

South Australian Allied Health Research Forum 2021

Weekly versus fortnightly Allied Health early intervention for children with diagnosed/suspected developmental delay

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Introduction

The NALHN Children and Families Service is an outpatient, Allied Health Early Intervention service for children, aged 0-4 years with diagnosed/ suspected developmental delay. Historically services have been provided in blocks of fortnightly intervention over 10-weeks by an individual discipline or multi-disciplinary clinicians from Speech Pathology, Occupational Therapy and Occupational Therapy. The effect of the frequency of intervention on carer and clinician preferences, client outcomes and efficiencies such as attendance rates for services provided in this context is unknown.

Background

The benefits of early intervention for children with diagnosed or suspected developmental delay are widely regarded, including improved developmental outcomes and reduced long-term impact of impairment¹. Previous studies have suggested that intervention within the community setting be offered on a weekly basis². This is not consistently applied across settings, with the determination of intervention dosage dependent on health service policies or individual clinicians in accordance with reasoning, knowledge and experience³.

Aim

This study aimed to compare weekly versus fortnightly frequency of intervention models in relation to:

- Clinical outcomes for clients
- Attendance rates
- Carer perspectives on preference and outcomes
- Clinician perspectives regarding preference and efficiency of service

Method

A group comparison design was conducted between fortnightly intervention over 10 weeks and weekly intervention over 5 weeks. Intervention outcome data (Canadian Occupational Performance Measure), attendance rates and questionnaire data completed by clinicians and carers were compared between the two frequency periods. Data from 97 carer participants and 36 clinicians was collected and evaluated.

Results

- No statistically significant difference was found between models for overall attendance rates or outcome measures
- Carers and clinicians perceptions showed a variety of preferences, indicating the impact of individual child and family factors.
- Carers suggested weekly was preferable for children who function well with routine, have shorter term goals, and for rapport building.
- Concerns regarding a shorter contact period of 5-weeks with the weekly service, compared to 10 (for the fortnightly), were identified by both carers and clinicians.
- Consistent feedback from carers was weekly over 10-weeks as the best option (i.e. increase the dosage as well as frequency).
- Clinician themes included perception of increased workload with weekly, as they adjusted to this new model, and more time needed to see change for some children.
- Carers in both groups articulated practical attendance barriers.

Conclusion

- When considering the impacts of weekly versus fortnightly models in this service context, no 'one size fits all' model exists.
- Recommendations include a flexible frequency service model to suit the needs of children and carers, and clinician's reasoning
- Decision making considerations should include: condition, type of therapy (i.e. need for intensity, routine, longer period of support, relationship building) family practicalities, family vulnerability and benefits of service contact time.
- An increase in dosage of therapy (number of interventions) with a greater frequency (weekly) should be considered within service delivery design where possible.

Impact

From this study, the NALHN Children and Families team have reviewed the service model and made the following adjustments for trial in 2020:

- 7 therapy sessions over a 14 week period and consideration for weekly or fortnightly therapy per client
- To support parents with their feedback of 'building rapport better' with weekly therapy, clinicians will have allocated phone consults, templated per week for clients being offered fortnightly therapy to be used to provide phone 'check ins' and phone support.

References

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