

Let's make tracks: a multidisciplinary preschool screen for rural kids

CaraJane Millar¹

¹La Trobe University, VIC

CaraJane commenced employment in Nhill, 15 km north of Kinemakotka after graduation from Speech Pathology at Charles Sturt University. She worked there clinically for 6 years, during this time she initiated many programs and built a sustainable service across a wide geographical area. Whilst managing a Speech Pathology department, driving 1200km's a week, renovating a house and being the president of the Nhill International Rule Basketball Association she undertook her Masters in Health Service Management. In 2010 she moved from the country to work at La Trobe University in the School of Human Communication Sciences as an academic projects officer, however still has a passion for rural health service delivery and maintains an active involvement in the Speech Pathology Australia member network group for rural and remote speech pathologists. Her interest areas include the art of a holistic health service delivery, motivations for professional pathways, and innovative service delivery.

Many health services over the years have attempted preschool screens through much dirt, sweat and tears. The literature suggests that not many of these programs have been evaluated and documented in Australian research. This presentation covers the 5-year journey of one rural health service development and delivery of multidisciplinary preschool screens, called 'let's make tracks'. The speech pathology department at West Wimmera Health Service isolated the need to add a multidisciplinary approach to preschool screening to obtain more holistic results on children's development and assist in prioritising service delivery needs.

In 2009, 75 children were screened over seven rural communities by a speech pathologist, occupational therapist, physiotherapist, counsellor, podiatrist and audiology screen, in their preschool centres. In 2010, this program was adapted and 67 children were screened over five rural communities by the same team as well as a dietitian in attendance for general advice. The two communities that were not given multidisciplinary screens self-identified requiring only speech, language and hearing screens therefore these were offered in isolation.

Parents were sent pre-screening questionnaires as well as post-screening evaluations. Preschool teachers were sent post-screening evaluations. The data received from these postal questionnaires was qualitative in regards to need, approachability and relevance. There were many issues identified in the evaluation that were not pre-conceived to be barriers to the service. Many themes identified were in regards to the new generation of rural health professionals and thus a new generation of service and the readiness for change in a large geographical chunk of rural Victoria. This service was strengthened by a cohesive multidisciplinary team, supportive management, innovative leadership and willing student support. Many of the lessons learnt through the process were the issues that caregivers of our rural children value in terms of allied health service delivery.