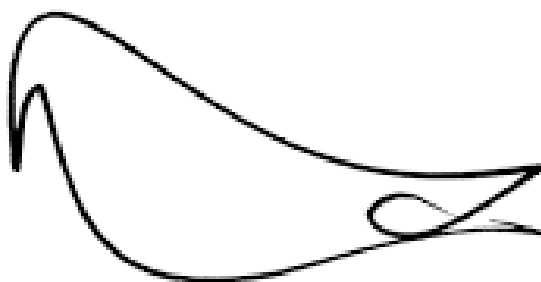




Early childhood programs and services in the Latrobe Valley 2023



**Professors Andrew Lewis, Chyrisse Heine, Carolyn Unsworth, Joanne Porter
and the Collaborative Evaluation Research Centre**

Version 2.2 14th December 2023

PO Box 3191 Gippsland Mail Centre Vic 3841

CRICOS Provider No. 00103D | RTO Code 4909

ACKNOWLEDGEMENTS

Federation University and the Institute of Health and Wellbeing at Federation University Gippsland, acknowledges Aboriginal and Torres Strait Islander people as the traditional owners and custodians of the land, sea and nations and pay our respect to elders, past, present and emerging.

We would like to thank Kate Cadet and Kate Malia of the Latrobe Health Assembly (LHA) for their support and contribution to the activity of the evaluation of early childhood programs and services in Latrobe Valley. The ongoing commitment and support from the LHA for the project has ensured a robust review of services in the region.

ABOUT THE PROJECT TEAM

Professor Andrew J. Lewis: Andrew Lewis is a Clinical Psychologist, Professor and Director of Academic Operations in the Institute of Health and Wellbeing at Federation University. Andrew has previously held academic appointments at Murdoch University in Perth, as Professor and Director of Clinical Psychology and as Research Academic in Clinical Psychology at Deakin University. Andrew graduated with a first-class honours degree from the University of Sydney, was an Australian Postgraduate Research Scholar and completed a Ph.D in the Department of Psychological Medicine, at Monash University in 2000 on Psychoanalysis and the philosophy of science. He is qualified in Clinical and Counselling Psychology and has worked as clinician in child and adolescent mental health for twenty years. Andrew has published around 200 scientific papers including books, book chapters and treatment manuals. He has been a chief investigator on grants to the total value of 8 million dollars. His research is mostly focused on mental health within developmental transitions such as the perinatal period, transition to parenting, early childhood and adolescence. He is interested in the development and evaluation of clinical and population based interventions with these groups.

Professor Chyrisse Heine OAM is the Discipline Lead of Speech Pathology at Federation University Australia. Chyrisse is a Speech Pathologist and Audiologist. Her expertise transcends the teaching, research and community service areas. Chyrisse received the Order of Australia medal in 2023, is a Life Member of Speech Pathology Australia and has received the Audiological Society of Australia Certificate of Outstanding Service. She is currently an Accreditor of Speech Pathology Programs and is a past Director and Vice-President (Communications) of Speech Pathology Australia and on the Ethics committee for Audiology Australia. Chyrisse is also a member of the Ethics committee for Audiology Australia. Chyrisse has edited 3 books, including a book on the Listening Now! program which is regularly used to manage Central Auditory Processing Disorder. Chyrisse is a competent researcher with many national and international publications and presentations. Her research areas of interest include age-related Dual Sensory Loss, Auditory Processing Disorder, Internationalization of the Curriculum, service learning and graduate student employability. Chyrisse is also the Director of a private practice, the Founder/ Director of the not-for-profit, the Speech and Hearing Project and volunteers with Cambodia Vision (Leader of the Speech and Hearing team) and other organizations in Cambodia.

Professor Carolyn Unsworth, Discipline Lead, Occupational Therapy, Federation University. Professor Carolyn Unsworth is an internationally respected researcher and educator in occupational therapy,

with key research interests in public transport access and driver assessment and rehabilitation for people with disabilities. She is also known for her contributions to the fields of health outcome measurement and clinical reasoning. Prof Unsworth's research has informed transport improvements and policy changes for people with disabilities nationally. Her outcome measure AusTOMs-OT and driver assessment OT-DORA are used internationally. In 2017, Carolyn was inducted as an inaugural Fellow of the Occupational Therapy of Australia Research Academy. Carolyn holds Adjunct Professorial appointments at Monash, Central Queensland and La Trobe University in Australia, and Jönköping University, Sweden. She has authored more than 160 journal articles and book chapters and made 150 conference and keynote presentations. She currently serves on the editorial boards of several journals, including as Associate Editor of the British Journal of Occupational Therapy.

Professor Joanne Porter is the Director of the CERC. Joanne has led a number of successful research projects and evaluations in conjunction with local industry partners. She has guided the development of the CERC since its formation in 2018. The Collaborative Evaluation and Research Centre (CERC) Federation University Gippsland is an innovative initiative that aims to build evaluation capacity and expertise within Gippsland. As a local provider, the CERC understands the value of listening to the community and has the ability to deliver timely and sustainable evaluations that are tailored to the needs of a wide variety of organisations.

The team who contributed to this project and the writing of this report included:

- Professor Andrew Lewis
- Professor Carolyn Unsworth
- Professor Chyrisse Heine OAM
- Professor Joanne Porter
- Kaye Borgelt
- Megan Simic
- Elizabeth Miller

CONTENTS

ACKNOWLEDGEMENTS.....	2
ABOUT THE PROJECT TEAM.....	2
1. EXECUTIVE SUMMARY.....	5
1.1 INTRODUCTION.....	5
1.2 METHODOLOGY.....	5
1.3 KEY FINDINGS.....	6
KEY RECOMMENDATIONS.....	6
2. EVALUATION OF EARLYCHILDHOOD PROGRAMS AND SERVICES IN LATROBE VALLEY.....	9
2.1 INTRODUCTION.....	9
2.2 POLICY CONTEXT.....	9
2.3 PROJECT AIMS AND RESEARCH QUESTIONS.....	12
RESEARCH QUESTIONS.....	12
3. METHODOLOGY.....	12
4. FINDINGS.....	15
4.1 EARLY CHILDHOOD ALLIED HEALTH LATROBE VALLEY SERVICE MAP.....	15
4.2 LISTENING POSTS WITH COMMUNITY.....	28
5. DISCUSSION AND RECOMMENDATIONS.....	32
5.1 RECOMMENDATIONS.....	33
6. LIMITATIONS.....	37
7. ABBREVIATIONS.....	37
8. LIST OF FIGURES AND TABLES.....	38
REFERENCES.....	39
9. APPENDICES.....	40

1. EXECUTIVE SUMMARY

1.1 INTRODUCTION

The Latrobe Valley is an inner regional area in the east of Victoria Australia and includes the regional centres of Moe, Morwell and Traralgon. This region has a higher percentage of children considered developmentally vulnerable than the national average. This is likely due to a number of factors including fewer allied health services and practitioners than major cities. Additionally, feedback from the community suggests that it is increasingly difficult to access timely Allied Health services in the region for children aged 0-8 years. One of the key priorities of the Latrobe Health Assembly (LHA) is Early Childhood Development (ECD). To inform future development and improvement of these programs, the LHA commissioned Federation University to assess current early childhood Allied Health services and programs in the Latrobe Valley.

A team of researchers from Federation University worked with the Collaborative Evaluation and Research Centre (CERC) to explore the activities of the various early childhood Allied Health services and programs in the Latrobe Valley, gaining an understanding of how services are distributed and accessed by the community. This insight was gained through a comprehensive service map of the Latrobe Valley, and through listening posts with community members in local shopping centres. Data were collected from August 2023 – October 2023. A review of the policy context surrounding access to early childhood allied health services was also conducted to inform the recommendations in the report.

1.2 METHODOLOGY

Allied Health Service Mapping of the Latrobe Valley

A map of Allied Health services in the Latrobe Valley was constructed to demonstrate the breadth and availability of services in the region. The service mapping exercise captured information on delivered service type, the practitioner details, business name, public or private status, location, contact details, days/hours of operation, location of work (fixed or mobile), age group serviced, cost, waiting times, NDIS accreditation and referral process. During this process of data mapping, discussion of the current provider experience landscape was gathered by the researchers, who had broad discussions with practitioners surrounding their ability to service the Latrobe Valley, their perspectives on benefits and barriers to this service provision and the feedback they were receiving from their clients. All data were collated and analysed in Microsoft Excel. The data were then interpreted by a team of subject matter experts. Interpretation of data by the expert team allowed for development of robust recommendations to early childhood allied health program and service access in the Latrobe Valley.

Listening Posts with Community

Listening post sessions were conducted at two major shopping centres in the Latrobe Valley to capture the experiences of parents, carers and stakeholders. The research team attended the Mid Valley Shopping Centre and the Traralgon City Plaza, setting up a location in the shopping centre food courts to maintain greater visibility to community. The research team presented flyers to passers-by, gaining interest and ensuring intentions to communicate were genuine. The team provided statement cards

for passers-by to confidentially place their suggestions and experiences of accessing early childhood allied health services into a secure box for analysis. In-depth discussion of experiences was undertaken with some participants who agreed to provide this information, and these data were then analysed.

1.3 KEY FINDINGS

There was a total of 104 allied health services being provided within the Latrobe Valley, delivered by 78 different Allied Health professionals from 36 allied health service provider businesses. The majority of services are clustered in Traralgon within the Latrobe Local Government Area (LGA). Waiting lists are long, often in the order of years, and in some cases, services have closed their books to new referrals. Practitioners working in the public health system also report difficulties recruiting and retaining qualified and skilled staff.

Extensive mapping of existing services in the region confirmed that there are limited services, limited qualified professionals and multiple challenges in the coordination of and access to existing services.

The listening post conversations with community members suggests that consumers of these services experience many challenges to accessing early childhood services in the LHA region. The main challenges include: Long wait times for paediatricians and other specialists, lack of Allied Health services in the area (focussing on occupational therapy, speech pathology, optometry and psychology), high cost of private services and difficulty getting onto waiting lists for some services.

Participants in these conversations also expressed concerns about being labelled as a parent who is only seeking a diagnosis for their child in order to access National Disability Insurance Scheme (NDIS) funding.

Overall, both the quantitative mapping of current services, community feedback and expert review of the findings highlighted:

- The strong evidence for underservicing in the region and a need for more early childhood services in the region, particularly occupational therapy and speech pathology
- Evidence of limited coordination between different services and providers.
- High incidence of part time work and a predominately female workforce with limited access to professional development and numerous factors reducing the long-term sustainability of the Allied Health workforce
- Significant challenges for parents and carers to access the professional support indicated for children with developmental issues in the region.

SUMMARY OF KEY RECOMMENDATIONS

A detailed presentation of our 11 recommendations arising from this report is provided at the end of the report. Here we present a high-level summary. The project has identified several barriers to effective service provision and a number of key opportunities where we recommend that the LHA focus to improve early childhood Allied Health services in the Latrobe Valley.

Barriers to overcome:

1. **Service Access:** Reducing barrier to service access, that is, to focus on reducing waiting lists for services by improving numbers of services, the transparency and clarity of referral processes to these services, increasing service providers, better coordination between services and supporting workforce training and retention.
2. **Service Costs:** Consider innovative ways to address the frequently voiced concern about excessive cost of services reported by many families.
3. **Improve staff experience and retention.** Improving resource allocation, service delivery models, Professional Development (PD) support and mentoring for clinicians may reduce burnout.

Opportunities with Professions:

4. **Professions of focus:** An increase in the number of Allied Health practitioners in the region could be usefully focussed on Occupational Therapy and Speech Pathology services.

Opportunities with Partners:

5. **Links to Higher Education and Professional Bodies:** There are important opportunities to enhance engagement to address the required workforce pipeline and the network of professional support and development in the region.
6. **Professional Development:** Provide frequent and targeted professional development to encourage retention and engagement of existing workforce and to attract new staff into the region.
7. **Workforce Training:** There is a clear need to support the training of a pipeline of suitably qualified professionals and associated support services to enter the workforce in the Latrobe Valley, particularly occupational therapy and speech pathology services.

Improving access to existing services:

8. **Improving the service delivery model:** Develop a more robust service model which is networked to maximise referral pathways between front line services such as General Practitioners (GPs), Nurse practitioners and Primary Schools to refer to Allied Health service and practitioners.
9. **Referral pathways:** Develop a clear referral pathway for common presentations and map to relevant evidence based clinical guidelines to ensure optimal delivery of high quality and effective interventions.
10. **Case management:** To address issues of access and coordination we recommend providing a local service which offers assistance to families
11. Develop and implement a **Latrobe Valley Early Childhood Development Plan.**

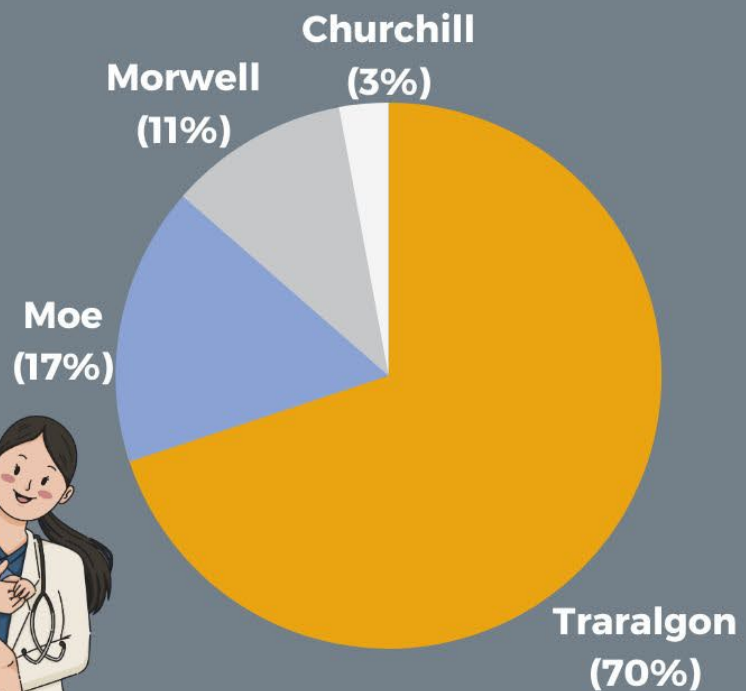
EVALUATION OF EARLY CHILDHOOD PROGRAMS & SERVICES IN LATROBE VALLEY



SERVICE SNAPSHOT

10	ALLIED HEALTH SERVICES
104	INDIVIDUAL SERVICES OFFERED
78	ALLIED HEALTH PROFESSIONALS
36	ALLIED HEALTH PROVIDER BUSINESSES

SERVICE BY LOCATION

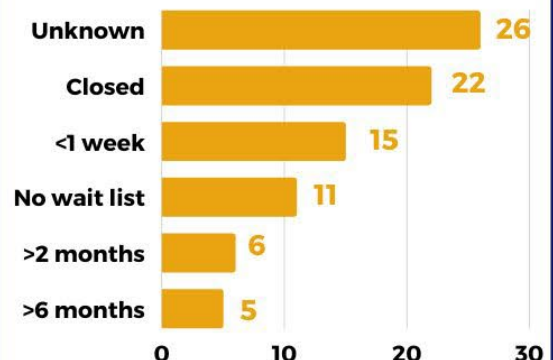


COMMUNITY & CLINICIAN FEEDBACK FOR SERVICES

Waiting list - already full at some services.
 Cost - if get spot, then need to pay many people can't afford bill.
 Timing of access - when issues arise then have to wait 6-12 months to see anyone - early intervention not possible.

"Supporting clients in local area extremely difficult to find early childhood support without extensive wait lists"

WAIT LISTS FOR 104 SERVICES



2. EARLY CHILDHOOD PROGRAMS AND SERVICES IN LATROBE VALLEY

2.1 INTRODUCTION

The Hazelwood Mine Fire Inquiry identified a strong need to improve health and wellbeing in the Latrobe Valley. Recommendations included the establishment of the Latrobe Health Assembly, the appointment of a Latrobe Health Advocate and the designation of Latrobe City as the Latrobe Health Innovation Zone. The Latrobe Health Innovation Zone is the first of its kind in Australia; it is a place-based whole of community approach to improving health and wellbeing. A range of initiatives have been put in place within the Latrobe Valley because of the valley having a Health Innovation Zone designation. This project is part of this commitment to improving health and wellbeing in the Latrobe Valley.

Research suggests that despite the implementation of early childhood development programs being vitally important to the long-term health of the child, several barriers exist to this delivery of service (Saunders et al., 2022; Schmied et al., 2015). These barriers include inconsistent transfer of information, lack of appropriate communication, issues with equity and access, mismatches between policy expectations and workforce capacity and lack of understanding of early childhood development practitioners' roles (Schmied et al., 2015). These barriers may ultimately lead to decreased holistic and supportive pathways of care for young children and their families (Saunders et al., 2022).

This project involved assessing the current early childhood programs and services in Latrobe Valley. It consisted of mapping key program and service provision and consultation with community through listening post activities to explore service-based challenges. It is anticipated that this project will inform future development and improvement of these programs. By working with stakeholders and community members in this process, the support of a collective action and voice may increase service identity, collaboration, and delivery success (Johns et al., 2010).

The aim of this project was to investigate existing services and identify the challenges of delivering effective early childhood development outcomes in the Latrobe Valley and present a clearer picture of what potential interventions might look like, such as coordination of services.

2.2 POLICY CONTEXT

Within Australia, the proportion of children living with a disability is increasing. These disabilities can impact the child's ability to communicate, socialise, mobilise, and learn at the same level as their peers, affecting their ability to thrive and meet developmental milestones (ABS, 2019a). The Australian Bureau of Statistics estimates that in 2018, 7.7% of children aged 0-15 years were reported as having a disability, an increase from 6.9% (295,900) in 2012 (ABS, 2019a). Furthermore, prevalence of disability increased with age, with children aged 5 – 14 more likely to experience disability (9.6%) compared to children aged 0 – 4 (3.7%) (ABS, 2019a). Data suggests that children living in inner regional areas were more likely to experience disability compared to children in major cities, with boys twice as likely to experience disability than girls (ABS, 2019a). Of all children aged 0 – 14 years, 4.5% (209,300) had profound or severe disability and 1.6% (72,800) had moderate or mild disability (ABS, 2019a).

Children's development in Australia is measured using the Australian Early Development Census (AEDC), which is based on the scores from a teacher-completed checklist in the child's first year of formal schooling. It is measured across the following five domains:

- Physical health and wellbeing

- Social competence
- Emotional maturity
- Language and cognitive skills
- Communication skills and general knowledge (AIHW, 2022a).

The Australian Institute of Health and Welfare (AIHW) report that in 2018, 41.3% of indigenous children and 20.4% of non-indigenous children were considered developmentally vulnerable on one or more domains of the AEDC (AIHW, 2022a). When exploring the AEDC data specific to the Latrobe Valley, the percentage of children considered developmentally vulnerable in one or more domains ranged from 22% to 48%, with Morwell (48.81%), Churchill (29.87%), Moe (27.36%) and Traralgon (22.84%) demonstrating significant developmental vulnerability (AEDC, 2018). Furthermore, 39.88% of children in Morwell, 13.27% of children in Traralgon, 16.98% in Moe and 18.18% in Churchill were considered developmentally vulnerable in two or more domains compared to national figures of 10.1% for non-indigenous children and 25.8% for indigenous children (AEDC, 2018).

In February 2023 the Australian Government convened a National Early Years Summit bringing together a range of stakeholders to jump-start a conversation on how to ensure Australian children have the best start in life. Themes arising from the summit included the need to support and empower children, parents, carers, families, and communities and highlighted the importance of developing approaches that balance universal access to services and supports that are also responsive and bespoke to local contexts (Australian Government: Department of Social Services, 2023).

Evidence suggests that the health, wellbeing and environment of children and adolescents has a significant long-term impact to their health and wellbeing into adulthood (Department of Health, 2019a). Intervening early and maximising opportunities to implement positive health and wellbeing practices, services and interventions into the developmental process provides an opportunity for children and adolescents to flourish well into their adult years (Department of Health, 2019a).

There are several known risk and protective factors underpinning health outcomes of children and young people across the life span including individual, parent/carer, family, community and societal factors. Many of these factors are considered malleable and can be influenced by timely, effective interventions (Department of Health, 2019a). Neuroscience suggests that some of the optimum opportunities for affecting positive change to known risk factors relate to strengthening prevention and early intervention in the first 2000 days of life (Department of Health, 2019a). By enhancing parenting support and skills development and focussing on positive social and emotional wellbeing and preventative mental health during these early years of the child's life, this may help children and their families thrive across the lifespan (Department of Health, 2019a).

When exploring the key protective factors in early childhood development, when the child was able to develop good social skills, had access to opportunities and high-quality programs, lived with freedom from discrimination and was exposed to child and family friendly policies, they may be more likely to sustainably thrive and meet developmental milestones (Department of Health, 2019a). Allied health services have been demonstrated to support these key protective factors to early childhood development, providing essential care, support and advice for children and their families in a range of health sectors including speech pathology, psychology, dietetics, occupational therapy and physiotherapy (Allied Health Professionals Australia, 2023).

Evidence suggests that the four main concerns children may face during their developmental years include speech and language delays, motor skills delays, behavioural problems and communication difficulties (Department of Health, 2021b). This presents an opportunity to support the growth and

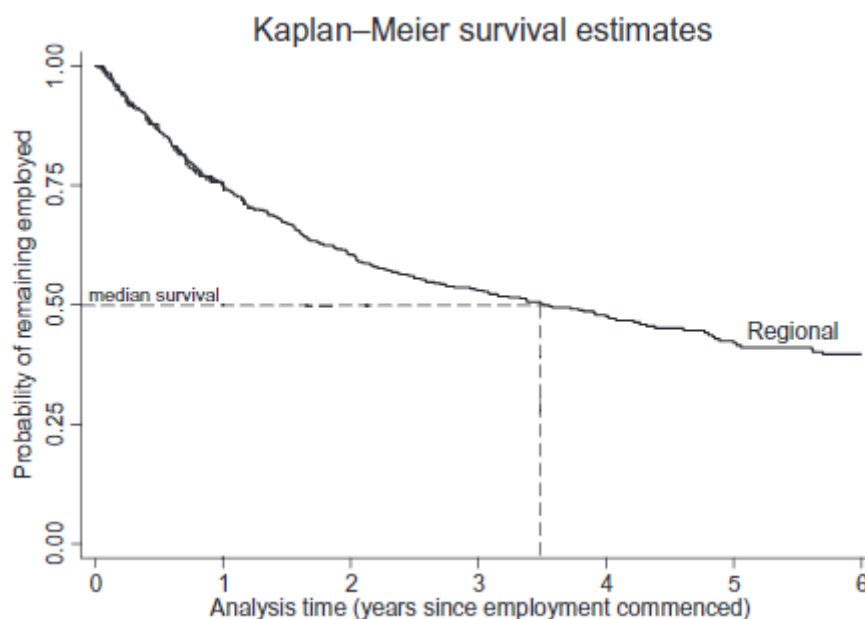
sustainability of these allied health services within the Latrobe Valley to help reduce the gap in developmental vulnerability identified in the region.

The Latrobe Valley is classified as ‘Inner Regional’ under the Australian Statistical Geography Standard (ASGS) Remoteness Structure (ABS, 2021b). Using this classification, the Australian Institute of Health and Welfare (AIHW) report the total number of allied health practitioners working in Inner Regional areas was 21,327 clinical full-time equivalent (FTE) practitioners, an increase of 8441 clinical FTE since 2015 (12,886 clinical FTE) (AIHW, 2022b). In comparison to Major City figures, these numbers are significantly lower, with Major Cities seeing 98,709 clinical FTE in 2020 with an increase of 30,578 clinical FTE since 2015 (68,131 clinical FTE) (AIHW, 2022b). The AIHW define an allied health professionals as a professional who is not a doctor, nurse, or dentist, and includes chiropractors, occupational therapists, optometrists, osteopaths, pharmacists, physiotherapists, podiatrists, psychologists, sonographers, and speech pathologists.

Feedback from the Latrobe Valley community suggests that it is becoming increasingly difficult to access timely allied health services in the region for children aged 0-8 years, with the majority of services clustered in one town within the Latrobe LGA and waiting lists of many months or closed. Practitioners working in the public health system, which prioritise children from lower socio-economic areas and those not receiving NDIS services, also report difficulties recruiting and retaining skilled and qualified staff, with many practitioners preferring to work in a private capacity.

Early Childhood Development (ECD) is one of four key priorities underpinning all initiatives and activities the Latrobe Health Assembly (LHA) undertakes. Previous research commissioned identified the need to clearly identify services that presently exist across the Latrobe Valley. This body of work provides an assessment of current early childhood allied health services and programs in the Latrobe Valley with the aim of informing future development and improvement of these programs.

Wider evidence regarding the regional Allied health workforce suggests that there are challenges retaining staff in these areas. As per the figure below, for regional *Allied health clinical FTE per 100,000* (Australian Institute of Health and Welfare, 2022b) there is, on average, a reduction of 50% in 3.5 years.



There is also substantial evidence that lack of professional development and opportunities for professional advancement are key factors in the attraction and retention of Allied health staff in regional areas. For example, continuing professional development is reported as one of the key points of dissatisfaction among rural allied health professionals with 50- 70% reporting a lack of opportunity with PD across several survey studies (Denham and Shaddock, 2004, Keane, et al, 2011, Smith et al, 2011, Williams, et al, 2007). There is also a reported lack of access to postgraduate education which is viewed as inhibiting professional advance in a regional setting. Lack of professional development opportunities and career advancement has also been cited as a reason for leaving rural and regional positions in a study undertaken of OTs (Mills and Millstead, 2002)

2.3 PROJECT AIMS AND RESEARCH QUESTIONS

AIM

The aim of this project was to investigate the challenges of delivering effective early childhood development outcomes in the Latrobe Valley and present a clearer picture of what potential interventions might look like, such as coordination of services, access to transport, targeted programs, and promotional wellbeing messaging, and how they could be piloted to help address the issue.

RESEARCH QUESTIONS

The key research questions included:

1. What allied health programs and services are currently available in the Latrobe Valley for children aged 0 – 8 years?
2. What are some of the barriers to accessing early childhood allied health programs and services in the Latrobe Valley?
3. What are the potential future interventions to improve access to allied health programs and services in the Latrobe Valley?

3. METHODOLOGY

The project utilised a mixed methods approach, and qualitative and quantitative data were collected and analysed. The qualitative data involved speaking to local residents in the Latrobe Valley about their experiences with accessing and using early childhood services. An application for this component of the research, titled “*Evaluation of Early childhood programs and services in the Latrobe Valley* was approved by Federation University Human Research Ethics Committee (*Approval number: 2023-153*)

(Appendix 2) prior to data collection and analysis. Participant anonymity was maintained by removing any identifiable information from the project. In the third phase of the project data from both sources was collated and reviewed by an expert panel consisting of the primary investigators and consultations about recommendations with key stakeholders.

QUANTITATIVE DATA COLLECTION

A map of allied health services in the Latrobe Valley was constructed to demonstrate the breadth and availability of services in the region. The service map:

- Allowed for the collection of information from a defined group of stakeholders.
- Enabled a large amount of data to be collected quickly.

The service map was constructed in Microsoft Excel and was divided into four main regions of the Latrobe Valley; Traralgon, Morwell, Moe and Churchill. Information that was captured included the service type, the practitioner details, business name, public or private status, location, contact details, days/hours of operation, mode of work (fixed or mobile), population serviced, wait times, NDIS status and referral process. All data were independently collated in Microsoft Excel.

QUALITATIVE DATA COLLECTION

Listening post sessions were conducted at two major shopping centres in the Latrobe Valley to capture the experiences of parents, carers and stakeholders. Statement cards were provided to passers-by to confidentially place suggestions and experiences into a secure box for analysis. In-depth discussion of experiences was undertaken with some participants who agreed to provide this information. Researchers spoke with twenty-nine people in response to “...tell us about your experience of accessing and using early childhood services in the Latrobe Valley”.



Figure 2. Listening post information flyers

DATA ANALYSIS

Visual data inspection analysis techniques were used to review the region service map to better understand the frequency and type of services that were available in the region. This service map then underwent critical analysis from subject matter experts to interpret findings and make recommendations from the data.

A content analysis was undertaken with the listening post data. This data provided rich insight to the lived experiences of parents, carers and stakeholders in the region. This exercise also aimed to further inform data gathered in the service mapping exercise.

4. FINDINGS

4.1 EARLY CHILDHOOD ALLIED HEALTH LATROBE VALLEY SERVICE MAP

A comprehensive map of early childhood allied health services in the Latrobe Valley was developed to gain an understanding of the current service provision and availability of services within the region. By understanding what is and what is not currently being provided within the region, interpretations of current and future opportunities may be predicted and implemented. The service map was constructed in Microsoft Excel and was divided into four main regions of the Latrobe Valley; Traralgon, Morwell, Moe and Churchill. Information that was captured included the service type, the practitioner details, business name, public or private status, location, contact details, days/hours of operation, mode of work (fixed or mobile), population serviced, wait times, NDIS status and referral process (see Appendix 2). In addition to the whole of Latrobe Valley service mapping, individual mapping of primary schools was also conducted to ascertain which allied health services were available to children aged 0 – 8 years within the education system. All data were independently collated in Microsoft Excel and analysed using descriptive statistics.

Specialty

A total 10 different allied health specialties were identified and mapped within the Latrobe Valley, with 104 individual services being run. The most common allied health service was Speech Pathology (28), followed by Optometry (17), Psychology (16) and Physiotherapy (16). Other services that were identified in the mapping exercise included Occupational Therapy (9), Podiatry (8), Social Work (4), Dietetics (3), Audiology (2) and Diabetes Educators (1) (see Table 1).

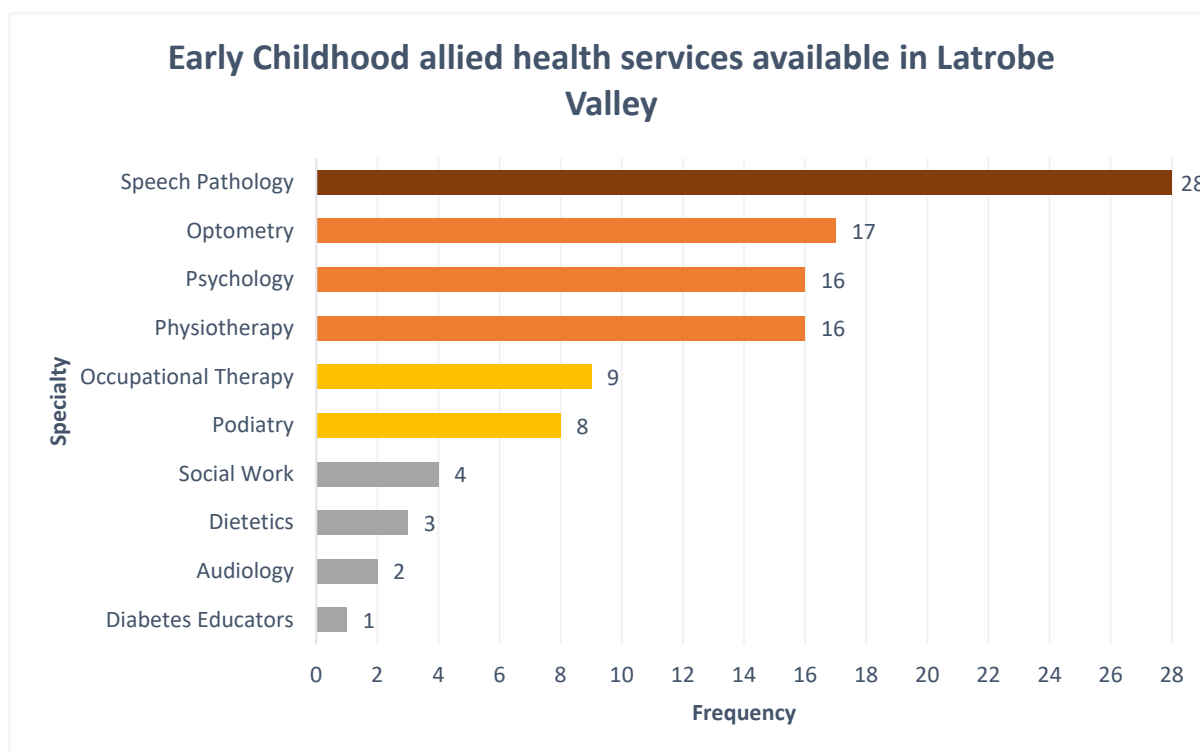


Table 1. Early childhood allied health services available in Latrobe Valley

Location

Data available in the 2021 Australian Census demonstrates that there is a clear disparity in the location of services when compared to where the children live. 70% of services are provided in Traralgon (refer Table 3) where only 38% of children aged 0-9 years live (refer Table 2). In comparison 11% of services are provided in Morwell although 18% of all children aged 0-9 years live there.

Location	Males	Females	Total	Children Aged 0-4 Years	% Total Children in Latrobe Valley Aged 0-4 Years	Children Aged 5-9 Years	% Total Children in Latrobe Valley Aged 5-9 Years	Total Number Children Aged 0-9 Years	% Total Children in Latrobe Valley Aged 0-9 Years
Traralgon	13276	14356	27632	1627	37.9%	1735	37.4%	3362	37.6%
Morwell	6950	7119	14069	805	18.7%	816	17.6%	1621	18.2%
Moe/ Newborough	7647	8109	15756	789	18.4%	857	18.5%	1646	18.4%
Churchill	2298	2385	4683	284	6.6%	306	6.6%	590	6.6%
Total Latrobe LGA	37817	39510	77327	4295		4636		8931	

Table 2. 2021 Census Data – Population of Latrobe Valley

When exploring the frequency of early childhood allied health services by regions of the Latrobe Valley, the most highly populated region was Traralgon with 72 services available. This was followed by Moe with 17 services, Morwell with 11 services and Churchill with 3 services. (see Table 3).

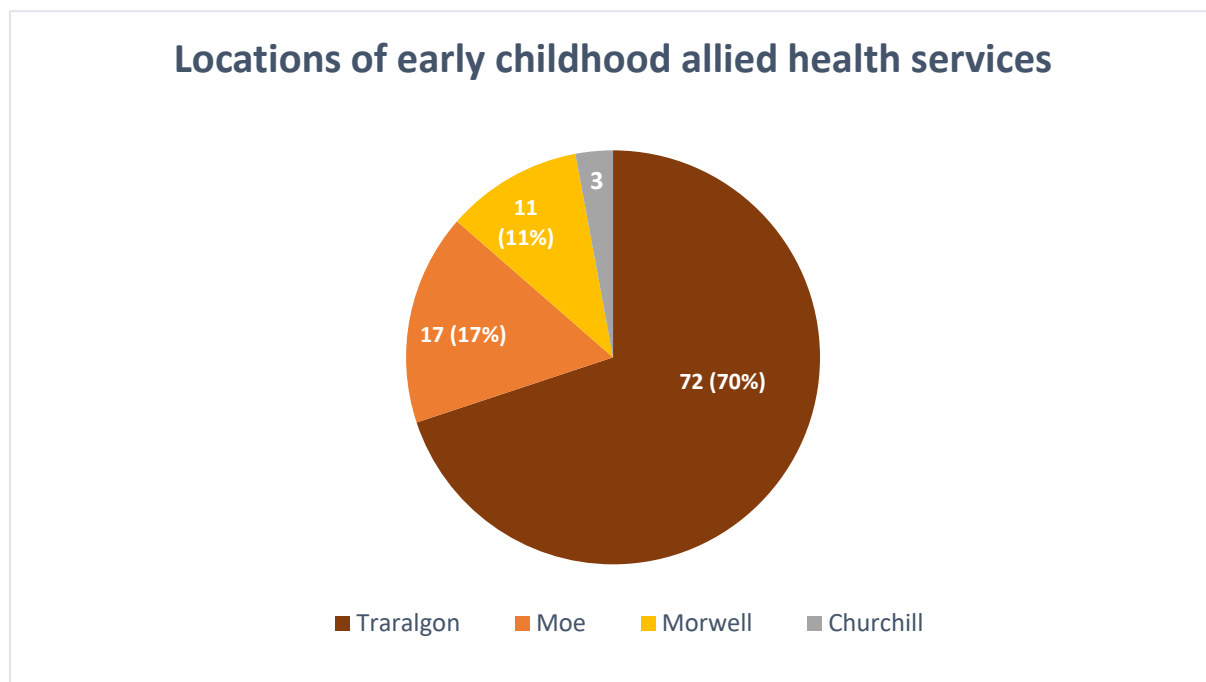


Table 3. Locations of early childhood allied health services

Practitioners and Businesses

There was a total of 104 allied health services being provided within the Latrobe Valley, delivered by 78 different allied health professionals from 36 allied health service provider businesses. Early

childhood allied health services were spread across each of these 36 provider businesses, with larger organisations able to provide more than one service. Business names have been de-identified for confidentiality (see Table 4).

Business Name	Services Provided by Business
Audiology A	1
Audiology B	1
Not for Profit A	4
Occupational Therapy A	1
Occupational Therapy B	1
Occupational Therapy E	1
Optometry A	3
Optometry B	1
Optometry C	1
Optometry D	2
Optometry E	2
Optometry F	1
Optometry G	1
Optometry I	5
Optometry J	1
Physiotherapy A	4
Physiotherapy B	3
Physiotherapy E	7
Podiatry A	2
Podiatry B	2
Podiatry C	4
Psychology A	1
Psychology B	1
Psychology C	1
Psychology D	1
Psychology E	5
Psychology F	7
Psychology G	1
Public Health Provider A	12
Public Health Provider B	11
Social Work A	1
Speech Pathology A	5
Speech Pathology B	3
Speech Pathology D	1
Speech Pathology E	6
Total	104

Table 4. Businesses that provide early childhood allied health services

Business Operations

The operations of all 36 allied health service provider businesses were analysed, including their public or private status, age groups serviced, wait lists, NDIS provider status, referral process, days of operation, hours of operation and their mode of business delivery.

When analysing whether the businesses operated within the public or private sector, majority of businesses operated in the private sector (73), with 27 operating in the public sector and 4 with status unknown (see Table 5). Of these businesses, the majority had a not stated or unknown status on their mode of business delivery (fixed/mobile/telehealth), however it was identified that 24 services were conducted in a combined mode of delivery (fixed/mobile/telehealth), and 16 services were fixed to one location.

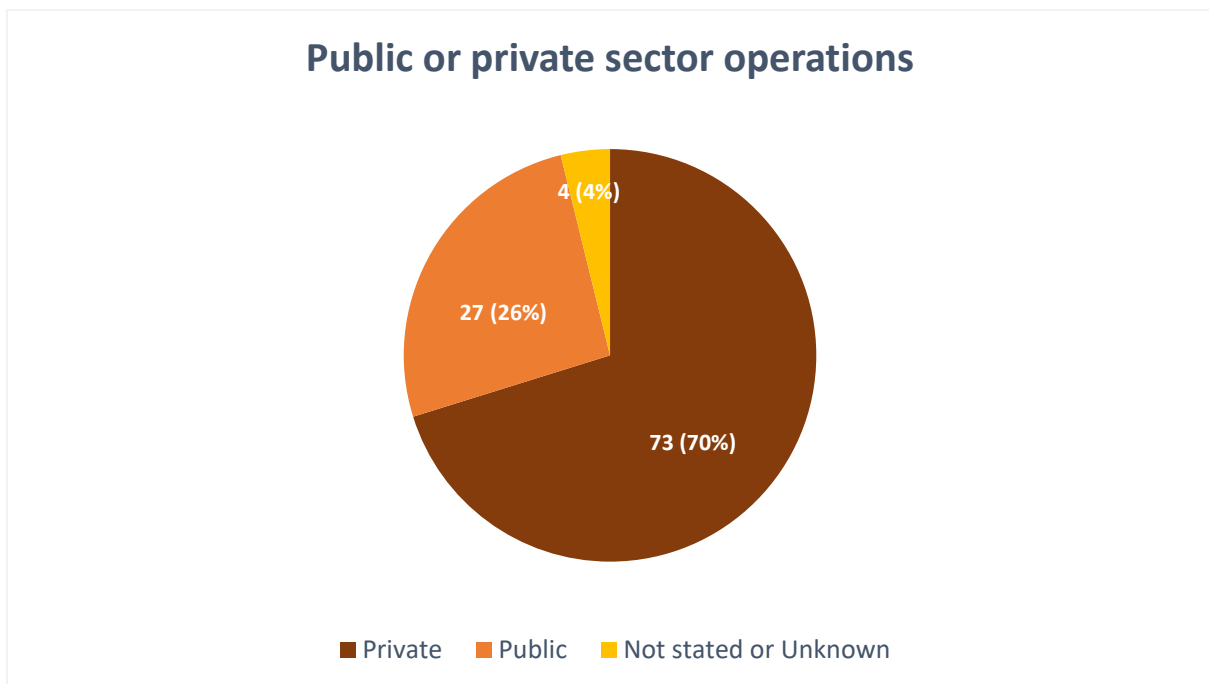


Table 5. Public or private sector operations

All services that were mapped outlined their age group specialisation, with majority of businesses servicing both adult and paediatric population (70) and some servicing paediatric only populations (34) (see Table 6).

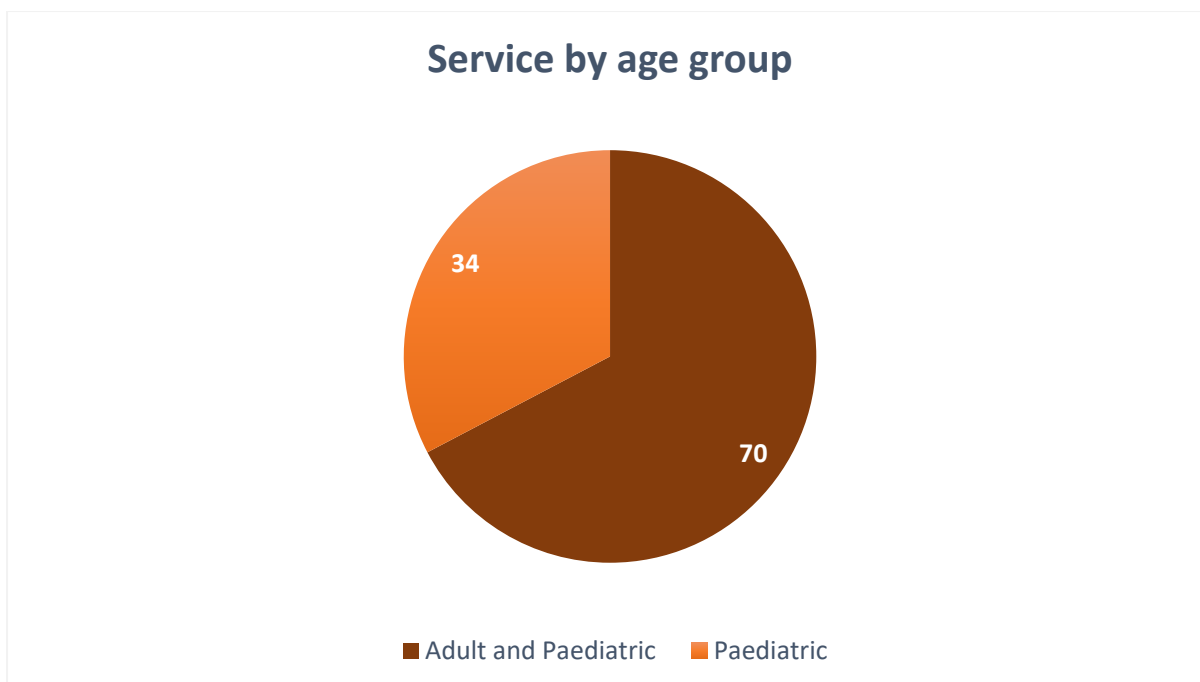


Table 6. Service available by age group

Waitlists for the 104 services being delivered by the various allied health professions varied, ranging from no waitlist (11) to services closed to new clients (22). The most frequent observation was for waitlists to be not stated or unknown (26) during the mapping process (see Table 6). Identified referral processes to the services was found that 61 services were via a self-referred process, and 43 services had a not stated or unknown status of referral process.

The tables below detail which allied health services provide a combination of adult and paediatric services, and those that provide paediatric services only (refer Tables 7 and 8).

Allied Health Services providing Adult & Paediatric Services	
Audiology	2
Diabetes Educators	1
Dietetics	2
Occupational Therapy	4
Optometry	17
Physiotherapy	14
Podiatry	8
Psychology	7
Social Work	2
Speech Pathology	14
Total	71

Table 7: Allied health services providing adult and paediatric services

Paediatric Only Allied Health Services	
Dietetics	1
Occupational Therapy	5
Physiotherapy	2
Psychology	9
Social Work	2
Speech Pathology	14
Total	33

Table 8: Paediatric only allied health services

Twenty-two (22) allied health services/providers advised that their waiting lists were currently closed, with another six services reporting a waiting list greater than twelve months (refer Table 9).

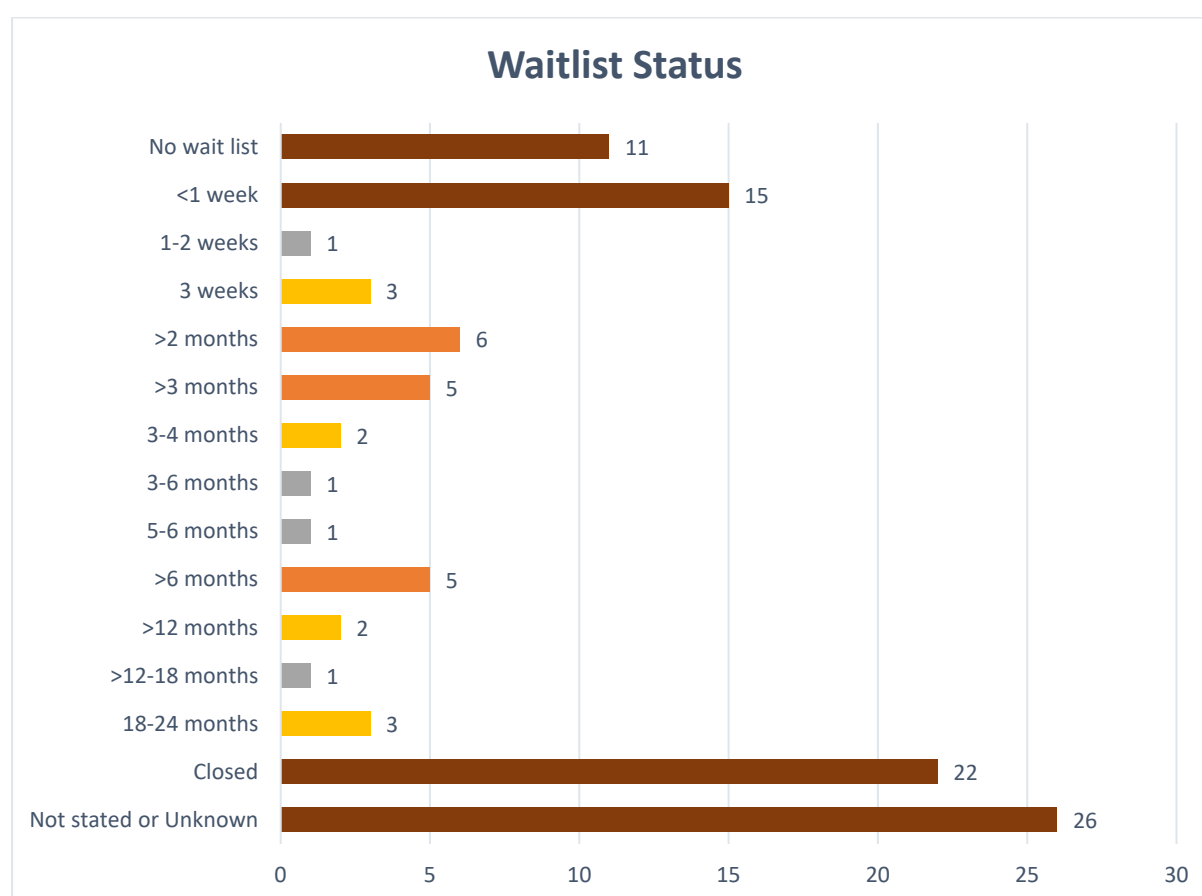


Table 9. Waitlist status

Of the allied health services with closed paediatric waiting lists or waiting lists greater than twelve months the majority were in the speech pathology domain. One not for profit organisation had closed paediatric waiting lists for each of physiotherapy, occupational therapy, psychology and speech pathology (refer Table 10).

Closed / Extended Paediatric Waiting Lists

Occupational Therapy	2
Physiotherapy	1
Psychology	8
Social Work	1
Speech Pathology	16
Total	28

Table 10: Closed/ Extended Paediatric Waiting Lists

In contrast the majority of allied health services reporting no paediatric waiting list or a waiting list of less than one month were optometry and physiotherapy (refer Table 11).

Paediatric Waiting Lists Less than One Month	
Audiology	1
Optometry	15
Physiotherapy	13
Psychology	1
Total	30

Table 11: Paediatric waiting list less than one month

Of the 104 early childhood allied health services outlined in the total mapping exercise, a total of 55 were NDIS accredited providers. The NDIS provider status was not stated or unknown for 31 services, and 18 services were not NDIS supported services (see Table 12)

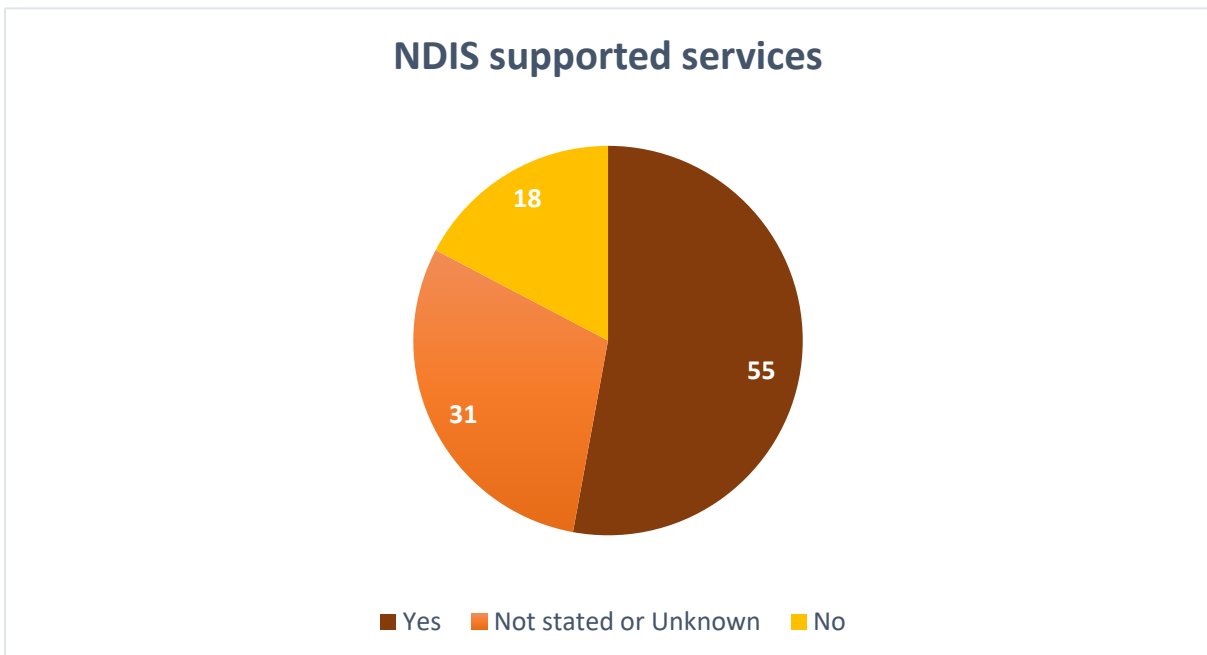


Table 12. NDIS supported service status

The majority of services were offered five days per week (65), followed by days of operation not being stated or unknown (20). The lowest frequencies of opening hours was one day per week (2), two days per week (2) and four days per week (2). A total of three services were available 7 days per week (see Table 13).

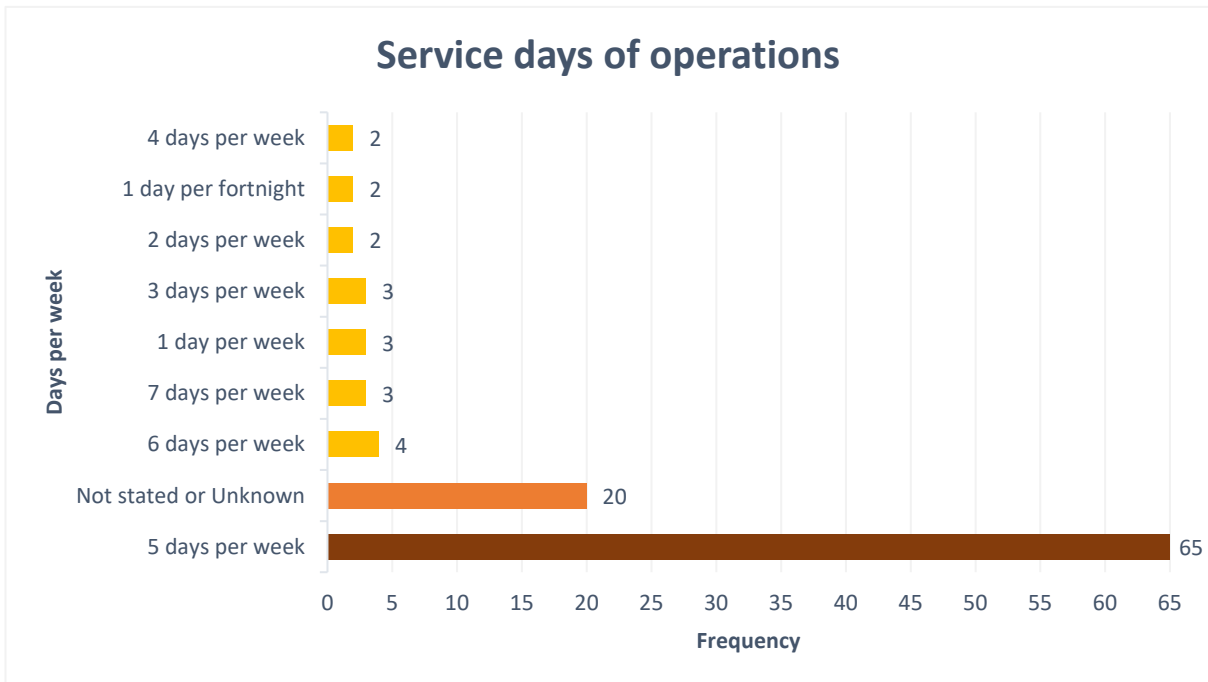


Table 13. Service days of operation

Of the services offered, many varied in their available hours of operation. The majority of services had not stated or unknown opening hours (35), followed by 8.5 hours (22), 8 hours (15) and 11 hours (14) most frequently reported. The greatest number of opening hours was stated by one service at 12 hours (1) of availability, whilst the least number of opening hours was 6 hours of availability (1), also stated by one service (see Table 14).

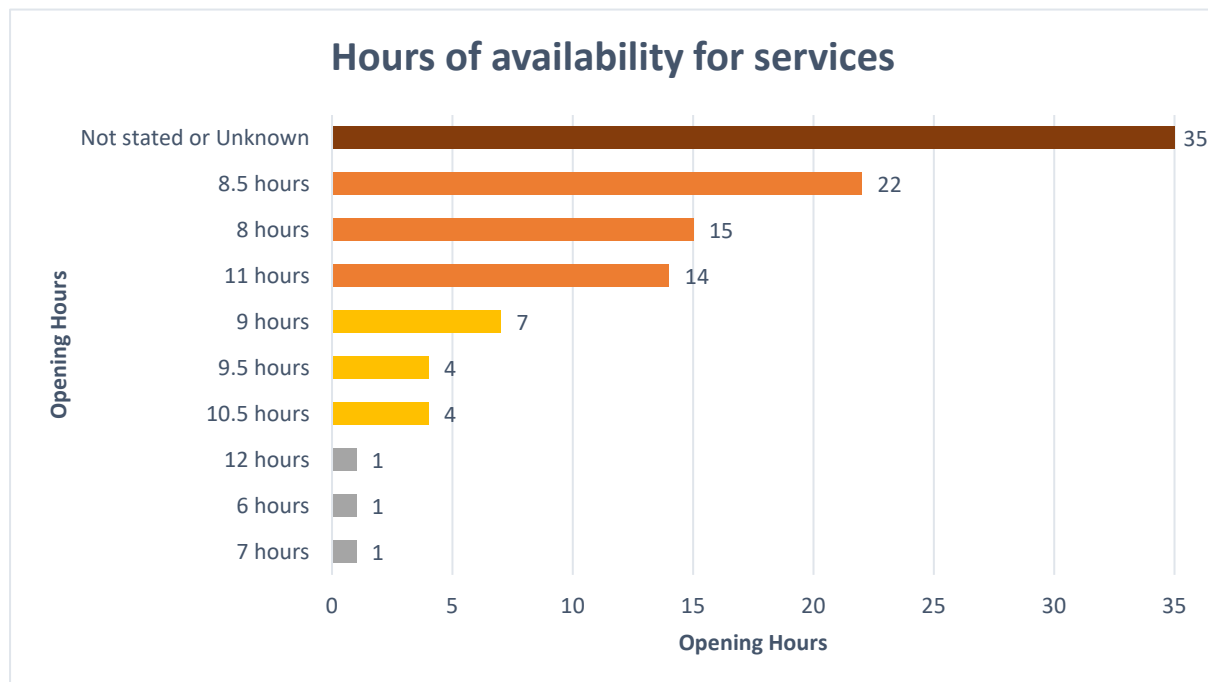


Table 14. Hours of availability for services

Primary School Service Mapping

Investigation into the early childhood allied health services available in Latrobe Valley primary schools was undertaken as part of the larger mapping exercise, with the understanding that services were likely offered within the education system.

There was a total of 14 primary schools in the Latrobe Valley that offered allied health services to its students (see Appendix 3). Within these 14 primary schools a total of 25 services were offered. The most common service offered was speech pathology (17), followed by occupational therapy (7) and psychology (1) (see Table 15).

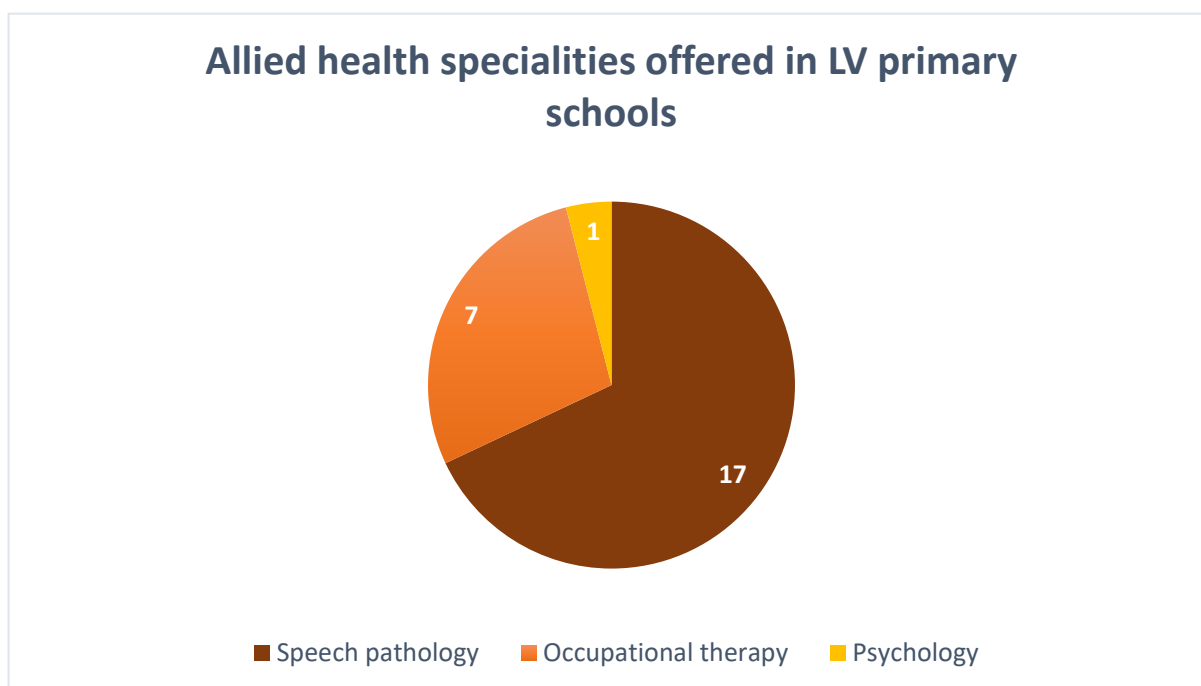


Table 15. Specialties offered in primary schools

A total of 11 practitioners serviced the participating primary schools, attending from 7 businesses in the Latrobe Valley. Central Gippsland Speech Pathology offered the most services to primary schools (7). Two of the schools employed their own practitioners and 7 services to primary schools had businesses that were not stated or unknown (7) (see Table 16).

Business name	Services offered
Not stated or unknown	7
Speech Pathology A	7
Speech Pathology K	3
Speech Pathology E	2
Psychology H	2
Speech Pathology B	2
Occupational Therapy A	1
Occupational Therapy E	1
Grand Total	25

Table 16: Allied health services in primary schools

The majority of services offered within primary schools was via the private pathway (12) with five services offered as a mix of public and/or private pathways. The mode of delivery within primary schools was mainly fixed (16), with nine services with not stated or unknown delivery mode (9). Most of the primary schools that offered allied health services were within Traralgon (see Table 17).

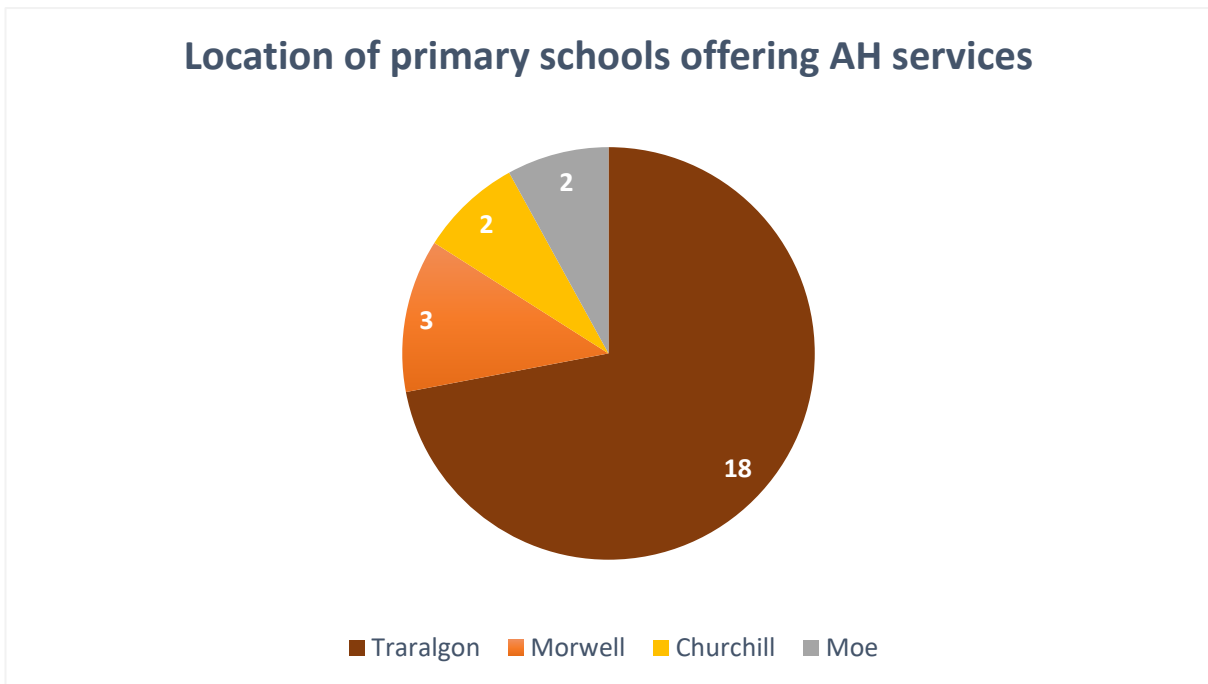


Table 17. Locations of primary schools offering allied health services

For the majority of services within primary schools, their days of operation was not stated or unknown (11). Six of the services were offered 5 days per week (6) and four of the services were offered 1 day per week (4) (see Table 18). When exploring the hours of operation of allied health services within primary schools, twelve of the services did not state their operating hours (12) and eleven services stated their operating hours were 6 hours (11). One service stated that their operating hours and days were variable (1) (see Table 19).

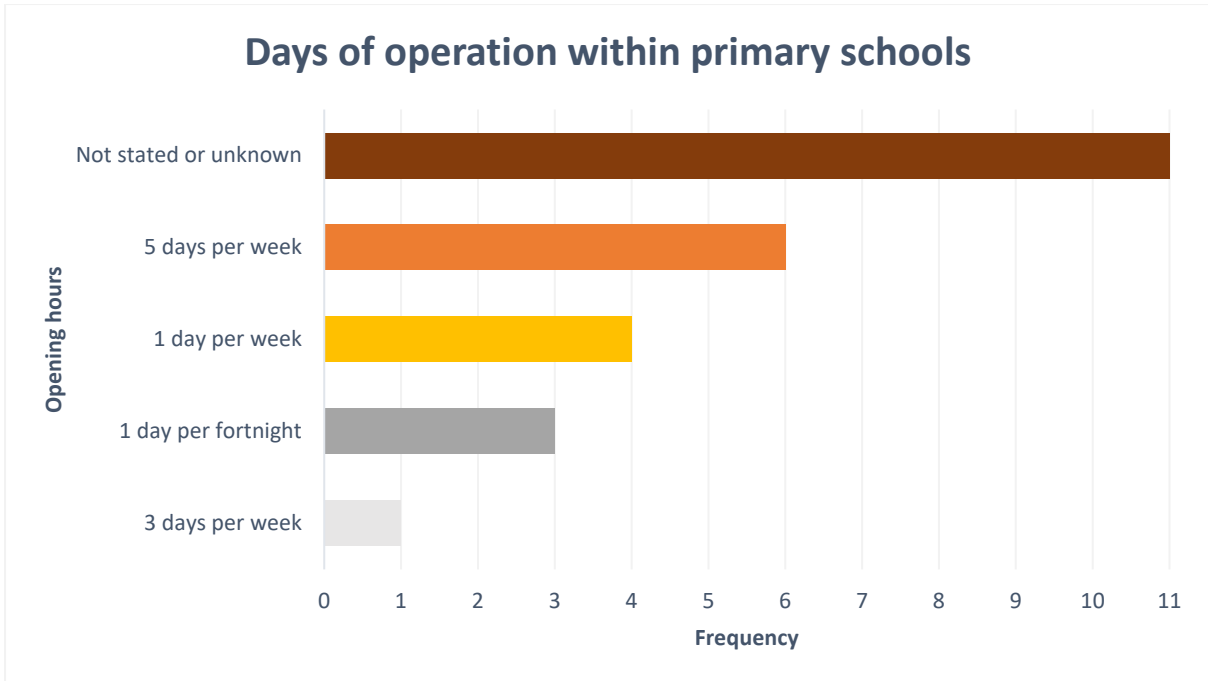


Table 18. Allied health days of operation within primary schools

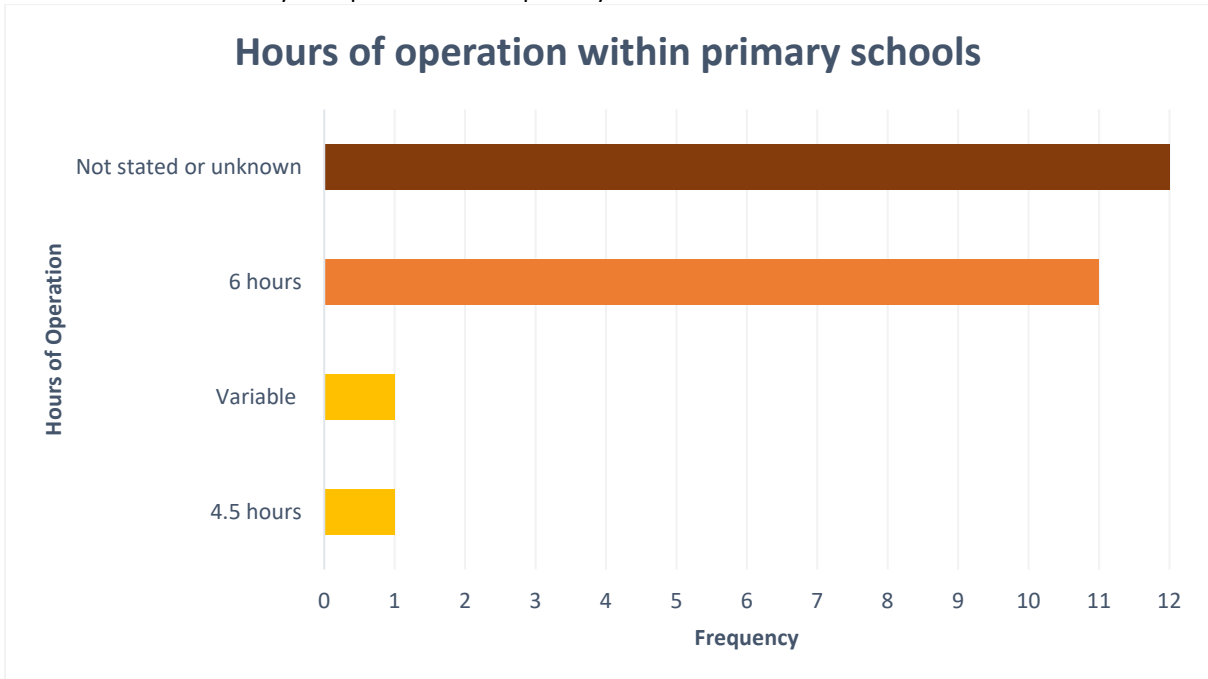


Table 19. Allied health hours of operation within primary schools

A total of six services offered within primary schools stated that their waitlist was greater than 12-18 months (6), with the remaining 19 services having not stated or unknown wait lists (19). The majority of services were NDIS accredited within the primary schools (14), with eleven of the 25 services having a not stated or unknown NDIS accredited status. Of the 25 early childhood allied health services offered within primary schools, referral pathway was only able to be obtained from eight of the services, with a stated self-referred pathway.

4.1.6 Notes and Impressions from Service Mapping Exercise

A manager of a public provider of paediatric allied health services observed that it was extremely challenging to recruit and retain skilled and qualified staff to their organisation and that due to a shortage of staff they had to prioritise clients accordingly. The organisation had a number of unfilled positions. They noted that salary and conditions working in the public sphere was not considered as attractive as working in the private sector, particularly given the hourly rates offered for NDIS clients.

Where possible the public provider offered group sessions in order to maximise the number of clients being treated. Final year allied health students (including Federation University occupational therapy and speech pathology students) on placement were also being used to provide supervised group sessions in schools.

Telephone calls were made to public and private primary schools in the Latrobe Valley. Only one primary school advised that they directly employed a speech pathologist for 1.5 days per week, as well as a social worker. All other allied health professionals were contracted to the parents via an organisation. Some of the school receptionists were cognisant of which allied health services attended their school and were forthcoming with details. Others were aware of allied health professionals attending the school but felt it was a matter between parents and the organisations and would not/could not provide any details for this mapping exercise.

One school principal made themselves available to talk to the researcher and was open and forthcoming with information regarding the essential role the school nurse played in liaising between families and multiple services, which included psychology assessments and referrals to paediatricians. The principal advised, that in his experience, even though families received NDIS funding, they did not know what to do with this funding, as the co-ordinators do not contact them. He described the need for services as being overwhelming with 12 months wait, stating that it was also hard to get an OT appointment. He also described another service that was available within the public schools as the "Glasses for Kids Program" which provided Prep to Grade 3 children with an assessment and free glasses. This program was scheduled to visit the school every two years. Within this school there were many children living out of home, it was noted that many services were needed but also provided by the Department of Health due to the socio-economic demographic.

SERVICE MAP DISCUSSION

Overview

The project collected data via developing a map of services, and through conducting listening posts. This provides a comprehensive overview of the early childhood allied health services available in the Latrobe Valley region of Victoria, Australia. The map identified 104 services, delivered by 78 allied health professionals from 36 allied health service provider businesses.

Key findings

- The most common allied health service in the Latrobe Valley is speech pathology, followed by optometry, psychology, and physiotherapy.

- There are very limited occupational therapy services which are highly sought after to work with children who have a variety of developmental and autism spectrum disorders.
- The majority of early childhood allied health services are located in Traralgon, followed by Moe, Morwell, and Churchill.
- The majority of early childhood allied health services are operated in the private sector.
- There are generally considerable waitlists for early childhood allied health services and some services are closed to new clients.
- The majority of early childhood allied health services are NDIS accredited providers.
- The majority of early childhood allied health services operate 5 days per week.
- There are 14 primary schools in the Latrobe Valley that offer allied health services to their students.

Implications

The findings of the EARLY CHILDHOOD ALLIED HEALTH LATROBE VALLEY SERVICE MAP have several implications for policymakers, service providers, and families.

Policymakers

The findings of the map can be used by policymakers to identify areas where there is a need for additional or improved early childhood allied health services. For example, the map shows that there is a relatively high concentration of services in Traralgon. This suggests that there may be a need to develop strategies to make it easier for families to access services in Traralgon or other nearby locations.

Service providers

The findings of the map can be used by service providers to identify areas where there is a need for new or expanded services. For example, the map shows that there is a relatively low number of podiatry and dietetic services available in the Latrobe Valley and unmet service demand in speech pathology, occupational therapy, psychology. This suggests that there may be an opportunity for service providers to establish new or expand existing services in the region, employ and retain additional staff and attract additional funding to the region to do so.

Families

The findings of the map can be used by families to identify early childhood allied health services in their local area. The map also provides information on the type of services offered, the contact details of service providers, and the days and hours of operation. This information can be helpful for families who are looking for early childhood allied health services for their children.

Overall, the data collected provides a valuable resource for policymakers, service providers, and families. The findings can be used to improve the availability and quality of early childhood allied health services in the Latrobe Valley region.

4.2 EARLY CHILDHOOD ALLIED HEALTH LATROBE VALLEY LISTENING POSTS WITH COMMUNITY

Listening posts with community were undertaken with community members of the Latrobe Valley on Thursday 19th October 2023 between 0900 – 1200 at Mid Valley Shopping Centre and Thursday 19th October 2023 between 1430 – 1700 at Traralgon Centre Plaza. These listening posts were designed to connect with community, providing a platform to share benefits, barriers and experiences surrounding access and use of early childhood allied health services in the Latrobe Valley. Two researchers attended these listening posts, presenting information flyers about intentions for conversation, encouraging those community members that were interested in the information to engage. A summary of key information that was provided by participants of the listening posts has been documented in this report.

Mid Valley Shopping Centre

When attending the Mid Valley Shopping Centre listening post, researchers spoke with 17 people in total, including 16 females and 1 male.

No	Summary of conversation
1	Used Speech and Psych years ago and great experience
2	Reluctant to get a diagnosis as it labels her child and changes child's attitude towards her abilities. Wait time to paediatrician is 8-12 months and this is the first step to services.
3	Not wanting to be one of those people that use the NDIS when they don't really need it. People saying to them you only want to get diagnosed so you can get the money.
4	Just moved to the area from Melbourne. Has been to the maternal child health for checks who has then connected her with a play group / mother's groups and she also accesses Morwell Library for story time. Hasn't needed any services yet.
5	Has been waiting to see a Paediatrician for nearly 2 years. Allergy testing – not available in area, yet Melbourne test children from 6 months of age. Have to go to Melbourne for testing and GP's here don't like giving referrals.
6	Foster services allow access to services in area, but otherwise waiting lists, not enough services and costly.
7	Waiting list – already full at some services. Cost – if get spot, then need to pay many people can't afford bill. Timing of access – when issues arise then have to wait 6-12 months to see anyone – early intervention not possible. Not enough services in areas for population. Even if in the system (ie OT) when staff leaving, no-one will pick up your child on their patient list as they are full already. Hard to get onto waiting list for some services as not taking new clients.

8	3-6 months waiting list for paediatrician, NDIS clients can't access services. Some parents can afford private but are thinking long term not being able to afford services in the future.
9	Written by participant. "I work for Key Assets. Supporting clients in local area extremely difficult to find early childhood support without extensive waitlists"
10	Written by participant. "A lack of paediatrician in the area. Friend has 12 months wait list for 7-year-old with behaviour issues most likely ADD/ ADHD."
11	Difficult to get into all forms of specialists. Ear nose and throat 12 month wait time. Paid to get in but had friends who were waiting then cancelled because of costs.
12-17	Hard to get into see Dr. Long wait times for specialists. Haven't needed a specialist yet.



Figure 3. CERC staff attending Mid Valley Shopping Centre listening post

Traralgon City Plaza

When attending the Traralgon City Plaza listening post, researchers spoke with 12 people in total, including 11 female 1 male.

No	Summary of conversation
1	Assistant to OT services in Valley. States families are unable to access as waiting lists are extensive and services not taking on new clients. Not enough services for needs in Valley.
2	Husband was a paediatrician was able to get into a speech pathologist no worries
3	Child born with hearing loss – referred from birth to audiologist no wait time. Still sees services in Valley through NDIS.
4	Waited 2 years to get a speech pathologist ended up using telehealth from Brisbane. Waiting list for OT can't get it's been over 12 months so far. No nutritionists available. Participant is a physiotherapist' None in valley, if you go to Melbourne no ability to have follow up care no consistency of care.

5	<p>It has taken 12 months to have child assessed (ADOS). Child is now 8 and is still on a waiting list to get into a speech pathologist. Extended search for services from Bairnsdale to Warragul couldn't find one. Couldn't work full time so had to drop back to part time. Pays for an intensive online program 0700 in the morning from Brisbane. Pays for a tutor for her child and horse therapy – riding therapy which works well. Mother had to work this all out for herself.</p> <p>Has a supportive school but school isn't a good learning environment for her daughter. OT and Speech difficult to get into.</p> <p>Called child mental health services to get assessed by Speech and OT for ADOS after school identified some behavioural issues,</p> <p>Husband works offshore so was able to drop back her work.</p> <p>Feels sorry for anyone trying to navigate the system or pay for services.</p> <p>Need to limit screen time for child due to condition but only services she can get are online through telehealth, not ideal.</p>
6-12	<p>Haven't needed services for my child yet. New to the area. Hard to get in to see specialist and GP's.</p>



Figure 4. Research staff attending Traralgon City Plaza listening post

LISTENING POST DISCUSSION

The listening posts helped gain insight into the struggles parents were currently having in accessing services for their children whilst living in the Latrobe Valley. Several parents felt frustrated with not being able to obtain early intervention for their child as waiting lists for paediatricians and other specialists were very long, and it appeared connection with a paediatrician was the first step of connecting with other allied health services. Whilst some parents were prepared to pay for private services, they also expressed it was not sustainable and that many families in the area would not be able to afford these options. Some participants felt the delay in accessing services in the area was detrimental to their child's wellbeing and hence they tried sourcing services elsewhere, with some

parents choosing to use telehealth services offered from interstate. However, one participant highlighted the inappropriate need to use an online service for a child who needed to have limited screen time, yet it was the only service available at the present time. This particular parent had been fortunate enough to be able to pay for private tutoring and additional complimentary activities to help with her daughter's medical needs, but it was at the expense of her having to reduce her employment and source supports on her own. Parents stated that by using services from outside the area meant a lack of follow up or consistency of care, yet with an existing difficulty in accessing GPs and allied services in Latrobe, there was no other option.

The key factor in accessing allied health services discussed with the participants was waiting lists. It was recognised that not enough services existed and those that were in the area, had long waiting times. Some participants mentioned they themselves were allied health practitioners or worked in such services, and they too made comment about their services no longer taking new families as they were already overwhelmed with the current workload. One parent stated that although they had started treatment with a service, when that allied health staff member left the organisation, they then could not get anyone else in the area to take on the patient and continue care. It did appear that those who were able to access services with minimal difficulties, either had medical connections (ie: married to a paediatrician), had medical issues identified at birth, or were associated with funded health schemes like NDIS or foster care. Overall, parents in the Latrobe Valley indicated that access to allied health care for their children was very difficult and they were frustrated with having to either wait for prolonged periods of time before being able to help their child, or that they had to take it upon themselves to source help elsewhere, which often came with a personal and financial price.

5. RECOMMENDATIONS

Overview

The project collected data via a service map, listening posts, expert review and co-design with stakeholders. This provides a comprehensive overview of the early childhood allied health services available in the Latrobe Valley region of Victoria, Australia. The map identified 104 services, delivered by 78 allied health professionals from 36 allied health service provider businesses.

Summary of Key findings

- The most common allied health service in the Latrobe Valley is speech pathology, followed by optometry, psychology, and physiotherapy.
- Although there are 28 speech pathology services offered in the region, this number appears very small against the demand for services noted in the listening posts. The magnitude of the discrepancy between the number of services/ clinicians and the demand for service requires further investigation and intervention.
- There are very limited occupational therapy services which are highly sought after to work with children who have a variety of developmental and learning disorders including autism spectrum disorders. Again, the magnitude of the discrepancy between the number of services/ clinicians and the demand for service requires further investigation and intervention.
- The majority of early childhood Allied Health services are located in Traralgon, followed by Moe, Morwell, and Churchill.
- The majority of early childhood allied health services operate as private practices within the private sector.
- There are generally considerable waitlists for early childhood allied health services and some services are closed to new clients.
- The majority of early childhood Allied Health services are NDIS accredited providers.
- The majority of early childhood allied health services operate 5 days per week.
- There are 14 primary schools in the Latrobe Valley that offer Allied Health services to their students.

Implications

The findings have a number of implications for policymakers, service providers, and families.

Policymakers

The findings of the service mapping can be used by policymakers to identify areas where there is a need for additional or improved early childhood allied health services. For example, the geographic distribution of services shows that there is a relatively high concentration of services in Traralgon. This suggests that there may be a need to develop strategies to make it easier for families to access services

in Traralgon or other nearby locations. This also has implications for Higher Education policy in terms of the training needs for key professional groups.

Service providers

The findings of the service map can be used by service providers to identify areas where there is a need for new or expanded services. For example, the map shows that there is a relatively low number of podiatry and dietetic services available in the Latrobe Valley and significant unmet service demand in speech pathology, occupational therapy and psychology. This suggests that there may be an opportunity for service providers to establish new or expand existing services in the region, employ and retain additional staff and attract additional funding to the region to do so.

Families

The findings of the service map can be used by families to identify early childhood allied health services in their local area. The map also provides information on the type of services offered, the contact details of service providers, and the days and hours of operation. This information can be helpful for families who are looking for early childhood allied health services for their children.

Overall, the data collected provides a valuable resource for policymakers, service providers, and families. The findings can be used to improve the availability and quality of early childhood allied health services in the Latrobe Valley region.

5.1 DETAILED RECOMMENDATIONS

Based on these findings, the project identifies several barriers to effective service provision and a number of key opportunities where we recommend that the LHA focus to improve early childhood Allied Health services in the Latrobe Valley. We also provide some comments on potential further collaboration with Federation University.

Barriers to overcome:

1. **Service Access:** Reducing barrier to service access, that is, to focus on reducing waiting lists for services by improving numbers of services, the transparency and clarity of referral processes to these services, increasing service providers, better coordination between services and supporting workforce training and retention. These objectives are further developed below.
2. **Service Costs:** Consider innovative ways to address the frequently voiced concern about excessive cost of services reported by many families. Even for families who have navigated access to funding, such funding cannot always allow access to services. Some families with NDIS funding find optimal management of their funding challenging. Telehealth services open a wider network of services where clinicians may be based in Melbourne or other Australian population centres and be able to provide some level of service to the region.
3. **Improve staff experience and retention.** Current circumstances of lengthy waiting lists and high community needs can be experienced by clinicians as overwhelming. This increases the probability that clinicians are likely to experience burnout and leave the field, thereby

exacerbating the problems. As noted above and below, improving resource allocation, service delivery models, Professional Development (PD) support and mentoring for clinicians may reduce burnout. Mentoring by senior clinicians is also an important component to improve retention and reduce burnout and will keep professionals involved and integrated with their local communities.

Opportunities with Professions:

4. **Professions of focus:** An increase in the number of Allied Health practitioners in the region could be usefully focussed on Occupational Therapy and Speech Pathology services. There are multiple benefits in increasing these services, in particular the prospect of an increased availability of clinical assessments in the region which will open opportunities for families to access various types of funding to broker in services such as NDIS. One way to operationalise this goal in the short term would be to buy in organizations for short term intensive work, with a focus on assessment, in areas of high demand such as for childhood speech and language delays, motor skills delays, behavioural problems, meeting developmental targets in self-care such as toileting, dressing and eating, and early signs of communication or learning difficulties.

Opportunities with Partners:

5. **Links to Higher Education and Professional Bodies:** There are important opportunities to enhance engagement to address the required workforce pipeline and the network of professional support and development in the region.
 - a. For example, continue and strengthen links to Higher Education (HE) and Training providers. HE providers are able to project the number of graduates from key Allied health programs over at least the next three year period, given the student numbers for entry to three year programs are known. It is essential that such graduates are well informed of job opportunities in the Valley region, and these prospective employees experience successful placements based in the region where job opportunities may arise and be promoted to them. As noted above, its important to provide mentoring and PD opportunities for these new employees to support them to stay in the region and make a successful transition from studies to the workplace. A focus on engaging relevant Allied Health graduates in local employment should be integrated into a Latrobe Valley Early Childhood Development Plan (as discussed below)
 - b. Consultation and Engagement with Professional bodies in the relevant professions can be substantially enhanced, eg Australian Psychological Society, OT Australia, Speech Pathology Australia. Professional bodies have a widely acknowledged obligation to improve professional development and support for members practicing in rural and regional settings. Direct contact and requests for such professional development for the skills required to provide assessment and intervention for Early Childhood by Allied Health professionals could be a good use of LHA resources. Local practitioners and government employees should be encouraged to join relevant

boards and professional bodies so as to advocate for the needs of their local communities. A focus on engaging relevant professional bodies should also be integrated into a Latrobe Valley Early Childhood Development Plan (as discussed below)

6. **Professional Development:** Provide frequent and targeted professional development to encourage retention and engagement of existing workforce and to attract new staff into the region. Areas for professional development can be discerned through review of the background material provided in this report. In summary, clinicians should be focussed on professional development and targeted training in evidence-based assessment and interventions for childhood speech and language delays, motor skills delays, behavioural problems, meeting developmental targets in self-care such as toileting, dressing and eating, and communication difficulties. Professional associations could be invited to set up professional development funded through LHA, and this could be delivered through a blended model with face to face and on-line components for maximum efficiency. Some form of incentive should be considered to encourage participation in professional development. It is important to acknowledge that in a high pressure and under-resourced service sector, it will be challenging at times for clinicians to take the time to attend professional development. For professional development to be successful, close consultation and co-design with targeted professionals is optimal practice.

7. **Workforce Training:** There is a clear need to support the training of a pipeline of suitably qualified professionals and associated support services to enter the workforce in the Latrobe Valley, particularly occupational therapy and speech pathology services.
 - a. One way of achieving this is to offer bonded scholarships for students studying occupational therapy and speech pathology. Such scholarships have the potential to entice local school leavers to remain in the Latrobe Valley rather than leave to attend University, and work in Melbourne. Such scholarships are being successfully offered by Gippsland Lakes Complete Health (Bairnsdale) and Latrobe Community Health Service (state-wide), as well as the recent large investment in local scholarships made by the Gippsland Public Health Network. In addition, a new scheme has been announced on 27th November 2023 from the Department of health, where grants totalling \$15,000 are available for final year students in speech pathology or occupational therapy who choose to practice in regional or rural Victoria upon completion of their courses. <https://www.vic.gov.au/speech-pathology-and-occupational-therapy-student-grant-program>
 - b. Once students graduate, it is important that positions are available for them to enter in high demand areas. Therefore, supporting services in the public health system to recruit and retain staff and to employ graduates into entry level positions in local early childhood intervention positions, and providing ongoing CPD programs in early childhood screening, assessment, and intervention techniques to ensure clinicians feel supported in delivering evidence-based programs (as noted above). There will be important work to undertake working with local employers of Allied health graduates to ensure that local positions are pitched at entry level and properly

supported. A review of current job ads for the LHA region could determine current practices and their alignment with this recommendation.

Improving access to existing services:

8. **Improving the service delivery model:** Develop a more robust service model which is networked to maximise referral pathways between front line services such as General Practitioners (GPs), Nurse practitioners and Primary Schools to refer to Allied Health service and practitioners. For example, a network of service providers could be established and meet on a quarterly basis to discuss service provision, professional development and review service referral and capacity. Form strategic relationships with large private providers (such as Everyday Independence, MABEL etc) to bring targeted services to the region. Such a service network could be integrated into a Latrobe Valley Early Childhood Development Plan (as discussed below)
9. **Referral pathways:** Develop a clear referral pathway for common presentations and map to relevant evidence based clinical guidelines to ensure optimal delivery of high quality and effective interventions. This requires a specific piece of work to be undertaken to map pathways for common presentations such as learning and communication, motor development, autism spectrum disorder, developmental delay and so on. These pathways could be built by a steering group of experts in the region, with oversight and coordination from LHA. This work could build upon existing practices based around Maternal and Child Health service “screening days”, and offer information for local services and service pathways in flyers, and online material, information phone numbers and emails.
10. **Case Management:** To address issues of access and coordination we recommend providing a local service which offers assistance to families to: organise documentation, develop a ‘case management plan’ list the service that are needed and the frequency of appointment required, links to health records and maternal and child universal well-being book.
11. **Latrobe Valley Early Childhood Development Plan:** As mentioned above, we recommend that the LHA work with the community to develop and implement a Latrobe Valley Early Childhood Development Plan. This plan would identify the specific allied health needs of the community and develop strategies to address them. The Development plan can incorporate many of the recommendations in this report and can also be integrated with measurable population targets in key areas of child development.

Opportunities with Federation University

It may also be possible for Federation University to establish up a student-clinic in Churchill with a focus on Allied health services The model would expand on the existing Physiotherapy-led Telehealth Clinic already operating successfully at the Churchill Campus.

Federation University offers trainings in Speech Pathology, Occupational Therapy, Psychology and Physiotherapy from the Churchill Campus. LHA could strengthen links to these programs and provide

advice around the number of graduates from these key Allied health programs, local practicum options and employment of graduates in the region.

6. LIMITATIONS

Limitations of this report included difficulties in accessing the services and extracting information given limited publicly available information about services and the time taken to speak to each one to gather more data. The listening posts were only undertaken at two shopping centres and on two occasions. Further information may be obtained from collecting data through the local kindergartens and primary schools, noting this this presents ethical challenges with accessing these early childhood venues.

7. ABBREVIATIONS

AH	Allied Health
CERC	Collaborative Evaluation & Research Centre
LHA	Latrobe Health Assembly
LRH	Latrobe Regional Health
LV	Latrobe Valley

8. LIST OF FIGURES AND TABLES

FIGURES

Figure 1	Data collection tools	...	12
Figure 2:	Listening post information flyers	...	13
Figure 3:	Research staff attending Mid Valley Shopping Centre listening post	...	28
Figure 4:	Research staff attending Traralgon City Plaza listening post	...	29

TABLES

Table 1:	Early childhood allied health services available in Latrobe Valley	...	14
Table 2:	2021 Census Data – Population of Latrobe Valley	...	15
Table 3:	Locations of early childhood allied health services	...	15
Table 4:	Businesses that provide early childhood allied health services	...	16
Table 5:	Public or private sector operations	...	17
Table 6:	Service available by age group	...	18
Table 7:	Allied health services providing adult and paediatric services	...	18
Table 8:	Paediatric only allied health services	...	19
Table 9:	Waitlist status	...	19
Table 10:	Closed / Extended paediatric waiting lists	...	20
Table 11:	Paediatric waiting list less than one month	...	20
Table 12:	NDIS supported service status	...	20
Table 13:	Service days of operation	...	21
Table 14:	Hours of availability for services	...	21
Table 15:	Specialties offered in primary schools	...	22
Table 16:	Allied health services in primary schools	...	22
Table 17:	Locations of primary schools offering allied health services	...	23
Table 18:	Allied health days of operation within primary schools	...	24
Table 19:	Allied health hours of operation within primary schools	...	24

REFERENCES

- Australian Bureau of Statistics [ABS]. (2019a). *Disability, Ageing and Carers, Australia: Summary of Findings*. <https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release#children-with-disability>
- Australian Bureau of Statistics [ABS]. (2021b). *Remoteness Areas: Australian Statistical Geography Standard (ASGS) Edition 3, July 2021 – June 2026*. <https://www.abs.gov.au/statistics/standards/australian-statistical-geography-standard-asgs-edition-3/jul2021-jun2026/remoteness-structure/remoteness-areas>
- Australian Institute of Health and Wellbeing [AIHW]. (June 2022). *National Framework for protecting Australia's children indicators*. <https://www.aihw.gov.au/reports/child-protection/nfpac/contents/national-framework-indicators-data-visualisations/0-6-early-childhood-development>
- Australian Institute of Health and Wellbeing [AIHW]. (July 2022). *Health workforce*. <https://www.aihw.gov.au/reports/workforce/health-workforce>
- Australian Early Development Census [AEDC]. (2018). *AEDC 2018 Visualising the Evidence*. <https://mangomap.com/department-of-education-and-training-vic/maps/99456/aedc-2018-visualising-the-evidence#>
- Australian Government: Department of Social Services. (2023). *Families and Children: Early Years Strategy*. <https://www.dss.gov.au/families-and-children-programs-services/early-years-strategy>
- Department of Health. (2019a). *National Action Plan for the Health of Children and Young People 2020-2030, 2019*. <https://www.health.gov.au/sites/default/files/documents/2021/04/national-action-plan-for-the-health-of-children-and-young-people-2020-2030-national-action-plan-for-the-health-of-children-and-young-people-2020-2030.pdf>
- Department of Health. (2021b). *Child health teams*. <https://www.health.vic.gov.au/community-health/child-health-teams>
- Johns, S. (2010). Early childhood service development and intersectoral collaboration in rural Australia. *Australian Journal of Primary Health*, 16(1): 40-6. doi: 10.1071/py09050
- Saunders, V., Beck, M., McKechnie, J., Lincoln, M., Phillips, C., Herbert, J. & Davey, R. (2022). A Good start in life: Effectiveness of integrated multicomponent multisector support on early child development-Study protocol. *PLoS One*, 17(8):e0267666. doi: 10.1371/journal.pone.0267666.
- Schmied, V., Homer, C., Fowler, C., Psaila, K., Barclay, L., Wilson, I., Kemp, L., Fasher, M. & Kruske, S. (2015). Implementing a national approach to universal child and family health services in Australia: professionals' views of the challenges and opportunities. *Health and Social Care in the Community*, (2):159-70. doi: 10.1111/hsc.12129.

9. APPENDICES

Appendix 1	Human Research Ethics Approval	37
Appendix 2	Early Childhood Allied Health Map – Latrobe Valley	38
Appendix 3	Early Childhood Allied Health Map of Primary Schools – Latrobe Valley	43

APPENDIX 1: HUMAN RESEARCH ETHICS APPROVAL

Dear Andrew,

I am pleased to advise you that the Low Risk Ethics Committee has approved your ethics application, titled *Evaluation of Early childhood programs and services in Latrobe Valley*, reference **2023/153**.

Approval period: 11/09/2023 to 11/09/2028

This approval is subject to the following conditions:

1. The project must be conducted strictly in accordance with the proposal approved by the Committee, including any amendments made to the proposal required by the Committee.
2. The Chief investigator must advise the Committee, via email to research.ethics@federation.edu.au, immediately of any complaints or other issues in relation to the project which may warrant review of the ethical approval of the project.
3. Where approval has been given subject to the submission of copies of documents such as letters of support or approvals from third parties, these are to be provided to the Ethics Office prior to research commencing at each relevant location.
4. **Amendment requests** must be submitted to the Committee **PRIOR** to implementation of such changes. Amendments cannot be implemented prior to receipt of approval from the relevant ethics committee. Amendment requests may include:
 - Changes to project personnel
 - Project extension (note, extensions CANNOT be granted retrospectively)
 - Amendments to project procedures
5. **Annual and Final Reports** MUST be submitted by the following deadlines:
 - *Annual Progress Reports* - annually on the anniversary of the approval date. Amendment requests will not be accepted for projects with overdue annual reports.
 - *Final Report* - within one month of project completion, which may be prior to the expiry of ethics approval. Submission of a final report will close off the project.
6. It is incumbent on the research team to keep track of reporting requirements and submit reports on time. Reminders may not be sent by the Research Office and should not be relied upon.
7. If, for any reason, the project does not proceed or is discontinued, the Committee must be advised via the submission of a Final Report.
8. The Human Research Ethics Committee may conduct random audits and/or require additional reports concerning the research project as part of the requirements for monitoring, as set out in the National statement on Ethical Conduct in Human Research.
9. The Ethics Team must be notified of any changes to contact details for any member of the research team. This may include, but is not limited to address, phone number and/or email address.
10. Failure to comply with the National Statement on Ethical Conduct in Human Research 2007 and all updates, and/or with the conditions of approval, will result in suspension or withdrawal of approval.

If you require any further information, if something is not clear or you would like to provide feedback, please contact the Ethics Team via email at research.ethics@federation.edu.au or call +61 3 5327 9765.

Kind Regards,

Research Ethics Team
Research Services | Research and Innovation

Federation University Australia

APPENDIX 2: EARLY CHILDHOOD ALLIED HEALTH MAP – LATROBE VALLEY

Specialty	Provider	Public / Private	Location	Days of Operation	Opening Hours	Mode of Delivery	Population	Wait List	NDIS Status	Referral Pathway
Audiology	Audiology A	Private	Traralgon	5 days per week	8.5 hours	Not stated or Unknown	Adult and Paediatric	1-2 weeks	Yes	Self-referred
Audiology	Audiology B	Private	Traralgon	5 days per week	8.5 hours	Not stated or Unknown	Adult and Paediatric	Not stated or Unknown	Not stated or Unknown	Not stated or Unknown
Diabetes Educators	Diabetes Educator A	Public	Traralgon	5 days per week	8.5 hours	Fixed	Adult and Paediatric	Not stated or Unknown	Not stated or Unknown	Not stated or Unknown
Dietetics	Dietetics B	Public	Morwell	5 days per week	11 hours	Not stated or Unknown	Adult and Paediatric	Not stated or Unknown	Yes	Not stated or Unknown
Dietetics	Dietetics A	Public	Traralgon	5 days per week	8.5 hours	Fixed	Adult and Paediatric	Not stated or Unknown	Not stated or Unknown	Not stated or Unknown
Dietetics	Dietetics B	Public	Traralgon	5 days per week	8.5 hours	Not stated or Unknown	Paediatric	>2 months	No	Self-referred
Occupational Therapy	Occupational Therapy D	Public	Churchill	5 days per week	Not stated or Unknown	Combination	Paediatric	Not stated or Unknown	Not stated or Unknown	Not stated or Unknown
Occupational Therapy	Occupational Therapy D	Public	Moe	5 days per week	8.5 hours	Not stated or Unknown	Adult and Paediatric	Not stated or Unknown	Not stated or Unknown	Not stated or Unknown
Occupational Therapy	Occupational Therapy E	Private	Morwell	Not stated or Unknown	Not stated or Unknown	Combination	Paediatric	5-6 months	Yes	Self-referred
Occupational Therapy	Occupational Therapy D	Public	Morwell	5 days per week	11 hours	Not stated or Unknown	Adult and Paediatric	Not stated or Unknown	Yes	Not stated or Unknown
Occupational Therapy	Occupational Therapy G	Public	Morwell	5 days per week	8 hours	Combination	Paediatric	Closed	Yes	Not stated or Unknown
Occupational Therapy	Occupational Therapy A	Private	Traralgon	5 days per week	8.5 hours	Not stated or Unknown	Paediatric	>12 months	Yes	Self-referred

Specialty	Provider	Public / Private	Location	Days of Operation	Opening Hours	Mode of Delivery	Population	Wait List	NDIS Status	Referral Pathway
Occupational Therapy	Occupational Therapy B	Private	Traralgon	5 days per week	8 hours	Not stated or Unknown	Adult and Paediatric	3-6 months	Yes	Self-referred
Occupational Therapy	Occupational Therapy C	Public	Traralgon	5 days per week	8.5 hours	Not stated or Unknown	Adult and Paediatric	Not stated or Unknown	Not stated or Unknown	Not stated or Unknown
Occupational Therapy	Occupational Therapy D	Public	Traralgon	5 days per week	8.5 hours	Not stated or Unknown	Paediatric	>2 months	No	Self-referred
Optometry	Optometry I	Private	Moe	5 days per week	8.5 hours	Not stated or Unknown	Adult and Paediatric	<1 week	No	Self-referred
Optometry	Optometry J	Private	Moe	Not stated or Unknown	Not stated or Unknown	Not stated or Unknown	Adult and Paediatric	<1 week	No	Self-referred
Optometry	Optometry F	Not stated or Unknown	Morwell	5 days per week	8.5 hours	Not stated or Unknown	Adult and Paediatric	<1 week	No	Self-referred
Optometry	Optometry G	Not stated or Unknown	Morwell	7 days per week	10.5 hours	Not stated or Unknown	Paediatric	<1 week	No	Self-referred
Optometry	Optometry H	Not stated or Unknown	Morwell	7 days per week	12 hours	Not stated or Unknown	Adult and Paediatric	<1 week	Not stated or Unknown	Not stated or Unknown
Optometry	Optometry A	Private	Traralgon	5 days per week	9 hours	Fixed	Adult and Paediatric	<1 week	No	Self-referred
Optometry	Optometry B	Private	Traralgon	7 days per week	Not stated or Unknown	Fixed	Adult and Paediatric	<1 week	No	Self-referred
Optometry	Optometry C	Private	Traralgon	Not stated or Unknown	9 hours	Not stated or Unknown	Adult and Paediatric	<1 week	No	Self-referred
Optometry	Optometry D	Private	Traralgon	6 days per week	Not stated or Unknown	Fixed	Adult and Paediatric	Not stated or Unknown	Not stated or Unknown	Not stated or Unknown
Optometry	Optometry E	Private	Traralgon	5 days per week	8.5 hours	Fixed	Adult and Paediatric	<1 week	No	Self-referred

Specialty	Provider	Public / Private	Location	Days of Operation	Opening Hours	Mode of Delivery	Population	Wait List	NDIS Status	Referral Pathway
Physiotherapy	Physiotherapy E	Private	Moe	5 days per week	11 hours	Not stated or Unknown	Adult and Paediatric	Not stated or Unknown	Not stated or Unknown	Not stated or Unknown
Physiotherapy	Physiotherapy D	Public	Morwell	5 days per week	8 hours	Combination	Paediatric	Closed	Yes	Not stated or Unknown
Physiotherapy	Physiotherapy A	Private	Traralgon	5 days per week	11 hours	Combination	Adult and Paediatric	No wait list	Yes	Self-referred
Physiotherapy	Physiotherapy B	Private	Traralgon	5 days per week	10.5 hours	Fixed	Adult and Paediatric	3 weeks	Yes	Self-referred
Physiotherapy	Physiotherapy C	Public	Traralgon	5 days per week	8.5 hours	Not stated or Unknown	Paediatric	>2 months	No	Self-referred
Podiatry	Podiatry A	Private	Churchill	1 day per fortnight	Not stated or Unknown	Not stated or Unknown	Adult and Paediatric	Not stated or Unknown	Not stated or Unknown	Not stated or Unknown
Podiatry	Podiatry C	Private	Moe	5 days per week	9 hours	Not stated or Unknown	Adult and Paediatric	>3 months	Yes	Self-referred
Podiatry	Podiatry A	Private	Traralgon	1 day per fortnight	Not stated or Unknown	Not stated or Unknown	Adult and Paediatric	Not stated or Unknown	Not stated or Unknown	Not stated or Unknown
Podiatry	Podiatry B	Private	Traralgon	Not stated or Unknown	Not stated or Unknown	Fixed	Adult and Paediatric	3-4 months	Yes	Self-referred
Podiatry	Podiatry C	Private	Traralgon	6 days per week	9.5 hours	Combination	Adult and Paediatric	>3 months	Yes	Self-referred
Psychology	Psychology F	Public	Moe	5 days per week	9.5 hours	Not stated or Unknown	Paediatric	Not stated or Unknown	Not stated or Unknown	Not stated or Unknown
Psychology	Psychology E	Public	Morwell	5 days per week	8 hours	Combination	Paediatric	Closed	Yes	Not stated or Unknown
Psychology	Psychology A	Private	Traralgon	5 days per week	8.5 hours	Fixed	Paediatric	Closed	Yes	Not stated or Unknown

Specialty	Provider	Public / Private	Location	Days of Operation	Opening Hours	Mode of Delivery	Population	Wait List	NDIS Status	Referral Pathway
Psychology	Psychology B	Private	Traralgon	5 days per week	8.5 hours	Not stated or Unknown	Adult and Paediatric	No wait list	Yes	Self-referred
Psychology	Psychology C	Private	Traralgon	5 days per week	8 hours	Not stated or Unknown	Adult and Paediatric	>6 months	Yes	Self-referred
Psychology	Psychology D	Private	Traralgon	1 day per week	7 hours	Fixed	Adult and Paediatric	>3 months	No	Self-referred
Psychology	Psychology E	Private	Traralgon	3 days per week	Not stated or Unknown	Not stated or Unknown	Paediatric	Closed	Yes	Self-referred
Psychology	Psychology F	Private	Traralgon	4 days per week	9 hours	Not stated or Unknown	Adult and Paediatric	>6 months	Yes	Self-referred
Psychology	Psychology G	Private	Traralgon	Not stated or Unknown	Not stated or Unknown	Not stated or Unknown	Paediatric	Closed	Not stated or Unknown	Not stated or Unknown
Social Work	Social Work A	Private	Traralgon	5 days per week	Not stated or Unknown	Not stated or Unknown	Paediatric	>2 months	Yes	Self-referred
Social Work	Social Work B	Not stated or Unknown		5 days per week	8 hours	Not stated or Unknown	Paediatric	Closed	Not stated or Unknown	Self-referred
Speech Pathology	Speech Pathology F	Public	Churchill	5 days per week	Not stated or Unknown	Combination	Paediatric	Not stated or Unknown	Not stated or Unknown	Not stated or Unknown
Speech Pathology	Speech Pathology F	Public	Moe	5 days per week	8.5 hours	Not stated or Unknown	Paediatric	Not stated or Unknown	Not stated or Unknown	Not stated or Unknown
Speech Pathology	Speech Pathology F	Public	Morwell	5 days per week	11 hours	Combination	Paediatric	Not stated or Unknown	Yes	Not stated or Unknown
Speech Pathology	Speech Pathology I	Public	Morwell	5 days per week	8 hours	Combination	Paediatric	Closed	Yes	Not stated or Unknown

Specialty	Provider	Public / Private	Location	Days of Operation	Opening Hours	Mode of Delivery	Population	Wait List	NDIS Status	Referral Pathway
Speech Pathology	Speech Pathology A	Private	Traralgon	5 days per week	8 hours	Combination	Paediatric	Closed	Yes	Not stated or Unknown
Speech Pathology	Speech Pathology B	Private	Traralgon	5 days per week	8 hours	Not stated or Unknown	Paediatric	18-24 months	Yes	Self-referred
Speech Pathology	Speech Pathology C	Public	Traralgon	Not stated or Unknown	Not stated or Unknown	Not stated or Unknown	Adult and Paediatric	Not stated or Unknown	Not stated or Unknown	Not stated or Unknown
Speech Pathology	Speech Pathology F	Public	Traralgon	5 days per week	8.5 hours	Not stated or Unknown	Paediatric	Not stated or Unknown	Not stated or Unknown	Not stated or Unknown
Speech Pathology	Speech Pathology D	Private	Traralgon	Not stated or Unknown	Not stated or Unknown	Not stated or Unknown	Adult and Paediatric	>12 months	Yes	Self-referred
Speech Pathology	Speech Pathology E	Private	Traralgon	Not stated or Unknown	Not stated or Unknown	Combination	Adult and Paediatric	Closed	Not stated or Unknown	Not stated or Unknown
Speech Pathology	Speech Pathology E	Private	Traralgon	5 days per week	6 hours	Fixed	Paediatric	>12-18 months	Yes	Self-referred

APPENDIX 3: EARLY CHILDHOOD ALLIED HEALTH MAP OF PRIMARY SCHOOLS– LATROBE VALLEY

Specialty	Provider	School	Public/Private	Location	Opening hours	Hours of Operation	Mode of delivery	Population	Wait list	NDIS status	Referral pathway
Occupational Therapy	Occupational Therapy L	Elizabeth Street Primary School	Not stated or unknown	Moe	Not stated or unknown	Not stated or unknown	Not stated or unknown	Paediatric	Not stated or unknown	Not stated or unknown	Not stated or unknown
Occupational Therapy	Occupational Therapy A	Grey Street Primary School	Private	Traralgon	5 days per week	6 hours	Fixed	Paediatric	>12-18 Months	Yes	Self-referred
Occupational Therapy	Occupational Therapy E	Grey Street Primary School	Private	Traralgon	5 days per week	6 hours	Fixed	Paediatric	>12-18 Months	Yes	Self-referred
Occupational Therapy	Occupational Therapy H	Stockdale Road Primary School	Public/Private Mix	Traralgon	Not stated or unknown	Not stated or unknown	Not stated or unknown	Paediatric	Not stated or unknown	Not stated or unknown	Not stated or unknown
Occupational Therapy	Occupational Therapy I	Grey Street Primary School	Private	Traralgon	5 days per week	6 hours	Fixed	Paediatric	>12-18 Months	Yes	Self-referred
Occupational Therapy	Occupational Therapy J	Kosciuszko Street Primary School	Private	Traralgon	Not stated or unknown	Not stated or unknown	Not stated or unknown	Paediatric	Not stated or unknown	Yes	Not stated or unknown
Occupational Therapy	Occupational Therapy K	St Michael's Primary School	Private	Traralgon	Not stated or unknown	Not stated or unknown	Fixed	Paediatric	Not stated or unknown	Yes	Self-referred
Psychology	Psychology H	St Paul's Anglican Grammar School	Private	Traralgon	Not stated or unknown	Not stated or unknown	Not stated or unknown	Paediatric	Not stated or unknown	Not stated or unknown	Not stated or unknown
Speech Pathology	Speech Pathology J	Churchill Primary School	Not stated or unknown	Churchill	Not stated or unknown	Not stated or unknown	Not stated or unknown	Paediatric	Not stated or unknown	Not stated or unknown	Not stated or unknown

Specialty	Provider	School	Public/Private	Location	Opening hours	Hours of Operation	Mode of delivery	Population	Wait list	NDIS status	Referral pathway
Speech Pathology	Speech Pathology E	Churchill North Primary School	Not stated or unknown	Churchill	Not stated or unknown	Variable	Fixed	Paediatric	Not stated or unknown	Not stated or unknown	Not stated or unknown
Speech Pathology	Speech Pathology K	Elizabeth Street Primary School	Not stated or unknown	Moe	Not stated or unknown	Not stated or unknown	Not stated or unknown	Paediatric	Not stated or unknown	Not stated or unknown	Not stated or unknown
Speech Pathology	Speech Pathology A	Sacred Heart Primary School	Not stated or unknown	Morwell	1 day per week	Not stated or unknown	Not stated or unknown	Paediatric	Not stated or unknown	Yes	Not stated or unknown
Speech Pathology	Speech Pathology G	Morwell Park Primary School	Not stated or unknown	Morwell	1 day per week	Not stated or unknown	Not stated or unknown	Paediatric	Not stated or unknown	Yes	Not stated or unknown
Speech Pathology	Speech Pathology I	Morwell Central Primary School	Not stated or unknown	Morwell	Not stated or unknown	Not stated or unknown	Not stated or unknown	Paediatric	Not stated or unknown	Not stated or unknown	Not stated or unknown
Speech Pathology	Speech Pathology A	Kosciuszko Street Primary School	Private	Traralgon	3 days per week	4.5 hour	Fixed	Paediatric	Not stated or unknown	Yes	Not stated or unknown
Speech Pathology	Speech Pathology A	St Paul's Anglican Grammar School	Public/Private Mix	Traralgon	1 day per week	6 hours	Fixed	Paediatric	Not stated or unknown	Not stated or unknown	Not stated or unknown
Speech Pathology	Speech Pathology A	St Paul's Anglican Grammar School	Public/Private Mix	Traralgon	1 day per fortnight	6 hours	Fixed	Paediatric	Not stated or unknown	Not stated or unknown	Not stated or unknown

Specialty	Provider	School	Public/Private	Location	Opening hours	Hours of Operation	Mode of delivery	Population	Wait list	NDIS status	Referral pathway
Speech Pathology	Speech Pathology A	Stockdale Road Primary School	Public/Private Mix	Traralgon	1 day per fortnight	6 hours	Fixed	Paediatric	Not stated or unknown	Not stated or unknown	Not stated or unknown
Speech Pathology	Speech Pathology A	St Gabriel's Primary School	Public/Private Mix	Traralgon	1 day per week	6 hours	Fixed	Paediatric	Not stated or unknown	Yes	Not stated or unknown
Speech Pathology	Speech Pathology A	Chairo Christian School	Not stated or unknown	Traralgon	1 day per fortnight	6 hours	Fixed	Paediatric	Not stated or unknown	Yes	Not stated or unknown
Speech Pathology	Speech Pathology B	Grey Street Primary School	Private	Traralgon	5 days per week	6 hours	Fixed	Paediatric	>12-18 Months	Yes	Self-referred
Speech Pathology	Speech Pathology B	St Michael's Primary School	Private	Traralgon	Not stated or unknown	Not stated or unknown	Fixed	Paediatric	Not stated or unknown	Yes	Self-referred
Speech Pathology	Speech Pathology H	Liddiard Road Primary School	Private	Traralgon	Not stated or unknown	Not stated or unknown	Fixed	Paediatric	Not stated or unknown	Not stated or unknown	Not stated or unknown
Speech Pathology	Speech Pathology K	Grey Street Primary School	Private	Traralgon	5 days per week	6 hours	Fixed	Paediatric	>12-18 Months	Yes	Self-referred
Speech Pathology	Speech Pathology E	Grey Street Primary School	Private	Traralgon	5 days per week	6 hours	Fixed	Paediatric	>12-18 Months	Yes	Self-referred



PO Box 3191 Gippsland Mail Centre Vic 3841

CRICOS Provider No. 00103D | RTO Code 4909