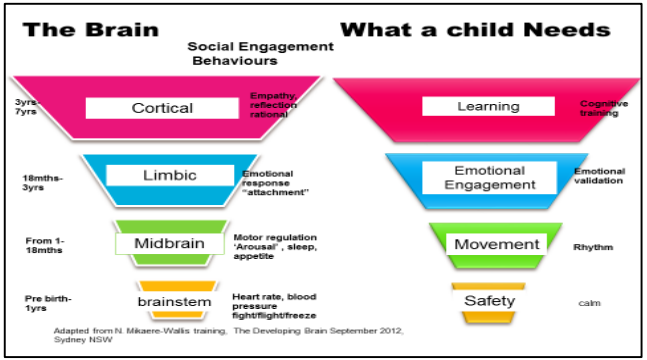
When is the right time for Allied Health Intervention (Speech Pathology & Occupational Therapy)– A review of children requiring intervention in interim out of home care.

Health
South Western Sydney
Local Health District

BACKGROUND: In 2010 NSW Health developed a health assessment pathway for children and young people entering Out Of Home Care (OOHC). South Western Sydney Local Health District has implemented this pathway ensuring children entering OOHC are prioritised for a comprehensive paediatric assessment with allied health clinicians also prioritising these children and providing them with the next available appointment for intervention.

WHY THE RESEARCH? Anecdotally clinicians reported high rates of fail to attend, changes in placements impact on development, regulation and behaviour, and Speech, language and fine motor skills were not the carers primary concern. Literature based in neurosciences suggested a trauma informed approach instead of symptom based interventions.



For the highest region of the brain to function (i.e. the cortex) the regions below need to be intact and well regulated. (Perry 2009)

ALLIED HEALTH LITERATURE: Children in OOHC present with speech delay, behavioural difficulties, internalising behaviours and sensory modulation disorders.
Assessment: requires interpretation within the context of a Childs individual developmental history, with a trauma and attachment theory lens.
Intervention: Traditional Allied Health intervention for Speech Pathology and Occupational Therapy is based in behavioural techniques and may focus on symptoms of trauma often requiring access to the cortex. Intervention needs to focus on supportive environments and self regulation so that social interaction and higher level learning for language and fine motor skills is possible.

STUDY DESIGN: Mixed methods approach: consisting of a clinician survey and a retrospective file audit of children attending Allied Health Services.
Limitations: Small sample size, retrospective research

Contact: Elizabeth Scerri
Elizabeth.Scerri@sswahs.nsw.gov.au

RESULTS:
Clinician Survey: 51 respondents, with a cross sectional representation of staff working within the OOHC population.
Themes identified:

- Comprehensive Health Assessments were key,
- Emotional and Behavioural focus required
- Attendance tapered off after therapeutic assessment
- Training carers was key.

File Audit: 64 files audited 54% male, 46% female. 62% <5years. Did not identify significant factors in appropriate timing of intervention. Provided qualitative description of pathway. Average no of placement changes was 2, min:1, Max :4, average number of caseworker changes was 1, min:1, Max:4. 18% within normal range at assessment.

RECOMMENDATIONS:

- Development of a Model of Care underpinned by trauma and attachment theory. With intervention focused on carer/child relationship to support regulation & sensory modulation prior to cortical level skills development (speech/fine motor).
- Use of a key worker model to reduce multiple referrals after assessment.

Do not cover this area - Do not cover this area - Do not cover this area - Do not cover this area - Do not cover this area - Do not cover this area - Do not cover this area - Do not cover this area - Do not cover this area.