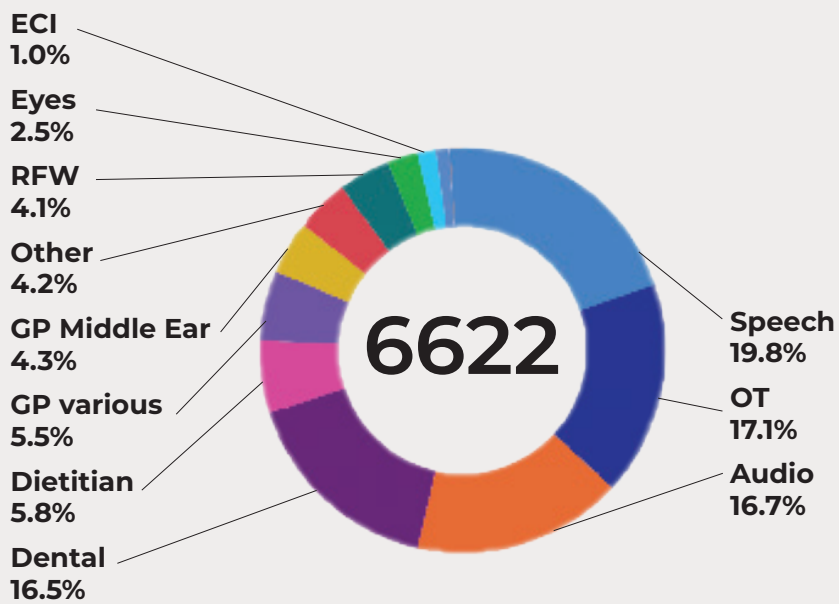
About 1.1 million Australians live in regional and remote areas where there is no childcare available at all.

There are childcare deserts in every part of Australia

Regional area	Population living in a childcare desert	Proportion of regional area as childcare desert
Major cities	5,360,550	29%
Inner regional	2,028,950	45%
Outer regional	1,264,270	61%
Remote	248,450	85%
Very Remote	152,740	78%
All of Australia	9,054,960	35%

Table: Mitchell Institute • Created with Datawrapper

Attachment A: Summary flowchart of the HKBS



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