Child development Growing our future

Queensland Health Allied Health Child Development Project 2009–11

Toolkit

Queensland Government

Queensland Health
Allied Health Workforce Advice and Coordination Unit

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1. Acronyms and abbreviations

AH	Allied Health
AHCDP	Allied Health Child Development Project
AHCETU	Allied Health Clinical Education and Training Unit
AHPS	Allied Health Paediatric Service
AHWACU	Allied Health Workforce Advice and Coordination Unit
AO	Administrative Officer
BIQ/s	Background Information Questionnaire/s
CALD	Culturally and linguistically diverse
CH/SHN	Child Health / School Health Nurse
CDABS	Child Development and Behaviour Service
CDS/s	Child Development Service/s
CI DSS	Client Identification Data Set Specification
CIO	Clinical Intake Officer
CSCF	Clinical Services Capability Framework
CYMHS	Child and Youth Mental Health Service
DET	Department of Education and Training
DMOC	Developmental Model of Care
DNA	Did not attend
DSQ	Disability Services Queensland
EIPP	Early Intervention and Prevention Program
FTA	Fail to attend
GC	Gold Coast
GP	General Practitioner
GPQ	General Practice Queensland
HES	Health Education Session
HSD	Health Service District
MAIP	Multidisciplinary Assessment and Intervention Program
MBS	Medicare Benefits Schedule
MEIT	Multidisciplinary Early Intervention Team
MPOC	Measure of Processes of Care
MS	Metro South
NFS	Not for Service
OT	Occupational Therapy
PT	Physiotherapy
SC	Sunshine Coast
SIG	Special Interest Group
SP	Speech Pathology
TOR	Terms of reference

2. Introduction

Purpose

This toolkit provides a step by step guide to the implementation of the principles of a new model of care for the provision of child development services within Queensland Health. It incorporates many of the lessons learnt during the planning, implementation and evaluation of the Developmental Model of Care (DMOC) trial across three participating health service districts (i.e. Gold Coast, Metro South and Sunshine Coast) and will cover the following components:

- change management
- planning
- communication
- data collection and reporting
- monitoring and evaluation
- documentation
- training and support
- other useful resources, tools and links.

The toolkit should be considered in conjunction with the following documents relating to the Allied Health Child Development Project (AHCDP) 2009–11:

- Environmental Scan Report 2010 and refreshed service information
- Developmental Model of Care Trial—Evaluation Report 2011
- AHCDP 2009–11 Final Report.

All of these documents will be available to view on the Allied Health Workforce Advice and Coordination Unit (AHWACU) webpage on the Queensland Health intranet (QHEPS). Click on the following link to access: qheps.health.qld.gov.au/ahwac/content/cdp.htm#Child_Development

The materials produced during the AHCDP have been collated in this document and presented for general use. Please note that many of these resources were developed specifically for teams/services that participated in the DMOC trial i.e. Bayside Developmental Paediatric Therapy Team and Children's Developmental Services within Metro South Health Service District (HSD); Allied Health Paediatric Service (AHPS) on the Sunshine Coast and the Child Development and Behaviour Service (CDABS) on the Gold Coast. Therefore, protocols, procedures and documentation may need to be adapted to meet the specific needs of other services particularly those without dedicated clinical intake officer (CIO)/administrative officer (AO) support; a full complement of appropriately trained and experienced clinicians and/or a differing variety or dearth of alternative service providers.

It is also important to acknowledge that this toolkit, and the considerable body of work from which it is derived, forms only a small piece of the even larger body of work still required in the area of child development practice.

Please refer to Table 1 for a complete list of the resources included in this toolkit.

Table 1: List of resources included in this Toolkit

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	Client satisfaction survey	Instructions for client satisfaction surveys	10.1	47
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3. Background

Statewide stakeholder consultation for the Queensland Statewide Children's Health Services Strategy 2010–20 identified that existing Queensland Health child development services (CDS) lacked uniformity across the state and could be considered difficult for families to access due to inconsistencies with eligibility criteria, prioritisation and service provision. In response, the AHCDP undertook a review of child development services with a view to implementing an appropriate and consistent model of care across the state. The trial of a new DMOC was undertaken by demonstration sites in Gold Coast, Metro South and Sunshine Coast HSDs.

All three sites were chosen to participate in the trial through an expression of interest process. No expressions of interest submitted for inclusion in the trial were declined. Although selected as one of the demonstration sites, CDABS had already implemented their new model (on 1 July 2009) by the time the trial commenced in Metro South and Sunshine Coast on 4 January 2010.

Genesis of the new model of care within selected districts

Three previously separate Gold Coast teams amalgamated into the one service (CDABS) during 2009. Prior to consolidation, the individual teams had separate entry criteria and processes, multiple cross referrals and multiple waiting lists. In order to address these issues, the teams ceased providing clinical services for a period of two weeks in order to come together and develop a strategic plan for a new consistent way of providing services. This approach provided all clinicians with the opportunity to participate in the development of the new model of care and resulted in greater ownership and investment in the new process of service provision. In order to develop a solution to these issues not dependent on additional resources, the unified service adopted a single entry point with dedicated CIO and specific treatment pathways.

Around the same time, AHPS on the Sunshine Coast were undergoing a redevelopment of their own and had embarked on a project to investigate and trial a new evidence-based model of care that included centralised intake; discrete pathways of care; a standard transdisciplinary initial appointment and complex case management program. As this project (also sponsored by AHWACU) incorporated a trial of a new model of care consistent with the guiding philosophies of the DMOC, it was decided to incorporate it under the umbrella of the AHCDP where appropriate. In order to develop their new model of care, the team undertook change management training, including lean thinking and family partnership training, which provided the team with an opportunity to brainstorm barriers and alternatives to service provision and ultimately ensure the team had investment and ownership of the new model.

Similarly, three separate services in the Metro South HSD (Paediatric Therapy Stream—Logan, Developmental Paediatric Therapy Team—Bayside and Children's Developmental Services—Brisbane South) were undergoing amalgamation under the new Child and Youth Service Stream (Community and Primary Health Services). As a result Metro South HSD expressed an interest in being included in the trial of a statewide DMOC as an ideal opportunity to improve consistency both between Metro South teams and those of the other participating districts. Due to the timeframes for the trial, the Metro South team members did not have the same lead in times or training opportunities as the other two trial sites and this impacted on the satisfaction and ownership of the new model in this area. In order to facilitate the decision-making processes, Metro South developed a reference group comprising of district executives, child development team leaders and clinicians who were responsible for developing the new model of care based on the guiding principles already established for implementation in their area.

Although each of the three participating HSDs all followed the guiding principles of the new DMOC, they had the opportunity to implement the new model in a way that was suitable to their local needs and they each had a local decision-making group responsible for developing the processes in their local context. This meant that although referred to as the DMOC, it was not one single model of care. The DMOC was based around guiding philosophies and these have been operationalised slightly differently in each district. This allowed for flexibility during the implementation process and acknowledged the diversity of HSDs within Queensland Health.

Developing the new model of care for trial

The new DMOC is based on maximising evidence-informed philosophies to provide a contemporary service delivery approach within resourced capacity. The guiding principles underpinning the development of the new DMOC are as follows:

- services are provided at the right time and in the right place
- resources are geared towards earlier access for all children with the highest priority for developmental services acknowledged as younger children and those with complex needs
- improved response times to identified risks — in order to reduce or resolve issues rather than allowing them to escalate
- empowering parents/families to make a change to the long term health outcomes of their children
- facilitating a multidisciplinary approach.

These guiding principles are in turn informed by evidence and best practice including:

- early identification, prevention and intervention
- health promotion and education
- centralised intake
- flexible service allocation
- case management
- multidisciplinarity
- family/child-centred practice.

Development of the new DMOC also takes into consideration issues relating to demand management, workforce and resourcing and aligns with the direction of the Draft Statewide Children's Health Services Strategy 2010–20 and Action Plan 2010–13.

Given the model adapted and implemented by CDABS was consistent with principles identified as essential for the desired model of care, it was adopted/adapted by the other two districts for their trial. The common features of the model eventually employed by all services included:

- priority early intervention for all children up to four years of age and children over four years with complex developmental issues
- dedicated CIO conducting intake by phone and/or face-to-face consultation in order to:
  - establish eligibility
  - determine most appropriate pathway
  - provide information on alternative service providers to referrals assessed as NFS.
- discrete clinical care pathways*:
  - children with selective (at-risk) health needs
  - children with indicated (identified) health needs.
- health education sessions (HES) for parents/carers of children with non-complex developmental issues (offered prior to assessment by Metro South and Gold Coast services as compared to the first session of a therapy intervention block as offered by Sunshine Coast)
- timely multidisciplinary assessment, case conference (nominated case coordinator), feedback and goal-setting with parents +/- feedback to school, kindergarten, childcare (as necessary) for referrals of a complex developmental nature.

**There were four defined clinical care pathways (based on the child's age and degree of complexity of presenting developmental issue/s) adopted during the DMOC trial—Table 2.*

Table 2: Clinical care pathways adopted during the DMOC trial

Pathway	Criteria
Early Intervention and Prevention Program (EIPP)	Non-complex referrals ‹4 years
Multidisciplinary Early Intervention Team (MEIT)	Complex referrals ‹4 years
Multidisciplinary Assessment and Intervention Program (MAIP)	Complex referrals 4–10 years (GC) Complex referrals 4–‹8 years (MS) Complex referrals 0–6 years (SC)
Families Program (Gold Coast only)	Complex referrals 0–10 years

Gold Coast (GC); Metro South (MS); Sunshine Coast (SC)

Please refer to Appendix 1 for a more detailed description of the clinical care pathways implemented.