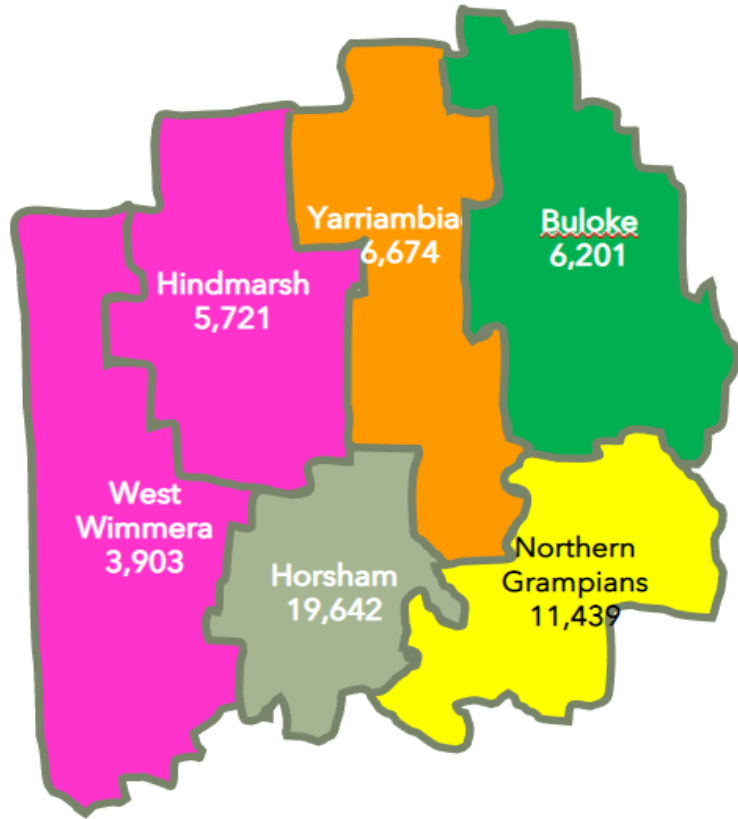


*Every Wimmera
Southern Mallee
child succeeds in
learning and life.*



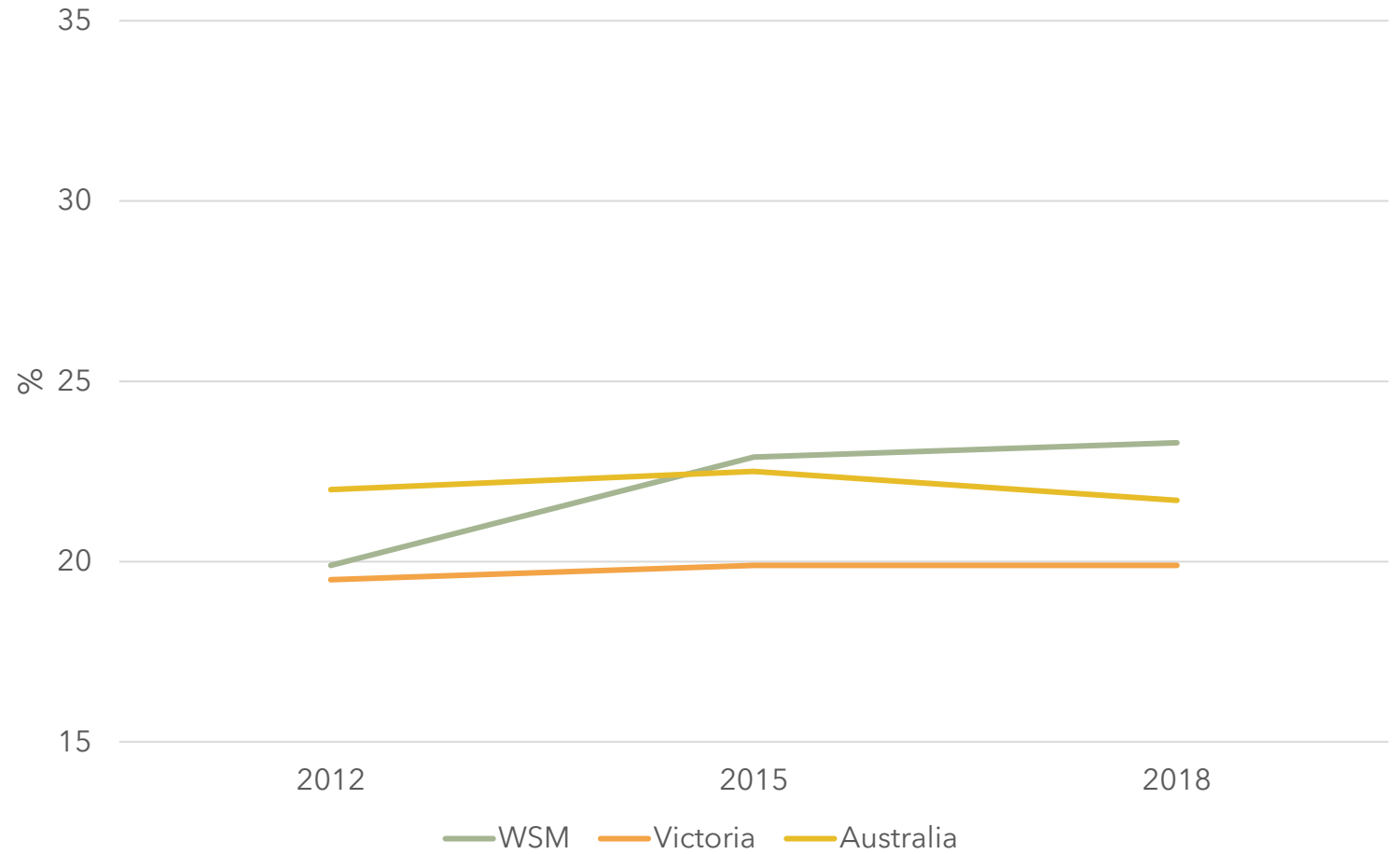
Wimmera Southern Mallee



Why By
Five?

2018

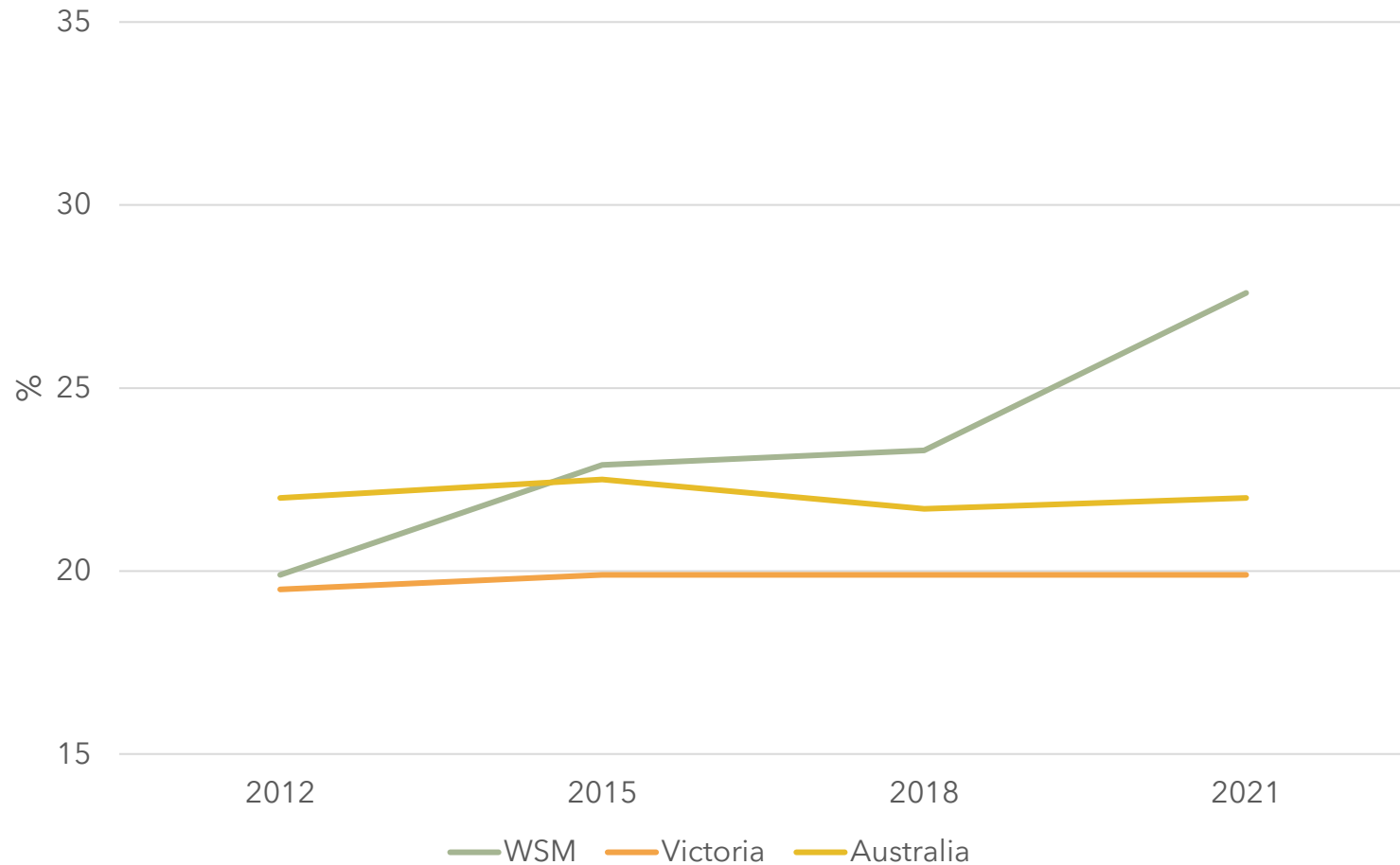
AEDC Developmental Vulnerability (1 +)



Why By
Five?

2021

AEDC Developmental Vulnerability (1 +)

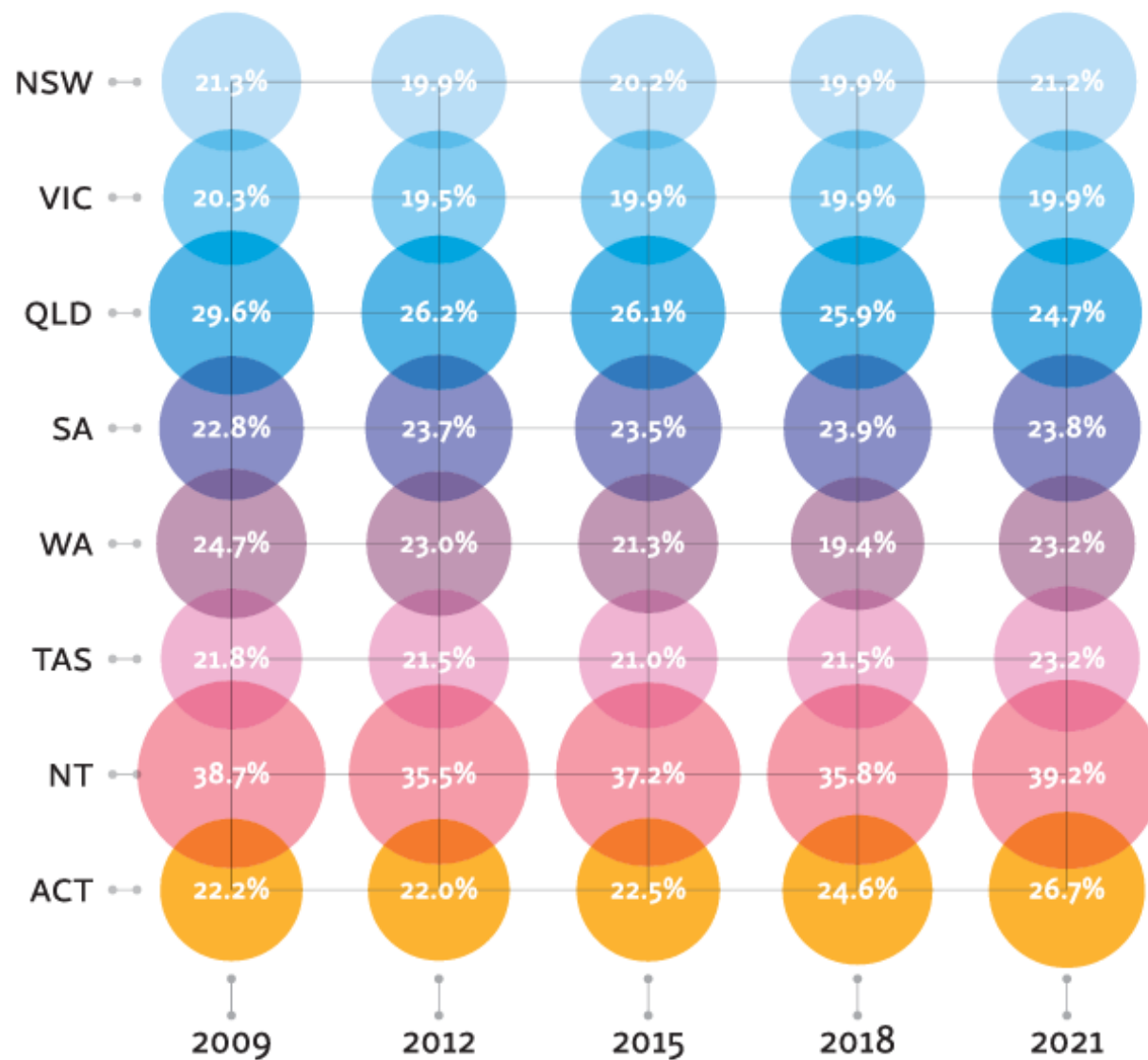


What's going on around Australia?

Figure 1. Developmental vulnerability across Australia from 2009 to 2021

Proportion of children who are developmentally vulnerable on one or more domains of the Australian Early Development Census, 2009 to 2021

Source: Australian Early Development Census (2021)



What's
been
happening

Our Goals

- Equitable **Access** to services
- High-**Quality** services
- High engagement and **Participation**
- Families should feel **Confident & Connected**
- We have **Community Conditions** that enable children and families to thrive.



What's
been
happening

Our Key Focus Areas

- **Paediatric health access**

(specialist care, allied health, etc)

- **Building capacity of local workforce**

- Fit for purpose, quality, equitable ECEC

- High quality antenatal care

- **Rural service models designed by rural people**

- Thriving communities



The Issue

- **Gap in outcomes** between rural and urban children in Victoria
- **Inequities in access** to the right child and family services at the right time



Paediatric Project

The By Five Paediatric Health Initiative partners with the Royal Children's Hospital to work with local professionals and families to improve the health and wellbeing of children in the region



Capacity building

Building local professional networks and expertise through case discussions and professional consultations



Co-consultations

Local professionals, families and paediatricians respond to child health & developmental concerns via supported telehealth

Project Components



IFS Partnership



One on one advice and support with Paed and Psychologist



Reflective practice sessions



Case-based sessions



Co-consultations



Advocacy - multidisciplinary care team



Paediatric Project – Our Families

Prioritise families experiencing adversity for consults

Referral process and model facilitates this

See a lot of kids known to CP, in OOHC, from refugee background, Aboriginal children, etc.

MD approach – where's the flag? Eg IFS, PSFO, MCH

Evaluation components



Real-time learning

1. What are we learning about the Paediatric Project?

2. How well is the model working and how can it be improved?



Formative evaluation

3. What was the model's impact?



Outcomes evaluation



Families

187 children* engaged in 314 co-consultations from 2021-2022

Most common presenting issues - challenging behaviors, developmental delay, ASD traits, ADHD traits, constipation

Timely paediatric care with added support of local professional. supported telehealth model reduced travel and costs and stress for families.

Addressed parents' concerns and left with a plan and a clear understanding of next steps.

Outcomes – Families and children

Reduced stress, provides reassurance and helps families feel supported

The stress was just next level, so to have that conversation, our stress levels decreased and it's not on our mind every waking moment."

Increased skills and confidence to manage their child's health condition

"We feel like we now have the skills to self-manage our child's health condition."



Time away from school for children and siblings



Distance to travel to care



Time away from work and/or loss of income



Availability and expense of overnight accommodation

Child health outcomes

- improved behaviour, increased confidence, improved ability to learn,
- improved skin health, improved hearing, and babies becoming more settled or gaining weight, reduced constipation.

Outcomes – Professionals

- MCH, Allied Health, GPs, Social Care, Educators
- High levels of satisfaction with capacity building activities and co-consultations

Outcomes

- Increased knowledge and understanding of other WSM services.
- Enhanced relationships and increased collaboration between professionals.
- Increased confidence in assessing and managing child health conditions.
- More effective and transparent communication between professionals regarding the care of families.

Learnings for other innovative models of care


Four key ingredients to the successful uptake :

- Identifying the **need for change** by looking at data and responding appropriately.
- Establishing the **foundation for change** by developing a shared vision within the community.
- Strong **governance** and **financial** support.
- Bringing communities together to **identify, test** and **refine** solutions.



Learnings for
other
innovative
models of
care

Scaling existing interventions:

- **Foundational work** needs to occur within the community before an appropriate intervention may even be considered for local adaptation.
 - **Regular learning and reflection** and translating this into ongoing local adaptations to suit the changing needs of the community is paramount to program sustainability.
- 

A close-up photograph of a young child with light-colored hair and eyes, looking directly at the camera. The child's hands are raised in front of their face, with fingers spread. The hands are covered in various colors of paint, including orange, blue, and red. The child is wearing a light blue shirt and a yellowish-green jacket. The background is blurred, showing what appears to be a natural outdoor setting with trees and foliage.

Questions?



**By Five Wimmera Southern
Mallee Innovation and Equity
Hub**

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BY FIVE

WSM Early Years Initiative