



Wimmera Southern Mallee By Five Early Years Project Specialist Paediatric Support Partnership 2020

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BY FIVE works on the traditional country of the *Wotjobaluk, Wergaia, Jupagalk, Jaadwa and Jadawadjali* people. In our work we pay our respects to the Elders past, present and emerging and acknowledge their continuing custodianship of the land.

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1 Summary

From late February 2020 to December 2020, the Wimmera Southern Mallee (WSM) By Five early years project delivered the Specialist Paediatric Support Project (SPSP) in order to improve child outcomes by building paediatric care capacity and capability in WSM primary health services.

The project was supported via By Five funding for coordination and the pooling of enhanced Maternal and Child Health (MCH) allocations over 5 jurisdictions to employ a community child health paediatrician.

The project was delivered in three tiers, building from a foundation of health literacy for all families and services, upskilling and peer education amongst health, education and social care providers and co-consultation, support and mentoring to enable the delivery of high quality health services via the local professionals families know and trust.

This innovative project successfully co-designed a new approach with stakeholders, delivered health literacy activities to 220 parents and practitioners, delivered 157 hours of peer learning and reached scale within 2 months to conduct approximately 100 co-consultations and ongoing support throughout the year.

In 2021, the project has secured funds to consolidate and expand and is working across a range of policy, research and service development partnerships to sustain and embed a model of care based on keeping families in the communities they live in, avoiding school and work exclusion and upskilling local professionals.

2 Background

The WSM By Five Specialist Paediatric Support Partnership (SPSP) was initiated in November 2019 and the first phase of the project was completed in December 2020. The project is entering a second phase as of December 2020 and is expected to continue service delivery, evaluation and research activities until October 2022 with final reporting due March 2023.

The aim of the SPSP is to improve child outcomes by building paediatric care capacity and capability in WSM primary health services.

The SPSP emerged from the By Five WSM Early years project in response to community consultation, research and data analysis indicating the potential to deliver more timely and affordable paediatric health care by building on the strong foundation of existing primary health services and embedding specialist knowledge and expertise via a three-tiered approach of health literacy activities, participatory professional education and case consultation. Concurrently, co-design, action research, evaluation and knowledge translation activities are undertaken in order to develop activities according to the needs of participants, understand more about the impact and consider the potential to scale the program locally and in other circumstances.

The project was co-designed with the WSM community from November 2019 with Paediatric resources in place from late February 2020. With the advent of restrictions associated with the COVID-19 pandemic, the project was quickly able to put in place an online seminar series as well as take advantage of a co-consultation and learning environment where perceived barriers to virtual care and learning were lifted.

This is a project report as of December 2020. The report has been prepared to provide a final project report to the steering group and a foundation for ongoing activities and to inform a

refreshed steering group. Any questions about this report should be directed to Rachel.Robinson@mcri.edu.au.

3 Evidence informing the model

Telehealth is the use of technology to provide care for patients remotely in real time but may also refer to a range of technology enabled health care scenarios. Telehealth has been in use for several years in providing clinical care for children with developmental and behavioural concerns. Although Medicare subsidies for telehealth have been available in Australia since 2011, prior to the COVID pandemic in 2020, the uptake had been disappointing given the potential to deliver greater equity in health care participation and outcomes. The shift to telehealth since March 2020 and widespread acceptance of the benefits are considered to be a success story (Duckett, Mackey, Stobart, Swerissen, & Parsonage, 2020). In November 2020, the federal health minister announced that over 40 million telehealth consultations had been held and that Universal, whole-of-population telehealth would now be a permanent part of the health system for all Australians.

As part of the SPSP, a Policy Brief was produced that explores in detail evidence about the rationale and potential impact for using telehealth, an in particular in embedding specialist expertise via telehealth to improve regional access and care. This is included as an appendix with some commentary provided here.

Royal Children's hospital data collected in 2020 indicates that the use of telehealth for specialist outpatient consultations is highly acceptable to families (Centre for Community Child Health, 2020). Although telehealth has been slow to become widely used, the COVID pandemic showed us that it is a very effective approach for reaching all families, with significant potential for rural and remote families. This project identifies the opportunity to ensure sustainability and uptake of paediatric telehealth co consultation in the wider community.

There is sound evidence that parents and carers may bring expectations of paediatric referral to GP consultations; similarly, GP confidence in paediatric care may be crowded out due to population change and the increased focus on adult chronic care management (Freed et al., 2017). Building on the UK, Connecting Care for Children model (Montgomery-Taylor, Watson, & Klaber, 2016), an Australian pilot – Strengthening Care for Children – established the value of paediatric co-consultation to increase parent and GP confidence and reduce inappropriate prescribing and specialist referrals (Hiscock et al., 2020). These co-consultation models have improved the confidence of both patient and clinician (Hiscock et al., 2020) and this is a feature recorded in other research (Knight et al., 2016).

Multiple studies have established telehealth is efficient in meeting child health needs including autism diagnosis and management, and can be effective in combination with face to face interactions (Akamoglu, Meadan, Pearson, & Cummings, 2018; Centre for Community Child Health, 2020). Telehealth can provide health care interventions in natural settings, that are budget friendly, and support parents in social emotional and therapeutic ways.

Through the co-consultation established in the SPSP, families can access specialist appointments via local healthcare providers including GP, MCH nurse, and other allied health providers including speech pathologist and occupational therapist.

There is little information on parental experiences and perspectives on co-consultation appointments using telehealth and this is an area of research that needs to be investigated. Despite the limited research conducted, the available resources show that telehealth is

widely accepted by parents. The common benefits identified in a survey of over 2000 families using telehealth as part of research conducted in 2020 by the RCH are:

- Avoid travel and family disruptions
- Cost savings: travel, food, accommodation, childcare cost
- Avoid long waiting list
- Improve access to specialist care
- Can still contact the specialist if they need to through GP appointment
- Communication: connected and real time, feel listened to.
- Involved in decisions
- Able to maintain relationship with specialist and local health care provider
- Greater continuity of care
- Increased confidence in GP
- Reassuring to see the collaboration between local provider and specialist.

4 Description of the model

The By Five SPSP represents 5 maternal and child health (MCH) providers in the Wimmera Southern Mallee (four local government organisations and a health service) who partnered with the Royal Children's Hospital (RCH) to employ a developmental and behavioural Paediatrician one day a week. Initially funded for 6 months from February 2020, the project in its current form is in place until December 2020, with additional resources to expand the approach and stakeholders from 2021.

In 2020, the RCH Paediatrician worked closely with MCH services, to ensure primary health providers have what they need to enrich paediatric health care, improve health pathways and increase family health literacy in the WSM.

The partnership came about as a result of the By Five consultation process which drew attention to difficulties in accessing timely specialist paediatric support despite the expertise of the local primary health workforce. The flexibility provided by the expansion of the Enhanced Maternal and Child Health program and the need to future proof healthcare by generating capacity, enthusiasm and commitment for telehealth provided an ideal opportunity for innovation. Significant coordination resources, from the By Five project – funded by the Departments of Education and Training and Health and Human Services have been applied to the project.

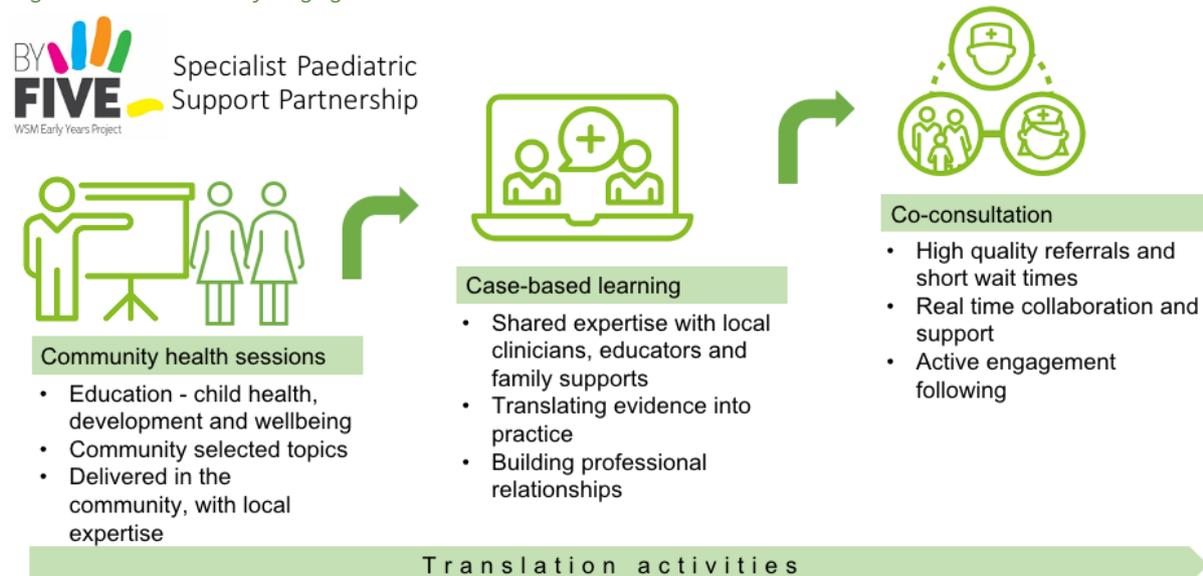
The partnership offers three integrated tiers of specialist support and has the flexibility to develop rapidly to meet the needs of stakeholders through ongoing co-design and continuous improvement.

These are:

1. Community health literacy
2. Case-based learning seminars and discussions with local providers
3. Co consultations, collaboration and support via trusted local health, education and social care providers

Each tier is supported by translation activities, including co-design to ensure understanding of what is involved in developing and delivering the activities is understood.

Figure 1: SPSP tiers of engagement



5 Report on project components

5.1 Tier 1: Community Health Literacy

Community health literacy activities aim to provide a foundation for improving understanding of paediatric issues in the community and are targeted toward both families and professionals. Activities in 2020 built on several community seminars held in 2019. These seminars were delivered by the RCH paediatrician in collaboration with local primary health personnel and reached nearly 300 people across 6 sessions.

In 2020, plans were in place to continue with face to face seminars in venues in the community where families feel comfortable. When restrictions were put in place, one idea was to deliver several short video blogs for families with children aged 0-5. The rapid scaling of the project to full capacity meant these plans were put in hold and the focus of community health literacy activities shifted to sharing the model in a range of formats and, more recently, collaborating with local practitioners and the Department of Education and Training to deliver 3 interactive webinars about toileting and rest time at kinder for children starting kinder in 2021. A report on these webinars is included at Appendix 6: Health Literacy Seminar Report.

Table 1: Health Literacy activity participation

Topic	Participants
Toileting and rest webinars October and November 2020	65
HSRAANZ, June 2020	30
Thriving children thriving communities, October 2020	85
Primary Health Network Echo, COVID back to school session, Nov 2020	40

5.2 Tier 2: Case based learning

The format of the case based learning sessions is usually consistent from week to week. As a result of topics identified in the initial co-design and in further co-design sessions or in response to emerging needs or cases, the topics are identified in advance. One or more participants nominates to provide a case study.

A total of 18 case based learning sessions were held. These included 2 sessions dedicated to co-design of the project. In total 157 hours of continuing professional development were provided to project participants. Certificates for this were distributed in December 2020.

Table 2: Case study seminar topics and MCH / Family Services participants, 2013

Topic	MCH/ECI participants
Unsettled babies	14
Telepractice	8
Behaviour	6
ASD	9
Developmental concerns	6
Eczema	12
Co-design session	7
Perinatal mental health	11
Plagiocephaly	8
Growth	5
NDIS	7
Constipation	7
Collaboration	9
Trauma	11
Skin	11
Co-design session	10
Metabolic	10
Collaboration and co-design	6
Total (n=18 sessions)	157

It has been challenging to get feedback from the MCH workforce about the seminars, with most feedback coming verbally, where formal responses have been provided to an online questionnaire provided after each seminar, the average response on the question: On a scale of 1 to 10, how useful was the seminar, the average response was 9.54 (11 responses).

When asked to describe what was most useful, some examples include:

Having an approachable, realistic and down to earth expert, plus the willingness of the nurses to share their stories AND NOT needing to travel for it all!

Confirmation that what advice I give is correct

Hearing how others approach issues we are all faced with

The case studies make it real

It's just nice to share what we do and know that others have similar stories

Listening to different views, advice, experience

Great session, good interaction, we are getting better at this

This short video <https://youtu.be/HJvCiwGL5KY>, has information about the program from the Paediatrician and one of the nurses provides insight into the value placed on the seminar series. The informal feedback and ongoing engagement are further evidence of the value placed on the series.

5.3 Tier 3: Co-consultation

From April 2020 to December 2020, more than 100 co-consultation appointments have been held with MCH and other primary health practitioners in WSM, these appointments have been enhanced with communication between appointments and children have been diverted

from specialist appointments through advice provided to clinicians. Three children have been brought to the RCH or diverted to other primary care or specialist services urgently when telehealth was insufficient.

Further data on numbers and presenting factors in co-consultations is being sought from the RCH electronic records system and will form part of the evidence as the project is extended in 2021.

Table 3: Presentations, SPSP 2020

Unsettled infant	Stature
CMPA Skin lesions	Eczema
FTT	Developmental delay
Constipation	Emotional and Behavioural difficulties
Allergy	

What do paediatricians typically see in practice?

Between November and December 2013, members of the Australian Paediatric Research Network were invited to complete standardised forms for 100 consecutive patients or all patients seen over 2 weeks, whichever was completed first. Results were analysed to consider diagnosis amongst other things. An analysis of the most common presentations for new and review consultations are detailed below (Hiscock et al., 2017).

Table 4: Most common paediatric presentations, 2013

Diagnosis (N=2088) Data from 2013	2013 % Consults	2013 % Consults
	Top 10 New	Top 10 Review
Autism	15	14
ADHD	14	28
Sleep disturbance	8	7
Baby check (premature or full term)		9
Learning difficulty/disability	7	10
Behaviour	7	6
Language delay	6	
Anxiety	6	8
Asthma	6	6
Allergy	6	
Intellectual Disability	5	6
Constipation		5
Total (top 10)	53	65

5.4 Knowledge translation

Several activities were held during the project period relating to knowledge translation and scale. These are examined here with information about key findings or recommendations.

Victorian Early Years Awards, November 2020

The By Five SPSP received the award for Creating Collaborative Community Partnerships in the 2020 Victorian Early Years Awards, see:

<https://www.education.vic.gov.au/about/awards/Pages/veya-winners-2020.aspx>

A short video was also compiled: <https://youtu.be/T3b1GKbgVOY>

LG PRO awards for Excellence, November 2020

An application to LG PRO Awards for Excellence 2020 in the Special Projects Initiative was made in November 2020. The outline for the application is provided below.

The Wimmera Southern Mallee Specialist Paediatric Support Partnership is a collaboration to improve health and development outcomes for children to ensure they thrive at school and beyond. The partnership connects Maternal and Child Health Nurses and other health and education services across 6 local government areas with a Royal Children's Hospital paediatric specialist. The collaboration uses telehealth and digital solutions to enhance local primary care to better meet the immediate needs of vulnerable families. Three levels of intervention build confidence, skills and capacity from the ground up: public health literacy workshops; co-designed peer learning; and paediatric co-consultations.

Infrastructure Victoria 30 year plan for rural and regional Victoria

The project contributed to recommendation 15, detailed in [Victoria's draft infrastructure priorities for the regions](#).

Health Services Research Alliance Australia and New Zealand

The SPSP RCH paediatrician and two MCH Nurses contributed to a webinar for HSRAANZ members on the topic of National and International models of health care for children. This is available at:

<https://youtu.be/W5TkUQJ1R18>

MCH telepractice seminar

In May 2020, the SPSP coordinated a webinar for participants on telepractice, the webinar involved MAV as well as RCH and MCRI personnel. The learning objectives were to:

- Increase your understanding about the technical aspects, policies and platforms for telehealth
- Improve confidence to apply your existing clinical skills and interventions in the digital environment
- Improve your confidence to foster and maintain inter-personal connections and therapeutic relationships with families via telehealth

The content for this webinar was subsequently adapted to a broader MCH audience with the aim of supporting professionals to confidently connect with and meet the needs of families online, by exploring the processes and practices that promote safety and help build rapport and trust between parents and practitioners. A recording of the online conference held on Monday 15 June 2020 is available at:

<https://www.mav.asn.au/what-we-do/policy-advocacy/social-community/children-youth-family/maternal-and-child-health-children-0-6-years/mch-conferences#telepractice>

Raising Children Network articles

The SPSP RCH paediatrician and Coordinator contributed as content experts to articles for families about preparing and participating in telehealth consultations, these articles will be published on Raisingchildren.net.au early in 2021.

Thriving children Thriving communities webinar series

In October 2020, the CCCH at the MCRI launched a webinar series. The first webinar: Pushing the boundaries: using telehealth to improve access and care attracted 85 participants and included the opportunity to hear from SPSP participants including:

- Paediatrician Dr Billy Garvey
- MCH Nurse, Melanie Wade
- Parent, Karen Inkster

<https://www.rch.org.au/ccch/thriving-children-thriving-communities/>

Table 5: Key messages from Thriving children Thriving communities webinar

Dr Billy Garvey Paediatrician	<p>MCH are the reason that this programme is thrived.</p> <p>We have already seen the benefit of all of us getting to know each other a bit better so that we can have proactive relationship to support”</p> <p>We almost diverted every referral away from RCH so that families are being able to remain in the community</p> <p>We really want to increase our engagement with GP, educators, family services and Allied Health members. We know it takes for all of us to come around and support these families to improve the outcomes for children throughout this region</p>
Karen Inkster Parent	<p>The Single greatest benefit is accessing the Paediatrician and GP at the same time and see them both engage with my child to mark out a plan.</p> <p>The ability to have a GP and Paediatrician there looking together is just amazing. Ultimately, they both give the decision-making process back to me and dad.</p> <p>Not just in medical, but across in education as well, for the child everything is in together, we got all these resources put together.</p>
Melanie Wade MCH	<p>The ability to work collaboratively with highly skilled professionals has helped MCH Nurses, who sometimes work in isolation, to be able to network and support each other.”</p>

Centre for Community Child Health Policy Brief, October 2020

A policy brief, Pushing the boundaries: Using telehealth to improve regional access and care was prepared by the Project Coordinator, Rachel Robinson in conjunction with other CCCH colleagues and was released to coincide with the Thriving children Thriving communities Webinar in October 2020.

The [policy brief](#) highlighted the importance of using telehealth in embedding specialist services and paediatric expertise through existing primary care. This will ensure access to specialist paediatric care in regional and rural Victoria, enhance skills of clinicians and practitioners and Improve efficiency and quality of care.

Table 6: Policy Brief recommendations

Awareness	<p>Promote primary health practitioners to use this as an opportunity to enhance their skills to improve confidence and efficiency for triage and referrals.</p> <p>The opportunity to manage their condition with specialist support in their community to be highlighted for the parents and caregivers.</p>
Acceptability	<p>Highlight the convenience and benefits of telehealth co consultation to parents and caregivers, understand their needs and perspectives and involve them in co –design telehealth models to support their child’s needs.</p>
Accessibility	<p>Identify and Remove barriers to make it easier to navigate including extension of Medicare rebates and provision of appropriate location for appointments for the community</p>
Building capacity	<p>Professional development and support for local providers to improve clinical, interpersonal and technical skills. Training and skills development opportunities for existing primary care practitioners</p>
Infrastructure	<p>Invest in technology to meet the needs of current and future telehealth appointments</p>
Research	<p>Require high quality research on feasibility and acceptability of telehealth co consultations</p>
Collaboration	<p>Build on existing expertise and systems to support and enable co consultation telehealth services.</p>

Master of Public Health Student Project, December 2020

The By Five coordinator provided co-supervision and support for a University of Melbourne Master of Public Health Capstone project: Enhanced Maternal and Child Health (EMCH)

nurses' use of telehealth during the pandemic: feasibility of a virtual model of care in regional Victoria (Ghazarian, 2020). The project justification stated:

Health service access barriers in rural Australia strongly contribute to the health disparities between rural and urban communities. International literature demonstrates that telehealth can improve access to services, yet implementation in Australian rural communities is limited. There are research gaps on the barriers and enablers to delivering telehealth in the regional family health setting, particularly for vulnerable families. The changes enacted in the Enhanced Maternal and Child Health (EMCH) service due to the COVID-19 pandemic presented an opportunity to explore this.

The project concluded:

The benefits and drawbacks to telehealth suggest that a hybrid model of virtual and face-to-face care is feasible in the EMCH setting. Barriers to delivering virtual care can be overcome by providing: adequate IT support, access to telehealth infrastructure, and training in working with families remotely. Adopting a learning mindset and nurse flexibility are also important factors.

A video of the findings of this project was made (<https://youtu.be/Utgfi-44m74>) and this can be viewed [here](#).

5.5 Scaling opportunities

The following scaling opportunities are highlighted.

Medical Research Future Fund

In November 2020, a Medical Research Future Fund – 2020 Primary Health Care Research Grant Proposal was submitted to conduct Strengthening Care for Rural Children (SC4RC), this would be a randomised control trial to replicate a hybrid of the SPSP and the Strengthening Care for Children model in regional Victoria and NSW. The application involves Sydney Children's Hospital network, University of Sydney, University of Melbourne, MCRI, RCH, Western Vic PHN, Murray PHN, and Murrumbidgee PHN.

The research involves health care outcome testing, an economic evaluation and a comprehensive implementation evaluation including:

Factor	Questions addressed by each implementation factor.
Acceptability	Do practitioners, parents and children view the SC4RC as beneficial?
Adoption	To what extent do practitioners and parents use the SC4RC model?
Appropriateness	Do stakeholders perceive SC4RC as relevant and useful?
Fidelity	Is SC4RC implemented as intended?
Coverage	How many service users of those eligible are reached?
Cost	How much does it cost to successfully implement and sustain SC4RC?
Sustainability	What factors will allow SC4RC to be scaled-up?

As of December 2020, By Five is in ongoing communication about the model with:

- Royal Children's Hospital, to consider the opportunity for a detailed evaluation and to further inform activity under the strategic priority Great Care, Everywhere.
- Centre for Research Excellence in Childhood Adversity and Mental Health to consider how the project can deliver best practice in more integrated approaches to community health care and reform
- The Children's Wellbeing initiative in East Gippsland overseen by Save the Children
- Health and social care services in Portland

- South Australian maternal and child health service
- Western Victoria PHN – Barwon Health re Paediatric care for school aged Aboriginal children
- WVPHN – Project Echo – Paediatric co-consultation and management of complex cases
- WSM and University of Melbourne Public Health students to support research

6 Reflection on the model and project

6.1 Barriers

The initial set up of the co-consultation model and the associated electronic records were impacted by difficulties getting dedicated electronic ‘clinic’ set up for the project so referrals could be directed to the correct place.

Both the Paediatrician and coordinator committed significant time to the project outside the contracted hours. One of the difficulties was in scheduling and in 2021, an online scheduling app will be put in place to support both co-consultation appointments and phone/email support.

MCH are very busy practitioners and are already required to undertake numerous data collection and development activities. The project promised not to add more work to their already busy schedules but to try to relieve some of the pressure they experience. Several attempts to collect information from the nurses yielded very little feedback and the measure of success shifted to recording the ongoing engagement of nurses in developing and contributing to the education sessions and the increasing engagement in co-consultations.

The project resources were inadequate to conduct detailed evaluation and research activities with families. This is a significant limitation of the project. Moving forward

While the project has engaged with both the MCH and Paediatrician working out of the Aboriginal Community Controlled Health Service, the project has thus far failed to engage the local Aboriginal community in

The project also needs to consider opportunities to engage with the Karen community living in Nhill and Horsham.

6.2 Enablers

The skill and experience of the MCH and Allied health practitioners enabled detailed information to be transferred which enabled an appropriate and rapid consultation process.

The movement restriction placed by corona virus was more of an enabler than barrier, the shift to telepractice for all people involved in the project meant that some of the perceived barriers for the project were removed and the project was able to provide learning for others. The opportunity seen by MCH and other health care professionals involved was the opportunity to learn alongside clients.

6.3 Reflection on the SPSP Logic model

A logic model for the project was developed in May 2020 and is provided at Appendix 4: WSM SPSP Logic model at May 2020, following co-design. Short term implementation outcomes as detailed below appear to be being met.

Is the implementation of the model:

Delivered as intended?
 Used by those intended?
 Easily integrated into practice?
 Adaptable to a range of circumstances?
 Provide insights into best practice implementation approaches and build capacity and enthusiasm for tele practice solutions?

Is the model:

Acceptable?
 Fit for purpose?
 Cost effective?
 Feasible and practical?

Does the approach:

Increase satisfaction with local paediatric care?
 Support appropriate assessment and referral?

Longer term outcomes have not been measured in detail, brief reflections are provided.

1. Build clinical alliance, capacity and capability?
 - The services are oriented and accepted by the paediatrician, MCH nurses, Allied Health, GPs and parents. Four GPs have been involved in service provision
 - MCH nurses and paediatrician reflect on the learning opportunity from each other
 - The Paediatrician reports that new knowledge about evidence based care is quickly embedded in practice
 - MCH nurse reports this has enabled further networking and support among them
2. Increase confidence of families and services?
 - This outcome was not measured but feedback from families has been positive
3. Divert families from potential costly and unnecessary services?
 - Most referrals are diverted from RCH
4. Increase uptake of evidence based assertive and integrated services?
 - MCH nurses are keen on the project and participating in ongoing seminars and training opportunities.
 - MCH nurses speaks highly of the specialist input in their training

7 Conclusion and next steps

It has been established that Paediatric telehealth Co-consultation can help in early identification and timely management of chronic and behavioural paediatric health conditions. Although current research identifies that parents welcome the telehealth appointments, , further research on parental perspectives is recommended to ensure the sustainability of co-consultation telehealth in the paediatric population. Looking to the future, the SPSP project aims to facilitate more community health literacy sessions and via communities of practice to ensure and support active engagement with GP, allied health, family services and education services in the region.

Financial arrangements December 2020 to March 2023

As of December 2020, funding to continue to deliver and further expand and evaluate the model under the interim name: By Five WSM Integrated Primary Health Paediatric Telehealth Trial, has been secured through the Regional Digital Fund. These funds are leveraged with some additional resources:

- By Five coordination to February 2021 provided by the Department of Health and Human Services and Department of Education and Training
- Local government and health service support for Paediatric salary to March 2021
- Funds of \$15,000 as a result of the Victorian Early Years Award for Community Collaboration
- 12 days additional coordination support as a result of consultation provided by the MCRI By Five coordinator to other projects.
- Funds for evaluation to be confirmed

- Funding from the Victorian Medical Specialist Training (VMST) Program for a community child health fellow who will participate in the Victorian Training Program in Community Child Health, based at the RCH and be supervised/mentored for clinical time with the Wimmera Southern Mallee.
- A commitment to match VMST funding for supervision/mentoring has been made by Wimmera Southern Mallee Health Alliance
- As of December 2020, a community child health fellow has been appointed to start at the beginning of February 2021.

Governance arrangements December 2020 to March 2023

After December 2020, governance for the SPSP project will transfer to the Wimmera Development Association (WDA) and in February 2021, the current funding for By Five coordination comes to an end. A refreshed steering committee will guide the By Five WSM Integrated Primary Health Paediatric Telehealth Trial which will be a program of the WDA and be led by the current By Five Independent Chairperson.

A detailed governance handover is underway.

8 References

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9 Appendix 1: SPSP Financial arrangements and acquittal

Financial arrangement December 2019 to December 2020

In 2020, funding to support paediatric salary for the project was provided through the allocation of funds under a WSM Paediatric Telehealth collective Memorandum of Understanding. This MoU outlines the *intent and intended membership, roles and responsibilities and financial commitment of the WSM Paediatric Telehealth collective*. It is available in full on request, extracts appear below.

Purpose

The WSM Paediatric telehealth collective was formed in December 2019 to improve child outcomes by building paediatric care capacity and capability in WSM primary health services.

Dates of operation

This MoU is intended to be in place from December 2019 to March 2021. A review of the MoU, including dates of operation, progress in achieving the purpose, parties and representatives, roles and responsibilities and financial commitment will be conducted in December 2020.

Parties and representatives

Jessie Holmes
Chief Executive Officer
Yarriambiack Shire
jholmes@yarriambiack.vic.gov.au

Rose Harris
Director Community Development
Buloke Shire Council
RHarris@buloke.vic.gov.au

Alex Hall
West Wimmera Health Service
(Hindmarsh Shire MCH)
alex.hall@wwhs.net.au

Ashley Roberts
Manager, General Business
West Wimmera Shire
ashleyroberts@westwimmera.vic.gov.au

Mandi Stewart
Manager Community Services & Emergency
Horsham Rural City Council
Mandi.Stewart@hrcc.vic.gov.au

Northern Grampians Shire is eligible to become a party to this MoU.

Financial commitment

Each of the partners originally committed a maximum of \$15,000 exclusive of GST to undertake the By Five: Specialist Paediatric Support Partnership (SPSP) telehealth trial from February to August 2020.

In July 2020, unexpended funds earmarked to support administration, travel, accommodation and meeting/seminar/reporting costs were committed to extend the project until early December 2020.

In September 2020, the partners agreed to commit contingency funds of \$5,000 per jurisdiction to extend the project until February 2021 in the event alternative funding is not secured.

Financial acquittal December 2019 to February 2021 (GST exclusive)

Contributions:

Original MCH commitment to December 2020	\$75,000	\$100,000
Extension to March 2020:	\$25,000	

Expenses:

Paediatric Salary (Feb 2020 – March 2021, 0.2 FTE):	\$97,350
Other (travel and incidentals – resources to be carried forward)	\$2,650

In addition to resources secured with the Regional Digital Fund, the RCH was successful in attracting funds from the Victorian Medical Specialist Training (VMST) Program for 4.5 years to employ and mentor a half time community fellow who will participate in the Victorian Training Program in Community Child Health, based at the RCH and be supervised for clinical time with the Wimmera Southern Mallee. The VMST noted, *'we really liked this proposal and saw it as delivering a true critical need'*. A commitment to match VMST funding for mentoring has been made by Wimmera Southern Mallee Health Alliance

Personnel to be dedicated to the project in 2021 and beyond will now include:

Employer / Personnel	Funding	Resourced for project
MCRI Project Coordinator	By Five (DET and DHHS)	0.4 FTE (Jan – Feb 21)
	Community health contribution	0.4 FTE (Mar-Apr 21)
RCH Paediatrician	Local Government / Digital Fund	0.2 FTE (Jan – Dec 21)
	VMST and WSM Health Alliance	0.1 FTE (Jan 21 onwards)
RCH Community Child Health Fellow	VMST (Note CCH training 0.1 FTE)	0.4 FTE (Feb 21 onwards)
WDA Project Coordinator	Regional Digital Fund	0.4 FTE (Feb 21 – Mar 23)
WDA Project support	Regional Digital Fund	0.1 FTE (Dec 20 – Dec 22)
Health economist consultant	Regional Digital Fund	10 days
	Additional funds to be confirmed	
Evaluation	To be confirmed	

In addition to funding for personnel the ongoing project makes governance, research and co-design resources available, in particular incentives for GPs and families to participate in the project.

10 Appendix 2: Steering Group

The contribution of the 2020 Steering Group members is acknowledged.

Steering Group Members

The By Five SPSP Steering Group Members are:

- | | |
|---|---|
| 1. Project Chair, Yarriambiack Shire CEO | Jessie Holmes (Interim Chair Cassy Kelly) |
| 2. Murdoch Children's Research Institute | Rachel Robinson (Secretariat) |
| 3. Royal Children's Hospital | Dr Billy Garvey |
| 4. Department of Education | Karen Modoo |
| 5. Local MCH Champion | Nanette Freckleton |
| 6. DHHS, Manager, MCH Program | Therese Robinson |
| 7. DHHS, Principal MCH Nurse Adviser | Marcia Armstrong |
| 8. MAV, Policy Adviser, MCH | Kim Howland |
| 9. WSM Regional Partnership | Cathy Tischler |
| 10. Integrated Family Services | Louise Netherway |
| 11. Primary Health Network Representative | Clair McDonald |

11 Appendix 3: Original Workplan

Stage	Task	Delivery by	
Stage 1 Feb-Apr 2020	Project inception, contracting, employment, documentation and induction, co-design consultations underway.	31 March 2020	
	Co-design consultations with coordinators conducted	31 March 2020	
	Co-design consultations with MCH completed.	8 April 2020	
	First program of video-conference education and case discussions delivered with local health and education providers underway (8 sessions)	16 April 2020	
	Finalise evaluation framework and research requirements	mid-May 2020	
	Finalise research/evaluation protocols	mid-May 2020	
	Initiate delivery of 10 x half day co-consultation sessions	30 April 2020	
	Design 6 x 5 minute VLOGS for WSM Families, with a focus on children aged 0-5 (TBC)	TBC	
	Zoom meeting held with Steering Group, delivery of draft co-design report	mid-May 2020	
	Evaluation framework finalised	mid-May 2020	
	Finalise co-design report and deliver to Backbone and CLG	mid-May 2020	
	Stage 2 May- June 2020	First program of video-conference education and case discussions with local health and education providers continues (8 sessions)	May 2020
		Deliver 6 x 5 minute VLOGS for families in WSM (TBC)	31 May 2020
Review of first program of video-conference education and case discussions delivered with local health and education providers.		30 June 2020	
Second program of video-conference education and case discussions initiated, including additional stakeholders		30 June 2020	
First program of 10 x half day co-consultation sessions delivered and documented		30 June 2020	
Mid-program report and meeting with Steering Group		30 June 2020	
Stage 3 July-Aug 2020	Second program of video-conference education and case discussions underway, including additional stakeholders (8 sessions)	31 July 2020	
	Second program of family engagement underway (format TBC)	31 July 2020	
	Delivery of second round of 10 x half day co-consultation sessions underway	31 July 2020	
	On-board student qualitative researcher	31 July 2020	
	Student qualitative evaluation project underway	31 August 2020	
	Second program of video-conference education and case discussions completed (8 sessions)	31 August 2020	
	Second program of 10 x half day co-consultation sessions delivered and documented	31 August 2020	
Stage 4 August 2020	End of program meeting with Steering Group and presentation of draft report, development of recommendations.	31 August 2020	
	Final report due, including evaluation/research report	October 2020	
	Student report presented	December 2020	

12 Appendix 4: WSM SPSP Logic model at May 2020

Problem Statement	Inputs	Outputs: activities	Outputs: participation	Short-term (process) outcomes – 6 months	Medium-term outcomes (6 months – 1 year)	Long-term outcomes (greater than one year)
<p>For WSM children: Relatively poorer health outcomes Poor development outcomes on school entry Starting school without developmental supports in place GPs not confident in responding to the needs of children Clinical alliance between MCH and GPs can be improved No permanent paediatric specialist in WSM Waiting lists up to 18 months for specialist care</p>	<p>Funding provided by 5 x LGAs to employ paediatric specialist Support for MCH involvement from employers Steering Group Human resources: - Program Manager, existing through By Five funding - Paediatrician at RCH - MCH Workforce - Community Highly experienced and trusted MCH workforce Flexible EMCH guidelines Existing MBS items for specialist telehealth and co-consultations (primary health)</p>	<p>A co design partnership between a RCH paediatric fellow, the local MCH & other primary care providers Develop an integrated telehealth model to support paediatric care Build local expertise and confidence through training and partnerships Raise awareness of telehealth and its benefits Select and embed implementation theories, models and frameworks into the change process</p>	<p>Participation by the: Project team Steering group in place and actively supporting the project Focus on Clinical alliance: MCH – Paed Spec – GP – AH - Education Health literacy topics (2) Program of case study seminar topics (16) Co-consultations (100) Clinical advice and mentoring Development and distribution of resources and health pathways Identify barriers and enablers to effective implementation of telehealth in WSM</p>	<p>Stakeholders are involved and empowered in the development of a project aligned with needs. MCH <u>actively</u> participate in upskilling and project activities. MCH initiate co-consultations / utilize tele practice for upskilling and co-consultations Tele-practice co-consultations are integrated into the practice of the MCH workforce for the duration of the project MCH have greater confidence in managing paediatric patients locally Increase timely access to quality specialist care</p>	<p>Telehealth solutions are oriented and delivered in ways that are acceptable to stakeholders The approach optimises benefits of telehealth in WSM Increased family health literacy Improvement in the capability and capacity of primary and community care providers to respond to the needs of children and families. Increased trust and alignment between GPs, MCH and Allied Health and with early education and education Appropriate and timely referral and prescribing</p>	<p>Telehealth is optimised and sustainable. Increase expertise in paediatric care in WSM More equitable outcomes for children in WSM Increase community capacity to respond to the complex needs of children. Improvements children's health and wellbeing in WSM Sustainable capacity in WSM for early intervention and prevention</p>
<p>Cost and travel impede access to specialist care Low take up of existing telehealth options</p>	<p>Is the implementation of the model: Delivered as intended? Used by those intended? Easily integrated into practice? Adaptable to a range of circumstances? Provide insights into best practice implementation approaches and build capacity and enthusiasm for tele practice solutions?</p>			<p>Is the model: Acceptable? Fit for purpose? Cost effective? Feasible and practical? Does the approach Increase satisfaction with local paediatric care? Support appropriate assessment and referral?</p>	<p>Does the model: Build clinical alliance, capacity and capability? Increase confidence of families and services? Divert families from costly and potentially unnecessary services? Increase uptake of evidence based assertive and integrated services</p>	<p>Does the model: Deliver sustainable and cost effective increases in skills and confidence? Deliver sustainable improvements children's health and wellbeing in WSM?</p>

13 Appendix 5: Case study: By Five Specialist Paediatric Support Partnership Introduction

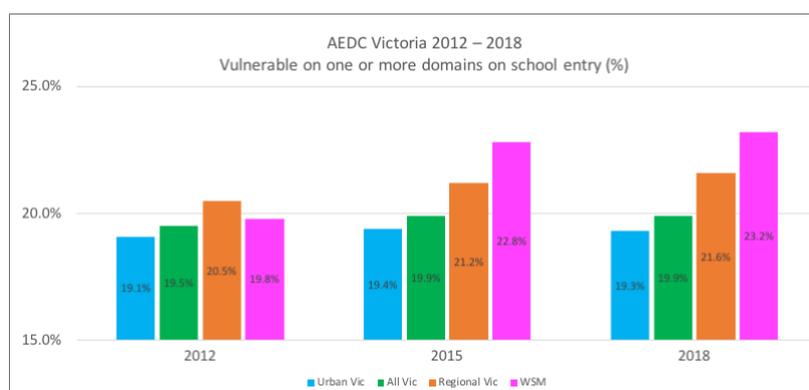
The Wimmera Southern Mallee By Five Specialist Paediatric Support Partnership aims to ensure families with young children can access specialist care in their communities, using telehealth technology, via trusted relationships with local primary health providers such as maternal and child health nurses, allied health and local GPs. The By Five Specialist Paediatric Support partnership is built on a foundation of increased health literacy in the community and the chance for primary care providers to share knowledge and build skills and evidence based practice in a supportive facilitated environment.

The By Five Specialist Paediatric Support partnership is delivering access to care in the community with an average of 4 to 5 specialist co-consultations per week and a total of 120 hours of continuing professional education from May to October 2020.

The challenge

By Five consultation in 2018 and 2019 highlighted concerns about timely and affordable access to paediatric, primary and allied healthcare across the WSM. Families, educators and health workers reported they were often unable to secure timely specialist support for children with behavioural and developmental issues and children were arriving at school without the assessments, interventions and supports they need to make the most of the school learning environment.

Australian Early Development Census (AEDC) 2018 data demonstrated high levels of developmental vulnerability and a growing gap between Wimmera Southern Mallee children and their urban counterparts since 2012.



Data also indicated a high proportion of children starting school with emerging health and development needs, primarily speech impairment; emotional and behavioural problems; and learning disability.

By Five set about understanding more about health care needs and found:

- Local, high quality primary care provided by a well-trained and well-supported workforce is the best way to ensure population health;
- When compared with their urban counterparts, Australian children living in regional and rural areas are more likely to see a maternal and child health nurse (MCH); less likely to see a GP; and more likely to attend a hospital outpatient clinic;
- Recent research demonstrated inequity in access to Medicare funded specialist paediatric care, a burden that falls particularly on children aged under 1 year and children living in regional, rural and/or disadvantaged areas;
- Almost 1 in 20 children in the Wimmera Southern Mallee attended an RCH outpatient appointment between 1 Jan 2017 and 30 June 2019. Seven per cent of appointments were provided using telehealth technology and less than one per cent were provided with support at the patient end even though Medicare funding is available for this purpose.

- Further investigation also demonstrated that the WSM MCH workforce is highly experienced and skilled in reaching and engaging vulnerable families. This was demonstrated through very high participation in key age and stage visits and childhood immunisation rates amongst the highest in Australia for children aged 2.
- There was flexibility in the expanded Enhanced MCH program to think creatively about how resources could be mobilised to meet the needs of local families experiencing vulnerability. The MCH workforce reported there was an opportunity to enhance their alliance with GP services to better hold families in the community and this was consistent with literature that demonstrated unsustainable increases in demand for paediatric services that could be met by primary health services.

What happened?

Four local government areas and a health service pooled a small amount of Enhanced Maternal and Child Health funds under a Memorandum of Understanding and the Yarriambiack Shire auspiced a funding agreement with the RCH aiming to *build paediatric care capacity and capability in WSM primary health services.*

There were three main strategies:

- **client co-consultations**, delivered by a paediatrician in partnership with local clinicians/family service workers/educators
- fortnightly **learning seminars**, on topics selected by the local clinicians
- community **health literacy** sessions to translate evidence into practical information for families and those who support them

A Paediatrician was appointed one day per week and co-design began in March 2020. Each of the components are outlined below.

Co-consultations



What we're doing in the WSM is not just telehealth, it's a real time conversation between clinicians, with the family at the centre and we're able to have a contribution from all of us at the same time. With the agreement of the family we have also been able to bring in other clinicians including other MCH or GPs. (RCH Paediatrician)

This photo shows a consultation involving MCH nurse, lactation consultant, GP and Paediatrician, all working together to solve problems.

We walk away from appointments knowing everyone is on the same page in terms of diagnosis and results and there is a plan for care and next steps. Now we have had some specialist intervention [our child] is loving school ... there's a hell of a difference in him. (Father involved in co-consultation)

Having the MCH Nurse there beside me made it much more comfortable. She was able to ask the paediatrician questions during the consultation ... [and] afterwards she made herself available to talk more about what the paediatrician had said. (Mother involved in co-consultation)

The biggest change this initiative has delivered is to reduce the barriers to paediatric services, including travel costs and time and the wait list. To wait 12-18 months is a fair chunk of a small child's life, all of this time is time parents and care-givers are worrying. Once they have been seen families can get on with life and make a plan knowing there's progression and support. For some families, a specialist appointment never would have happened without this intervention and the health outcomes would not be as good as perhaps they will be now. (MCH)

Learning seminars



In the co-learning seminars we explore shared learning around case based discussions. Every fortnight we meet to discuss topics the local clinicians have selected ... I talk about latest evidence and clinical guidelines as an introduction and then one or more of the clinicians present a de-identified case that fits under that topic. As a team we work through the case to think about how we can best support the assessment and management of that family and child. It's been really fantastic for me because I'm also learning from the great expertise that exists within those clinicians (RCH Paediatrician).

The case study seminars have built relationships across the Shires ... there is an independence to By Five ... the By Five approach provides a more informal opportunity for clinical supervision ... it has been set up so well. [The coordinator] is a great moderator, keeps it on track, asks good questions, [The coordinator] and Dr Billy are interested in how we do it [support families], it's really nice and helps us learn from each other as well. (MCH)

Health Literacy

The Specialist Paediatric Support Partnership builds on workshops about common developmental concerns attended by over 300 people. This approach – meeting people where they feel comfortable and presenting information with local clinicians helped develop the relationships that have formed the bedrock of the partnership.



Feedback from health literacy activity participants includes:

Great information in regards to signs and when to be concerned for both professional and parents. Excellent to have it locally.

Thank you! As a new parent, the person who gave great, simplistic insight to things, we need to be mindful of in our child's development.

Fantastic session. Reaffirmed a lot of things from which I see in my job.

This session was fantastic for me, personally I loved hearing insights about trauma.

In October and November 2020, workshops for kindergarten educators and a webinar for parents will address concerns about toileting and rest time as the area continues to roll out 3 year old kindergarten. This series has been co-designed with the Department of Education and Training in response to the concerns expressed by local educators and families. The local expertise of the Preschool Field Officer and MCH will be mobilised as part of the strategy to ensure professionals working with families have consistent evidence based messages and strategies when working with families and children.

What changed?

The following changes have been observed over the course of the trial:

- improved family health literacy
- access to specialist clinical knowledge, confidence and skills in communities
- enhanced collaboration amongst primary health care and education providers
- growing capacity, enthusiasm and commitment for telehealth solutions
- quality and responsiveness of the local system of care for families.

The paediatrician reports 'this is best medicine I get to practice. I work with skilled professionals who know the families and the local system, I receive high quality referral information and I know, that before, during and after the consultation, there is a skilled and trusted professional providing high quality expertise and support for the family in their own community. As we learn together, we establish professional relationships that support real time collaboration and connected communication, so families get consistent messages with no delays.' (Dr Billy Garvey, RCH Paediatrician)

One local government representative stated 'it is the best money we have invested in a long time... if we need to advocate somewhere to have the practice continue, please let us know.'



SPSP Seminars: Toileting, rest time and development, Getting ready for kinder 2021

Background

As part of the SPSP commitment to Health Literacy, a series of 3 community webinars were held in October / November 2020.

Topic area:

Toileting, rest and development for pre-schoolers: Getting ready for kinder in 2021

Learning aims:

- To work together in real time and with consistent messages to build shared understanding around toileting and rest for pre-schoolers
- To provide information and shared local messages for families and kinder educators to support preschool aged children.

Format

The online webinar format was used to deliver 3 webinars, 2 were aimed at educators and 1 was aimed at parents, but each seminar was designed to appeal to a wide audience and to align messages for parents and educators with a focus on positive strategies.

The webinars were developed collaboratively by the Department of Education and Training, the RCH Paediatrician, MCRI By Five Coordinator, 2 MCH Nurses and the Pre-school Field Officer. The West Wimmera council-based Early Years Manager was also involved in developing the content as the content area was raised by West Wimmera educators.

The webinars were hosted and organised by DET using Webex and Eventbrite registration. Rachel Robinson from MCRI facilitated the webinars. Each expert presenter had approximately 10 minutes to provide content:

- Dr Billy Garvey: toileting, rest and development, what do you need to know, what are the key messages, when do you need to be concerned/seek help?
- MCH nurses: Nanette Freckleton (Educator sessions) and Jenny Bull (Parent sessions), what information do MCH provide to parents about toileting and rest, when do they provide these messages and what support can MCH offer?
- Jenny Carter (toileting, rest, development and the VEYLD – TBC)

Following the didactic, there was time for questions and comments. Feedback was collected immediately via an online survey and those that provided an email address.

A brief report on the feedback follows.

This report was provided on 9 November 2020. Many thanks to the participants who responded to the survey.

Report from Educator seminars, 27 & 30 October 2020

Participants

Seminars were held 27 October, 5pm and 30 October 2020, 3pm.

Across two seminars there were 79 registrations with 53 participants, it is noted this includes the host, facilitator and presenters, and therefore translates to approximately 40 participants.

The follow up survey elicited a total of 17 responses (1st seminar 7 , 2nd seminar 10)

Kinder or other Educator	7
Other	10

Other responses included

- Occupational therapist (2)
- Speech pathologist/ECEI (3)
- MCH (2)
- Manager (1)
- Early Year Facilitator / Early years engagement (1,1)

Local Areas

Buloke	4
Hindmarsh	1
Horsham	1
Northern Gramps	1
West Wimmera	1
Yarriambiack	3
Other	6

Other responses included:

- Northern Mallee
- Loddon
- Moyne
- Southern Grampians
- Bendigo Corangamite
- Goulburn

Value to participant

How useful (out of 5) average (n=17) = 4.35, 2 people scored 2.

Suggestions:

- I think if more educator shared their strategies around toileting & rest times than you would be able to try things you may not have thought of.
- More struggles around facing the challenges during the actual kindergarten session would have been useful.
- Maybe a reference list of useful resources?
- Some graphics or links to share to social media or with parents. Timing across school pick up not ideal. Parent one during tea/bath/bed time not ideal.
- How to solve the staffing issue without the extra funding.
- No, very informative seminar, lots of great information provided.
- No- thought the time and amount of information was really helpful
- Maybe a different platform, my computer had trouble with Webex so went to my phone for the video and work phone for audio

Suggestions for future seminar topics?

- Fussy eating
- 3 & 4 year old combined groups planning, environment, routines, structure
- Bed wetting, eczema, anxiety
- Sleep, dressing, transitions, play.
- Behaviour regulation/ resilience
- Eating or sleeping
- Discussions with resistant parents regarding accessing intervention. Importance of early intervention in 3K as I believe this is one of the many benefits of the program.
- Helping children with sensory processing issues and emotional regulation

A total of 14 participants provided an email address to be sent the slides (1st seminar 6 , 2nd seminar 8)

It is noted that:

- The materials sent to participants included links and resources that could be shared with parents and services.
- The follow up to participate in the survey was more proactive in the second seminar.

Report from parent/carer seminar, 5 November 2020, 7.00pm

Participants

There were 24 participants in the parent seminar (not including the hosts and presenters).

The follow up survey elicited a total of 10 responses

Parent of a child entering 3 year old kinder 2021	7
Parent of a children entering 4 year old kinder 2021	2
Other	1

Local Areas

Buloke	2
Hindmarsh	1
West Wimmera	2
Yarriambiack	1
Other	4

Other responses included:

- Southern Grampians (3)
- Mildura (1)

Value to participant

How useful (out of 5) average (n=10) = 4.2.

Did you find the virtual format useful? 100% responded yes

Suggestions to make the seminar more useful:

- A bit of extra info -strategies, tips, links etc. for dealing with night time wetting in a 5 yr old
- Personally for me 7.00pm is such a busy time trying to get 3 kids to bed I actually missed half of the information. Did you record the session and if so could I please get a copy to watch at a more convenient time?
- Maybe starting at 7.30pm to allow a bit more time to get kids to bed. Especially if dad's aren't home due to harvest.
- More info about children who are delayed, ASD or ADHD and how that would or wouldn't affect toileting etc

- No it was great. Topics were covered and questions were answered.
- No

Suggestions for future seminar topics?

- Managing tantrums.
- Not off the top of my head but I will give it some thought
- Sleeping (2)
- Parenting strategies e.g. negative behaviour and strategies when talking to someone else's child who may have hurt your child etc
- Help/Strategies for kids who can't sit still in class, trouble staying on task and focusing

All 10 of the participants who responded requested a copy of the slides, although one did not provide an email address so we were unable to provide.

Other

A short report was included in the By Five Newsletter and Melissa Evans from Yarriambiack Shire One of the By Five clusters developed advertising.

 <p>Toilet time at kinder</p> <p>Christiana Henke, Director and Co-Educator from Minyip Pre-School had this to say about recent toileting seminars with Dr Billy Garvey, MCH Nanette Freckleton and PSFO Jenny Carter.</p> <p>Our parents have been seeking some tips and you can never have enough strategies. We try to make toileting as fun as possible; someone may have ridden a trike into the bathroom today! There was a lot of experience in the group – a diverse range of professionals. Parent-led V's Child-Led approaches were very interesting and relevant. It was good to revisit age range/ physiological developments. If a child experiences constipation, they will not be able to toilet train – their body will not allow them. For me, the takeaway from the session was an idea: nappies and pull ups are really effective, at kinder children could wear their underwear under the nappy/pull-up to mitigate the numerous clothing changes and help them 'feel' wet and dry. Thank you for the opportunity to attend this very informative session.</p> <p><i>Brought to you by the By Five Specialist Paediatric Support Partnership and the WSW Early Childhood Improvement Branch, Department of Education and Training</i></p> 	<p>By Five WSM Early Years Project invite you to a free workshop focusing on:</p> <h2>Toileting, rest time and general development</h2> <p>Presented by Dr. Billy Garvey, Paediatrician at the Royal Children's Hospital.</p> <p>The aim of these workshops is to ensure children, families and educators can all be confident talking together about toilet time and rest time.</p> <p>Presenters</p> <ul style="list-style-type: none"> • Royal Children's Hospital Paediatrician, Dr Billy Garvey • Preschool Field Officer, Jenny Carter • Maternal and Child Health Nurses Nanette Freckleton & Jenny Bull  <table border="1"> <tr> <td data-bbox="868 1081 1043 1189"> <p>Educators and other professionals</p> <p>Friday 30th of October 3-4pm click here to register</p> <p>Or scan QR code with phone</p>  </td> <td data-bbox="1050 1081 1334 1189"> <ul style="list-style-type: none"> • General development, toileting and rest time • Positive messages to use when interacting with parents • Emphasising the value of routines and the importance of the VEYLDF and National Quality Framework. </td> </tr> <tr> <td data-bbox="868 1198 1043 1305"> <p>Families and public</p> <p>Thursday 5th of November 7-8pm click here to register</p> <p>Or scan QR code with phone</p>  </td> <td data-bbox="1050 1198 1334 1305"> <ul style="list-style-type: none"> • We will present information on normal development for toileting and when you might need to seek help. • There will not only be the opportunity to hear from these professionals but also for educators and parents to ask questions and discuss challenges. </td> </tr> </table> <p>If you have any questions please either reply to this email or contact Janelle Lawson from the Department of Education and Training janelle.lawson@education.vic.gov.au.</p> <p><i>These workshops are being brought to you by the By Five Specialist Paediatric Support Partnership and the WSW Early Childhood Improvement Branch, Department of Education and Training</i></p>  	<p>Educators and other professionals</p> <p>Friday 30th of October 3-4pm click here to register</p> <p>Or scan QR code with phone</p> 	<ul style="list-style-type: none"> • General development, toileting and rest time • Positive messages to use when interacting with parents • Emphasising the value of routines and the importance of the VEYLDF and National Quality Framework. 	<p>Families and public</p> <p>Thursday 5th of November 7-8pm click here to register</p> <p>Or scan QR code with phone</p> 	<ul style="list-style-type: none"> • We will present information on normal development for toileting and when you might need to seek help. • There will not only be the opportunity to hear from these professionals but also for educators and parents to ask questions and discuss challenges.
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