Evaluation of the Stage 1 Expanded Healthy Kids Check Implementation

Australian Medicare Local Alliance for Australian Government Department of Health

Final Report

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EY

Building a better working world

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Abbreviations

The following abbreviations are used in this document:

AML Alliance	Australian Medicare Local Alliance
CCCH	Centre for Community Child Health
ERG	Expert Reference Group
GP	General Practitioner
HREC	Human Research Ethics Committee
MCRI	Murdoch Children's Research Institute
ML	Medicare Local
NHCCN	National Health Call Centre Network
NHMRC	National Health and Medical Research Council
NHSD	National Health Services Directory
PSC-17	Pediatric Symptom Checklist-17
RCN	Raising Children Network

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1 Executive Summary

1.1 Background

The Expanded Healthy Kids Check (EHKC, the Check) provides an opportunity for parents to speak with their GP, Practice Nurse or Aboriginal health worker about their child's health and development. Parents are encouraged to raise any concerns or issues, prompted by targeted questions and reminders; and address these issues, as well as having their child's health reviewed. The content of the EHKC includes a physical examination, and a review of the child's physical and cognitive development, together with behaviour and social-emotional wellbeing.

EY has produced this evaluation report on behalf of the Australian Medicare Local Alliance, in order to inform the future rollout of the EHKC. This report is based on the Stage 1 implementation of the EHKC across eight Medicare Locals (MLs) with approximately 160 health practitioners and up to 480 families (not all practitioners delivered the Check to three families). The Stage 1 implementation was supported by a face to face orientation program developed and delivered by the Murdoch Children's Research Institute (MCRI) Centre for Child Community Health (CCCH), an online module on child development, parent resources developed and hosted by the Raising Children Network (RCN), development of referral pathways by MLs in consultation with the National Health Services Directory (NHSD), and local project management by participating MLs.

1.1.1 Evaluation questions

The evaluation is intended to assess the impact of a pilot of the EHKC on providers and on parents before consideration is given to universal implementation of the EHKC. It is expected to answer the following questions:

- What are the critical success factors and barriers to introducing the Check to the primary health care setting?
- What are the critical success factors in the implementation of the Check?
- How were the orientation/training modules and other resources and information used and what was their impact on provider behaviours?
- What was the attitude of parents towards the Check and based on this testing, what are the best ways to communicate the Check's purpose to parents and families, including fact sheets for families?
- How did the links develop as part of the resources for provider's impact on the referral pathway?
- How was information available through the National Health Services Directory tool used by providers?
- What judgements can be made about the types and appropriateness of referrals and improvements in services, organisation and co-ordination as a result of Project activities?
- Were there any unintended consequences of the Check?

1.1.2 Findings

The table below provides a summary of the findings of the evaluation.

The EHKC has, at the least, done no harm and, at best, provided an opportunity for parents to hold a conversation with their health practitioner that allows them to receive reassurance regarding their child's development and behaviour and/or discuss potential or actual developmental concerns, including their child's behavioural, social and emotional development. Overall the response of practitioners and parents to the EHKC has been positive, noting that this is a practitioner group that self-selected to be part of the Stage 1 implementation.
The EHKC is not necessarily ready to be rolled out universally without further preparation. The key areas where evaluation results indicate further work are included in following findings.
The Check itself is in draft form and requires review and finalisation before being rolled out. Practitioner feedback indicates general satisfaction with the layout and content of the Check as is but there are some minor changes (such as references to BMI) that need to be made.
While most practitioners expressed satisfaction with the content of the online module on child development, almost 50% of practitioners required some level of assistance to access it and/or to download it. It is likely that this requirement will continue in relation to this and other online education modules until the critical mass of practitioners have the required technical skills and infrastructure to manage without assistance. Ongoing education on the EHKC and associated learning domains may need to be tailored to the preferred learning modality of professional groups
The EHKC is most likely going to be undertaken as a multidisciplinary activity with GPs, Practice Nurses and/or Aboriginal Health Workers. Much of the administration of the Check will be undertaken by Practice Nurses. This is a group that has expressed an interest in ongoing support in order to be able to confidently apply the Check with parents and to discuss issues of concern appropriately. This includes access to education and networking with other Practice Nurses.
There is currently no plan in place for continued maintenance of parent resources to support the EHKC. Specific requirements of such resources are they are standardised, evidence-based, available in hard copy as well as online and support the provision of information to parents before, at the time of the Check and after the Check.
One of the most commonly expressed reservation with the EHKC by parents related to the use of a three point scale in considering their child's social and emotional development and behaviours. This concern may be indicative of parental belief that the intent of this section is to score children rather than open the door to supportive conversation about the child and may be related to how the Check is presented to parents.
Key informants, parents and practitioners all identified the requirement for a planned marketing strategy in any further implementation of the Check.
There is some reported confusion among parents (particularly in Victoria) regarding the function of the EHKC in relation to other early childhood checks used in community health services. This highlights a bigger issue regarding the disconnection between state-managed child and family health services and general practice.
It is not possible from this Stage 1 implementation to assess the appropriateness of the EHKC for priority populations, including Aboriginal and Torres Strait Islander families.
The work being undertaken to populate the NHSD with provider information is underway but has been slower than expected and this has impacted on stakeholder views of the usefulness of this resource.
There is potential for competition between the health promoting, early intervention approach of the EHKC and the demand on practices to deliver care to those with chronic conditions or conditions associated with aging.

1.2 Recommendations

Based on the findings from the evaluation, a number of recommendations are provided for consideration by the Department. The table below summarises these.

The EHKC should be rolled out universally (subject to consideration of following recommendations) and should replace the existing Medicare Healthy Kids Check.
Consideration should be given to an additional stage in the rollout of the EHKC, prior to universal rollout, that allows time to: ► Review and revise the Check itself in the light of findings from this evaluation ► Develop a delivery and user support strategy for online educational material, that takes into account the variable levels of computer literacy in the practitioner population ► Develop a set of key marketing messages and materials targeting parents, community services and practitioners, with a corresponding national and locally targeted multimedia marketing strategy ► Test the Check for suitability with Aboriginal and Torres Strait Islander families, in partnership with Aboriginal and Torres Strait Islander communities
There are opportunities to look at an integrated model of preventive health for the well child that works across the maternal and child health service system, including General Practice, Aboriginal and Torres Strait Islander Services and state-managed child health services. This evidences itself firstly in the development of cross-sector referral pathways and should align with current frameworks such as the National Framework for Universal Child and Family Health Services (1) and national Indigenous child health initiatives. Medicare Locals are ideally placed to play a facilitating role at the local level, with their mandate to work locally to integrate and co-ordinate primary health care across the service system. This should include taking a key role in supporting locally driven development of referral pathways and in supporting skills development for practitioners.
The work commenced with the NHSD on populating child and family health service directories should be continued. If there is risk that this information will not be easily accessible and complete by the time a universal rollout is planned, an interim measure should be put in place to ensure appropriate access to referral services for practitioners.

1.3 Limitations

It should be noted that the practitioners who took part in the Stage 1 implementation of the EHKC were selected on the basis of existing experience in administering the current Check and/or willingness and interest in taking part in the Stage 1 implementation. This was a necessary prerequisite in order to reduce potential risk to parents and to manage the tight timeframes for the evaluation. This is likely to have created an unintended positive bias in participants' attitudes to the EHKC.

The local proportion of families from priority populations as identified by practitioners in the pre-orientation survey is not reflected in the reported proportion of families from priority populations receiving the EHKC. As the time frame available from completion of mandatory training to completion of the Check was relatively short this may be an artifact and should be interpreted in that light.

The short time frame available to select selection of MLs has resulted in an imbalance of participating practitioners and families, with a larger number coming from Victoria, and a smaller number from NSW and Queensland.

2 Introduction

2.1 Background

The National Early Childhood Development Strategy highlights the importance of:

- Addressing concerns about individual children's development early, in order to minimise the impact of risk factors before problems become entrenched; and
- Developing national, cross-government capacity for monitoring, research and evaluation related to children's health and development, in order to better support children and families and to inform policy and practice.

The drivers for the development and implementation of the EHKC lie in this policy and the significant body of evidence that indicates the value of identifying and intervening in emerging problems early in childhood, before they become entrenched. Early detection in toddler and kindergarten/preschool years (18 months to 4 years) is particularly important in a child's development. While significant developmental delay and serious health problems are generally detected in the first two years of life, more subtle problems, such as developmental and behavioural, are often not evident until the toddler and kindergarten/preschool years. These years signify a time of rapid development in many domains, especially cognition, language, and social-emotional development. Delay or dysfunction in these domains at this age is a strong predictor of problems at school and beyond (1), (2).

In Australia there is some evidence that preventive health activities with well children in General Practice tend to be opportunistic rather than planned, and are often linked to a visit for other reasons, for example immunisation. In some cases parents are the initiators of a child check (3). Paediatric assessment tools provide a useful framework for effective listening and communication with parents by practitioners, to provide advice and referral in relation to their children's development (4).

Australia has not had a universal check that includes addressing social and emotional wellbeing and development. This situation led to the decision by the Australian Government to work with a National Expert Reference Group to develop a protocol that could be used as the basis of a conversation between parents and health practitioners regarding their child's physical, social and emotional development.

2.1.1 Advice to the Minister

In 2011 the then Minister for Mental Health and Ageing, The Honourable Mark Butler, M.P. established a time-limited National Expert Reference Group to lead and provide expert advice on the effective implementation of a three year old check. The group was specifically asked to:

- Provide expert advice on the development of an assessment instrument encompassing emotional wellbeing and development, and proposed optimal referral pathways;
- Provide advice on linkages to other projects;
- Provide advice on the development of a training resource to be delivered to General Practitioners and other health professionals carrying out the three year old health check; and
- Oversee a mapping exercise to identify available services and create a service map by region, with this work linking to the service directory being compiled by the National Health Call centre network and considering the role of MLs.

The Expert Reference Group made four recommendations under its Terms of Reference and four broad recommendations to government in 2012. These were:

- That the child's physical health, development, and social and emotional wellbeing should all be part of the Check;
- That the Check should be linked to other support programs and with other sources of relevant data to inform child health programs and policy;

- That a training resource be developed to support general practitioners, practice nurses and Aboriginal health workers who will be undertaking the Check; and
- That a mapping exercise be undertaken to identify locally available services for children and their parents.

In addition to the work of the Expert Reference Group, the Minister attended a roundtable discussion with key stakeholders in Adelaide in late 2012 to discuss the expanded check and its implementation. Participants were updated about the measure and the recommendations made by the Expert Reference Group and provided feedback on key implementation issues[1].

2.2 Development of the EHKC

Based on the advice provided by the National Expert Reference Group, the Stage 1 version of the EHKC was developed by a sub-set of the National Expert Reference Group and the Australian Government Department of Health. This version is contained in Appendix A and has been used in the Stage 1 implementation subject to this evaluation.

The EHKC is intended to provide an opportunity for parents to have a structured conversation with a health professional to review their child's health and development. It covers the areas of:

- Patient history
  - Family and environmental factors
  - Medical and social history
- Physical assessment
  - Lifestyle
  - Height and weight
  - Oral
  - Eyesight
  - Hearing
- Developmental milestones
- Behaviour, social and emotional well-being

Conversations regarding behaviour, social and emotional well-being are guided by a list derived from the Pediatric Symptom Checklist[2] and asks the following questions about the child:

- Fidgety, unable to sit still?
- Feels sad or unhappy?
- Daydreams too much?
- Refuses to share?
- Does not understand other people's feelings?
- Feel hopeless?
- Has trouble concentrating?
- Fights with other children?
- Is down on him or her self?
- Blames others for his or her troubles?

1 Source: Department of Health, accessed 27 September 2013 at http://www.health.gov.au/internet/main/publishing.nsf/Content/healthy-kidschk

2 Pediatric Symptom Checklist ©1988, M.S. Jellinek and J.M. Murphy, Massachusetts General Hospital and used with their permission.

- Seems to have less fun?
- Does not listen to rules?
- Acts as if driven by a motor?
- Teases others?
- Worries a lot?
- Takes things that do not belong to him or her?
- Distracted easily?

2.3 Stage 1 implementation of the EHKC

The Stage 1 implementation was undertaken in a relatively controlled environment with structured components based on the recommendations made by the Australian Medicare Local Alliance and to enable evaluation. The components of the Stage 1 implementation included:

- Orientation/education of practitioners
- Development and dissemination of parent resources
- ML co-ordination, including sourcing of practitioners, development of referral pathways and linkage to the National Health Services Directory (NHSD)
- Evaluation

These are described in more detail below.

2.3.1 Orientation /Education

Face to face orientation sessions were conducted in each of the participating ML regions, based on advice from the MLs. A small number of sessions included remote participants by videoconference. The topics covered in this orientation are described in the report provided by the MCRI to the project[3] and are summarised below.

- The EHKC background and rationale
- The Stage1 EHKC
- Monitoring child health, development and wellbeing
- Completing the EHKC and interpreting information
- Engaging young children and their parents/carers
- Parent resources
- Referral pathways and services

At the orientation sessions, information packs for health practitioners, which included resources for providing to parents, were distributed. Practitioners were required to attend the face to face orientation prior to administering the EHKC.

In addition to the face to face orientation session, practitioners were also required to complete a Child Development online module.

This module was adapted from the 'Child Development' learning module currently being developed by the Australian Psychological Society under contract with the Australian Government Department of

[3] Murdoch Children's Research Institute and The Royal Children's Hospital Centre for Community Child Health, Report: Orientation Workshops, Stage 1 Expanded Healthy Kids Check, 9th September 2013,

Health. The initial brief was to prepare a series of online training modules for mental health practitioners working under the Access to Allied Professionals Services (ATAPS) scheme. The MCRI CCCH was subcontracted by the APS to write the content of this module. Practitioners were required to complete the module prior to administering the EHKC.

As part of Stage 1 implementation the face to face orientation and the Child Health module will be converted into an integrated online module for universal implementation.

2.3.2 Parent resources

Parent resources about the EHKC were provided to parents by their health practitioner and were also available through a specially developed mini-site on the RCN webpage. Parents and practitioners were provided with separate links to the mini-site. Parent resources included audio and video information on the EHKC, printed and pictorial information, links to assist in finding a local child health practitioner and access to RCN articles on various parenting issues.

2.3.3 Medicare Locals

Stage 1 of the EHKC was implemented across eight ML sites nationally. These sites were responsible for recruiting at least 20 Health Practitioners (totaling a potential practitioner sample of 160) sourced from GPs, Practice Nurses and Aboriginal Health Workers to implement the Check to at least three families (totaling a potential parent/carer sample for the project of 480). The ML sites were:

- Northern Melbourne
- Inner East Melbourne
- Townsville Mackay
- Murrumbidgee
- Frankston-Mornington Peninsula
- South Western Sydney
- Eastern Melbourne

Where a ML was unable to achieve their practitioner target, the numbers were supplemented from other MLs from within the group. MLs were also required to develop service directories to support referral pathways from practitioners to child and family services.

2.3.3.1 Referral pathways and National Health Service Directory

The National Health Services Directory (NHSD) builds on and consolidates some existing regional healthcare directories to provide detailed information on available health related services to anyone with internet access. The NHSD initially provides service information for GPs, Pharmacies, Hospitals and Emergency Departments.

It is intended that the NHSD will be enhanced to include secure access to practitioner information as well as mental health, allied health and local hospital services data information. The NHSD is also intended to be further extended to include allied health providers and human services.

The NHSD is based largely on the successful implementation of the Victorian Human Services Directory (VHSD) and other directories of significance around Australia. Coverage is expected to include but not be limited to healthcare and related human service providers. Information provided will include: service types and location; opening hours; languages spoken; access to bulk billing and supported types of communication.

As part of the development of resources to support the EHKC, MLs were tasked with developing directories and referral pathways for child and family services. The intention was for MLs to work with the National Health Services Directory team to build local referral information for practitioners.

2.4 Purpose of the evaluation

The evaluation is intended to provide the Department of Health with an understanding of the likely success factors and barriers to universal implementation of the expanded Healthy Kids Check. In particular it is intended to help identify:

- Critical success factors and barriers to introducing and implementing the Check in the primary health care setting
- The use and impact of orientation/training modules and other resources and information
- The attitude of families to the EHKC and the best ways to communicate the Check's purpose to parents and families
- The impact of links developed as part of the resources for providers on the referral pathway
- How the National Health Services Directory tool was used by providers
- The types and appropriateness of referrals and improvements in services, organisation and co-ordination as a result of Project activities
- Any unintended consequences of the Check

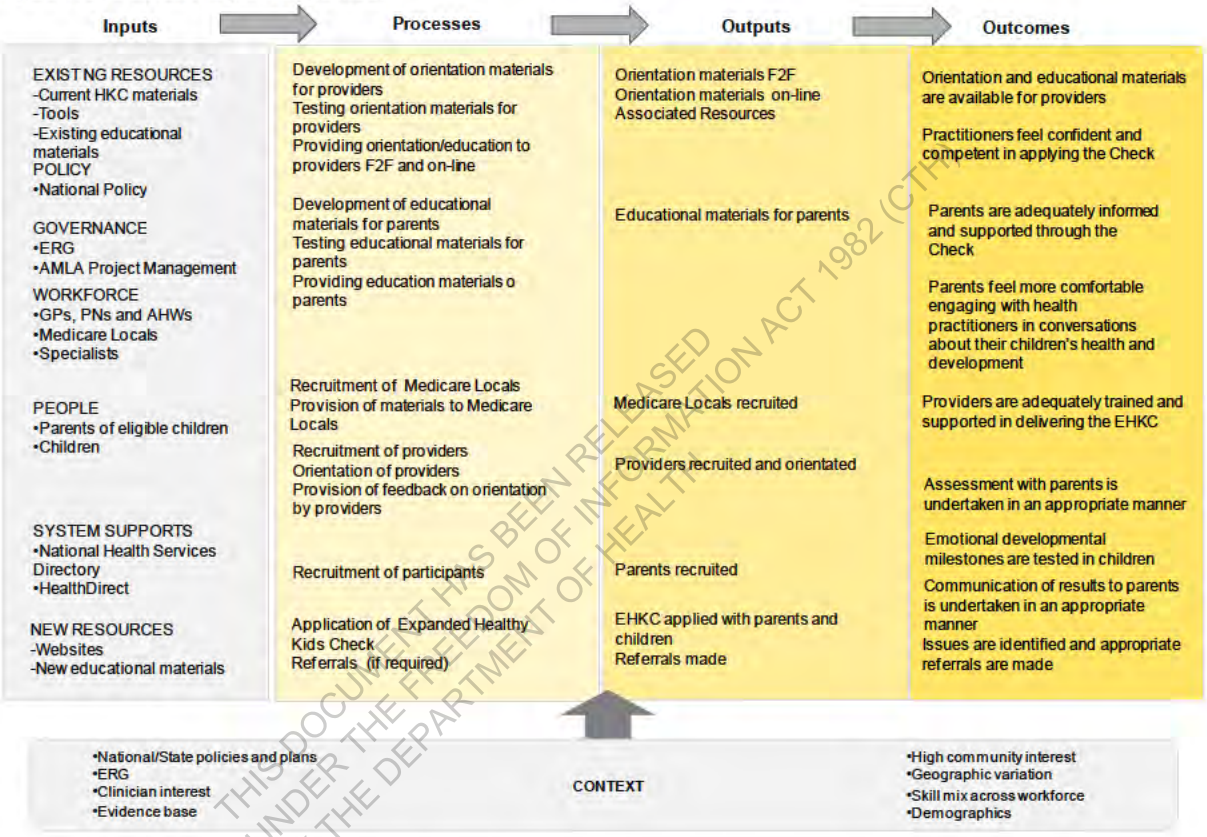
3 Methodology

3.1 Introduction

This section describes the methodology applied to the evaluation of the Stage 1 Expanded Healthy Kids Check Implementation, which was based on the overarching Evaluation Framework. The framework was developed to guide the conduct and development of the evaluation including specific evaluation methods, data collection tools and data analysis.

The evaluation is based on a logic model (see Figure 1 below) setting out the contribution of the right inputs, processes, outputs and outcomes of the pilot.

Figure 1: Evaluation Program Logic Model



3.2 Data Collection and Analysis

Data for the evaluation was collected using tools co-jointly developed with the MCRI and the evaluator (where both had a common need for information from the same stakeholders). This approach was adopted for several reasons:

- Minimising the data collection burden on participants by reducing the number of separate requests for information
- Taking this approach supported the tight timeframes for the pilot and evaluation
- The likelihood of gaps or duplications in data collection were reduced

Analysis was undertaken using a themes-based approach for qualitative data and statistical analysis for quantitative data. Analyses of data undertaken for the purposes of informing the work of the MCRI where appropriate and permissible, contributed to the evaluation.

3.3 Data Collection Tools

The table below describes the information sought for the key evaluation questions using the data collection methods.

Table 1: Data collection approach

Question	Information sought	Method
How were the orientation/training modules and other resources and information used and what was their impact on provider behaviours?	▸ Attendance and responses to orientation ▸ Perceptions of usefulness of orientation ▸ Perceived impact of orientation on attitude and behaviour	▸ Data collected from orientation ▸ Provider Survey ▸ Interview
What was the attitude of parents towards the Check and what are the best ways to communicate the Check's purpose to parents and families?	▸ Outcomes of parent consultations by MCRI ▸ Perceptions of usefulness of materials for parents ▸ Understanding of Check's purpose	▸ Data collected from consultations ▸ Parent Survey ▸ Interview
How did the links developed as part of the resources for providers impact on the referral pathway? How was information available through the National Health Services Directory tool used by providers?	▸ Extent to which links are used ▸ Extent to which National Health Services Directory tool is used ▸ Who is using links and tool ▸ Referral patterns ▸ Perceptions of usefulness of links and tool by providers	▸ Hits on system ▸ Survey ▸ Interview
What judgements can be made about the types and appropriateness of referrals and improvements in services, organisation and co-ordination as a result of Project activities?	▸ Referral rates, types and outcomes ▸ Perceptions of usefulness of links and tool by providers ▸ Perceptions of impact of links and tool on service integration and co-ordination by providers and by MLs	▸ Survey ▸ Interview
Were there any unintended consequences of the Check?	▸ Provider experience ▸ Parent experience	▸ Survey ▸ Interview

The information collection methods used in the evaluation are described in more detail below.

3.3.1 Online Survey

Three online surveys were administered in paper format and online through accessing a secure website. The three online surveys included:

1. **A pre-orientation survey of health practitioners** (See Appendix B): Health practitioners who registered to take part in orientation, education and administration of the Expanded Healthy Kids Check were asked to complete the pre-orientation survey before attending the EHKC Orientation.

   The pre-orientation survey closed on 5 September 2013 and received total of 158 responses. Of the 158 responses received:

   - 99 were from Practice Nurses
   - 52 were from GPs
   - 5 were from Aboriginal Health workers

Due to the small number of Aboriginal Health Workers participating in the state 1 EHKC, responses from this group should not be treated as anything but indicative.

2. **A post-Check survey of health practitioners** (See Appendix C): The survey was open to health practitioners who had registered to take part in orientation, education and administration of the EHKC. They were asked to complete the post-Check survey after completing the online module and administering the Check with 3 families. This survey was available online and in hard copy, and responses were cross-checked to pick up any duplicates.

   At 28 October 2013, responses had been received from:

   - 74 Practice Nurses
   - 40 GPs

- 2 Aboriginal Health workers.

3. **A post-Check survey for parents** (See Appendix D): The survey was open to parents to comment on the Check after they had experienced it. The online survey was provided in hard copy by practitioners and also available to parents on the Raising Children Network (RCN) website in order to improve ease of access and maximise return rate. The on-line survey included a question as to whether parents had also completed a paper copy of the survey.

Plain language information and consent sheets were developed and distributed to all participants. (See Appendix E)

3.3.2 Key Informant Interviews

Interviews were held by phone or in person depending on the stakeholder and location. Specific interview questions were consistently asked of each stakeholder group. Key informants included:

- MLs participating in the pilot
- A small number of health care professionals participating in the pilot
- A small number of parents and families participating in the pilot
- Expert Reference Group members
- Health Direct

Key informant interview questions were developed according to the role and perspective of the interviewee.

3.3.3 Additional information

A member of the evaluation team attended two orientation sessions at ML sites, one at Townsville and one at Eastern Melbourne. Content of the evaluation sessions was made available to the evaluators and the evaluation has accessed the report developed by the MCRI regarding the orientation processes.

A scan of relevant literature was conducted, based on a search of databases and of websites, and from suggestions from key informants.

4 Findings

The table below provides a summary of the findings from the evaluation.

The EHKC has, at the least, done no harm and, at best, provided an opportunity for parents to hold a conversation with their health practitioner that allows them to receive reassurance regarding their child's development and behaviour and/or discuss potential or actual developmental concerns, including their child's behavioural, social and emotional development. Overall the response of practitioners and parents to the EHKC has been positive, noting that this is a practitioner group that self-selected to be part of the Stage 1 implementation.
The EHKC is not necessarily ready to be rolled out universally without further preparation. The key areas where evaluation results indicate further work are included in following findings.
The Check itself is in draft form and requires review and finalisation before being rolled out. Practitioner feedback indicates general satisfaction with the layout and content of the Check as is but there are some minor changes (such as references to BMI) that need to be made.
While most practitioners expressed satisfaction with the content of the online module on child development, almost 50% of practitioners required some level of assistance to access it and/or to download it. It is likely that this requirement will continue in relation to this and other online education modules until the critical mass of practitioners have the required technical skills and infrastructure to manage without assistance. Ongoing education on the EHKC and associated learning domains may need to be tailored to the preferred learning modality of professional groups
The EHKC is most likely going to be undertaken as a multidisciplinary activity with GPs, Practice Nurses and/or Aboriginal Health Workers. Much of the administration of the Check will be undertaken by Practice Nurses. This is a group that has expressed an interest in ongoing support in order to be able to confidently apply the Check with parents and to discuss issues of concern appropriately. This includes access to education and networking with other Practice Nurses.
There is currently no plan in place for continued maintenance of parent resources to support the EHKC. Specific requirements of such resources are they are standardised, evidence-based, available in hard copy as well as online and support the provision of information to parents before, at the time of the Check and after the Check.
One of the most commonly expressed reservation with the EHKC by parents related to the use of a three point scale in considering their child's social and emotional development and behaviours. This concern may be indicative of parental belief that the intent of this section is to score children rather than open the door to supportive conversation about the child and may be related to how the Check is presented to parents.
Key informants, parents and practitioners all identified the requirement for a planned marketing strategy in any further implementation of the Check.
There is some reported confusion among parents (particularly in Victoria) regarding the function of the EHKC in relation to other early childhood checks used in community health services. This highlights a bigger issue regarding the disconnection between state-managed child and family health services and general practice.
It is not possible from this Stage 1 implementation to assess the appropriateness of the EHKC for priority populations, including Aboriginal and Torres Strait Islander families.
The work being undertaken to populate the NHSD with provider information is underway but has been slower than expected and this has impacted on stakeholder views of the usefulness of this resource.
There is potential for competition between the health promoting, early intervention approach of the EHKC and the demand on practices to deliver care to those with chronic conditions or conditions associated with aging.

This section responds to the key evaluation questions to the extent that this is possible, given the low number of completions of three Checks at the date this report was written.

4.1 Key Evaluation questions

The key evaluation questions are:

- What are the critical success factors and barriers to introducing the Check to the primary health care setting?
- What are the critical success factors in the implementation of the Check?
- How were the orientation/training modules and other resources and information used and what was their impact on provider behaviours?
- What was the attitude of parents towards the Check and based on this testing, what are the best ways to communicate the check's purpose to parents and families, including fact sheets for families?
- How did the links developed as part of the resources for providers impact on the referral pathway?
- How was information available through the National Health Services Directory tool used by providers?
- What judgements can be made about the types and appropriateness of referrals and improvements in services, organisation and co-ordination as a result of Project activities?
- Were there any unintended consequences of the Check?

4.1.1 What are the critical success factors and barriers to **introducing** the Check to the primary health care setting?

4.1.1.1 Barriers

Prior to Orientation and completion of the online module, practitioners reported feeling less prepared for administering the EHKC and finding the right service to refer to. At that stage GPs were more likely than Practice Nurses to feel well prepared for discussing any concerns with parents, talking with families about their child's development and identifying if there is a need to make a referral. More GPs than not felt well prepared for these elements of administering the Check. GPs were more likely than Practice Nurses to feel unprepared for understanding the rationale and benefits of the EHKC and administering the EHKC.

Identified barriers to introducing the Check in the broader PHC practice population are likely to include:

- Low levels of practitioner knowledge about the Check and in administering early childhood checks which might reduce preparedness to promote the Check or impact on effectiveness in using the Check
- Possible low levels of confidence of practitioners in discussing child development and social and emotional development issues with parents
- Possible low levels of knowledge or practical experience in the PHC team in child development and early childhood
- A view in some practices that the demand associated with managing chronic conditions and conditions associated with ageing competes with or outweighs the practice time available for child and family health (the well child)
- Confusion or possible perception of duplication, from a parent's point of view, between early childhood checks undertaken by community health/LGA services and the EHKC
- A lack of awareness in the community of the place of the EHKC within the overall child and family health service system
- A perception that the EHKC is time-consuming for practitioners and not financially viable

4.1.1.2 Success Factors

Most of the practices and practitioners recruited for this stage of the implementation of the Check are already familiar with administering the Medicare Healthy Kids Check. The experience of these practitioners has been generally positive.

Some key success factors are likely to include:

- Ongoing support from MLs. This might include continuing the support provided to date with referral pathways and also hosting or supporting ongoing education on the EHKC. This could specifically include hosting networking opportunities for practices to help build a child and family health hub within the ML.
- Having an identified child and family health focus in the practice. This might include identifying and resourcing "champions" within the practice who lead the implementation of the Check. This was considered a particular issue because of the pressure on practices to focus on the immediate demand issues associated with chronic disease and conditions associated with ageing. The champion may be a GP or a Practice Nurse.
- Redesigning immunisation activities to align with the 3 ½ year old Check. This might require redesigning current practices (such as 4 year old birthday cards with invitations to attend for immunisation) to remind parents at 3 ½ years that children are due for immunisation and a Check.
- Finalising the Check and aligning it with Practice Patient Care systems for electronic use. This option was not available for the Stage 1 implementation but was raised by practices, MLs and practitioners.
- Finalising the MBS item for the Check. The continued implementation of this Check is dependent on it replacing the current Check on the MBS. Funding the time required to undertake a comprehensive Check may enhance parental perceptions of the value of the Check (extended time with a practitioner to discuss their child).
- Resources to inform understanding of child development and the importance of early intervention, and therefore encourage uptake of the Check and ongoing access to targeted education on the Check itself and on domains within the Check.
- Guidance on referrals and local referral pathways, including immediate online access to information on services available.
- Printed standardised resources for practitioners (Charts) and for parents including information on their child's height and weight, BMI calculation and development milestones.
- Specific advice on physical development as well as emotional and social development
- Additional education and training – face to face and online and including videos of practitioners undertaking a Check (this is being addressed in the online Orientation).

4.1.2 What are the critical success factors in the **implementation** of the Check?

In considering this question, the evaluation has focused on the actual delivery of the Check and has particularly considered:

- Marketing the EHKC to parents, practitioners and the wider community
- Building skills and capacity in the workforces delivering the Check
- Access to ongoing education and resources
- Allowing time to complete the Check
- Integrating the EHKC into the local child health service system

4.1.2.1 Marketing the EHKC

Parents who responded to the survey responded positively regarding the EHKC. However the Stage 1 implementation has not necessarily included adequate numbers of priority populations to be able to confidently predict this will be the same in a universal rollout. Key informants, parents and

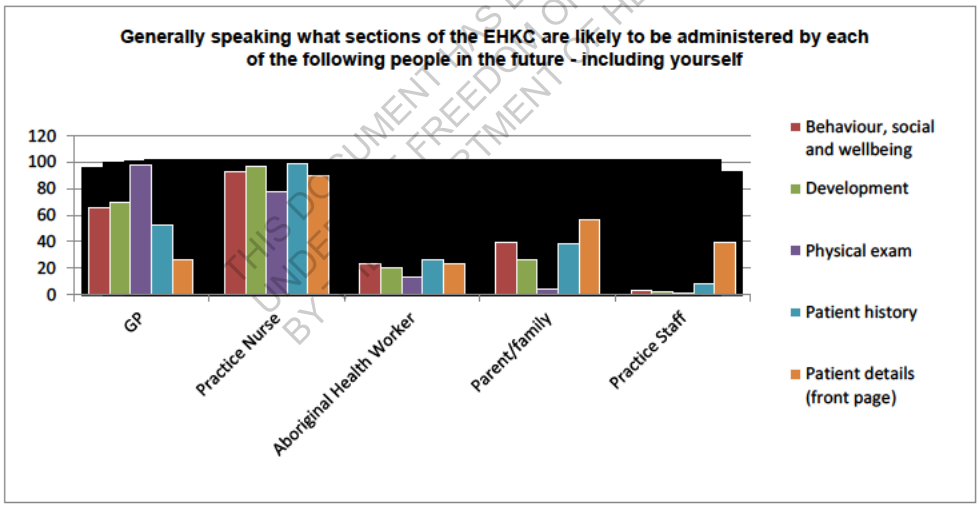
practitioners all identified the requirement for a planned marketing strategy in any further implementation of the Check. Suggested elements of such a strategy included:

Target	Suggested targets for a marketing campaign included practitioners, parents, other service providers and the general community
Content	Suggested content included information about: ▶ What the Check is – its rationale and processes ▶ The value of the Check and of early intervention in order to increase parent motivation to have the Check done ▶ How the Check relates to other child and family health checks in order to reduce confusion between the function of this Check and the checks undertaken by Child and Family Health services in community health
Modality	Suggested modalities included: ▶ Multi media campaigns at a national level ▶ Local supporting marketing highlighting the availability of the EHKC ▶ Resources able to be utilised in the waiting room, such as videos marketing the EHKC directly to parent's waiting for an appointment for other matters ▶ Use of existing evidence-based child health websites

4.1.2.2 Building skills and capacity

As shown in the graph below practitioners are intending to administer the EHKC as a team, comprising practice staff, parents, GP and Practice Nurse[4].

Figure 2: Practitioner estimate of those undertaking components of the EHKC



Practice Nurses will play a key role in the EHKC, in some cases undertaking most elements of the EHKC with the parents and children.

4 Owing to the small sample of Aboriginal Health workers engaged in the Stage 1 implementation, it is not possible to make an assessment of whether this practitioner group believes it would be routinely involved with other team members.

This raises the issue of ongoing support for this practitioner group. In surveys, Practice Nurses were more likely to express some concern regarding the level of their knowledge and understanding of child development and also anecdotally highlighted their relatively limited opportunities to network and access ongoing child development specific education.

Most practitioners taking part in this Stage 1 implementation of the EHKC already had experience with the current Medicare HKC. Even so, a proportion of this group reported feeling unprepared to administer the EHKC. This is likely to be an ongoing issue in the universal rollout, where some practitioners may not have any experience with an early childhood check.

At Orientation practice nurses welcomed the opportunity to network and share information.

Therefore, one area for consideration in maximising success for the implementation may be bolstering the knowledge and confidence of this practitioner group and including a networking component in this strategy.

Medicare Locals and/or the AML Alliance may be well placed to lead this through existing structures and networks, for example the Practice Nurse Network.

4.1.2.3 Resources for education and training

The face to face Orientation sessions for the Stage 1 implementation were generally well received by practitioners and appeared to increase their sense of preparedness for the EHKC. It was not in the scope of this evaluation to assess the translation of this face to face Orientation into an online format. Practitioners noted some unexpected benefits from participating in the face to face orientation, including opportunities to network and learn from each other.

The content of the online module was generally considered helpful but a number of practitioners reported to their Medicare Locals and to the AML Alliance that they found accessing the online module challenging and were discouraged by the time it took to complete. This was also reflected in responses to the online survey.

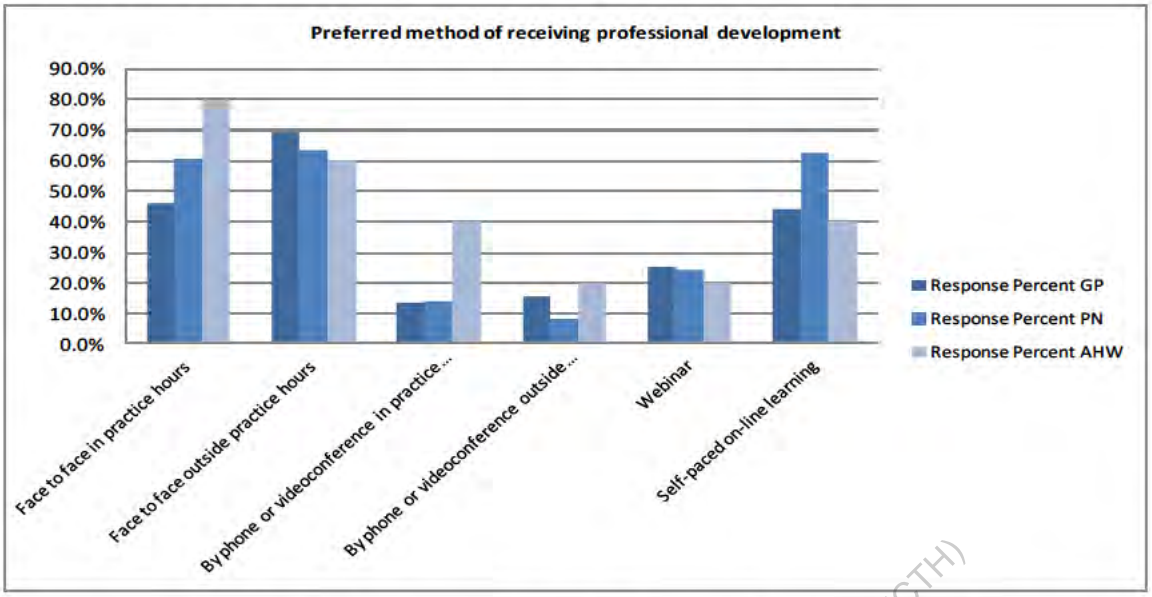
The AML Alliance reported that a significant amount of time was invested in assisting practitioners access the module and in providing a helpdesk function. Approximately 50 % of the practitioners required support to successfully complete the online module. Support issues included:

- Lack of computer literacy
- Firewalls
- Computer issues(i.e. web browsers denying popups and lack of sound on the computer to view videos)

Unless this is addressed in some way for the universal rollout, there is a risk that practitioners will not complete important education modules, potentially reducing fidelity to the intent and approach of the Check. A specific help desk function or access to an existing help desk function may be required; although younger GPs are generally more comfortable with computer use, there are many older GPs who are not (6).

Practitioners were asked in the pre-Orientation survey about their preferences for accessing professional development. Across the three professional groups there were some differences in preferences but generally face to face was the preferred modality, followed by online access for GPs and Practice Nurses (refer graph below).

Figure 3: Practitioner preferred mode for professional development



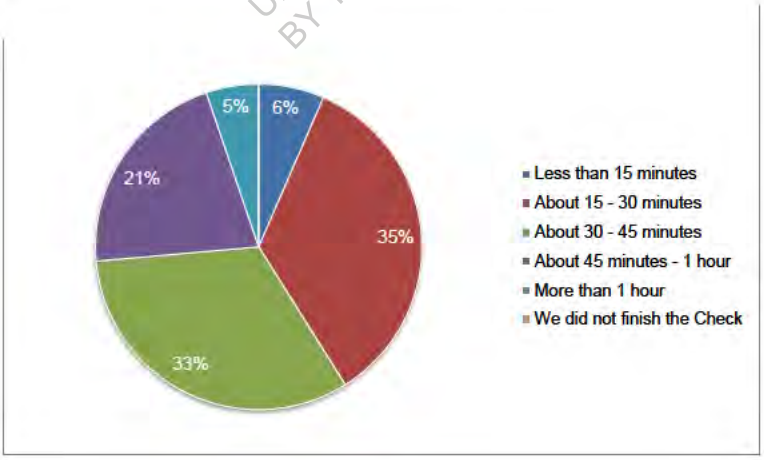
Aboriginal Health Workers preferred face to face learning during working hours to a greater degree than other professions. While Practice Nurses equally preferred either face to face or self-paced on line learning, GPs reported a greater preference for face to face learning than self-paced online learning.

Online access remains a viable option if it is well supported, but may need to be complemented by face to face support of some kind, particularly for GPs. Therefore consideration may need to be given to a mixed mode of delivery of ongoing support and education on the EHKC itself and on the associated skills development areas.

4.1.2.4 Allowing time to undertake the EHKC

The time required to complete the EHKC has implications for the effectiveness and take-up of the Check. It has potential to affect ongoing parental engagement and the readiness to adopt the EHKC in general practices as an appropriately funded service. Parents were asked to estimate how long it took to complete the Check from start to finish. More than half estimated the Check took 30 minutes or longer to complete and just over one quarter estimated it took 45 minutes or more.

Figure 4: Parent estimation of time taken to complete the EHKC



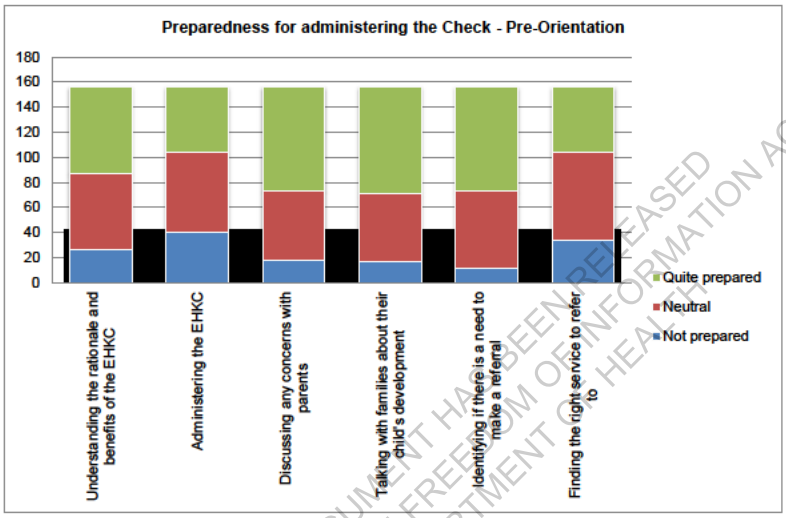
This represents a significant amount of practice time, even allowing for some pre-work in the waiting room. Anecdotally, general practices experience high levels of demand from patients with chronic or complex care needs or conditions associated with ageing[5]. There are specific MBS items to encourage shared care and case management for patients with chronic conditions[6]. Preventive health activities for children are potentially competing for practice time and this needs to be considered as a potential barrier to wide scale implementation of the Check.

4.1.3 How were the orientation/training modules and other resources and information used and what was their impact on practitioner behaviours?

All practitioners were required to attend Orientation and complete the online learning module prior to undertaking the EHKC with parents. Orientation sessions were conducted face to face or remotely through videoconferencing (for far north Queensland participants). At the sessions an information pack was provided to practitioners with a set of parent resources and a set of practitioner resources.

Practitioners were asked how prepared they felt to undertake the EHKC prior to the Orientation and again at the time they administered the Check.

Figure 5: Practitioner preparedness to administer the EHKC - Pre-Orientation

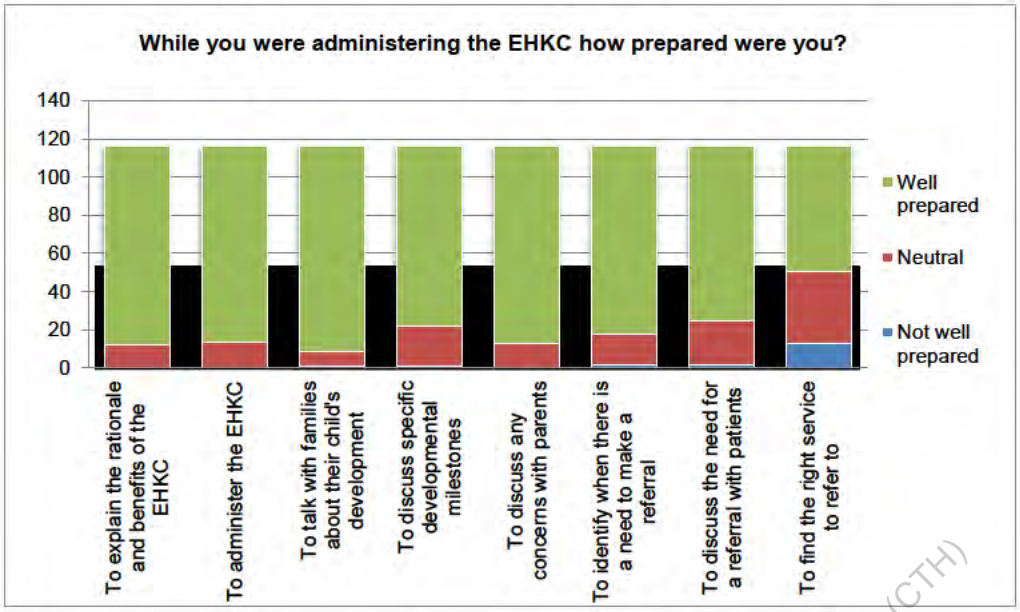


Overall and across different practitioner groups, more practitioners reported feeling well prepared for the EHKC at the time of administration, compared to those reporting being quite prepared or neutral prior to completion of the Orientation and online module (see graphs beside and below.

This held for all areas of enquiry.

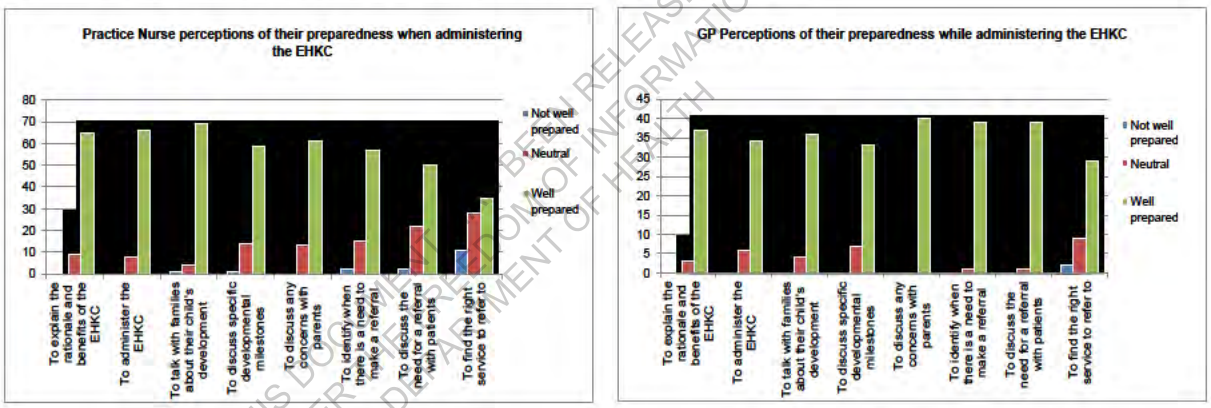
5 Murdoch Children's Research Institute also reported this.
6 Australian Government Department of Health accessed at https://www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare-chronicdiseasemanagement

Figure 6: Practitioner preparedness to administer the Check at the time



GPs were slightly more likely than Practice Nurses to report feeling well prepared to undertake the EHKC at the time that they actually administered it, but this difference was small (refer graphs below).

Figure 7: PN and GP perceptions of preparedness to undertake the EHKC at the time



Approximately one third of practitioners reported feeling neutral about their preparedness to find the right service to refer to and this was the only number where any number of practitioners reported feeling not well prepared. This may be less about referral pathways and more about the availability of services. At more than one orientation session, the availability and waiting times of specialist and allied health services were raised by practitioners. Nevertheless it underscores the critical importance of developing referral pathways across the service system to support practitioners in taking up the Check. Anecdotally, GPs are more reluctant to screen for developmental issue if they are not confident that they will be able to make an appropriate referral. Generally speaking, the responsibility for referral was reported as being held by the GP.

4.1.3.1 Orientation

"Practitioners highly valued sharing information, ideas and strategies with their colleagues throughout the workshops."

MCRI

Responses to the Orientation at the time it as delivered were recorded in the report provided to the project by the MCRI (7). This feedback indicated that most practitioners were engaged in the content of the Orientation and valued the opportunity to connect with other practitioners from their local area. This was particularly the case with Practice Nurses.

The post-Check survey is completed by practitioners after they have completed three EHKCs, so captures their views on the Orientation after a period of time.

Although all practitioners reported finding the Orientation useful Practice Nurses were more likely than GPs to report that the following sections of the Orientation were very useful for them:

- Background and rationale for the EHKC
- Case study - how to complete the EHKC and interpret results
- Resources and referral pathways
- The exception was the section on engaging with children and parents. GPs were slightly more likely than Practice Nurses to report this section as having been very useful.

Comments on the usefulness of the Orientation session included:

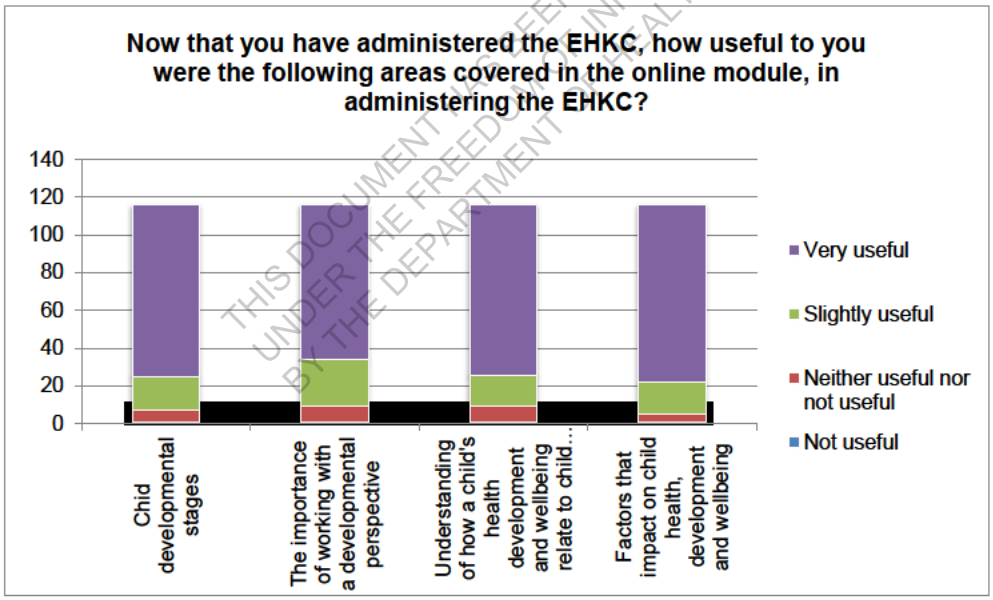
- I gave parents material from the Orientation presentation which were culturally appropriate
- Materials from orientation were good. We were able to discuss and ask questions about them, therefore had a good understanding
- The handouts are also very helpful and can be printed and underlined to remind parents what has been discussed in the appointment

Three quarters of those practitioners who responded to the post-Check survey found the resources provided as part of the face to face Orientation useful or very useful.

4.1.3.2 Online module

The content of the online module was favourably received by practitioners. The graph below shows the views held by practitioners of the usefulness of the online module.

Figure 8: Practitioner views of usefulness of the online module



Almost all practitioners found the content of the module useful, most found it very useful. GPs were slightly less likely to find the online module useful than Practice Nurses (see graphs below). This aligns with reports from Nurse Practitioners regarding their desire for ongoing education on key areas of child development.

Figure 9: GP perception of usefulness of the online education module

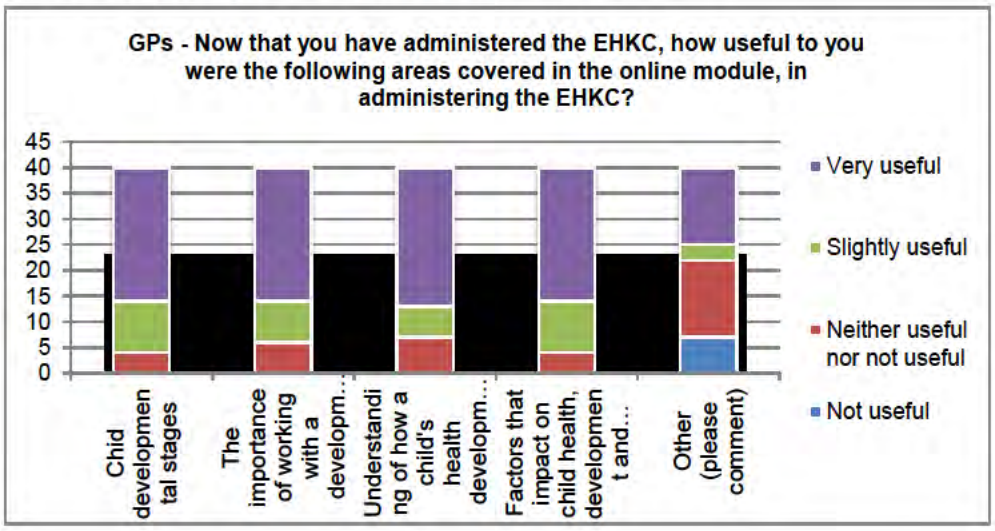
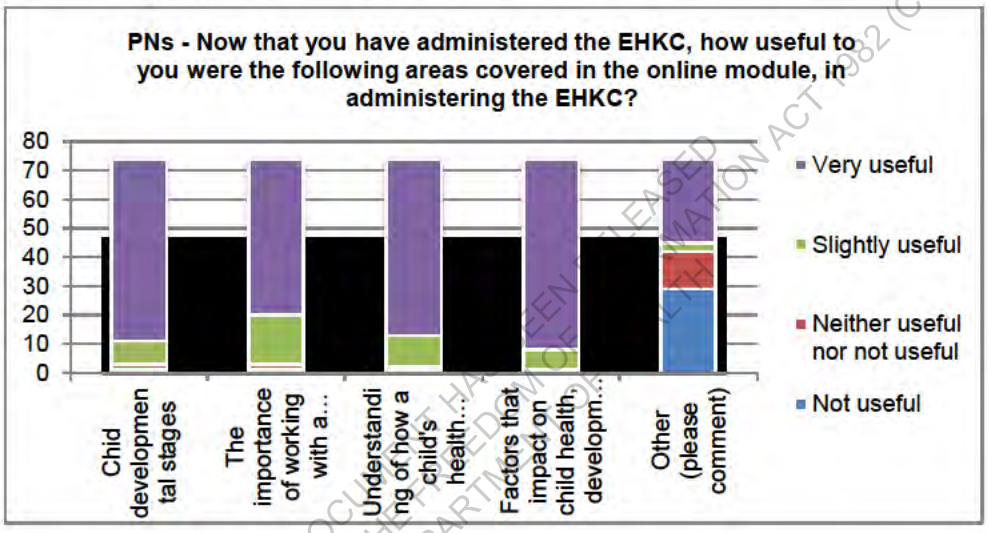


Figure 10: NP perception of usefulness of the online education module



Although the content of the online education module was well received, there were a number of comments made about its accessibility and usability as an online resource. In particular the length of time it took to complete the module presented challenges to a number of practitioners. While accreditation of the module for CPD points requires a specified length and intensity of content, at least some of the time spent by practitioners on the module was reported as related to difficulties accessing it or components within it. Comments made through the online survey have ben summarised and included the following themes:

> "Online module was helpful and very interesting but-a bit too long - might need to include long and short version"
> Practitioner response

- The module assisted practitioners to develop confidence and build skills in child development and introduced them to new concepts (e.g. brain architecture)
- Although hard to load, videos were viewed as useful
- The module took a long time to complete (longer than expected), pre-reading material may have helped reduce the time required online
- Being online and accessible for return visits is an advantage

4.1.3.3 Raising Children Network Mini-site and parent resources

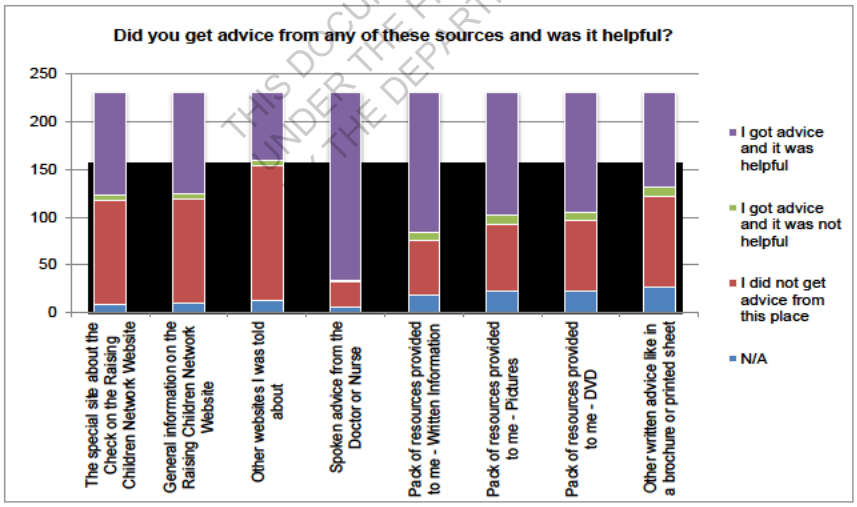
Online advice is one among several options for parents in accessing advice about child development; other sources of advice include health practitioners, pharmacists, family, friends and written material in books and magazines. Online advice is increasingly being accessed by parents as a supplement to, not necessarily a substitute for, primary health care (8). Parents, who may intend to use the internet for information on child development, may not know if the sites they are accessing contain reliable, evidence-based information. Health practitioners can play a key role by directing parents towards sites they know contain such information (9).

The Raising Children Network (RCN) mini-site was referred to practitioners and parents as a reliable source of evidence-based child development information, as part of the Stage 1 EHKC. Information from the site was also made available in written, pictorial and DVD format to parents in the parent pack provided by practitioners as part of the implementation. Approximately half of the parents who have responded to the survey reported accessing the RCN mini-site and the RCN website. Of those who accessed the RCN mini-site or the main RCN website, almost all reported finding it helpful. The table below describes hits on the site measured during the period 30 July 2013 – 14 October 2013.

Site	Visits	Unique Visits	Page Views	Pages per Visit	Average time on site
Families EHKC main site	25	19	99	3.96	00:04:41
Families EHKC mobile site	7	5	21	3.00	00:04:27
Practitioners EHKC main site	31	21	121	4.23	00:04:01
Practitioners EHKC mobile site	1	1	1	1.00	00:00:00

This is not necessarily a true indicator of the need for parent resources and specific information on the Check, as most parents received the parent pack with printed versions of some of the online information and a copy of the DVD explaining the Check. In fact, among the sources of advice most frequently reported by parents were those parent resources provided as part of the EHKC, including the written information, pictures and DVD. Between one quarter and one third of parents reported they did not receive advice from these resources, which may indicate they did not receive them prior to the appointment or did not consider them as a source of advice. The graph below shows the reported access to and helpfulness of resources for parents.

Figure 11: Parent reported access to and helpfulness of resources



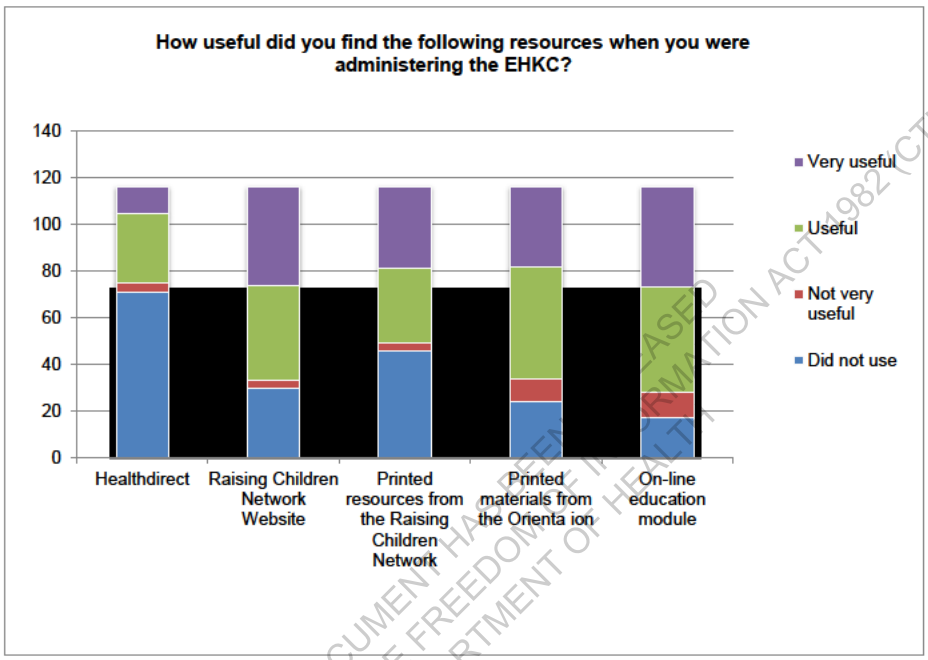
Although the RCN and parent resources were designed to assist parents, almost three quarters of practitioners who responded to the online survey reported accessing the RCN website. Of these, almost all found the site useful or very useful.

Comments from practitioners on the RCN site include:

- Raising Children Network is great
- The Raising Children Network site was extremely helpful. Gave this information to parents as they had not heard of this site and thought it would be very useful
- Raising Children Network is an excellent resource. To be able to direct parents to a website you know will provide accurate and useful information was a great support. In this day of googling everything it is vital that parents know they can trust the source of information
- Raising Children Network resource is fantastic and I recommended each parent to access it regardless of whether there was a current issue or not
- RCN concise user friendly

> *"Raising Children Network resource is fantastic and I recommended each parent to access it regardless of whether there was a current issue or not"*
>
> Practitioner

Figure 12: Practitioner reported usefulness of resources



4.1.3.4 Additional resources

Just over a quarter of practitioners who responded to the post-Check survey reported that access to additional resources might have helped them to feel more prepared to undertake the EHKC. These included:

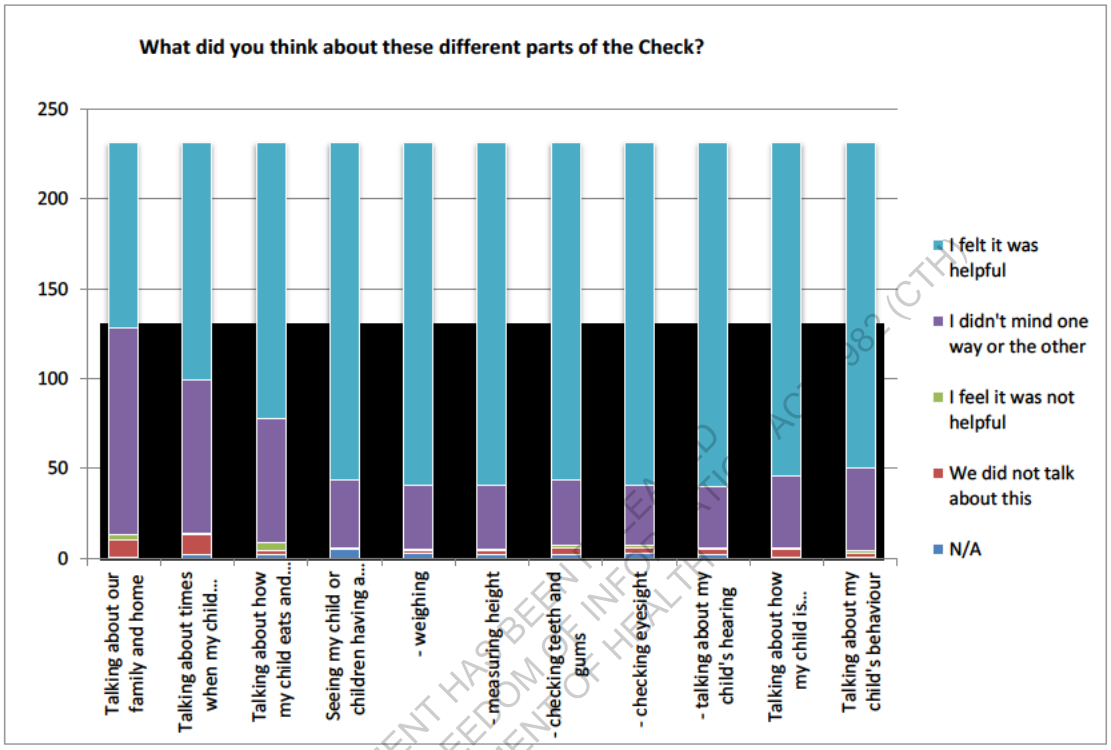
- More information on developmental delay and when to refer
- More practical advice to support responding to parental concerns
- Information on specific issues such as toilet training and fussy eaters
- Access to updated information on resources and referral pathways
- More in depth information on how to complete the EHKC
- Information on developmental milestones to use with parents

4.1.4 What was the attitude of parents towards the EHKC and what are the best ways to communicate the EHKC's purpose to parents and families?

4.1.4.1 Parent view

Generally speaking the majority of parents either found the EHKC to be helpful or did not mind one way or the other. Virtually no parents found discussing their child's social and emotional development unhelpful. See graph below.

Figure 13: Parent perceptions of the helpfulness of the EHKC



The two main areas of concern for parents regarding the Check were:

- Questioning benefit in the context of availability of the state-managed child development check
- Some concerns regarding the categories for behavioural, social and emotional development

These are elaborated below.

State Health Child Health Checks

Victorian parents, in particular, identified potential overlaps with the child health check provided by Maternal and Child Health services. State and Territory governments offer universal child and maternal/family services through specialist child and family health nurses. For some population groups these services may be more accessible than private services (7). Certainly the state health managed child health services are a key component of the local child and family service system and potential sources and receivers of referrals through the EHKC.

Checklist for behavioural, social and emotional development

Parents (and practitioners to a lesser extent) made comment on the checklist, particularly expressing a view that the options for responding to specific questions were missing an "occasionally" option. This was a recurring theme which may have its basis in an incorrect perception that the behavioural, social and emotional questions in the EHKC are a scoring tool rather than an opportunity for discussion. Although the message provided at orientation and in all materials provided to parents and practitioners framed the EHKC as an opportunity for parents to have a conversation with practitioners

about their children, this may not always have matched the actuality of the Check. For example, some parents may have been asked to complete the behavioural, social and emotional questions prior to seeing a practitioner. In this case the layout of the questions lends itself to a checklist type approach.

This is an area where the messaging for parents and providers will need to emphasise the function of the EHKC as an opportunity to have a conversation about the child and not a test or assessment.

More parents reported that they had received helpful advice from their doctor or nurse in relation to the EHKC than any other source of advice. Of those parents who accessed parent resources provided as part of the EHKC, including the written information, pictures and DVD, virtually all found them helpful, refer to Figure 11.

4.1.4.2 Practitioner view

Practitioners were asked how they thought parents had viewed the EHKC. In most cases practitioners considered parents had reacted favourably to the EHKC. The most common responses by parents as reported by practitioners were:

- Appreciation of the time taken to discuss their children
- Appreciation of the inclusion of conversation about social and emotional development
- Acceptance of advice on concerns
- Glad that there was a Check that might help children who might otherwise be missed
- Increased ease of engagement when the practitioner already had a relationship with the parent and child

However some practitioners reported parents reacting uncomfortably when problems were identified and reported that some parents told practitioners they did not like the use or range of categories for the behavioural, social and emotional development questions.

Practitioners were also asked what might help parents to participate in the EHKC. Responses included a mix of locally relevant enablers and system level enablers:

System level enablers

- Ongoing financial incentives for parents
- Access to parent resources in community language
- Publicity marketing and media campaign to promote the EHKC to parents

Local level enablers

- Child minding for other children during the EHKC
- A dedicated and specially decorated space for the EHKC
- Preliminary phone call to parents to engage them with the EHKC
- Maintaining an ongoing relationship with parents and children before and after the EHKC

4.1.5 How did the links developed as part of the resources for providers impact on the referral pathway?

Medicare Locals invested in developing local resources for practitioners to use in identifying referral services and making referrals. To a greater and lesser extent across the eight Medicare Locals, these were linked to the work being undertaken to populate the National Health Services Directory. Materials on referral services were provided to practitioners at Orientation sessions by the Medicare Locals.

Knowing when to refer and where to refer was the area where practitioners were most likely to feel unprepared. Comments from practitioners regarding the development of referral pathways and

associated resources by Medicare Locals were positive, however more relied on their own professional networks than other sources of information.

Approximately 13% of parents responding to the survey reported being given a referral. Referrals were made to a wide range of medical and allied health services; these included to other doctors (unspecified), medical specialists, and allied health therapists. Of these, almost 16% had an appointment made for them by their health practitioner.

Referral pathways rely on more than service directories. Information from Medicare Locals highlights the role that they already have or can play in the development of referral pathways that move beyond directories to shared agreed referral pathways across the local child and family health services system.

4.1.6 How was information available through the National Health Services Directory tool used by providers?

Approximately two thirds of practitioners who responded to the post-Check survey did not use the NHSD. This may be due to the early nature of these responses, as the NHSD is still developing its capacity to provide targeted and locally accurate information regarding specific child and family services.

There appears to have been a mismatch in expectations and a lack of clarity regarding what the NHSD could bring to this project at this stage. Stakeholders who have participated in interviews have noted that there is still work to be done in aligning locally developed directories and referral information with the NHSD. Nevertheless some Medicare Locals were quick to point out the value of the NHSD as a source of referral information once it was fully populated to the level intended.

Some Medicare Locals are concerned at the level of work required to remain currency of directories and are not sure that service providers and practitioners will update their information in a timely manner.

There were no negative comments on the NHSD tool from those who had used it, although a small percentage of practitioners responded in the post-Check survey that they had not found it useful.

4.1.7 What judgments can be made about the types and appropriateness of referrals and improvements in services, organisation and co-ordination as a result of Project activities?

Due to the early nature of the rollout of the EHKC, very few reliable judgments can be made about referrals and improvements as a result of project activities. Some observations can be made based on the responses to the post-Check online survey and stakeholder interviews.

4.1.7.1 Referrals

In the post-Check survey, practitioners reported making referrals for:

- Physical health issues
- Lifestyle and parenting issues
- Developmental delays (milestones)
- Child behaviour
- Expressed parental concerns unrelated to the issues above

More referrals were made for physical health issues than other types of referrals however referrals were made to a range of physical and social/emotional services.

Approximately 15% of parents responding to the survey reported receiving a referral. Almost two thirds of parents who received referrals had not attempted to make an appointment at the time they completed the survey. A small number had appointments made for them by their practitioner.

The child and family service system is provided through a complex mix of general practice, Aboriginal health services, state-managed community health services and NGOs. Child health is not the sole remit of the health sector. This project has helped to identify potential opportunities for child and family service system integration and co-ordination, an approach that many stakeholders believe is essential to embedding the EHKC in the local service system.

Medicare Locals have been tasked with facilitating integration and co-ordination across the local primary health care system and many of them have identified child health, particularly for vulnerable populations, as a key local priority. There is an opportunity for the EHKC to act as a catalyst for locally driven development of child health referral pathways and system co-ordination.

4.1.7.2 Improvements in services

While it is too soon to be able to note improvements in services, there are positive indications from the experience of practitioners with the Check and with its content. Practitioners were asked to describe how they found the content of the EHKC and what they saw as the key differences between the EHKC and the current Medicare Healthy Kids Check. Most noted the inclusion of the behavioural, social and emotional aspects and some issues to do with administration of the EHKC as major changes. Generally speaking practitioners who responded to the post-Check survey were positive about the inclusion of the behavioural, social and emotional aspects of development as an addition to their previously provided service. Some comments are listed below.

- *The EHKC seems to take more of an overall view of the child and family. The current check is focused on specific milestones in isolation. This is not just about the physical aspects of child development. The behavioural, social and emotional wellbeing checklist is new. It reinforces the importance of the child's actions and other external issues as factors for consideration*
- *The current health check covers a wide range of development including, eyesight, hearing, speech, motor skills, toileting, mood and behaviour etc. The EHKC concentrated more on the social wellbeing and development of children*
- *Questions regarding development and psychosocial issues more prescriptive so able to be thought about and answered by parent before attending the Check, which saves time and provides more thoughtful and probably accurate information*
- *A lot more thought about total development rather than just teeth, eyes, pen grip and physical development. Also consideration of the family environment and how it may be impacting on the child, even in families with no red flags*

A number of respondents noted that the content of the EHKC was "good" and in the main, comments on the content of the EHKC were positive.

4.1.8 Were there any unintended consequences of the EHKC?

One of the benefits of this project has been the focus by MLs in developing service directories and referral pathways. This has been generally well received by practitioners and potentially assisted MLs in their ongoing role of supporting improved clinical care and supporting service integration and co-ordination.

Practitioners have also valued the parent resources and used them for their own purposes possibly to a greater extent than was anticipated.

Practitioners, especially Practice nurses, expressed an unexpectedly strong view that the face to face orientation provided them with a relatively rare opportunity to network across practices and learn from each other.

5 Recommendations

Based on the findings from the evaluation, a number of recommendations are provided for consideration by the Department. These cover the elements of:

- Marketing and communication
- Workforce capacity building
- System strengthening

The EHKC should be rolled out universally (subject to consideration of the remaining recommendations) and should replace the existing Medicare Healthy Kids Check.

The evaluation has found that the EHKC has, at the least, done no harm and, at best, provided an opportunity for parents to hold a conversation with their health practitioner that allows them to receive reassurance regarding their child's development and behaviour and/or discuss potential or actual developmental concerns, including their child's behavioural, social and emotional development. Overall the response of practitioners and parents to the EHKC has been positive, noting that this is a practitioner group that self-selected to be part of the Stage 1 implementation.

The literature supports the value of a primary care based assessment and early intervention with pre-school aged children in identifying and addressing potential psychosocial and emotional development issues.

Consideration should be given to an additional stage in the rollout of the EHKC, prior to universal rollout, that allows time to:

- Review and revise the Check itself in the light of findings from this evaluation. In particular finalising the Check in a form that allows it to be aligned with Practice Patient Care systems and finalising the MBS amendments to allow the Check to be claimed through routine MBS claims are critical to support take up of the Check.
- Develop a delivery and user support strategy for online educational material, that takes into account the variable levels of computer literacy in the practitioner population. In particular the education and training needs of Practice Nurses who are main players in delivery of the Check need to be taken into account. This might also include identification of a nationally consistent set of resources such as charts, BMI calculators and developmental milestones for use by practitioners. Medicare Locals may be well placed to host or support ongoing education on the EHKC. This could specifically include hosting networking opportunities for practices to help build a child and family health hub within the ML.
- Develop a set of key marketing messages and materials targeting parents, community services and practitioners, with a corresponding national and locally targeted multimedia marketing strategy. Development of these messages could be undertaken in conjunction with a selection of participating Medicare Locals.
- Test the Check for suitability with Aboriginal and Torres Strait Islander families, in partnership with Aboriginal and Torres Strait Islander communities. This may require an additional research project that is designed and implemented in partnership with the Aboriginal Community Controlled Health sector.

The evaluation has found that the EHKC is not necessarily ready to be rolled out universally without further preparation. The key areas where evaluation results indicate further work are:

- The Check itself is in draft form and requires review and finalisation before being rolled out. Practitioner feedback indicates general satisfaction with the layout and content of the Check as is but there are some minor changes (such as references to BMI) that need to be made.
- While most practitioners expressed satisfaction with the content of the online module on child development, almost 50% of practitioners required some level of assistance to access it and/or to download it. It is likely that this requirement will continue in relation to this and other online education modules until the critical mass of practitioners have the required technical skills and infrastructure to manage without assistance. Ongoing education on the EHKC and

associated learning domains may need to be tailored to the preferred learning modality of professional groups.

- The EHKC is most likely going to be undertaken as a multidisciplinary activity with GPs, Practice Nurses and/or Aboriginal Health Workers. Much of the administration of the Check will be undertaken by Practice Nurses. This is a group that has expressed an interest in ongoing support in order to be able to confidently apply the Check with parents and to discuss issues of concern appropriately. This includes access to education and networking with other Practice Nurses.
- There is currently no plan in place for continued maintenance of parent resources to support the EHKC. Specific requirements of such resources are they are standardised, evidence-based, available in hard copy as well as online and support the provision of information to parents before, at the time of the Check and after the Check.
- It is not possible from this Stage 1 implementation to assess the appropriateness of the EHKC for priority populations, including Aboriginal and Torres Strait Islander families.
- Key informants, parents and practitioners all identified the requirement for a planned marketing strategy in any further implementation of the Check.

There are opportunities to look at an integrated model of preventive health for the well child that works across the maternal and child health service system, including General Practice, Aboriginal and Torres Strait Islander Services and state-managed child health services. This evidences itself firstly in the development of cross-sector referral pathways and should align with current frameworks such as the National Framework for Universal Child and Family Health Services (1) and national Indigenous child health initiatives.
Medicare Locals are ideally placed to play a facilitating role at the local level, with their mandate to work locally to integrate and co-ordinate primary health care across the service system. This should include taking a key role in supporting locally driven development of referral pathways and in supporting skills development for practitioners.

The evaluation found that there is some reported confusion among parents (particularly in Victoria) regarding the function of the EHKC in relation to other early childhood checks used in community health services. This highlights a bigger issue regarding the disconnection between state-managed child and family health services and general practice.

The evaluation also found that knowing when to refer and where to refer was the area where practitioners were most likely to feel unprepared. Comments from practitioners regarding the development of referral pathways and associated resources by Medicare Locals were positive, however more relied on their own professional networks than other sources of information.

Referral pathways rely on more than service directories. Information from Medicare Locals highlights the role that they already have or can play in the development of referral pathways that move beyond directories to shared agreed referral pathways across the local child and family health services system.

The work commenced with the NHSD on populating child and family health service directories should be continued. If there is risk that this information will not be easily accessible and complete by the time a universal rollout is planned, an interim measure should be put in place to ensure appropriate access to referral services for practitioners.

The evaluation found that the work being undertaken to populate the NHSD with provider information is underway but has been slower than expected and this has impacted on stakeholder views of the usefulness of this resource.

Almost two thirds of practitioners who responded to the post-Check survey did not use the NHSD. This may be due to the early nature of these responses, as the NHSD is still developing its capacity to provide targeted and locally accurate information regarding specific child and family services.

6 Conclusion

The EHKC is not just an add-on to the existing Medicare HKC. It is a new tool and one that is designed to support practitioners to have meaningful and satisfying conversations with parents about the development of their children – including the areas of social and emotional development.

Developing an understanding of this shift across the practitioner and parent population is likely to require ongoing marketing and education until it is well embedded in the suite of well child services available to parents.

Generally speaking the response of practitioners and parents to the Stage 1 implementation has been positive. Most parents have said they would have the EHKC again with their next child and/or recommend it to a friend.

It should be noted that although there were some significant time challenges to completion of the Stage 1 implementation, there were also some additional processes in this stage that might not be available in the universal rollout. This needs to be considered in the interpretation of evaluation results. For example, the degree to which the personalised attention provided through the face to face orientation and the attention to referral pathways provided by the Stage 1 implementation team has impacted on the views of the practitioners involved may skew the views of the Department regarding the likely ease of a universal rollout.

Even with the personalised attention provided to date, a number of practitioners have highlighted the need for ongoing networking and support in developing and maintaining skills to work with children and families. There have been constructive observations made about improving training resources, particularly access to and the length of the online module. These have already been noted by AML Alliance and the MCRI.

The resources developed for this phase of the EHKC have been well received by parents and practitioners. Parents who were provided with the parent information about the EHKC were generally very positive about it and almost all those who accessed the RCN mini-site found it useful. Practitioners were also positive about both the hard copy resources and the RCNM mini-site; some using it for their own purposes as well as to refer information to parents. Access to these resources appears to be a powerful enabler in developing a good understanding of the EHKC and accessing parenting information.

The work being undertaken by MLs in developing locally reliable service directories and referral pathways is still being translated to the NHSD so it is a little early to be able to make comment on how this is working. The offer of access to information about referral pathways, local providers and options for accessing services for patients is a powerful one. Perhaps because it is so attractive, there has been some expressed disappointment in the time it is taking to achieve this level of access. Having said that, those informants who have had most to do with the NHSD are very positive about its potential and achievements to date.

Overall, the information received to date from practitioners, parents and stakeholders indicates that the Check indicates that, at the least, it has done no harm and, at best, it has provided an opportunity for parents to hold a conversation with their health practitioner that allows them to receive reassurance regarding their child's development and behaviour and/or discuss potential or actual developmental concerns, including their child's behavioural, social and emotional development.

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Appendix A EHKC

Expanded

HEALTHY KIDS CHECK

Australian Government

Department of Health and Ageing

The Expanded Healthy Kids Check (the Check) provides an opportunity for parents to speak with their GP, practice nurse or Aboriginal health worker about their child's health and development. You should encourage parents to raise any concerns or issues, prompted by targeted questions and reminders; and address these issues, as well as reviewing the child's health.

The content of the Check includes a physical examination, and a review of the child's physical and cognitive development, together with behaviour and social-emotional wellbeing.

Some of the items may lend themselves to completion by the parent(s) prior to the face to face consultation; you should use your discretion in this matter. It is important however that parents are able to speak about any relevant issue to do with their child. All parts of the Check need to be completed.

Patient's Name: _____

Male: X Female: X Date of Birth: / / Age: Years Months

Current Contact Details:

Address: _____ Phone: _____

Parent/Guardian Name/s: _____

Healthy Kids Check

Explanation of the Healthy Kids Check given: Yes

Consent for the Check given: Yes

Date consent given: / / Signature of parent/guardian: _____

Immunisation Record:

Has an age appropriate immunisation been provided: Y N

Details: _____

Patient History

Family and Environmental factors

- Family relationships/ family supports—strengths and challenges
- Care arrangements

Medical and social history

- Previous presentations: have there been previous presentations to the practice for other medical or social issues?
- Has the child been seen by other clinicians, such as allied health professionals, or by other services such as Disability Services, Child Protection Services, etc.?

Physical Assessment

Lifestyle Factors

- Eating habits
- Physical activity/inactivity

Measure height and weight

Child's height: _____cm Percentile _____

Child's weight: _____kg Percentile _____

BMI _____ Percentile _____ BMI is $\frac{\text{height}}{(\text{weight})^2}$

Oral health:

- Inspect teeth (eg Lift the Lip).

Eyesight:

- Conduct a visual inspection of the eyes – for squint, etc.

Hearing:

- Ask parents if there are any concerns with child's hearing, if so refer for assessment.

Development

The following is a reminder of approximate milestones that three and four year old children are likely to have achieved. This is not a screening test; if a child has not achieved one or more of these tasks, this is not necessarily a reason for concern. Any issues that arise from this review of development should be elaborated in discussion with parents, and then combined with observations of the child during the consultation, together with other contextual information.

Review the following with the parent/s:

<u>For children aged **3 years 6 months** or older and up to **4 years**</u> Falls down a lot or has trouble with stairs Speech difficult to understand Can't work simple toys (such as peg boards, simple puzzles, turning handle) Not using simple sentences Doesn't understand simple instructions No interest in pretend play or make-believe Doesn't want to play with other children or with toys Doesn't make eye contact

<u>For children aged **4 years** or older and to up to **5 years**</u> Can't jump in place or pedal tricycle Has trouble scribbling/using a pencil or crayon Shows no interest in interactive games or make-believe Ignores other children or doesn't respond to people outside the family Difficulty with self-help skills (eg feeding and dressing) Has trouble retelling a favourite story Doesn't follow 3-part commands Doesn't understand "same" and "different" Doesn't use "me" and "you" correctly Speaks unclearly Not toilet trained by day

Where review of these items raises concern about the child's development, consider need for formal developmental screening or referral for assessment.

Consider referral for further assessment at any age if **:**

- Limited or no eye contact
- Poor interaction with adults or other children
- Loss of skills he or she once had
- Strong parental concern

Many parents are interested in additional information about their child's development. The Raising Children Network web-site is an excellent resource (http://raisingchildren.net.au/). If following this section you remain concerned about the child's development, consider referral for more detailed assessment.

Summary of any developmental issues:

Behaviour, Social and Emotional Wellbeing

These items are designed to elicit any concerns that parents might have about their child's behavior, social functioning and emotional wellbeing. This is not a screening test and any concern/s should be discussed and addressed. Take into account parents' responses, the nature and depth of the concerns, and your familiarity with the child and the family in deciding how best to respond. It may be that parents simply require reassurance; the child may need to be reviewed at a later date to see if concerns persist; parents may benefit from information (http://raisingchildren.net.au/); or the child should be refered for further assessment. It may be useful to obtain information from other people who know the child well, eg preschool teacher.

Item*	Never	Sometimes	Often
Fidgety, unable to sit still?			
Feels sad or unhappy?			
Daydreams too much?			
Refuses to share?			
Does not understand other people's feelings?			
Feel hopeless?			
Has trouble concentrating?			
Fights with other children?			
Is down on him or her self?			
Blames others for his or her troubles?			
Seems to have less fun?			
Does not listen to rules?			
Acts as if driven by a motor?			
Teases others?			
Worries a lot?			
Takes things that do not belong to him or her?			
Distracted easily?			

*These items are derived from the Pediatric Symptom Checklist ©1988, M.S. Jellinek and J.M. Murphy, Massachusetts General Hospital and used with their permission.

Summary of any behavioural, social or emotional issues:

Ask the parents if there are any other concerns or issues that they would like to raise about their child.

Appendix B Pre-orientation survey of health practitioners

Expanded Healthy Kids Check - Pre-orientation Survey

Introduction

You are invited to provide feedback on stage 1 of the Expanded Healthy Kids Check (EHKC). This survey is for health practitioners who have registered to take part in orientation, education and administration of the Expanded Healthy Kids Check.

The EHKC commenced on 1 July 2008. The service provides an assessment of physical health, general wellbeing and development for children between 4 and 5 years of age to ensure they are healthy, fit and ready for school. The EHKC currently includes a physical assessment and examination of: height and weight measurement to calculate BMI on growth curve, eyesight, hearing, oral health (teeth and gums), toileting and allergies. The EHKC is undertaken in the Primary Health Care (PHC) setting by a General Practitioner (GP), Practice Nurse or Aboriginal Health Worker.

If you decide to participate in the survey, you will be asked to answer a series of questions about the Expanded Healthy Kids Check and its operation. This should take about 30 minutes to complete. You may at any stage save the uncompleted survey and return to it later.

Any information obtained in connection with this survey and that can identify you will remain confidential. It will only be disclosed with your permission, except as required by law. If you give us your permission by signing the Consent Form (provided by your Medicare Local), we plan to use the information you provide us anonymously in an evaluation report that will help the government make decisions about how the EHKC should be used in the future. If any information is published as a result of this research, your information will be provided in such a way that you cannot be identified and it will be published in accordance with the Privacy Act 1988 and National Privacy Principle (NPP) 2.1(b.)

The results of the survey will be provided to the Department of Health and Ageing to help inform the universal implementation of the Expanded Healthy Kids Check.

If you have any concerns or complaints on the ethical conduct of this research, please contact the Ethics Secretariat, Department of Health and Ageing, CANBERRA 2601 AUSTRALIA (email ethics@health.gov.au). Any complaint you make will be investigated promptly and then be referred to the Chair of the Committee.

If you have any complaints about any aspect of the project such as the way it is being conducted or any questions about your rights as a research participant, then you may contact s 22

Your decision on whether to take part or not, or to take part and then withdraw, will not affect your relationship with the Australian Medicare Local Alliance, the Murdoch Children's Research Institute, or your local health care provider. If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without prejudice.

If you have any questions about this survey please feel free to ask s 47F and she will be happy to answer them.

A copy of the Consent Form has been sent to your Medicare Local for you to keep and is available on the AML Alliance website address: http://amlalliance.com.au/mima/expanded-healthy-kids-check.

If you have completed this survey in hard copy, please return the completed form to your Medicare Local. Thank you

***1. Do you consent to take part in this online survey under the conditions described above?**

- Yes
- No

Demographic Data

We would like to know about you and your practice.

***2. Professional Group (Please tick one)**

- General Practitioner
- Practice Nurse
- Aboriginal Health Worker

***3. What state/territory are you based in? (Please tick one box)**

NSW VIC QLD ACT TAS NT WA SA

***4. What is the postcode of your Practice location (Please provide)**

***5. Does your child and family practice population include (Please tick one box in each row)**

	No	Some	A lot	Don't know
Aboriginal and/or Torres Strait Islander families				
Culturally and linguistically diverse families				
Families from low socioeconomic backgrounds				
Other priority population groups? (please describe below)				

Other priority population groups? (please specify)

***6. Which of the following do you normally access to support your clinical practice? (Please tick whichever boxes apply)**

- Journal articles (online or hard copy)
- Medicare Local newsletters and practice support
- Information provided by professional peak bodies
- Discussion in formal and informal professional networks
- Formal and informal training (including CPD)
- Other (please describe below)

Other (please specify)

***7. Do you currently use a paediatric assessment tool, for example the current Healthy Kids Check or another tool? (Please tick YES or NO)**

- Yes
- No

If YES, please name the tool you use

***8. Are you aware of other early childhood checks available in your area or state? (Please tick YES or NO)**

- Yes
- No

If YES, please describe them

Current Status

Now that you have agreed to take part in the Expanded Healthy Kids Check, we would like to understand you prepared you feel at the moment.

***9. How are you intending to administer the EHKC? (Please tick one)**

- GP only
- Practice nurse only
- Aboriginal Health worker only
- Team of two
- Team of three
- Do not know

***10. How prepared do you feel right now about administering the EHKC? (Please tick one box in each row)**

	Quite prepared	Neutral	Not prepared
Understanding the rationale and benefits of the EHKC			
Administering the EHKC			
Discussing any concerns with parents			
Talking with families about their child's development			
Identifying if there is a need to make a referral			
Finding the right service to refer to			

Comments?

***11. What would stop you from administering the EHKC? (Tick as many boxes as apply)**

- ☐ Nothing
- ☐ I do not think it is useful
- ☐ It is not appropriate for my practice population
- ☐ It is not culturally appropriate
- ☐ It is not worth my while financially
- ☐ I do not have enough time
- ☐ I am not sure about how to use it
- ☐ I am not sure how to speak to parents about child development
- ☐ I am not confident in the level of my knowledge of child development
- ☐ I do not have anywhere to refer families to if I identify a problem
- ☐ Other (please describe below)

Please describe any other reasons for not administering the EHKC

***12. What would help you in administering the EHKC? (Tick as many boxes as apply)**

- ☐ Training in the administration of the EHKC
- ☐ A better understanding of child development
- ☐ Information on how to talk to families about their child's development
- ☐ Knowing I have somewhere to refer to if necessary
- ☐ Access to culturally appropriate resources for me to provide to families
- ☐ Access to ongoing advice or support for me in administering the EHKC
- ☐ Nothing
- ☐ Other (please describe below)

Please describe what other things would help you to administer the EHKC?

***13. In making referrals, which of the following sources of information about services do you currently use? (Tick as many boxes as apply)**

- Healthdirect
- Raising Children Network
- Other Child Health websites
- Local service directories
- Personally developed networks
- Other (please describe below)

Please tell us about other sources of information about services that you use, including other websites?

***14. How do you prefer to receive professional development? (Tick as many boxes as apply)**

- Face to face in practice hours
- Face to face outside practice hours
- By phone or videoconference in practice hours
- By phone or videoconference outside practice hours
- Webinar
- Self-paced on-line learning

Is there another way you prefer to receive professional development? Please describe

15. Do you have any other comments?

Appendix C Post-Check survey of health practitioners

Expanded Healthy Kids Check - Practitioner Survey

Introduction

You are invited to provide feedback on stage 1 of the Expanded Healthy Kids Check (EHKC). This survey is for health practitioners who have registered to take part in orientation, education and administration of the Expanded Healthy Kids Check.

If you decide to participate in the survey, you will be asked to answer a series of questions about the Expanded Healthy Kids Check and its operation. This should take 20 - 30 minutes to complete.You may at any stage save the uncompleted survey and resume the survey. (Please note: Only one response per computer - simply access the same work computer to finish later)

Any information obtained in connection with this survey and that can identify you will remain confidential. It will only be disclosed with your permission, except as required by law. If you give us your permission by signing the Consent Form (provided by your Medicare Local), we plan to use the information you provide us anonymously in an evaluation report that will help the government make decisions about how the EHKC should be used in the future. If any information is published as a result of this research, your information will be provided in such a way that you cannot be identified and it will be published in accordance with the Privacy Act 1988 and National Privacy Principle (NPP) 2.1(b.)

The results of the survey will be provided to the Department of Health and Ageing to help inform the universal implementation of the Expanded Healthy Kids Check.

If you have any concerns or complaints on the ethical conduct of this research, please contact the Ethics Secretariat, Department of Health and Ageing, CANBERRA 2601 AUSTRALIA (email ethics@health.gov.au). Any complaint you make will be investigated promptly and then be referred to the Chair of the Committee.

If you have any complaints about any aspect of the project such as the way it is being conducted or any questions about your rights as a research participant, then you may contact s 22

Your decision on whether to take part or not, or to take part and then withdraw, will not affect your relationship with the Australian Medicare Local Alliance, the Murdoch Children's Research Institute or your Medicare Local. If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without prejudice.

If you have any questions about this survey please feel free to ask s 47F and she will be happy to answer them.

If you have completed this survey in hard copy, please return the completed form to your Medicare Local. Thank you

***1. Do you consent to take part in this online survey under the conditions described above?**

- ◯ Yes
- ◯ No

Demographic Data

We would like to know about you and your practice.

Please answer every question before moving on to the next page.

***2. Please provide your details below**

Name:

Your Medicare Local:

Suburb of your practice location:

***3. Did you complete the EHKC pre-orientation survey? (Please tick one)**

- ◯ Yes
- ◯ No

***4. Please tell us your profession (Please tick one)**

- ◯ General Practitioner
- ◯ Practice Nurse
- ◯ Aboriginal Health Worker

Orientation and Online Module Experience

We would like to know how you experienced the orientation and online module and how ready you felt to administer the Expanded Healthy Kids Check beforehand.

Please answer every question before moving on to the next page.

***5. Did you attend an Orientation session? (Please specify)**

- ◯ No session attended
- ◯ Yes (please specify below)

If YES, please specify date and location of the Orientation session

***6. Did you complete the online module on Child Development prior to administering the EHKC? (Please tick YES or NO)**

- ◯ Yes
- ◯ No

If NO, why didn't you complete the online module?

***7. Thinking back, after you completed the orientation, did you feel more or less prepared than before about the following? (Please tick one box in each row)**

	A lot more prepared	A bit more prepared	About the same	Less prepared
Understanding the rationale and benefits of the EHKC	◯	◯	◯	◯
Administering the EHKC with families	◯	◯	◯	◯
Discussing any concerns with parents	◯	◯	◯	◯
Knowing where to refer parents for more information	◯	◯	◯	◯

If there were areas where you did not feel more prepared, please tell us about them.

***8. Thinking back, after you completed the online module did you feel more or less prepared than before about the following? (Please tick one box in each row)**

	A lot more prepared	A bit more prepared	About the same	Less prepared
Talking with families about their child's development	◯	◯	◯	◯
Discussing specific developmental milestones	◯	◯	◯	◯
Identifying if there is a need to make a referral	◯	◯	◯	◯

If there were areas where you did not feel prepared, please tell us about them.

***9. Are there other resources or information you think would have helped you feel more prepared before you did the EHKC? (Please tick one box)**

◯ Yes

◯ No

If YES, please specify below.

Administering the EHKC

We would like to know about your experience of administering the EHKC.

Please answer every question before moving on to the next page.

***10. How many families did you administer the EHKC with? (Tick whichever box applies)**

○ 1 Family ○ 2 Families ○ 3 Families ○ More than 3

***11. How many parents/families identified as being from a priority population group? (Please tick whichever box applies in each row)**

	None	1	2	3	>3
Aboriginal and/or Torres Strait Islander origin	○	○	○	○	○
From a culturally and linguistically diverse background	○	○	○	○	○
High socioeconomic disadvantage	○	○	○	○	○
Other (please specify below)	○	○	○	○	○

Other (please specify)

***12. Generally speaking what sections of the EHKC were administered by each of the following people - including yourself (Please tick whichever boxes apply in each row)**

	Patient details (front page)	Patient history	Physical exam	Development	Behaviour, social and emotional wellbeing	None
GP	☐	☐	☐	☐	☐	☐
Practice Nurse	☐	☐	☐	☐	☐	☐
Aboriginal Health Worker	☐	☐	☐	☐	☐	☐
Parent	☐	☐	☐	☐	☐	☐
Practice Staff	☐	☐	☐	☐	☐	☐
Other (Please specify below)	☐	☐	☐	☐	☐	☐

If other (please specify who)

***13. On average how long did it take to complete the EHKC? (Tick whichever box applies)**

- ◯ <15 minutes
- ◯ 15 minutes - 30 minutes
- ◯ 30 minutes - 45 minutes
- ◯ 45 minutes - 1 hour
- ◯ >1 hour
- ◯ We did not complete (please specify below)

If you did NOT complete the EHKC, please explain why

***14. While you were administering the EHKC how prepared were you? (Tick one box in each row)**

	Well prepared	Neutral	Not well prepared
To explain the rationale and benefits of the EHKC	◯	◯	◯
To administer the EHKC	◯	◯	◯
To talk with families about their child's development	◯	◯	◯
To discuss specific developmental milestones	◯	◯	◯
To discuss any concerns with parents	◯	◯	◯
To identify when there is a need to make a referral	◯	◯	◯
To discuss the need for a referral with patients	◯	◯	◯
To find the right service to refer to	◯	◯	◯

Administering the EHKC

We would like to know about your experience of administering the EHKC.

Please answer every question before moving on to the next page.

***15. How well did the layout of the EHKC work when you were administering the EHKC? (Tick whichever box applies)**

- ◯ Worked well
- ◯ Did not work well
- ◯ Don't know

Please provide us with comments on the layout of the EHKC

***16. Now that you have administered the EHKC, please tell us how useable each section of the EHKC was (Please tick a box in each line)**

	Easy to use	Useable	Neither easy or difficult	A bit challenging	Very challenging
Introduction	○	○	○	○	○
Family and environmental factors	○	○	○	○	○
Medical and social history	○	○	○	○	○
Lifestyle factors	○	○	○	○	○
Height and weight	○	○	○	○	○
Oral health	○	○	○	○	○
Eyesight	○	○	○	○	○
Hearing	○	○	○	○	○
Development	○	○	○	○	○
Behaviour, social and emotional wellbeing	○	○	○	○	○

Please provide us with your comments

***17. Now that you have administered the EHKC, how useful to you were the following areas covered in the face to face orientation, in administering the EHKC? (Please tick a box in each line)**

	Very useful	Slightly useful	Neither useful nor not useful	Not useful
Background and rationale for the EHKC	○	○	○	○
Case study - how to complete the EHKC and interpret results	○	○	○	○
Engaging with children and parents	○	○	○	○
Resources and referral pathways	○	○	○	○

***18. Now that you have administered the EHKC, how useful to you were the following areas covered in the online module, in administering the EHKC? (Please tick a box in each line)**

	Very useful	Slightly useful	Neither useful nor not useful	Not useful
Child developmental stages	◯	◯	◯	◯
The importance of working with a developmental perspective	◯	◯	◯	◯
Understanding of how a child's health development and wellbeing relate to child parent and family functioning	◯	◯	◯	◯
Factors that impact on child health, development and wellbeing	◯	◯	◯	◯
Other (please comment)	◯	◯	◯	◯

Other (please specify)

***19. If you made a referral, what was it in relation to? (Please tick as many boxes as apply)**

- ☐ Physical health issues
- ☐ Lifestyle and parenting issues
- ☐ Developmental delays (milestones)
- ☐ Child behaviour
- ☐ Expressed parental concerns unrelated to the issues above
- ☐ I did not need to make a referral
- ☐ Other (please describe)

Other (please specify)

Administering the EHKC

We would like to know about your experience of administering the EHKC.

Please answer every question before moving on to the next page.

***20. If you made a referral, how did you find the service you needed? (Please tick as many boxes as apply)**

- ☐ Though Healthdirect
- ☐ Through a local service directory
- ☐ Through the Raising Children Network Website
- ☐ Through my own professional contacts
- ☐ I wanted to refer but could not find the service I wanted to refer to
- ☐ I did not need to make a referral
- ☐ Other (please describe)

Other (please specify)

***21. How useful did you find the following resources when you were administering the EHKC? (Tick one box in each row)**

	Very useful	Useful	Not very useful	Did not use
Healthdirect	○	○	○	○
Raising Children Network Website	○	○	○	○
Printed resources from the Raising Children Network	○	○	○	○
Printed materials from the Orientation	○	○	○	○
On-line education module	○	○	○	○

Please comment on the usefulness of these resources

***22. If you accessed it, how useful were the following areas covered on the Raising Children Website when you were administering the EHKC? (Please tick a box in each row)**

	Very useful	Useful	Not very useful	Did not use
Information about the EHKC	○	○	○	○
The video or audio about the EHKC	○	○	○	○
Information about child development	○	○	○	○
Information about service pathways	○	○	○	○
Articles available from the Website	○	○	○	○

What else might have helped you prepare to undertake the EHKC?

***23. Have you previously administered the current Medicare Healthy Kids Check?**

◯ Yes

◯ No

If YES, what do you think are the main differences between the current check and this one (the EHKC)?

Next Steps

We are interested in knowing how you will work with the EHKC in the future.

Please answer every question before moving on to the next page.

***24. Generally speaking what sections of the EHKC are likely to be administered by each of the following people in the future - including yourself (Please tick whichever boxes apply in each row)**

	Patient details (front page)	Patient history	Physical exam	Development	Behaviour, social and wellbeing	None
GP	☐	☐	☐	☐	☐	☐
Practice Nurse	☐	☐	☐	☐	☐	☐
Aboriginal Health Worker	☐	☐	☐	☐	☐	☐
Parent/family	☐	☐	☐	☐	☐	☐
Practice Staff	☐	☐	☐	☐	☐	☐
Other (Please specify below)	☐	☐	☐	☐	☐	☐

If Other (please specify who)

***25. Now that you have administered the EHKC, how likely are you to use it in the future with the following population groups? (Tick one box in each line)**

	Certainly	Probably	Possibly not	Certainly not
Aboriginal and/or Torres Strait Islander families	◯	◯	◯	◯
Families from culturally and linguistically diverse backgrounds	◯	◯	◯	◯
Families with levels of high socioeconomic disadvantage	◯	◯	◯	◯

If you are not likely to administer the EHKC with any of the above groups, what would be needed for you to decide you WOULD administer the EHKC with that group?

***26. How likely are you to continue to administer the EHKC in the future? (Please tick whichever box applies)**

◯ Certainly ◯ Probably ◯ Possibly not ◯ Certainly not

If you are not likely to administer the EHKC in future, why not?

***27. Please comment on the useability of the EHKC**

***28. Please comment on the content of the EHKC**

View On Parent's Experience

We are interested in your view of how parents experienced the EHKC.

Please answer every question before moving on to the next page.

***29. Based on the time you spent with them, how do you think families experienced the EHKC?**

***30. What else might have helped parents to participate in the EHKC?**

***31. Will you be prepared to take part in a short conversation about your experience of the orientation to the EHKC, the online education module, administering the EHKC and making referrals (if this was required)? (Please tick one)**

◯ Yes

◯ No

If so, please provide your contact details below (contact number and email)

Appendix D Pre-orientation survey for parents

Introduction

You are invited to provide feedback on stage 1 of the Expanded Healthy Kids Check (EHKC). This survey is for health practitioners who have registered to take part in orientation, education and administration of the Expanded Healthy Kids Check.

If you decide to participate in the survey, you will be asked to answer a series of questions about the Expanded Healthy Kids Check and its operation. This should take 20 - 30 minutes to complete.You may at any stage save the uncompleted survey and resume the survey. (Please note: Only one response per computer - simply access the same work computer to finish later)

Any information obtained in connection with this survey and that can identify you will remain confidential. It will only be disclosed with your permission, except as required by law. If you give us your permission by signing the Consent Form (provided by your Medicare Local), we plan to use the information you provide us anonymously in an evaluation report that will help the government make decisions about how the EHKC should be used in the future. If any information is published as a result of this research, your information will be provided in such a way that you cannot be identified and it will be published in accordance with the Privacy Act 1988 and National Privacy Principle (NPP) 2.1(b.)

The results of the survey will be provided to the Department of Health and Ageing to help inform the universal implementation of the Expanded Healthy Kids Check.

If you have any concerns or complaints on the ethical conduct of this research, please contact the Ethics Secretariat, Department of Health and Ageing, CANBERRA 2601 AUSTRALIA (email ethics@health.gov.au). Any complaint you make will be investigated promptly and then be referred to the Chair of the Committee.

If you have any complaints about any aspect of the project such as the way it is being conducted or any questions about your rights as a research participant, then you may contact s 22

Your decision on whether to take part or not, or to take part and then withdraw, will not affect your relationship with the Australian Medicare Local Alliance, the Murdoch Children's Research Institute or your Medicare Local. If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without prejudice.

If you have any questions about this survey please feel free to ask s 47F and she will be happy to answer them.

If you have completed this survey in hard copy, please return the completed form to your Medicare Local. Thank you

Question 1

Do you consent to take part in this survey under the conditions described above?	
Yes	☐
No	☐

Demographic Data

We would like to know about you and your practice

Question 2

Professional Group (*Please tick one*)	
General Practitioner	☐
Practice Nurse	☐
Aboriginal Health Worker	☐

Question 3

What state are you based in? (*Please tick one*)	NSW	VIC	QLD	TAS	ACT	NT	SA	WA
	☐	☐	☐	☐	☐	☐	☐	☐

Question 4

What is the postcode of your Practice location (*Please provide*)

Question 5

Does your child and family practice population include? (*Please tick one box in each row*)				
	No	Some	A lot	Don't know
Aboriginal and/or Torres Strait Islander families	☐	☐	☐	☐
Culturally and linguistically diverse families	☐	☐	☐	☐
Families from low socioeconomic backgrounds	☐	☐	☐	☐
Other priority population groups? (please describe below)	☐	☐	☐	☐

Other priority population groups? (please specify)

Question 6

Which of the following do you normally access to support your clinical practice? (*Please tick whichever boxes apply*)	
Journal articles (online or hard copy)	☐
Medicare Local newsletters and practice support	☐
Information provided by professional peak bodies	☐
Discussion in formal and informal professional networks	☐
Formal and informal training (including CPD)	☐
Other (please describe below)	☐

Other (please specify)

Question 7

Do you currently use a paediatric assessment tool, for example the current Healthy Kids Check or another tool? (*Please tick YES or NO*)	YES	NO
	☐	☐

If YES, please name the tool you use.

Question 8

Are you aware of other early childhood checks available in your area or state? *(Please tick YES or NO)*	YES	NO
	☐	☐

If YES, please describe them.

Current Status

Now that you have agreed to take part in the Expanded Healthy Kids Check, we would like to understand how prepared you feel at the moment.

Question 9

How are you intending to administer the EHKC? *(Please tick one)*	
GP only	☐
Practice Nurse only	☐
Aboriginal Health worker only	☐
Team of two	☐
Team of three	☐
Do not know	☐

Question 10

How prepared do you feel right now about administering the EHKC? *(Please tick one box in each row)*			
	Quite prepared	Neutral	Not prepared
Understanding the rationale and benefits of the EHKC	☐	☐	☐
Administering the EHKC	☐	☐	☐
Discussing any concerns with parents	☐	☐	☐
Talking with families about their child's development	☐	☐	☐
Identifying if there is a need to make a referral	☐	☐	☐
Finding the right service to refer to	☐	☐	☐

Comments?

Question 11

What would stop you from administering the EHKC? *(Tick as many boxes as apply)*	
Nothing	☐
I do not think it is useful	☐
It is not appropriate for my practice population	☐
It is not culturally appropriate	☐
It is not worth my while financially	☐
I do not have enough time	☐
I am not sure about how to use it	☐
I am not sure how to speak to parents about child development	☐
I am not confident in the level of my knowledge of child development	☐
I do not have anywhere to refer families to if I identify a problem	☐
Other (please describe below)	☐

Please describe any other reasons for not administering the EHKC.

Question 12

What would help you in administering the EHKC? *(Tick as many boxes as apply)*	
Training in the administration of the EHKC	☐
A better understanding of child development	☐
Information on how to talk to families about their child's development	☐
Knowing I have somewhere to refer to if necessary	☐
Access to culturally appropriate resources for me to provide to families	☐
Access to ongoing advice or support for me in administering the EHKC	☐
Nothing	☐
Other (please describe below)	☐

What other things that would help you to administer the EHKC? Please describe.

Question 13

In making referrals, which of the following sources of information about services do you currently use? *(Tick as many boxes as apply)*	
HealthDirect	☐
Raising Children Network	☐
Other Child Health websites	☐
Local service directories	☐
Personally developed networks	☐
Other (please describe below)	☐

Please tell us about other sources of information about services that you use, including other Websites?

Question 14

How do you prefer to receive professional development? *(Tick as many boxes as apply)*	
Face to face in practice hours	☐
Face to face outside practice hours	☐
By phone or videoconference in practice hours	☐
By phone or videoconference outside practice hours	☐
Webinar	☐
Self-paced on line learning	☐

Is there another way you prefer to receive professional development? Please describe

Question 15

Do you have any other comments?

Please return the completed survey to your Medicare Local.

Thank you

Appendix E Plain Language Information and Consent Sheets - Parents

Plain Language Statement

Phase 1 Implementation of the Expanded Healthy Kids Check

Principal Researcher:
s 47F

Associate Researchers:
s 47F

This Plain Language Statement and Consent Form are 6 pages long. Please make sure you have all the pages.

1. Your Consent

You are invited to take part in this research project called "Phase 1 Implementation of the Expanded Healthy Kids Check".

This Plain Language Statement tells you about the research project. It tells you as openly and clearly as possible about all the procedures involved in this project before you decide whether or not to take part in it. You do not have to take part in this research project and there will be no trouble for you if you choose not to. Please read this Plain Language Statement carefully. Feel free to ask questions about any information in the Statement.

Once you understand what the project is about and if you agree to take part in it, you will be asked to sign the Consent Form.

You will be given a copy of both the Consent Form and this Plain Language Statement to keep.

2. Description of the Project

The project is trying out the Expanded Healthy Kids Check (the Check) by doctors, nurses and Aboriginal Health Workers and with families with children aged between 3½ and 5 years of age.

It checks children's health, general wellbeing and development for children over the age of three and under the age of five. The Check is done by a doctor (GP), Practice Nurse or Aboriginal Health Worker.

The Check is now being undertaken when children are three and a half years of age (instead of four years). That is because we know that the first five years of a child's life are a time of rapid development when the key building blocks for lifelong health and wellbeing are being set in place and it is important to give kids the best possible start to life and provide the support they need to develop into healthy, happy and resilient adults.

The total number of people taking part in this project is about 480 families and children, and about 80 GPs, Practice Nurses or Aboriginal Health Workers.

You are invited to take part in this research project because you are the parent or carer of a child who is due for the Expanded Healthy Kids Check and your doctor, nurse or Aboriginal Health Worker has been asked to take part in testing the Check.

Taking part in this project will involve:

1. Making sure you understand what is involved if you take part, by reading the information for parents or watching the Expanded Healthy Kids Check DVD in the Parent Pack that your GP will give you. You will also be given information about the Medicare Expanded Healthy Kids Check Phase 1 through special access to a website with information for parents and a Parent Information Pack. (*http://raisingchildren.net.au/*)

2. Bringing your child to have the Check with the doctor, nurse or Aboriginal Health Worker who has invited you to take part in testing the Check. Your doctor, nurse or Aboriginal Health Worker will talk with you about your child's development, using the Check. You can ask any questions or raise any concerns you might have about your child's health, development or wellbeing. They might refer you and your child for a more detailed assessment if there are continuing concerns. The check might take up to an hour.

3. After you have taken part in the Check we will ask you to tell us what it was like, by filling out a short survey either at the time or later (your doctor, nurse or Aboriginal Health Worker does not see what you are writing) or on-line. If you want to tell us more or change what you said after you have had more time to think, you can fill out the online survey even if you have already filled out a paper survey. The survey should probably take you about 15 minutes.

4. If you agree, you may also be asked to take part in a short phone interview with an independent person who will ring you (you can say no to this if you are asked and do not want to). The phone interview will take approximately 15 minutes. Your doctor, nurse or Aboriginal Health Worker is not told what you have said.

3. Possible Benefits

The possible benefits to you or your child from being in this project might include having the opportunity to talk with the doctor, nurse or Aboriginal Health Worker about any worries you might have about your child's development, and making a plan to follow them up. In the future, other parents might benefit from the feedback you have given to make the use of the Check better for parents. However, we cannot promise that you will receive any benefits from this project.

4. Possible Risks

The possible risks and discomforts from participating in this research might include feeling worried about talking about your child's development. This is normal and quite likely as most of us worry at some time about our children's wellbeing. You can take a break or even end your participation in the project if you are getting worried.

5. Confidentiality and Disclosure of Information

Any information provided for this project and that can identify you will remain confidential. It will only be told with your permission, except as required by law. If you give us your permission by signing the Consent Form, we plan to use what you tell us anonymously in an evaluation report that will help the government make decisions about how the Check should be used in the future.

If any information is published as a result of this research, your information will be provided in such a way that you cannot be identified and it will be published in accordance with the *Privacy Act 1988 and National Privacy Principle (NPP) 2.1(b.)*

The survey is anonymous and if you take part in a phone interview your name will not be used in the information from the interview.

6. New Information Arising During the Project

The research team may become aware of new information about the risks and benefits of the project during the period within which the research is conducted. If this occurs, we will notify you in writing of this new information. This new information may mean that you can no longer take part in this research.

7. Results of Project

The results of the pilot will be provided to the Department of Health to help inform the full implementation of the Check.

8. Further Information or Any Problems

If you require further information or have any problems about this project, you can contact the principal researcher, s 47F or the project manager s 47F

The researchers responsible for this project are:

s 47F

If you have any concerns or complaints on the ethical conduct of this research, please contact:

The Secretariat
Departmental Ethics Committee
Department of Health
GPO Box 9848
MDP 132
CANBERRA ACT 2601
Email: ethics@health.gov.au

The issue will then be referred to the Chair of the Committee.

9. Other Issues

If you have any complaints about any aspect of the project such as the way it is being conducted or any questions about your rights as a research participant, then you may contact:

Name: s 22

Position: Child and Youth and Targeted Programs

Telephone s 22

You will need to tell s 22 the name of one of the researchers given in Section 8 above.

10. Participation is Voluntary

Taking part in any research project is voluntary. If you do not wish to take part in this research project you do not have to. If you decide to take part and later change your mind, you can stop any time. You will not be in trouble in any way if you decide to stop.

Your decision on whether to take part or not, or to take part and then stop, will not affect your relationship with the Australian Medicare Local Alliance, the Murdoch Children's Research Institute, or your doctor, nurse or Aboriginal Health Worker.

Before you decide, you can ring any of the researchers whose names are written above and ask any questions you have about the research project. You can ask for any information you want. Only sign the Consent Form once you have had a chance to ask your questions and have received satisfactory answers.

Before deciding whether or not to take part, you may wish to discuss the project with a relative or friend or doctor, nurse or Aboriginal Health Worker.

If you decide to stop, please tell a member of the research team before stopping. This will allow that person or the research supervisor to inform you if there are any things you need to know before stopping, for example health information revealed during the Check that you may wish to follow up with your doctor, nurse or Aboriginal Health Worker.

11. Ethical Guidelines

This project will be carried out according to the *National Statement on Ethical Conduct in Human Research (2007)* as issued by the National Health and Medical Research Council. The *National Statement* provides the guidelines by which the Departmental Ethics Committee and other Human Research Ethics Committees operate.

The ethical aspects of this research project have been approved by the Departmental Ethics Committee.

Consent Form

Phase 1 Implementation of the Expanded Healthy Kids Check

I understand the Plain Language Statement which I have read/had translated to me in my first language.

My participation in the research is voluntary and is based on me having enough information and an adequate understanding of the research and what it means to take part in it. I am aware that I can choose to stop taking part in the research at any stage and will be advised if there are any consequences if I choose to stop.

I have been given a copy of the Plain Language Statement and Consent Form to keep.

The researcher has given the undertaking that my identity and personal details will not be revealed if information about this project is published or presented publicly.

I may withdraw from the research/study at any time and my decision to withdraw will have no effect on my services or care. The researchers will ensure that I am given any information that comes to light during the research that I may need to know about, should I wish to withdraw from the research.

Please sign and date below

Participant's Name (printed) ……..…….....

Signature…….Date…….....

Email address (if you wish to receive the link to the project information for parents or do the feedback survey online)

.....

Phone number (if you would like to receive updates on the project or are prepared to be contacted)

.....

Witness Name (printed) ……..…….....

Signature……..Date…….....

Researcher's Name (printed) ……..…….....

Signature……Date…….....

Witness Name (printed)……..…….....

Signature…….…….Date…….....

Third Party Consent Form

Phase 1 Implementation of the Expanded Healthy Kids Check

I understand the Plain Language Statement which I have read/had translated to me in my first language.

I give my permission for my child/children named _____ to participate in this project according to the conditions outlined in the Plain Language Statement.

I understand that participation in the research is voluntary and that my child/children named _____ can withdraw from the research at any stage and I will be informed if there are any consequences if this was to occur.

I have given a copy of the Plain Language Statement and the Consent Form to the participant for their records and kept a copy for my records.

The legal rights of my child/children named _____ have not been infringed upon by my signature appearing on this Consent Form.

The researcher has given an undertaking that the identity and personal details of my child/children named _____ will not be revealed. This includes information that is published or publicly presented.

Please sign and date below

My child/children's name/s (printed) …….....

Name of Person giving Consent (printed) …….....

Category (strike out that which is not applicable):

Next of Kin
Medical treatment agent
Guardian

Signature……..Date…….....

Researcher's Name (printed) …….....

Signature……Date…….....

Witnessed by (printed)…….…….....

Signature……Date…….....

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