

Occupational Therapy Outreach Service to Noogaleek Children's Centre

Project Funded by



The project was completed by Occupational Therapists from the Child Assessment and Intervention Team: Kate O'Sullivan, Occupational Therapist, Illawarra Child Development Centre and Bronwyn Wilson, Occupational Therapist, Kid's Cottage

The Child Assessment and Intervention Team is part of South Eastern Sydney Illawarra NSW Health, Southern Hospital Network

Report Written by:

Bronwyn Wilson, Occupational Therapist
South Eastern Sydney Illawarra Area Health Service
Child Assessment and Intervention Team (CAIT)
Kids Cottage
1/14 Belfast Ave, Warilla
Ph: 42971022

Published May 2008

Table of Contents

<u>Background</u>	3
<u>Introduction</u>	4
<u>Method</u>	4
• Questionnaire	
• Assessment	
• Provision of Information	
• Intervention	
<u>Results</u>	6
• Questionnaire results	
• Assessment data	
• Assessment findings	
<u>Discussion</u>	8
• Assessment	
Benefits	
Disadvantages	
• Information sharing with parents	
Benefits	
Difficulties	
• Information sharing with staff	
Benefits	
Disadvantages	
• Intervention: Group sessions	
Benefits	
Disadvantages	
<u>Limitations</u>	9
<u>Recommendations</u>	10
Acknowledgements	11
References	12
Resources used	12
Assessments	
Programs	
Books	

Background:

The Child Assessment and Intervention Team (CAIT) provide allied health services, including Audiology, Occupational Therapy, Physiotherapy, Speech Pathology, Psychology, and Social Work to children with mild learning difficulties and / or mild physical disabilities. The PANOC / Child Protection Psychology Service is also located within this team. Services are provided to children from the geographic area from Helensburgh to Gerroa. There is some variation in geographic boundaries for individual disciplines. For Occupational Therapy, The Illawarra Child Development Centre at North Wollongong accepts referrals from children living north of the Windang Bridge, and west to Dapto while Kid's Cottage, Warilla accepts referrals from those living south of the Windang Bridge, and west to Albion Park and Jamberoo.

The Child Assessment and Intervention Team, Occupational Therapy service was initially contacted by the Aboriginal Child and Family Nurse regarding Occupational Therapy assessments for children attending Noogaleek Children's Centre. The Aboriginal Child and Family Nurse is employed by South Eastern Sydney Illawarra Health Service and works with the Noogaleek Children's Centre to provide school entry health checks for children entering Kindergarten the following year.

'Noogaleek Children's Centre is a "Multifunctional Aboriginal Children's Service (MACS)". It includes a long day child care centre, catering for needs of 39 children per day aged between 0-5 years." Also located on the site is 'Winnanggay Pre-school which was established by Rena Moran to provide a Pre-school for Aboriginal children'. (Noogaleek Profile.doc)

Following the initial request by the Child and Family Nurse, a meeting was arranged with the Coordinator of Noogaleek Children's Centre and the needs discussed. It was felt that several children attending the Centre would benefit from an Occupational Therapy service. An Occupational Therapy assessment and intervention of children involved with the Transition to school support worker, would be of benefit to assist with school readiness.

An outreach service is provided by CAIT Audiology to Aboriginal children, through regular hearing clinics held at Noogaleek Children's Centre. Speech Pathology outreach services have also been provided to Aboriginal children. An Occupational Therapy outreach service to Noogaleek Children's Centre would enhance access to the multidisciplinary service approach.

It was noted by Karol Petrovska (2006), Indigenous client referrals were proportionally lower than overall referrals, with Occupational Therapy being the lowest. The rate of non-attendance was also high. It was suggested that 'Allied Health Disciplines should promote their services to the Indigenous community'. A recommendation was that 'service delivery models can be altered' and a 'mobile/outreach service' was reported as the 'best possible form of delivery'.

In June 2006, a proposal was submitted to Families NSW for an Occupational Therapy Outreach Service to Noogaleek.

Introduction

The following aims were identified for the Outreach Service to Noogaleek:

- Assessment and intervention of Aboriginal children with fine motor, sensory motor, perceptual difficulties that may not attend the centre for an assessment
- Early identification of students with these difficulties
- Provision of information/education on aspects of identified difficulties for students.
- Development of culturally appropriate resources.

Proposed Structure for the outreach service.

- Assessments would be performed, written reports provided for the Centre and families, and intervention provided as required.
- The service to be provided in the natural setting, at Noogaleek Children's Centre.
- It was proposed that up to 14 children would be assessed as part of the project.

Method

Two therapists worked jointly on the project, Kate O'Sullivan from the Illawarra Child Development Centre and Bronwyn Wilson from Kids' Cottage. This gave the Noogaleek Centre staff and the families of the children a contact point within each of the teams to facilitate future involvement with the CAIT teams. Where possible, the children living in the southern region would be assessed by Kids Cottage therapist with those in the north assessed by Illawarra Child Development therapist. This would assist with any ongoing contact.

A Cultural Awareness Workshop, organised by Noah's Ark Centre of Shoalhaven Inc in Nowra was attended by both therapists. Local elders provided information on working with indigenous families and cultural sensitivities.

Questionnaires

A Parent questionnaire was developed to gain an understanding of parent's knowledge of Occupational Therapy.

A Teacher questionnaire was also developed for the Centre staff to determine their knowledge and understanding of Occupational Therapy and referral processes. This questionnaire also included case studies with a multidisciplinary focus, including the roles of different allied health disciplines. The Teacher questionnaire was also distributed to other Preschools and Child Care Centres across the region to provide a comparison of knowledge base.

Assessment:

A meeting was held with Staff from both Noogaleek Children's Centre and Winnanggay Pre-school to discuss the project.

- Staff nominated 14 children for assessment. It was suggested that children already accessing a service from either Illawarra Child Development Centre or Kids' Cottage not be included in the targeted group.
- Consent forms for the assessments were developed and distributed to the parents by the Centre Coordinator.
- A number of assessment and screening tools were considered. An assessment screen was developed by combining different tools to cover a broader range of skills.
- Screening assessments were carried out at the Centre each taking 45-60 minutes.

Provision of information.

The Centre Coordinator facilitated a parent information session, incorporated into a regular Friday 'morning tea' group. Information was presented on Occupational Therapy, and the project.

Following the assessments, individual summaries were written. The report was given to the family by the Centre Coordinator and a copy was provided to the Centre.

Information sheets were developed for staff and provided to the Centre each week. These sheets provided background information on child development and the benefits of the specific activities being undertaken with children that week, from an Occupational Therapy perspective. A different aspect of hand skill development was presented each week.

Activity cards were also prepared for the group activities sessions. These listed the skill addressed from an Occupational Therapy perspective, equipment required and instructions. Additional suggestions were listed on the back.

A small handout was given to the Centre to distribute to families. This included information on activities presented to the children and how they benefit the child.

The Occupational Therapist suggested the Centre staff take photos of the children doing the activities to present in a poster display in the entry to provide feedback for the parents.

Intervention

Activities were planned and presented each week. Activities targeted a variety of skills required for efficient fine motor function, visual perceptual development and visual motor development. There was a different focus each week.

The activities were set up and available to all children present on the day. This inclusive approach was chosen as it was felt all children would benefit and some of the children were already receiving small group sessions with the Transition to school / additional support worker.

In the preschool setting, the number and combination of days that the children attend varies. To be able to involve the majority of the targeted children, the group sessions were run by the Occupational Therapists at the centre 2 days a week, Monday and Wednesday mornings.

New activities were presented each Monday and those activities were then repeated on the Wednesday. Both therapists attended the first session and one therapist attended the repeated session.

Results

Questionnaire results:

Parent: Only 1 parent response was received.

This response indicated that the parent had heard of Occupational Therapy but did not know anyone who received Occupational Therapy services, what an Occupational Therapist does, who they see, or where they work.

On a positive note, respondent felt OK about Occupational Therapy being suggested for their child and felt they were able to phone and make a referral to see an Occupational Therapist.

Staff: Only 4 responses were received despite encouragement from the Centre Coordinator.

The response indicated that for 75% of the respondents, the majority of their experience in Child Care was limited to Noogaleek Children's Centre.

While one staff member reported previous experience with Occupational Therapy and demonstrated a good understanding of the role, the benefits and the referral process, one other respondent had a some knowledge of the role, limited understanding of the reasons and process of referral. 50% of respondents reported no knowledge regarding Occupational Therapy.

The case studies also indicated that 75% of the respondents had little understanding regarding appropriate referrals to allied health services.

Other centres: 11 responses were received from invitations to 32 Centres. Responses received showed more varied work experiences. 82% had a good understanding of the role of an Occupational Therapist and 45% had referred a child to Occupational Therapy. From the case studies on average 73% would have made referrals to allied health services.

Assessment Data.

- Assessments: 14 children were assessed
- Gender: 8 boys and 6 girls.
- Aboriginality. 9 of the subjects were aboriginal
- Ages: At the time of the assessments, the children's ages ranged from 3 years 3 months to 5 years 6 months (3.3, 3.4, 3.4, 3.5, 3.11, 3.11, 4.3, 4.4, 4.6, 4.8, 4.9, 4.11, 5.0, 5.6).
- Location: 6 children lived locally, in the same suburb as the Centre. (Berkeley).
4 others lived in neighbouring suburbs. (Warrawong - 2, Unanderra - 2)
The remaining children came from Bellambi, Corrimal, Flinders and Albion Park Rail.
- The Centre offers bus transport which enables them to service a greater area.
- 12 children were located in the northern catchment area serviced by the Illawarra Child Development Centre and 2 were located in the southern catchment area serviced by Kids Cottage.
- School entry: Six of the targeted group were commencing school in 2008. There were 8 children eligible for school in 2008 (turning 5 before 31st July 2008). One child turned 6 at the end 2007 and had an additional year at Preschool). Only 5 of the children were required to commence school in 2008 (turning 6 by 31 December 2008).

Assessment findings.

All children assessed were found were considered appropriate for an assessment with 13 of the 14 children were found to have some difficulty with fine motor skills, visual motor skills or perceptual skills.

- Many of the children identified for assessment were complex cases or had required multidisciplinary involvement.
- One child had received a Developmental Assessment by the Kogarah Diagnostic and Assessment Service and referred to DADHC for services. Another child had already accessed services through DADHC including Occupational Therapy.
- For two of the children assessed it was recommended that a referral be made to the Diagnostic and Assessment Team for a full assessment.
- Some of the children assessed had difficulty following instructions and behaviour issues as well as their Occupational Therapy needs and would benefit from a multidisciplinary service approach.

Discussion

Assessment

Benefits:

- Assessments were provided to children that were unlikely to present to CAIT.
- Centre coordinator felt the assessment helped the staff program more effectively for the children and it also encouraged parents to gain further assessments with other professionals if required.

Disadvantages:

- The lack of background information available made the assessment more challenging and findings were limited to information gained in the school setting.
- The facilities available at the school were not ideal due to limited space and distractions. This may have influenced the child's performance.
- No direct contact was made with the families.

Information sharing with parents

Benefits

- Centre Coordinator felt the information given to the families was beneficial as it helped them understand why the centre provides certain activities for their children; that children are not just playing but learning and developing skills and knowledge.

Difficulties

- Despite attempts to involve parents in the process by inviting them to the information session and to each group intervention session family involvement in the program was minimal.

This difficulty was also expressed as an ongoing issue for the staff at the Centre. It is well documented that gaining the trust and involvement with this target population can be a slow process.

Information sharing with staff

Benefits

- Written information was provided for staff to further their knowledge.
- The Centre Coordinator reported that staff gained further knowledge of what everyday activities can also provide for children in regards to Occupational Therapy.
- Centre Coordinator also reported that the information given to the service was a good resource for the staff.

Disadvantages

- Due to a misunderstanding, the sheets were not distributed each week as intended but collated as a resource until the end of the project.

Intervention: Group sessions

Benefits:

- The activities used resources readily available in the preschool.
- The activities were presented in an informal manner for the whole school.
- The activities were presented unobtrusively within the program.
- Most targeted children (except 1 child) attended the Centre on one or both of the days chosen for the activity sessions.

Disadvantages:

- The Centre Coordinator reported that the program was limited by the staff not fully interacting with the program, which she felt may have been due to their training levels.
- Therapists noted that the staff did not participate in the activities or interact freely with the children during group sessions but left the therapists to run the groups.
This is possibly due to the number of Outreach services provided through the Centre such as Audiology screens, Child Health Checks that do not directly involve staff.
- The staff also seemed reserved by nature (Koori) and lacked confidence and this may have limited their participation.
- The Noogaleek Centre profile indicated the Centre provides activities “based on all developmental areas with perspectives from Reggio and the Emergent Curriculum” with child initiated activities. The limited structure in the program made the presentation of the activities more difficult. The children’s preference was to ride bikes, play with balls and climb on the equipment. Activities were often presented under the veranda as most of the children were outside. This presented challenges.
- There also appeared to be a number of behavioural issues within the school.

Limitations.

- Staff changes within the Occupational Therapy Department impacted on the project.
- Time did not permit follow- up assessments to be completed.
- Insufficient time was spent at the commencement of the program to inform all staff of the goals of the program and implementation.
- Not all activities were made as culturally appropriate as they could have been.

Recommendations:

Further ongoing education on the role of Occupational Therapy in Children for staff at Noogaleek Children's Centre would be beneficial as there is a high number of untrained staff at the Centre. The proposed new building may facilitate staff development sessions.

Develop a flow chart to include all allied health services and assessment services to assist staff in making referrals to the most appropriate discipline. This could possibly be linked to the new PEDS screening tool and pathways.

Further explore ways of involving families and strive to further engage families with allied health professionals. The Centre Coordinator felt that the proposed new building at the Centre, when finalised, may present opportunities to hold information days for parents while their children are attending childcare.

Regular screening at the end of Term 2 of identified children for this targeted population should be considered when planning Occupational Therapy services provided by the Child Assessment and Intervention Team. This would be particularly beneficial for those students transitioning to school. The new planned building would provide optimal facilities for assessment.

Raw Data, Activity Program and Information Handouts at Kids' Cottage, Warilla.

Acknowledgements

Our special thanks go to Roslynnne Webb, Coordinator, Noogaleek Children's Centre for all her assistance and her openness. She was supportive of the project, flexible in her approach and encouraging. Her assistance in gaining the necessary documentation was invaluable. She shows an immense commitment to the families through her tireless efforts to support and work with the families.

Thanks must also go to the staff, children and families of Noogaleek Children's Centre and Winnanggay Preschool.

We would also like to thank Jenny Claridge, Families NSW, SESIAHS for her encouragement and support for the project.

References

Webb, R. Noogaleek Profile.doc

Petrovska, K. (2006) *Aboriginal Children's Project Access to Allied Health Services at Kid's Cottage* (Unpublished)

Resources used

Assessments

KIDSCREEN Occupational Therapy Profile 0-6 years

Disability Services Commission Western Australia 2004

CAIT Occupational Therapy Assessment Screen 3 - 4 years

CAIT Occupational Therapy Assessment Screen 4 – 5 years.

Programs

'Ready, Set, Go' Occupational Therapy School Readiness Program
CAIT OT program.

Playful Prewriting Program
CAIT OT Program.

Books

Levine, K.J (1991) *Fine motor dysfunction: Therapeutic strategies in the classroom*. Therapy Skill Builders: Arizona USA.

Pieraccini.V., Vance D. K. (2001) *Handprints Home Programs for Hand Skills*. Pro-ed: Austin, Texas USA

Department of Education Queensland (1993) *Stepping Stones to Success in the Classroom A booklet for parents and teachers of children with special needs. Visual Perception*. Prepared by occupational therapists.