

EVALUATION REPORT

Northern Outreach Project

Prepared by Effective Change Pty Ltd
December 2015



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Design and layout: Effective Change Pty Ltd

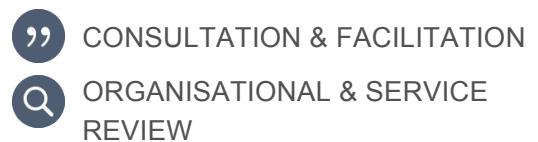
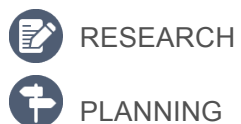
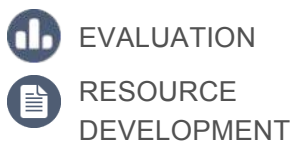
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Executive Summary

In 2014, the Department of Health and Human Services (DHHS) provided additional resources to Merri Community Health Services (MCHS) for children's allied health services. Children's speech pathology services was an obvious target as at that time, a new client would need to wait nine months before receiving speech therapy. The funding included scope for the Children and Family Services' Child Health Team to develop innovative practices, through increased staffing. The result was the Northern Outreach Project.

Northern Outreach Project objectives

The project objectives were:

- A reduction in wait times to the Child Health Team speech pathology therapy services by four months.
- An expanded locally based multidisciplinary service option for complex and vulnerable families in the region.
- The development and execution of a pilot music and play program ('Merri Music') for educators and parents at local childcare centres – Belle Vue Park Kindergarten, Glenroy and Joybelle Childcare Centre, Fawkner.

Northern Outreach Project components

1. The delivery of individual and group-based speech pathology and social work outreach services delivered from the MCHS Fawkner site and the Belle Vue Park Kindergarten, Glenroy.
2. Merri Music - a pilot music and play program, delivered over five weeks in two childcare services, which included including the creation of original songs, production of a CD featuring the songs, and development and delivery of an accompanying professional development session for childhood educators.

Northern Outreach Project outcomes

Multiple outcomes have been achieved within the Northern Outreach Project's six-month timeframe from January 2015 – June 2015:

- waiting times for speech therapy services were reduced from nine months to three and a half months
- the number of clients waiting for speech therapy declined from 86 clients to 22 clients
- waiting times for speech therapy screening were reduced from 13 weeks to three weeks
- delivery of multi-disciplinary, outreach services in the Fawkner/Glenroy area, achieving a high rate of attendance at appointments and capacity for the MCHS staff to address clients' needs for speech therapy and social work assistance at the same time.

As a result of the Merri Music Program:

- positive behavioural changes were observed by childcare educators who found that:
 - children were more responsive, confident and engaged
 - children were able to maintain longer periods of quiet/reflective time and to participate in longer group times (extending from five minutes to 30 minutes)
- childcare educators also observed:
 - improved language skills, coordination, language concepts
 - improved communication with, and understanding of, children with special needs
- parents also observed their childrens' language skills and emotional regulation improved and confidence increased.

As a result of the overarching Northern Outreach Project, the MCHS team:

- explored a range of innovative practices, in particular a multi-disciplinary team taking an outreach approach
- strengthened relationships with education and community-based providers
- has continued to provide individual and group-based services in the community.

Success factors

Factors contributing to the project's success included:

- providing group and individual services in a non-clinical setting which helped engage families quickly
- delivering services in the local community which made it easier for families to take up services and comply with appointments
- linking into a community hub, which provided a 'transfer of trust' from other service providers, such as Maternal and Child Health
- combining the skill sets of the professionals involved
- the expansion of options for clients as a result of the social work support.

Recommendations

The recommendations arising from the evaluation of the Northern Outreach Project evaluation were that MCHS:

1. Continue to provide regular, localised outreach services
2. Explore options to fund a social worker position within the Child Health Team
3. Record another Merri Music CD with existing surplus songs
4. Consider rolling out the music program more broadly across early childhood settings and seek funding to engage a music therapist to support this project.

Introduction

In 2014, the Department of Health and Human Services (DHHS) provided additional funds to Merri Community Health Services (MCHS) with the primary goal of reducing waiting times for children’s speech pathology services. At that time, a new client would need to wait nine months before receiving speech therapy.

The funding included scope for the Children and Family Services’ Child Health Team to develop innovative practices, through increased staffing. The team was provided the opportunity to reflect on their service delivery model, and test innovative approaches. The result was the Northern Outreach Project.

Project overview

The Northern Outreach Project commenced in January 2015, as a six-month project.

Project objectives

The Northern Outreach Project objectives were to achieve:

1. A reduction in wait times to the Child Health Team speech pathology therapy services by four months.
2. An expanded locally based multidisciplinary service option for complex and vulnerable families in the region.
3. The development and execution of a pilot music and play program (‘Merri Music’) for educators and parents at local childcare centres – Belle Vue Park Kindergarten, Glenroy and Joybelle Childcare Centre, Fawkner.

Target group

The project provided support to children (from birth to school age) with developmental concerns living in Moreland who are eligible for community health services.

Project evaluation

In order to review and assess the outcomes of the project, an evaluation was implemented from the outset. The evaluation included:

- a desktop review of relevant literature and data, including MCHS program reviews and data
- reflective practice staff journals
- focus groups, semi-structured interviews and questionnaires conducted with MCHS staff, childcare educators and parents before and after the Merri Music component of the project
- focus group with the Child Health Team to reflect on the project development and outcomes.

Report

This report, prepared by Effective Change Pty Ltd, provides the results of the Northern Outreach Project evaluation, and includes the project’s background, the rationale, and the project outcomes.



Background and context

Merri Community Health Services

MCHS is a multidisciplinary community health organisation operating from ten sites across Northern Metropolitan Melbourne. The City of Moreland is a primary catchment area for the majority of services. MCHS services are grouped into two divisions:

- Primary Care and Carer Services, and
- Family and Community Support Services.¹

The Community health program

MCHS is funded by the DHHS under the Community Health Program.

Principles of Community Health Program care

- ♦ Care is person-centred
- ♦ Care is culturally responsive
- ♦ Care is evidence-based
- ♦ Care reflects a team approach
- ♦ Care is goal-directed
- ♦ Care builds self-management capacity
- ♦ Care promotes health literacy
- ♦ Care promotes health and wellbeing
- ♦ Care is provided early
- ♦ Care is high quality

Community health integrated program guidelines, State of Victoria, March 2015

The Community Health Program prioritises access for populations that:

- experience poorer overall health outcomes

- have barriers to accessing adequate healthcare
- are economically and/or socially disadvantaged
- are people with complex care needs
- are Aboriginal and/or Torres Strait Islander, and
- culturally and linguistically diverse communities.²

Community demographics

The City of Moreland, located in the inner northern suburbs of Melbourne is home to over 160,000 people living across 12 suburbs, bounded by Brunswick in the south and the suburbs of Gowanbrae, Glenroy and Fawkner in the north. At the time of the 2011 ABS Census 11,197 children aged 0 – 5 years resided in Moreland.

Compared to statewide data, a higher proportion of children commencing school in 2012 in Moreland:

- were born in a country other than Australia (11.2%) compared to 7.2% across Victoria
- had English as a second language (22.8%) compared to 13.5% across Victoria.³

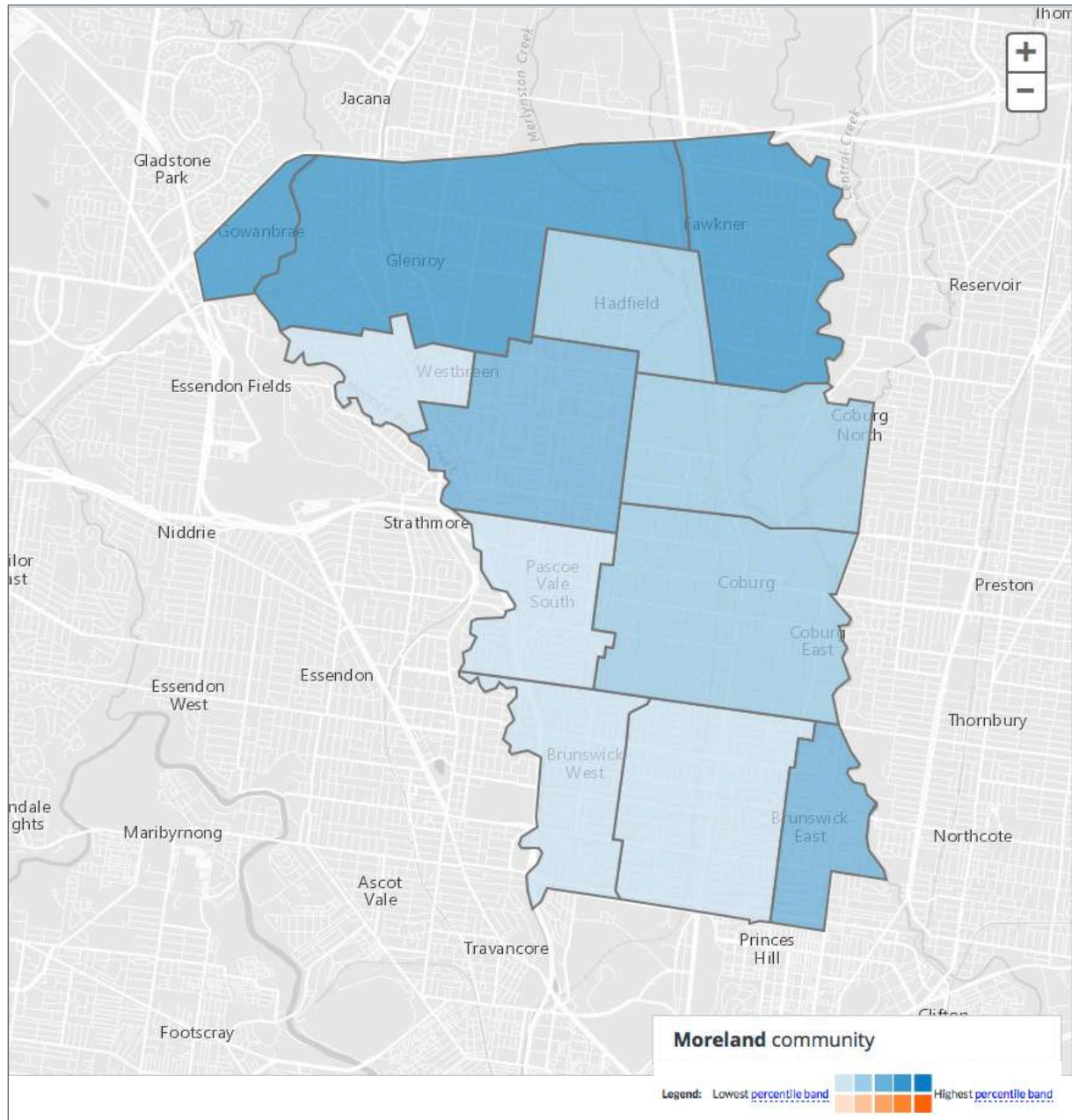
Almost one-quarter of children starting school in Moreland have English as a second language.⁴

The Moreland–North Statistical Local Area (SLA) which includes Glenroy and Fawkner is ranked as the seventh most disadvantaged SLA in Greater Melbourne.⁵

Concerns regarding child development were reinforced by the Australian Early Development Index (AEDI) results, showing an increase in the number of children starting

school with complexity in two or more areas of developmental delay, with the results for Glenroy and Fawkner significantly higher than the results for the City of Moreland.⁶

Map 1: Children developmentally vulnerable on two or more domains in the City of Moreland



Source: Australian Early Development Census www.aedc.gov.au

The service model

The MCHS Child Health Team helps children with developmental problems. The team provides a range of services.

The Child Health Team

The Child Health Team is located within Children and Families Services, as part of the Family and Community Support Services division.

The Child Health Team provides the following services:

- audiology
- occupational therapy
- child psychology
- speech pathology.

Service provision and fees

Services are provided at the MCHS Bell St, Coburg site. MCHS has offices in Glenroy and Fawkner but Children's Services are not regularly provided from these sites.

Fees for services are based on income. Services for financially dependent children are free for low-income families, but charges apply to middle and high-income clients. Audiology assessments are capped at \$14.50 for all clients.

Speech pathology and audiology services

Standard procedures for speech pathology and audiology services are:

Eligibility - general	Priority to children/families who live, work or attend kindergarten/childcare in Moreland.
- Speech therapy	Assessment and therapy for children and infants (birth to school age)
- Audiology	Infants and children up to 18 years.
Referrers	<ul style="list-style-type: none"> • Self/family • MCHS • Maternal and child health • General practitioners • Paediatricians • Kindergarten/Childcare centres
Service intake	Referrer contacts MCHS Service Access via phone, fax or email. Service providers can refer via the www.connectingcare.com website
Speech therapy services	Assessment and therapy for children and infants (birth to school age) who: <ul style="list-style-type: none"> • Are late at starting to speak • Are unclear in their speech • Have trouble with paying attention or understanding the spoken word • Are stuttering • Have voice difficulties
Audiology services	Hearing assessments for infants and children

Project background

With additional funds from the DHHS to address wait list times, the Child Health Team had the opportunity to examine the issues behind long waiting times, and to explore innovative solutions.

Addressing the issues creatively

Increasing available speech pathology hours was one obvious solution to addressing the issue of waiting times, however, the Child Health Team wanted to consider and respond to a range of issues. In keeping with the principles of Community Health Program care, the additional funding provided the opportunity to apply the Plan, Do, Study Act cycle to test a new approach.

The Child Health Team wanted to:

- consider other priorities, that they generally did not have capacity to address
- review the variety and mix of services provided
- consider the most appropriate responses to complex client and family needs
- consider the client pathway (both into and out of, speech pathology)
- use the opportunity to build the capacity of early childhood educators
- review wait list data to identify trends or areas of need.

The challenges

The Child Health Team found that there was an increase in complex referrals coming from two geographic areas – Glenroy and Fawkner, and at the same time, the number of non-attendances for speech pathology from these suburbs appeared to be on the increase.

‘Complexity of need’ was partially related to the speech and developmental needs of children, but also to social and other support needs of families. The Child Health Team had observed that families presenting were increasingly vulnerable compared to the past five or ten years. Vulnerability and need were related to:

- socio-economic background
- recent arrival in Australia
- non-English speaking background
- refugee status.

Concerns regarding the level of need in Glenroy and Fawkner were reinforced by the Australian Early Development Index (AEDI) results, showing an increase in the number of children starting school who were vulnerable in two or more areas developmental domains.⁷ (see: Map, p.8)

The Child Health Team was aware that the pathways into the service were not efficient given the high demand for service.

For families based in Glenroy or Fawkner, accessing the Coburg site by public transport, could be, at best case, a forty-minute trip by one bus, or at worst, over one hour, using two to three different transport services (bus, train, tram), depending on the starting point.

Overlaying the concerns and difficulties about cost, time and public transport access were also concerns that families were hesitant to

engage with the service without an established relationship with a practitioner. This applied to families referred either to speech pathology or other allied health services.

At the same time, the service had also observed that once a client had engaged with speech pathology, a trusting relationship could be established. For clients with a range of complex needs, including social needs, the speech pathologist can initially become a de facto case coordinator.

The team has also observed that families juggling issues, such as insecure housing, family violence or drug issues, find it challenging to prioritise therapy appointments.

In addition to the challenges above, for some families, needs that were routine at the time of referral increased to a higher level need whilst waiting the nine months or so for therapy to commence.

The Child Health Team was also keen to highlight to early childhood educators and other service providers the importance of making timely and appropriate referrals for preschool children with a disability or developmental delay. For example, children who meet the Early Childhood Intervention Services (ECIS)⁸ eligibility criteria should be referred directly to the ECIS. If referred to the MCHS Child Health Team, the family's connection to the appropriate support service is simply delayed.

Project intentions

The intentions of the project were therefore to:

- provide locally based services in geographic areas (Glenroy and Fawkner) where both the level of client need and the rate of non-attendance was highest
- improve and streamline access to counselling and support services for families
- respond to the complexity of client need by testing an extended multi-disciplinary service approach
- implement contemporary best practice approaches by delivering community-

based services, connected to child/family community hubs (eg. schools, maternal and child health, kindergartens, childcare)

- provide a music and play program (Merri Music) in childcare settings (kindergarten and childcare), which, through its 'train the trainer' methodology, would enhance the capacity of early childhood educators to respond to the complex needs of children in their services (eg. those with additional developmental needs, children from non-English speaking backgrounds and/or complex family situations) and provide more support to early childhood educators
- provide skill development to childcare educators about:
 - normal developmental milestones
 - identifying developmental delays/concerns
 - identifying the need to refer a child for a speech pathology assessment
 - referral criteria and pathways for other assessments or services, in particular to the ECIS, but also including Maternal and Child Health, paediatricians, general practitioners, or child and family services.

The evidence base

The key objectives of the Northern Outreach Project were the provision of early intervention services, a multi-disciplinary approach, including music therapy, and delivering these services using an outreach, place-based approach. The rationale for each of these is explained below.

The importance of early intervention

The AEDI Community Profile states that 'It is well known that what happens to children in their early years has consequences through the course of their lives. The quality of a child's earliest environments and the availability of appropriate experiences at the right stages of development are crucial in shaping developmental outcomes.' The ecological model of child development posits a range of layers of influence on children's development, starting from the immediate family, and extending out to broader economic, policy, political, social and environmental factors. Within this ecological model of child development, the character of the communities in which children live, including the economic climate and accessibility of appropriate services, has significant influence on children's development.⁹

Early intervention with speech therapy

Speech-language impairment in children incorporates a diverse range of conditions that involve challenges in effective communication and affects approximately 6% of children aged from 0-6 years. Infant speech-language problems may occur individually, or as part of a pattern of disabilities, including developmental disorders such as autism. Therefore, diagnosing and treating speech-language problems in children can be complex.

It has been widely documented that children with speech and communication disorders generally have poorer quality of life outcomes in immediate and later stages of life compared to children without these difficulties. For example, a longitudinal study following up participants for a twenty-year period identified that young adults with a history of speech and language impairments showed poorer outcomes for multiple domains, including communication, educational attainment and occupational status.¹⁰

However, evidence from a variety of studies have demonstrated that treatment by speech pathologists does alleviate speech-language impairment in preschool aged children, and is most effective when applied as early as possible, coupled with parent/caregiver administered therapy and training programs.¹¹

Multidisciplinary team-based approach

Integration of social work component

Whilst MCHS is a multi-disciplinary service, internal referrals to family and social support are required for vulnerable clients entering through speech therapy. With the integration of a social worker in the Child Health Team, highly vulnerable families could be identified and their needs assessed far more quickly. This is consistent with the Community Health Integrated Program Guidelines principles that care 'reflects a team approach', which allows different perspectives and skills to be brought

together to identify needs, achieve goals and enhance quality of care and care outcomes.¹²

Integration of music therapy

Music has long been thought to have a positive relationship on mental and social development.

Recent research has also found that informal, and shared musical activities can have enormous power in helping to develop numeracy and literacy. In an analysis of data generated from a study involving more than 3,000 children, a University of Queensland team has found that informal music-making in the home from around the ages of two and three can lead to better literacy, numeracy, social skills and attention and emotion regulation by the age of five. By measuring the impact of music and reading both separately and in combined samples, the researchers were able to identify benefits from informal music activity over and above shared book reading, most strongly in relation to positive social behaviour, attention regulation and to a lesser but still significant extent, numeracy.¹³

The combination of speech pathology and music therapy provides a therapeutic approach where music, language and play can support and enhance children's learning and wellbeing.

Taking an outreach approach

Place-based approach

The Community Health Integrated Program guidelines recognise that access 'needs to minimise barriers for people, especially vulnerable populations', and that outreach models, or co-location with essential services is good practice for meeting local community needs and addressing access barriers.

A previous evaluation of the Child Speech Pathology Service had recommended:

- increasing the effectiveness of screening procedures at the point of service intake to assist waiting list management, and
- increasing community outreach activities to extend service to those who are in most need.¹⁴

Research shows that a place-based approach presents significant advantage to an organisation's service delivery.

Complementing this with a person-based approach and a multi-disciplinary service provides clients with an effective and efficient model of care.¹⁵ Moreover, family-centred practice is shown to support continuity in children's lives, allowing for learning opportunities that build on children's prior learning experiences from the home and community, thus enhancing children's learning, supporting them to feel safe and confident as learners.¹⁶

Building partnerships

Research supports partnerships, particularly in early childhood settings, where relationships between professionals and children provide a well-connected base that helps children to feel safe, secure and supported.¹⁷ The quality of these relationships depends on the professional knowing the child and understanding practices at home, as major differences between practices at home and in the early childhood setting can have a negative impact on children's wellbeing and learning.

Building capacity

Locating the Merri Music component of the Northern Outreach Project in two childcare centres was a mechanism to provide additional professional development opportunities for childcare educators. Research shows there is a need for early childhood educators to be equipped with knowledge and skills to enable the creation of 'responsive, cognitively enriched environments for all children in their care'.¹⁸ Existing research shows that one-off educational interventions are not necessarily sustainable without taking in to consideration the capacity of the educators. Therefore the Merri Music adopted a 'train the trainer' approach to build in skills development and sustainability.

Northern Outreach Project design

The Northern Outreach Project had two key components – the delivery of individual and group-based speech therapy and social work support, using an outreach model, and the design and implementation of a pilot music and play program delivered in childcare settings.

Both components were designed to address the project's complementary objectives of reducing waiting times for speech pathology, providing multi-disciplinary outreach services in the Glenroy/Fawkner area, and designing and implementing a pilot music and play program for educators and parents.

These components and the project management steps are described in this section.

Planning and preparation

Planning

To commence the project, a project plan was prepared setting out:

- the strategies and actions
- success indicators
- current issues
- evaluation methods
- timelines and
- reporting of results.

Project Steering

An Advisory Group was established, comprising the:

- Project Coordinator (Speech Pathologist)
- Team Leader, Child Health Team
- Manager, Children and Family Services.

The external consultants (Music Therapist and the Evaluation Consultant) joined the Advisory Group. This group met every two months throughout the six-month project.

Strengthening partnerships

The project included a focus on strengthening partnerships, particularly in the areas targeted for the outreach activity. This was aimed at providing information and knowledge about the MCHS outreach work, strengthening professional relationships and leading to enhanced collaboration between services. The Project Coordinator attended meetings of the Fawkner Service Providers' Network and the Glenroy Service Providers' Network. The project also aimed to increase the number of case conferences and joint appointments for children in the area, including meetings with other professionals such as Maternal and Child Health Nurses and early childhood educators.

Selection of outreach sites

In order to deliver multi-disciplinary outreach services, appropriate sites needed to be selected, and access to the sites negotiated. Three different sites were selected. The sites, and reasons for their selection, were:

MCHS Fawkner site

While speech pathology services had not regularly been delivered from the MCHS

Fawkner site, this was an obvious location to introduce services in the northern reaches of the MCHS catchment. This required planning and negotiation within the organisation to ensure there was access to space for Service.

Individual (one on one) speech pathology screening and therapy services were conducted from this site during the project.

Belle Vue Park Kindergarten, Glenroy

Belle Vue Park Primary School became a Community Hub in 2013, offering a range of pre-school services, including:

- Maternal child health nurse and office
- Kindergarten program
- First Mother's group
- Playgroup
- Programs for pre-school children and families.

Tapping into a Community Hub site was ideal for meeting the project objectives, and aligned well with Belle Vue Park's objectives. The Project Coordinator had an existing positive relationship with the organisation, and was able to negotiate access to rooms for running a playgroup, speech pathology services and social work consultations. MCHS receives large numbers of referrals from Belle Vue Park, and the local community includes high numbers of people from a non-English speaking background and new arrivals.

Services delivered from this site during the project included:

- individual speech pathology screening and therapy services
- two (2) five-week playgroup sessions across two terms
- Merri Music – five-week music and play program.

Joybelle Child Care Centre, Fawkner

Joybelle Childcare Centre and Kindergarten is a small privately owned and operated Early Learning Centre for children aged birth to five years old. MCHS had existing relationships with the centre and had received a large

number of referrals to MCHS speech pathology. This location allowed MCHS to provide additional services in Fawkner, while working with a private childcare centre. It also allowed the Child Health Team to connect with early childhood educators in the private sector. The Merri Music program was delivered at this site during the project.

Resourcing

The additional project funding provided capacity for staff to resource the project.

Staffing

- Recruited 1.0 FTE speech pathologist
- Increased audiology hours by 0.1 FTE so that referrals for children involved in the project requiring audiology assessments could be prioritised
- Recruited one 0.2 FTE social worker

Resourcing

- A consultant Music Therapist was engaged to deliver the music and play project
- An evaluation consultant was engaged to conduct an evaluation of the project
- Purchased project-specific resources:
 - Northern Outreach Project laptop and dongle, to enable off-site access to MCHS electronic client records
 - Mobile telephone
 - Negotiated access to MCHS car for Northern Outreach Project activities
 - Purchased project toys, and negotiated storage of these at the project sites.

Implementation

The project had two key components:

1. The delivery of individual and group-based speech pathology and social work outreach services. Table 1 (following) provides an overview of these services.
2. Merri Music - a pilot music and play program, delivered in childcare settings. Table 2 (following) sets out the key elements of Merri Music.

Table 1: Provision of individual and group-based speech pathology and social work services

Access and initial contact	Eligibility Children 0-6 years/pre-school On MCHS wait list Current client (attending or not attending)		
	Active recruitment of clients Child Health Team members: <ul style="list-style-type: none"> • reviewed the wait list to identify eligible families • rang families to offer an appointment at most convenient site (Fawkner or Glenroy) • if accepted, an appointment letter was sent with details including a map • The Child Health Team Speech Pathologist name and contact details were included for any queries (rather than MCHS reception) • Clients would receive a phone call (for appointments at the Fawkner site) or a text reminder (for Glenroy appointments) the day before the appointment. 		
Initial needs identification	Screening (undertaken jointly by the Speech Pathologist and the Social Worker), and determination of needs. Referrals made, as needed to internal or external services.		
Assessment	Observe the child at play to assess developmental indicators, interaction, communication Organise interpreters if required Take case history, noting parent/care giver concerns		
Care planning	Set client goals and develop care plan Refer the child for any additional supports such as: paediatrician, other specialists, childcare, playgroup, ECIS, or allied health services (Occupational Therapy, Audiology assessments). At the same time, other needs of the family could be explored by the Social Worker, and referrals made for the family to support and/or counselling services.		
Service delivery	Individual services		
	MCHS Fawkner & Belle Vue Park	Provision of speech pathology services, one to two days per week which included speech screening and therapy sessions. On average this equated to two to three client consultations per day.	
	Home visits	With the use of the car, the Speech Pathologist and Social Worker could jointly undertake home visits for children and families with complex needs to enhance engagement.	
	Group-based sessions: Belle Vue Park, Glenroy		
		Term 1: Early Play Group	Term 2: Early Narrative Group
	Target group	Two to three year olds with multiple development needs Clients screened, and on the wait list for speech therapy or an active client	Four to five year olds
	Capacity	4 – 6 children	4 – 6 children
	Length	1 hour x 5 weeks	1 hour x 5 weeks
	Aims	Model play and language for parents and children and build parents' capacity to play with child Increase/enhance childrens' language skills	Model play and language to family Provide strategies to be used at home Provide stimulus for children, opportunities to learn and use new language
	Approach	Social worker able to consult parents while child is engaged in play group, and if needed, to provide advice and/or make referrals for further support	Themed sessions, built around a story (eg. 'The Hungry Caterpillar') Floor and table-top play, story time and music One session run by Social Worker for parents to raise concerns (eg. transition to school)
Resources developed	Family Support Referral Pathways for MCHS staff	'Starting School Checklist' for parents	

Table 2: Merri Music – pilot music and play program

Sites	<p>Belle Vue Park Kindergarten, Glenroy Joybelle Child Care Centre, Fawkner</p> <p>As well as being in the target location, both services had high number of referrals to MCHS speech pathology and significant numbers of children with developmental and behavioural concerns and/or speak English as a second language</p>					
Development	<p>Speech pathologist and music therapist created the four-week music curriculum comprising 13 songs, incorporating:</p> <ul style="list-style-type: none"> • social communication – explaining how to manage and express emotions and understanding how to be with others <i>eg. 'How do I know?' 'What do I do?'</i> • functional songs – about routines and daily experiences, to assist with sequencing and transitions <i>eg. 'Hello, it's time for kinder'; 'It's time to pack up' 'Marhaba' ("Hello" in Arabic)</i> • action songs – with action and matching language, to assist coordination, motor skills <i>eg. 'Arms up' 'I am running' 'We go and we stop'</i> <p>The songs incorporated:</p> <ul style="list-style-type: none"> • simple repetitive language – so that they would be easy to learn, remember and sing, and accessible to children with different developmental levels and language backgrounds • calming elements to reduce arousal, and engaging elements to extend attention • keys chosen for ease of singing for both adults and children • combined musical elements and gesture - to maximise receptive understanding and engagement. <p>Eight additional songs were developed in collaboration with childhood educators</p>					
Program structure	<p>Pre-program introductory meeting, and post-program evaluation session with educators Four (4) x one hour sessions for children over five weeks One (1) x two hour professional development (PD) session for educators in Week 3</p>					
Program components	Music	Play	Professional development			
Delivery	<p style="text-align: center;">Delivered jointly by the Speech therapist and Music therapist</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 25%; vertical-align: top;"> <p>First 40 minutes of the program - mat time with music</p> </td> <td style="width: 25%; vertical-align: top;"> <p>Mat time with music is followed by table activity time or outside playtime. Communication strategies are embedded into everyday play experiences. Use of real-time examples in the classroom to encourage children to follow direction using songs.</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Formal PD session to consolidate and expand the learning from the music and play sessions. Informally/incidentally, clinicians model how to use music in everyday play each session. Educators observe clinicians working with the children, and vice versa. Specific issues or developmental concerns can be discussed, and/or strategies explored for dealing with disruptive behaviour.</p> </td> </tr> </table>			<p>First 40 minutes of the program - mat time with music</p>	<p>Mat time with music is followed by table activity time or outside playtime. Communication strategies are embedded into everyday play experiences. Use of real-time examples in the classroom to encourage children to follow direction using songs.</p>	<p>Formal PD session to consolidate and expand the learning from the music and play sessions. Informally/incidentally, clinicians model how to use music in everyday play each session. Educators observe clinicians working with the children, and vice versa. Specific issues or developmental concerns can be discussed, and/or strategies explored for dealing with disruptive behaviour.</p>
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Resources developed	<p>Merri Music CD Comprising 13 songs Accompanying manual outlining the learning and therapeutic benefits to each song. Clear notes on how and why to use the song. CD's distributed to childcare organisations and to families.</p>	<p>Manual developed for educators with key communication strategies (based on Teacher Talk, the Hanen Program)</p>	<p>Workshop session PowerPoint slides</p>			



Northern Outreach Project outcomes

Multiple outcomes have been observed as a result of the Northern Outreach Project, ranging from a significant reduction in waiting times for speech therapy to stronger and continuing relationships with services in the northern area of Moreland.

Reduction of waiting times

At the commencement of the project, the waiting time for speech therapy services provided by the Child Health Team was nine months. By the project's completion in June 2015, the waiting time had been reduced to 3½ months, as shown below in Graph 1. The results show a steady decline in waiting times over the project timelines, from January to June 2015.



Graph 1: Waiting list times for Speech Pathology therapy, Nov 2014 – June 2015

In terms of individual clients waiting for a service, this represented a decline from 86 clients waiting for therapy services in November 2014, to 22 clients in June 2015.

Waiting times for speech pathology screening also reduced during the project. The waiting time for screening was at 14 weeks in December 2014, just prior to the project starting, and fell to three weeks in May 2015. However, on average the waiting time for speech pathology screening was 5.3 weeks over the six-month project.

Delivery of multi-disciplinary outreach services in the Fawkner/Glenroy area

The Northern Outreach Project involved staff from a range of professional disciplines delivering a range of multi-disciplinary services to families and early childhood services. These are set out in Table 3.

Table 3: Multi-disciplinary and outreach services, Jan 2015 – June 2015

Multi-disciplinary & outreach services		
	Fawkner	Glenroy
Speech Pathology		
Screening	7	11
Therapy	5	8
Reviews	10	22
Home visits	3	2
Joint Speech Pathology & Social Work		
Screening		3
Reviews		13
Groups		10
Joint Speech Pathology & Music Therapy		
Groups	4	4

Source: MERI data

In addition to the speech pathology, and multi-disciplinary services provided to children and

their families, individually and through group programs, numerous referrals were made to other internal and external services. These are presented in Table 4.

Table 4: Referrals made through the Northern Outreach Project

Referrals made to:	Number
External services	
Maternal and child health services	4
Kindergarten	2
Childcare	2
Paediatrician	3
Parent/child Mother Goose Program	2
Local playgroup	2
Internal services	
Integrated Family Services	3
Audiology services*	5
Paediatric Fellow	4

Source: MERI data

It is worth noting that the children referred from the Northern Outreach Project for an audiology assessment at MCHS were given priority. Audiology assessments require specialised facilities and equipment and therefore need to be conducted at the MCHS Coburg site where the audiologist and facilities are located.

There was a high rate of attendance at appointments. This has a significant positive impact on the efficiency of the service. Non-attendance rates at the Coburg site have created challenges for reducing waiting list times.

Feedback was not collected systematically from clients to explore reasons for greater compliance with appointments, but comments provided spontaneously to staff provide some insights, such as:

- a client who advised that she would *'rather wait for an appointment at Glenroy than go to Coburg'* because she did not have a car. This client transformed from a consistent 'non-attender' at Coburg to a consistent 'attender' at Glenroy.

- a pregnant mother of five children, without a car, was able to walk to the Fawkner site after dropping her other children at school. She would not physically be able to attend an appointment at the Coburg site. However, she could attend the Fawkner site for speech pathology services, and the speech pathologist could liaise with the Maternal and Child Health team at Fawker regarding the family's needs. The mother reported that *'It has been great to be able to walk to the appointment from my home. I walked the other kids to school first and then came here.'*

Positive feedback was also received from clients in relation to joint assessments and consultations undertaken by the speech pathologist and social worker:

- one client observed noticing how the two professionals *'worked together as a team – I felt listened to.'*
- another client shared that she could *'talk to you both, but I can't talk to anyone else about my worries for my children – no one at kinder knows that my husband is dying.'*

In the latter example, the client was easily linked in with the social worker, who could then refer to the client to the Integrated Family Program and specific counselling services.



Design, implement and evaluate pilot music and play project – Merri Music

The Merri Music program was delivered over five weeks in two childcare services. Through the project:

- the curriculum was developed
- a range of original songs were written by the project's Speech Pathologist and Music Therapist, in response to the topics identified by the childcare services
- a CD featuring the majority of songs was recorded and distributed to the childcare services, parents and caregivers, as well as to other services such as Maternal and Child Health services. The CD featured the Speech Pathologist and Music Therapist, accompanied by three children from local Moreland primary schools and was launched in August 2015.
- the professional development session for childhood educators was developed and delivered, along with modeling and informal professional development provided at each session
- childhood educators' developed the skills to integrate the songs in their daily practice and to write their own songs to meet new needs of children at their centres
- parents were educated about ways to

integrate music into daily life in order to develop their children's language skills and behavioural regulation.

• Outcomes for children

Childcare educators reported positive behavioural changes in the children as a result of the Merri Music program including:

- improved language skills
- improved coordination
- improved language concepts
- improved communication with, and understanding of, children with special needs
- children were more responsive
- children were more confident and engaged
- children were singing more.

The songs assisted group activities which had previously been difficult, because:

- children were able to maintain longer periods of quiet/reflective time
- children were able to participate in longer group times (extending from five minutes to 30 minutes).

Childhood educators observed that the Merri Music songs assisted children to make smoother transitions between activities, and to

engage in specific activities (e.g. packing up, lining up), assisted by the functional songs. One educator reported that *'It was good to introduce a song to grab the children's attention. We'd ask the kids 'What do we sing when line up?' And they would say 'The Kangaroo!' And then we would all start singing.'*



Childhood educators' perspectives

Enhancing childhood educators' skills and knowledge was a key aim of the Merri Music program, so that the program outcomes could be sustained. Educators reported that:

- the program resources were very useful
- the program was well-structured
- they intended to continue using the resources after the program finished
- the professional development session was useful.

Comments from educators included:

- *The booklet was really easy to read...Even though I've been teaching for a long time, it was good to be reminded of all of this.*
- *(The resources) really catered to what we*

need – we use it everyday.

- *The time we had to observe the children was very useful, we got information around how we could help the children.*
- *(The professional development session) brought home how music and play are linked together, and how important music is...Having a session without the kids meant that we could concentrate more and take in the information.*

Childhood educators reported:

- increased confidence in using and creating songs to communicate with children at their centres
- an increase in their knowledge of music and play activities, such as understanding the need to keep the lyrics simple, directive and repetitive, or how to use



- music to introduce new knowledge to the children
- developing new skills such as incorporating 'labeling' in songs and using music to communicate.

All of those who attended the professional development session had contributed to creating new songs, and all felt that could write a song if they needed to. One educator reported that *'I wrote two new songs which is something I never thought I would do. I was really proud of myself.'* Another reported that *'I feel more confident after the project using the tools to teach the children music and help meet their needs'*

Parents' perspectives

Parents' feedback on the Merri Music program, either to the evaluators or directly to the childcare educators, was positive, though feedback was not received from all parents. Parents reported that they played the CD in the car, often on the way to childcare, and that their children 'loved it' and liked to sing along, and that siblings enjoyed the songs as well. Parents in general, and the Arabic-speaking parents in particular, appreciated the Arabic song 'Marhaba'. This song was performed by the Joybelle Child Care Centre children at their end of year concert.

Some parents reported observing changes in their children such as:

- use of new words and expressions
- changes in vocabulary
- improved pronunciation
- improved use of English (for children speaking a language other than English at home)
- improved emotional responses, and
- increased confidence.

Innovative practices explored

A broader aim of the project was to explore innovative practice, made possible through additional funding and resources. Through the project, many new practices and strategies were tested. These included:

- taking speech therapy services out from the Coburg site and into locally based mainstream education and community sites
- the speech pathologists working directly with other disciplines (social work, music therapy, early childhood education)
- MCHS staff collaborating on writing, singing and recording songs for the Merri Music CD
- providing formal professional development activities to early childhood educators, and observations, modeling and mentoring over the four week program.

Speech pathology services are now provided regularly from the MCHS Fawkner site and Belle Vue Park in Glenroy.

Relationship-building outcomes

Strengthening relationships with education and community-based providers was also an objective of the program. The Child Health Team reported that the relationship with Belle Vue Park Primary School/Community Hub is well-established and there are now strong connections between the two institutions. On-going services have been provided from Belle Vue Park including:

- 'School Readiness' sessions were provided in Term 4, and
- one to one speech therapy services.

The team is committed to being part of this service hub in 2016.

A new Community Hub will open in Fawkner in 2016. The Child Health Team is already planning to deliver 'Early Play' group sessions when the hub is launched.

The team's relationship with the Music Therapist has also been a positive outcome of the project. The team has felt energised and inspired by the music therapy approaches, and this has also opened some new professional links.

Organisational reflections

The Child Health Team participated in a focus group, reflecting on the Northern Outreach Project, and observed that the project had produced not only important 'products', but also new practices and new ways of thinking about their work.

Merri Music program and resources

The team observed that:

- they were '*surprised by the children's capacity to change over a short period of time*' – in terms of learning the songs and engaging with their functional messages
- they were '*surprised at how much use we have had from the CD*' with other groups and individual sessions
- the CD is a valuable resource, with lots of potential applications beyond children needing speech therapy, such as a resource for teaching/learning English
- the practical and functional approach of the songs was highly successful with the children
- the professional development session was effective in bringing together the learnings around theory and practice.

Through learning about song-writing for children, and the under-pinning theories, the team has created approximately eight more songs. The songs are short, engaging, and each has a specific theme/message ('*Wash your hands*' '*Look but don't touch*'). The team has learnt how to fine-tune songs to the needs of a particular centre or group, and can make those adaptations.

The team believes that they can continue to create more songs for children with development delays, or those speaking other languages and needing additional assistance

to learn English.

Staff observed that Merri Music '*gave a new perspective on how to communicate things in a different and creative way.*'

Inter-disciplinary practice

The team felt that:

- collaborating with the social worker and music therapist has influenced their therapy practices.
- the inter-disciplinary team approach was highly consistent with the Community Health program guidelines and MCHS' values around family-centred practice
- having the social worker available 'on the spot' was positive for clients requiring social support. Often, clients needing referrals for complex issues are simply not in the position to follow through due to the challenges of their current circumstances (lack of money, ill-health, homelessness, other family concerns and so on). However, those barriers were removed when the social worker was on-site with the speech therapists, and the referral process was immediate.
- working with the music therapist provided benefits that the team had not envisaged at the outset, including the sheer enjoyment of being involved in creative and fun processes, and being introduced to a new research and knowledge. Overall, the team found the process '*exhilarating*

and energising' and reported that it gave the team a '*new lease of life*'.

Success factors

The team felt that the project's success could be attributed to a number of factors including:

- providing group and individual services in a non-clinical setting which helped engage families quickly
- delivering services in the local community which made it easier for families to take up services and comply with appointments
- linking into the Community Hub at Belle Vue Park provided a 'transfer of trust' from other service providers, such as Maternal and Child Health
- the skill sets of the other professionals involved – the social worker had a gentle and non-intrusive manner, and inspired the confidence of clients, and was therefore able to engage clients quickly, and the music therapist was a skilled and outgoing musician, able to connect easily with the children and childhood educators
- the expansion of options for clients as a result of the social work support, who

could make referrals for, and provide advice about other members of a family. For example, the social worker was able to refer one parent with three children diagnosed with autism to Adolescent Services for a teenager, and could also provide the parent with guidance on how to advocate for the children's needs.

Challenges

- Despite its successes, the project also had its challenges. The levels of engagement were not as solid with one of the childcare centres.
- The project could improve its monitoring and evaluation tools.
- Engaging and gaining feedback from parents and childhood educators was challenging, and requires further thought around the processes and tools to be used.
- Feedback was not sought systematically from clients attending individual and group speech therapy sessions, which was a missed opportunity. Tools and processes for collecting this feedback should be developed and integrated into a continuous quality improvement strategy.



Recommendations

Based on the experience and evaluation of the Northern Outreach Project, the following recommendations are provided for consideration for building on the successes and learnings generated through the project.

Recommendation 1: Continue to provide regular, localised outreach services

MCHS has continued to provide outreach speech pathology services in the Fawkner/Glenroy areas of Moreland. Given the need for services in the northern area of Moreland, and the positive impact of speech pathology outreach services documented through the evaluation, it is important that speech pathology services continue to be delivered in the local area.

Recommendation 2: Explore options to fund a social worker position within the outreach team

The evaluation found that outcomes for families and children participating in the Northern Outreach Project were enhanced through the inclusion of the social worker in the multi-disciplinary outreach team. While outreach speech pathology services have continued, further funding is required for a part-time social worker position. MCHS should explore options for securing funding for a part-time social worker position to enable the project's multi-disciplinary, outreach approach to continue.

Recommendation 3: Record another CD with existing surplus songs

The Child Health Team has sufficient new songs (lyrics and music) to record a second 'Merri Music' CD. MCHS should consider the option of recording another CD with these songs.

Recommendation 4: Consider rolling out the music program more broadly and seek funding to engage a music therapist to assist with this.

The Merri Music program was found to be a successful and flexible music and play program. MCHS should consider delivering this program more broadly, for example, working with additional kindergartens in Moreland. The involvement of the music therapist was a critical element in the program's success. Therefore, MCHS should seek funding to engage a music therapist to be involved in further delivery of the program

Conclusions

The Northern Outreach Project successfully achieved its primary goal of reducing waiting times for children’s speech pathology services. It has also demonstrated a wide range of benefits for clients and service providers from taking an evidence-based innovative approach. The project’s strategies and approach can provide lessons not only for MCHS, but more broadly across the community health sector.

When MCHS was provided with additional resources to reduce waiting times for speech pathology services, rather than investing the funds in simply increasing speech therapy hours, the Child Health Team took the opportunity to address the issues using a number of innovative approaches. Previous research commissioned by the team had identified issues relating to screening, service intake and the need to increase community outreach activities to extend the service to those who are in most need. The additional funds offered through this project allowed the team to plan and explore creative responses to these issues.

By taking an action research approach, the project evolved, changed and improved throughout its timelines. The project explored:

- outreach service provision
- integrating social work with speech pathology
- linking with community hubs and early childhood centres and kindergartens
- developing an original ‘music and play’ pilot program delivered at local childcare centres.

There is great potential for the MCHS to use the project experience as a platform to continue this approach, and for the approach to evolve further.

While the numbers participating in the project remain relatively low, the approach has clearly shown the potential to have a dramatic impact on the waiting list for speech pathology, which benefits all clients of the service.

The project has also enabled speech pathology services to reach client groups who experience the greatest barriers to taking up services, but also have high levels of need. Given that early intervention in speech-language impairment not only has positive, short term impacts, but can affect quality of life outcomes in later stages, the importance of finding new ways to reach those hardest to engage cannot be over-stated.

The Northern Outreach Project encapsulated all of the principles of the Community Health Program, and provides important learnings not only for the MCHS, but can also provide learnings to share more broadly with the community health sector and particularly the delivery of children health services.

Endnotes

¹ Merri Community Health Services *Quality of Care Report 2015*

² State of Victoria *Community health integrated program guidelines – Direction for the community health program* March 2015

³ The Australian Early Development Index (AEDI) is a measure of how young children are developing in different communities. The AEDI is a population measure of children's development as they enter school. Based on the scores from a teacher-completed checklist, the AEDI measures five areas, or domains of early childhood development:

- physical health and wellbeing
- social competence
- emotional maturity
- language and cognitive skills (schools-based)
- communication skills and general knowledge.

⁴ *Australian Early Development Index Community Profile 2012, Moreland Victoria* Centre for Community Child Health, The Royal Children's Hospital Melbourne [accessed from: https://www.aedc.gov.au/ClientData/CommunityProfiles/2012_25250.pdf]

⁵ <http://www.abs.gov.au/ausstats/abs@.nsf/mediareleasesbytitle/AC5B967F97D4902ECA257B3B001AF670>

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⁷ *Australian Early Development Index Community Profile 2012, Moreland Victoria* Centre for Community Child Health, The Royal Children's Hospital Melbourne [accessed from: https://www.aedc.gov.au/ClientData/CommunityProfiles/2012_25250.pdf]

⁸ <http://www.education.vic.gov.au/childhood/providers/needs/Pages/aboutecis.aspx>

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cited in:

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¹² State of Victoria, op cit

¹³ Viney, L *Jamming with your toddler: how music trumps reading for childhood development* The Conversation October 27, 2015. This article refers to the University of Queensland's 'Being and Becoming musical: towards a cultural ecological model of early musical development (2012–2015)' ARC Discovery Project research. Results published in: Williams, Kate et al "Associations between early shared music activities in the home and later child outcomes: Findings from the Longitudinal Study of Australian Children" *Early Childhood Research Quarterly*, Volume 31, 2nd Quarter 2015, Pages 113–124

¹⁴ Lee, A op cit

¹⁵ *Policy Brief: Translating early childhood research evidence to inform policy and practice*. An initiative of the Royal Children's Hospital (Melbourne). Centre for Community Child Health, 2011

¹⁶ Department of Education and Early Childhood Development 2012, *Victorian Early Years Learning and Development Framework. Practice Principle Guide: Family Centred Practice*, State Government of Victoria. East Melbourne.

¹⁷ Department of Education and Early Childhood Development 2012, *ibid*

¹⁸ *Research Summary: Learning Language and Loving It* The Hanen Program for Early Childhood Educators/Teachers, The Hanen Centre, 2007

