Australia's National
Science Agency

InReach Kids Project Evaluation

Executive Summary

April 2024

InReach Kids Project Background

The InReach Kids project was a collaboration between Goondir Health Services (GHS) and Darling Downs Health (DDH). The health service integration model sought to implement universal, evidence-based, seamless care and services for Aboriginal and Torres Strait children aged 0-14 years living in the region of Southwest Queensland. The project additionally addressed health care and support services for antenatal, perinatal, and postnatal women.

The InReach Kids project aimed to address 14 core objectives across service delivery, health outcomes and processes over a 12-month period, July 2021 to June 2022.

Evaluation Overview

An evaluation of the intervention was conducted by Commonwealth Scientific and Industrial Research Organisation (CSIRO) to assess the appropriateness and effectiveness of the InReach Kids project through mixed-method process, impact, and outcome evaluations.

Methodology

Evaluation involved the collection and analysis of:

- Quantitative deidentified patient outcomes data
- Quantitative deidentified service level process and patient access data; and evidence of project activities
- Qualitative deidentified patient experience data
- Qualitative interviews with health and project staff to gather their insights into facilitators and barriers of appropriate and effective project delivery

Acknowledgements

We acknowledge and pay respects to the Traditional Owners and ongoing custodians of the lands on which this learning and research with Goondir Health Services has been undertaken.

This evaluation report was co-funded by Goondir Health Services and the Commonwealth Scientific and Industrial Research Organisation.

We also acknowledge the significant contributions of key staff from both Darling Downs Health as well as Goondir Health Service during the evaluation and reporting process.

Results

Key Quantitative Outcomes

Increased access to key services

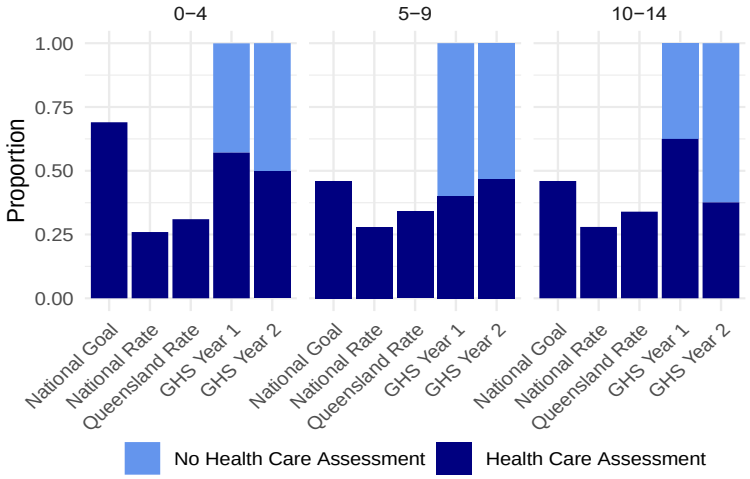
+ Rates of MBS Item 715 for 0–14-year-olds were above national and state rates
+ Access to ENT services for 0–14-year-olds increased, however engagement with eye and oral health services remained low across both years
+ Decreases in Failure to Attend (FTA) rates by 0.18% in DDHHS outpatient appointments

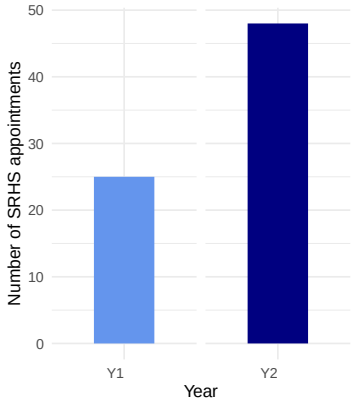
Increased engagement in sexual and reproductive health (SRH) services

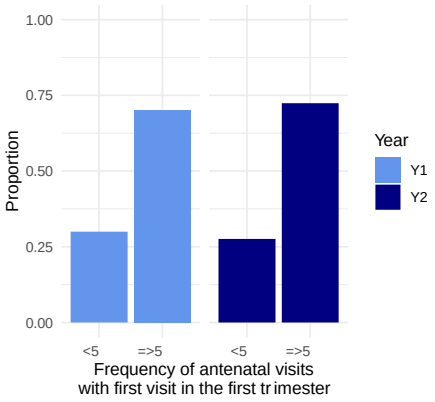
+ Increases in the number of antenatal appointments attended
+ Minor increase in the proportion of women who attended an antenatal appointment in the first trimester and ≥5 subsequent antenatal appointments

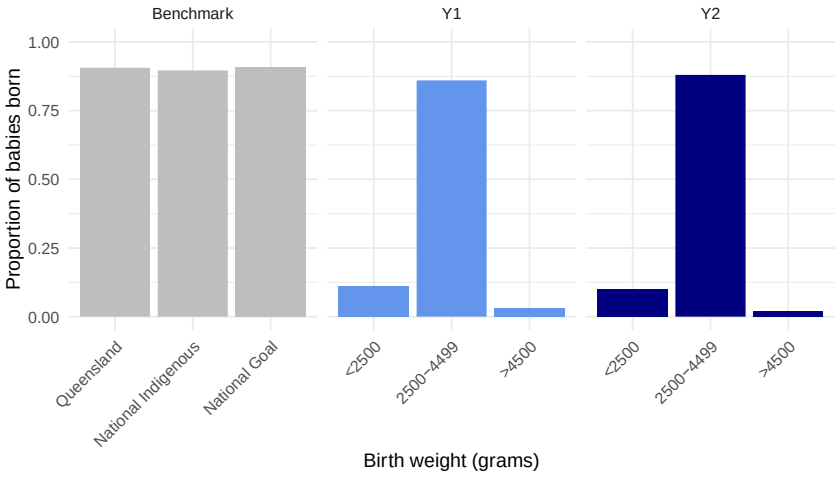
Some health measures did not meet national and state averages

+ Rates of smoking during pregnancy were above averages and trajectories to meet the national 2023 goal
+ Proportion of babies born within healthy weight range remain high but are below state and national averages









Key Qualitative Outcomes

Improved coordination of care

+ 4 new referral pathways to streamline patient journeys between GHS and DDH

+ Check boxes added to GHS referral forms to identify Indigenous patients for DDH intake and prioritisation in specialist services

Strengthened internal relationships and external partnerships

+ 7 local schools

+ Extended networks

Extended health services

+ Oral and audiology

+ Child mental health

+ NDIS services

+ SRH services

Sustained increase in staff resourcing

+ Employed 2 Child Health Nurses to provide midwifery and child health care

+ Staff capacity building through multiple training opportunities

"Having [the GHS management team] lead this sets very clear Indigenous ways of doing and health concepts with Aboriginal and Torres Strait Islander people e.g., SEWB the concept of this is not well known by mainstream clinicians and people in mental health space who are not Indigenous."

Further Quantitative Findings

Small changes in health promoting behaviours

+ Minor increase in the number of appointments classified as preventative

+ Small changes in the proportion of pregnant Aboriginal and Torres Strait Islander women who did not smoke at any stage in pregnancy.

High rates of immunisation in children

+ Hepatitis B immunisation rates remained above the National Indigenous and Queensland averages.

+ Routine vaccination rates as per the National and Queensland Immunisation Schedule increased between Y1 (n=11) and Y2 (n=63).

Potentially preventable hospitalisations (PPH)

+ Rates of presentations and admissions for PPH associated diseases increased between Y1 (n=270) and Y2 (n=333).

Facilitating project factors

Staff in longer-term positions who can build relationships and rapport with community members

Coordinator positions including the Project Manager as the main conduit linking services

Existing relationships and informal networking opportunities to strengthen relationships

Staff competency in culturally appropriate service delivery is central to cultural safe care

Project delivery and services made efforts to be culturally safe

Wide consultation by Project Manager to identify issues and co-design solutions

"An improvement from [DDH] in early intervention parenting specialists, moving from [the DDH] service to delivering services in GHS … I think that being in that environment where people the community do feel safe, adds that cultural appropriateness to the service."

Limiting project factors

Staffing and allied health recruitment difficulties as per global issues in the regional/ remote context

Project management complexities working within large scope, between multiple systems and governance structures

Lack of data interoperability between and within each service exacerbated by outdated software

Existing DDH processes outside of the InReach Kids project were commented on as culturally insensitive, particularly patient communication.

Individual and social determinants impacting patient access and engagement in primary health care services

Short-term funding cycles and inflexible systems to sustain momentum and adapt to ever-changing climates

"When you've got a cohort of people or a demographic of people who, as a general rule, aren't going to engage for a multitude of reasons, like everything from logistically being able to get to a clinic, to trauma in a health service, and never wanting to set foot in there again. There is a whole multitude of reasons why these people don't engage."

Quantitative data limitations

Lack of data interoperability reduced functionality of data extracted and created difficulty in standardisation

Critical information lacked specificity or was not reported for some objectives and strategies.

Small sample size in Year 1 limits the type of quantitative analysis able to be performed.

Cultural appropriateness of services

Project delivery and services made efforts to be culturally safe:
e.g. Project Manager actively sought feedback on resources developed.
Staff competency in culturally appropriate service delivery is central to cultural safe care

Existing DDH processes outside of the InReach Kids project were commented on as culturally insensitive, e.g. when feedback was presented, no change was seen. DDH service delivery through GHS instead was viewed as more culturally safe.

Health service terminology was culturally insensitive when considering complex living circumstances e.g. DNA/DAMA
Culturally unsafe working environments may hinder efforts to increase Aboriginal and Torres Strait Islander employment

"We're talking about things that we could do, things that could be done better. … the equity business and having more Aboriginal faces, etc., you gotta be a brave, strong Aboriginal person to go and work in an environment where there's one other Aboriginal person within a staff of 300. And it's just setting this, for example, this young person just setting [them] up for failure."

Key Recommendations

Project Management and Governance
Co-design objectives, strategies and measurement tools with key project stakeholders complimented by iterative consultation.
Communicate project aims, objectives and staff role and responsibilities. Establish regular communication channels with and between all key stakeholders at project commencement.

Patient Information Systems and Interoperability
Interoperability between systems is not easily solved, nor is this the sole responsibility of GHS or DDH but must remain a key matter of discussion and advocacy by both parties through existing channels to National and State-level health governances.

Resourcing
Human resource shortages are not easily solved, nor is this the sole responsibility of GHS or DDH management but must remain a key matter of discussion and advocacy by both parties through existing channels to National and State-level governances.

Service coordination and delivery
Continue commitment to investing in 'coordinator' positions that link services and assist patients navigating multiple services and agencies involved. This includes recognised coordinator positions, project managers, and clinical staff who work between systems.
Community-wide consultation to investigate reasons behind DNAs and FTAs and strategise holistic approaches to addressing these issues. These will be wider social and structural determinants, investigations into equitable patient accessibility to services is warranted.

Culturally safe services
Align services with the key Local, State and National initiatives to combat racism at all levels (internalised, interpersonal, and institutional).
Commit to adequately resourcing (including renumeration) First Nations staff and community to participate in and contribute to co-design to support implementation of projects and strategies.

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