



Royal Far West
Children's health, country-wide

Better Learning Better Lives

2022-23 Pre-Budget Submission



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“We are very grateful to be able to access support as our distance to larger centres and/or nearby professionals makes this very difficult to do. To be able to provide families with a clear and systematic approach to these types of support has been hugely beneficial for the students and helping us provide something that don’t necessarily have the knowledge/skill to do. Parents/families look on our access to RFW as an asset for our school. Thank you!”

Principal

“Oh it’s fantastic. We wouldn’t have been able to get any of this. Otherwise, we live an hour and a half away from any help and that means I’ve got to take the kids out of the school for a day, which is help helping a lot...There’s a huge waiting list. Everything, where’re on, everything there’s waiting lists”

Parent/Caregiver

Children's Health Countrywide - Better Learning, Better Lives

This is Royal Far West's plan to disrupt inequitable health and education outcomes for children living in rural and remote Australia, significantly improving entrenched disadvantage and mental health trajectories. Children who experience disadvantage in the early years need help to navigate a new path. Allowing country kids in the bottom 20% of every measure to have the same chance at a rich, fulfilling life as their city counterparts needs a new evidence-based approach, not just more of the same.



The Proposal

Royal Far West is seeking Federal Government support to pilot a deep, long term and co-designed partnership with up to 30 rural and remote communities (within both primary schools and preschools) across Australia, that have never had access to the services they need to allow their children to thrive. Royal Far West will bring its entire toolkit, including 97 years of experience working with country children, 120+ paediatric trained health professionals, deep connections with over 200 country communities and expertise and proven results in improving outcomes for tens of thousands of children with developmental vulnerabilities and disabilities.

These schools will benefit from:

- selecting their own assessment services
- intensive allied health therapy for children
- group allied health and or wellbeing programs for children
- capacity/skill building for parents and teachers and early educators

The Better Learning Better Lives (BLBL) model will include intensive in-person services at least twice per year and weekly Telecare sessions of their choice. This engagement will be for a term of five years, allowing for a longitudinal evaluation of children through transition, including: pre-school children transitioning

to primary school, through to the completion of their first NAPLAN; or middle years to preparation for secondary school.

Our goal is to identify and support children with, or at risk of, developmental challenges, setting them on a positive trajectory of improved learning and reducing the risk of long term mental ill health. The plan will also deliver positive outcomes for educators and parents who will be equipped with the skills to support many other children or the whole family for years to come.

This proposal requires a funding commitment of \$19.7 million over 5 years, commencing with **\$865,000 in FY23**, to plan and launch the pilot in 10 schools.

“Living in a rural town, many of our students don’t have access to Speech, OT and Psychology therapist. Therefore, students in rural towns are very much disadvantaged compare to students in much larger towns and city.”

Learning and support teacher

About Royal Far West

For 97 years, Royal Far West has been meeting the needs of country children and families across rural and remote Australia. In 2020/21 we supported 12,406 children (0-12) and their caregivers along the mental health and wellbeing continuum from coping - to in crisis, in 219 country communities, 170 schools and pre-schools, with over 30,000 occasions of service. We have strong relationships with many Indigenous communities and one in four children we support identifies as Aboriginal and Torres Strait Islander.

We are a child-centred, paediatric multi-disciplinary service with the capability, expertise and experience to wrap around rural and remote children, parents, and school communities, ensuring access to essential health and development services, and providing hope to communities that face multiple levels of disadvantage and trauma.

Our team of more than 120 clinical experts - including paediatricians, psychologists, occupational therapists, speech therapists, nurses, disability specialists and social workers - use a mix of in-person, Telecare and other means to build capacity and deliver clinical services across the country.

Over the past two years we have developed a National Paediatric Telecare Service for country children and this year delivered over 1000 telehealth sessions per week to 1,365 children and 2,730 caregivers via 147 schools. While our core mission has always been to address inequality and remove barriers to service, we know from our work that a more transformative paradigm is urgently needed in the bush to make larger, longer-term gains for vulnerable children.

We have seen positive results from our deep work in community. Our community-led Bushfire Recovery Program (winner of a 2021 Resilient Australia Award) engaged over 3,000 children and their caregivers working in schools, in conjunction with local health professionals and community groups. We work directly with children to support their mental health and to rebuild their resilience. We also support those around the child to build their capacity to understand and respond to children's needs. Similarly, Marninwarntikura Women's Resource Centre in Fitzroy Crossing have collaborated with us over five years to co-deliver a program which has helped to shift family, school and community responses to childhood trauma to support strengthened children's outcomes.



Teachers and parents value our work and can see lasting impacts:

In 2021 96% of school/pre-schools staff agreed RFW's service had improved the child/student's functioning/engagement with learning.

Our 2021 Net Promoter Score (NPS) of 89 indicates "exceptional" performance and is well above a hospital and healthcare benchmark for NPS score of '75' reported for across more than 213 services

The perceived impact has improved yearly across all indicators. Overall improvements reported:

- student outcomes (88%-94%)
- school and centre staff gaining of knowledge, skills and strategies (88% - 94%)
- reported improvement in school/centre relationships with parents/carers of children accessing Telecare (47% to 77%)

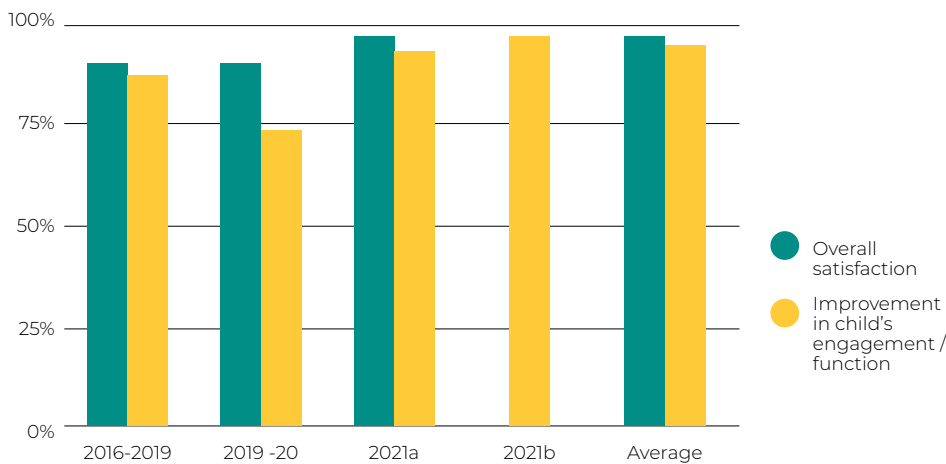


Figure 1: Overall satisfaction and reported improvement in child's engagement with learning/functioning

The key learning from our work with thousands of country children in the last three unprecedented years of disruption and trauma is that country children at risk of long term developmental, behavioral and mental health challenges need comprehensive, long term, fit for purpose services - involving all the key adults around the child - delivered by highly trained professionals at the right time, to reverse the widening gap between city and country children.

"I have been involved in the RFW Telecare program for 3 years and I can't speak highly enough of its success in our school. It gives students, who otherwise would not have access to professional services, the opportunity to engage in learning with qualified professionals without having to leave their school. The speech therapists and OTs I have worked with have been wonderful - engaging and professional, offering excellent support and feedback. It's a brilliant program for our students in a regional area."

[Teacher Aide]

The growing crisis in country kids' health services

Every Australian child has the right to access quality health, education, and developmental services.

Where you live should not be a barrier to access services nor a cause for disadvantage, yet currently more than 180,000 children in rural and remote communities need support for their developmental health and future wellbeing.

Country kids are twice as likely to start school developmentally vulnerable compared to kids growing up in the city (AEDC 2018).

Access to health and support services has never been equitable, but in recent years this has been exacerbated by massive jump in demand by the NDIS and growing difficulties getting professionals to the bush.

Complexity of issues for country children has also increased. Children who have experienced traumatic events in our Paediatric Development Program have doubled since 2017 to about 40% of children in 2021. This may include experiencing or witnessing violence, abuse, or neglect; or growing up in a household with substance abuse problems, mental health problems or instability.

The recent drought, bushfires, COVID-19 and now floods have also combined to dramatically increase the need for developmental and mental health services in the bush, including for young children.

Demand for our occupational therapy service to support behaviour regulation has grown over a third this year.



Unaddressed developmental vulnerability and trauma impacts children's mental health, resilience and life trajectories. According to the National Children's Mental Health and Wellbeing Strategy, primary school students with a disability (physical, intellectual, sensory and/or communications) are more likely to have mental health difficulties (1 in 3) compared to students without a disability (1 in 8), and children with developmental delay are at 5 times the risk for future mental health problems compared with children without delays. Children who do not receive the right supports are much more likely become the children who cannot listen in the classroom. They don't have the strategies to regulate their emotions, and become disruptive, agitated, and unable to learn. They are more likely to experience chronic disease and are at a much higher risk of mental ill health. In the long term, they are more likely to be unemployed, homeless, or in gaol.

The lifetime economic return of early developmental interventions has been calculated to be \$3.10 for every \$1 invested by Royal Far West in paediatric health services and we know that funds spent on our model will prevent downstream costs associated with teenage mental health issues.

Why Royal Far West and this Model?

The Royal Far West way is different. We are one of the only specialist Paediatric allied health workforces in the country dedicated to working with rural and remote families. We want to use our full tool kit – developed over decades of experience and trauma-informed expertise - to work deeply with schools on a systems level. We will build a network of disadvantaged and isolated schools that make a generational shift in the life outcomes of their students. RFW has a unique set of proven attributes that can make an impact on this problem.



We believe that we are the only agency that can partner and scale in this way, and we know that many rural and remote schools desperately need this level of support. Our clever use of technology supersedes expensive FIFO models, and means that we can provide a specialised health workforce directly into remote schools as required. Schools should not have to wait months until the relevant specialist can visit to be able to support their complex kids.

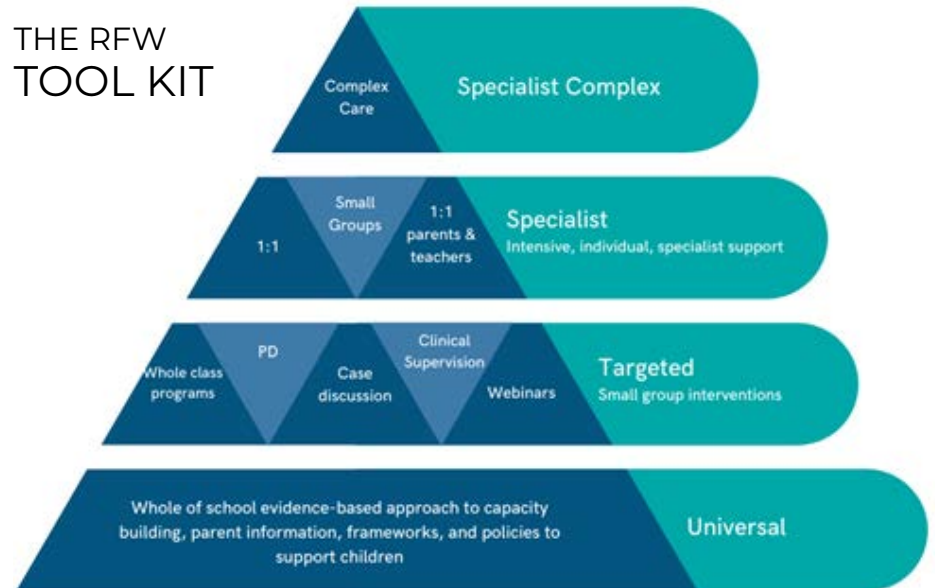
“...they understand where he needs help and how to actually help out with him and try and keep him on task. He’s done really great in that area. At the beginning of the year he could only write a sentence in two hours – one sentence. Now he’s writing six and a half paragraphs and finishing all of his work. So, the fact they can fully understand that and get him to do that, and keep him on task, is great... They’ve given him lots of praise and built him up, and built their confidence up to keep him on task.”

parent/caregiver about school staff learnings from Telecare to support their child's needs

The Model

Better Learning Better Lives delivers allied health services via telehealth and outreach into schools and homes, and is based on our proven ‘Telecare’ approach.

While some children need specialised clinical support to address mental health and developmental vulnerability, others can be supported through less specialised interventions. In this program RFW clinicians and supporting staff deliver educator capacity building, parenting programs and group work into schools and homes, helping schools and families to support children’s right across the wellbeing spectrum, while still offering access to specialised support where it is needed. It is underpinned by the internationally recognised Response to Intervention model and seeks to help schools manage diverse needs in the classroom, ensuring children with challenging behaviours receive the specialised help they need - while allowing for other support to be targeted to needs of the whole class or high needs groups. RFW has drawn on its full toolkit of delivery modes to offer this program with hybrid telehealth and in-person components – an approach with demonstrated success across our diverse and award-winning regional programs.



A multi-disciplinary team is made available to the school through a flexible model for agreed hours. The team includes psychologists, social workers, occupational therapists, and speech pathologists and all have a regulation-first, trauma informed approach. Schools select from a menu of evidence-based options, which may include specialised clinical assessment and therapy for individual students, targeted group work, teacher and whole of school capacity building via telehealth and in-person (coaching combined with structured learning modules), and parenting programs and engagement. An initial consultation between school leadership and a RFW social worker is used to design the intervention – and often hard problems facing schools begin to be addressed at this point. All interventions are evidence based,

and data and screening are used to ensure children receive the right level of intervention. Success and progress are measured using a range of clinical and administrative tools on an ongoing basis. With support from the school leadership, this intervention quickly builds to a whole school model, embedding a consistent language and approach to addressing children’s developmental and mental health needs. The multi-disciplinary team will visit the school twice a year to ensure continuity in the relationship, and enable clinicians to directly observe and screen students.

What will Better Learning Better Lives achieve?

Long term change requires long term skill building, trust, and deep relationships. In working closely with a school community to recognise the long-term impacts of developmental vulnerability, disadvantage, and trauma, we will:

- build children’s resilience
- help teachers create classrooms that support children’s diverse needs in challenging environments
- support parents to navigate systems for their children
- improve local developmental and mental health systems to better respond to the needs of families
- support the development of children by connecting them to available local services; and
- provide therapeutic support via technology for the children in most need, who typically miss out, where they live
- positively impact the school environment and culture, leading to empowered staff, less stress, and more protective factors that help to break the cycle of disadvantage.

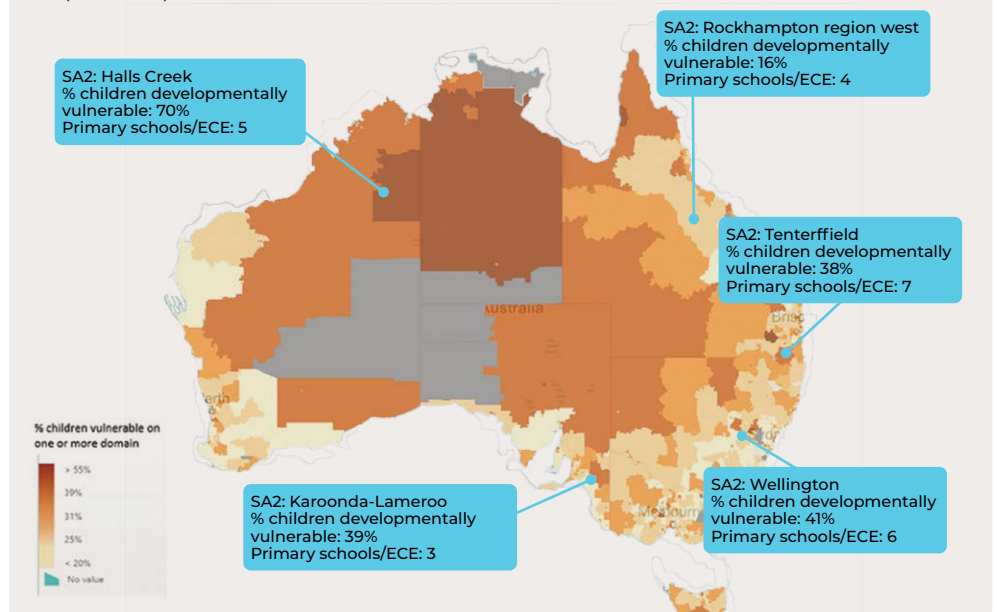
Which communities?

We intend to trial this model in up to 30 communities, including primary and preschools, clustered in regions, that will be selected in 2022 in conjunction with communities, stakeholders, and funders. Socio-economic disadvantage and developmental vulnerability are often highly location specific. Pockets of deep vulnerability can exist near or alongside areas better-off; or depend on distant or FIFO services for support.

RFW has used national public and bespoke data to identify regions at the SA2 level that:

- have relatively high levels of developmental vulnerability as measured by the AEDC
- have a Modified Monash Measure score of three or more, and/or
- other indicators of risk, such as the presence of significant Indigenous populations
- Are experiencing market failure or highly limited access to paediatric or allied health services
- have schools where RFW already delivers services, or which have already expressed interest in services.

Sample communities below, with the full modelling available upon request



Evaluating Success and Learning for the Future

To evaluate the success of this innovation driven model, and inform learning for the future, Royal Far West will partner with rural and remote experts at Charles Sturt University to conduct a longitudinal study. This longitudinal study will assess key education and well-being outcomes and impacts of this Telecare supported model in the short, medium, and long-term. It will also include tracking over the course of the pilot: what works for who, how much and in what contexts to support sustainability and scale-up of this Telecare supported model in schools, in a context where, globally, sustain and scale of telehealth supported interventions have frequently failed.

Targeted support that the students require. Explicit focus on children's needs. Professional learning that teacher's aides receive. The opportunity for teachers to observe and have discussions with the clinicians. Positive parent feedback. Additional professional help that students would not have received otherwise.

IDL Teacher



Why Federal Government Funding?

Addressing and preventing poor mental health, developmental vulnerability, and lack of access to healthcare services for children aged 3-12 is a **health problem**, but one that is best addressed **within the school gate**, where kids and families are easy to reach.

For this reason, the services RFW provides can fall into a funding chasm. Each year, we successfully bring together funds from multiple sources including: Federal and State Department contracts and grants, PHNs, Medicare, NDIS, LHDs, Catholic Dioceses, individual schools, philanthropists, corporates, bequests, individuals and our own investments totalling over \$20 million to support thousands of children.

However, this means that we can only support the children we are funded to help in accordance with a prescriptive contract, and some kids are left behind. For example, children may only receive one term of speech therapy, or a block of sessions with a psychologist, as it is all we are funded to provide for them. We know, and evidence shows, that when we can bring our entire toolkit into a school community, assess and plan with teachers, parents and local clinicians, we will receive much better results.

Therefore, we are seeking the full funds needed for a comprehensive, five-year trial of a whole of school approach. By funding the entire trial, the Federal Government will allow RFW to offer our existing services in parallel, without interruption.

If the BLBL trial is successful, it will become our “business as usual” way of working with schools and schools will incur part of the cost from their resource allocation, to support the new model.

BLBL will also become more cost-effective per school as we work in more communities, partner with local providers, and reach economies of scale.

While the requested budget would enable us to provide gold-standard wrap around care to some of our most at risk children and more disadvantaged schools, we would welcome an opportunity to discuss other funding options, including running the pilot in fewer communities, or leveraging a partial funding commitment with our philanthropic supporters.



Royal Far West has the capacity and capability to be a vital part of rural and remote health infrastructure – this is a long-term investment in the future of country children and Regional Australia.

Indicative Budget

Resourcing			Schools / Preschools	Geography	FY23	FY24	FY25	FY26	FY27	TOTAL
2 Multi-Disc Teams			10	NSW, WA	\$ 1,660,225					
4 Multi-Disc Teams			20	NSW, QLD, WA		\$ 3,401,395				
6 Multi-Disc Teams			30	All states			\$ 5,226,374	\$ 5,353,586	\$ 5,483,796	
Total					\$ 1,660,225	\$ 3,401,395	\$ 5,226,374	\$ 5,353,586	\$ 5,483,796	\$ 21,125,377
Travel	Ave cost per trip	\$ 3,000		per school (3 clinicians)	\$ 60,000	\$ 120,000	\$ 180,000	\$ 180,000	\$ 180,000	\$ 720,000
Resources	Ave per school	\$ 2,000			\$ 20,000	\$ 40,000	\$ 60,000	\$ 60,000	\$ 60,000	\$ 240,000
Corporate Overhead	7.50%				\$ 124,517	\$ 255,105	\$ 391,978	\$ 401,519	\$ 411,285	\$ 1,584,403
				Total (without RFW contribution)	\$ 1,864,742	\$ 3,816,500	\$ 5,858,352	\$ 5,995,105	\$ 6,135,081	\$ 23,669,780
RFW Contribution	Per year	\$ 1,000,000			\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ -	\$ 4,000,000
				Total (with RFW contribution)	\$ 864,742	\$ 2,816,500	\$ 4,858,352	\$ 4,995,105	\$ 6,135,081	\$ 19,669,780

Team Costing	FTE		Total
Team Leader	0.5	\$ 130,919	\$ 65,460
Social Worker	0.5	\$ 103,239	\$ 51,620
Psychologist	1.0	\$ 114,297	\$ 114,297
Speech Pathologist	2.0	\$ 92,424	\$ 184,848
OT	2.0	\$ 92,424	\$ 184,848
Admin	1.5	\$ 65,000	\$ 97,500
	7.00	\$ 598,303	\$ 698,572

Alignment to National and State policies

The proposed model aligns with the key points, principles and actions in The National Children’s Mental Health and Wellbeing Strategy, with The Strategy Report highlighting the Royal Far West model of rural and remote service delivery as a program “to build on” to address the inequity of access to quality specialist child and family mental health services in rural and remote areas (pg 67).

This includes a focus on an innovative model of care that combines telehealth and in-person delivery of services that addressing the wellbeing continuum, with a tiered approach of universal, targeted and specialist multidisciplinary interventions and supports, and the ability to support complex needs. The additional layer of specialist paediatric allied health services and supports allows the model to appropriately address the broad range of developmental vulnerabilities and disabilities that are known to increase the risk of poor mental health outcomes and negative impacts on learning. It also disrupts the long-standing specialist service gaps and barriers to access in rural and remote areas that have been highlighted as a major challenge to the success

of previous the success of mental health and wellbeing initiatives in schools. The Model includes a flexible, wrap-around, collaborative care model that places the child at the center, offers evidence-based parenting programs, and is responsive to community needs. Working in deep partnership in early education and primary school settings allows the model to link across education, health and social service sectors, and reduces the burden on overstretched rural and remote schools to coordinate and manage multiple providers and programs, a key barrier to engagement identified in many school-based initiatives.

The model reflects the guiding principles of The Australian Student Wellbeing Framework, (the Wellbeing Framework), in recognising the pivotal role of schools in engaging people across the whole of the school community to actively collaborate to support student wellbeing, inclusion, safety and positive relationships so that students can reach their full potential.

This model supports various state polices and initiatives which highlight the importance of early Intervention and brain development for children aged 0-5 years, which aim to ensure a better start to school and impact trajectories for health, development and mental health and well-being over a lifetime. These include:

- The Framework for Improving Student Outcomes 2.0 (VIC)
- The First 2000 Days Framework (NSW)
- QLD Early Years Plan (QLD)
- Wellbeing For Learning and Life (SA)
- Connected Communities (NSW)

This model also provides specialised supports for developmental and mental health needs into preschools and primary schools as key ‘community hubs’ in rural and remote areas and creates opportunities to develop the capacity of the people around a child to support them, including the most vulnerable children who may otherwise face significant access barriers to in-person services.

Evidence for Telecare

There is a fast-growing body of evidence on the effectiveness, acceptance and efficiency of telehealth approaches that use videoconferencing to deliver health services, especially for developmental paediatrics (Speech Pathology and Occupational Therapy) and behavioural and emotional health problems in children. There is also growing evidence about the value of telehealth delivery into schools and early learning centres as an ideal setting to increase access and support for children's needs.

Royal Far West Telecare delivery was assessed as part of two Australian randomised controlled trials comparing online to in-person delivery of a parenting focused intervention. These NHMRC funded trials have been



able to demonstrate that real-time telehealth approaches for the treatment of certain disorders in children in Australia can obtain equal clinical outcomes compared to in-person, clinic-based delivery. Research has also highlighted additional potential benefits of telehealth supported delivery including reducing the cost to families of accessing services especially for most disadvantaged populations, including rural and remote communities, and increased efficiency in the health system, by making sure clinicians can spend less time on the road and more time providing services.

Early but growing evidence also indicates good effectiveness of clinical services delivered via telehealth for Aboriginal and Torres Strait Islander peoples. A recent review of the literature found telehealth has been shown to improve social and emotional wellbeing, clinical outcomes and access to health services for Indigenous Australians. Further, it has reduced travel times and improved screening rates. Indigenous people reported mostly positive perceptions of their telehealth interaction.

There is also early evidence that telehealth as a modality actually increases the ability to provide culturally appropriate services, by enabling care to be provided in a supportive environment, and where possible, providing Aboriginal Health Workers or similar (such as Community Navigators) to support advocacy and assistance to families in the

healthcare access process, as well as reducing the disconnection from community and family often required when travelling to access services from rural and remote communities.

Royal Far West partnered with local LHDs and schools on a feasibility study of a school-based group parenting program delivered via telehealth, to increase access in rural and remote areas. This parenting group program was an adaptation of the evidence-based early intervention mental health program 'Getting on Track in Time' (Got It!). The findings of the feasibility study showed the hybrid telehealth/in-person model reported a significant decrease in disruptive behaviours and hyperactivity and inattention at 6 months post intervention, and had high reported acceptability of telehealth delivery of the program amongst caregivers who participated.

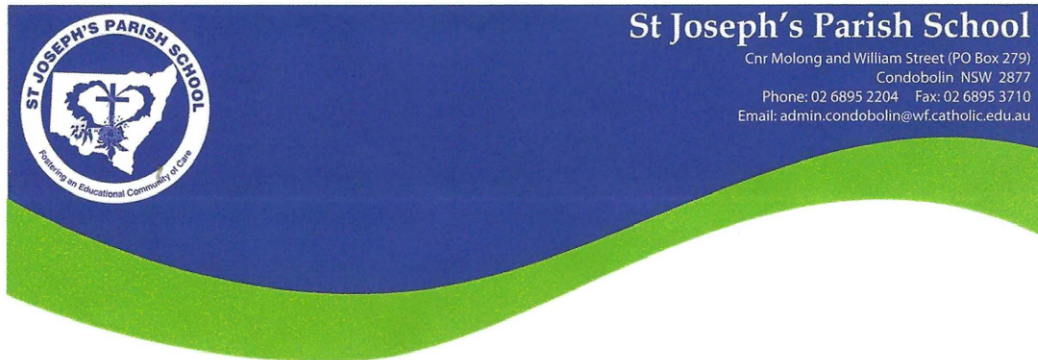
...out of all the programs we're getting, the consistency that provides, is a massive thumbs up to getting benefits compared to other programs ... there wouldn't be any speech available to anyone without heading to Broome [6 hours away], which is not a reality."

Marurra U Partnership,
Yiyili Telecare Pilot

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Appendix – Letters of support from RFW Schools



17 December 2021

Dear Sir/Madam

Support for Royal Far West

I write to acknowledge and support Royal Far West's (RFW) contribution to our students and school and their efforts to work more deeply with schools to address entrenched inequities in access to crucial allied health services.

Our greatest need is supporting the growing number of children with increasingly severe developmental, learning and behavioural challenges and RFW provides the services needed to do this.

RFW has provided a range of services to our students and school which have made clear improvements to students' well-being and supported future learning.

We have also appreciated the quality of engagement from RFW in tailoring services to our needs and working with our staff as partners.

On the basis of our interactions we would recommend them to other schools, and to potential funders as a service that can deliver and help schools provide the best possible start in life for children in rural and remote Australia.

Yours sincerely

Kristy Ticehurst

Additional Needs Teacher, St Joseph's Parish School Condobolin

Coutts Crossing Public School

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17th December 2021

Dear Sir/Madam

Support for Royal Far West

I write to acknowledge and support Royal Far West's (RFW) contribution to our students and school and their efforts to work more deeply with schools to address entrenched inequities in access to crucial allied health services. Our school has been receiving assistance from RFW as part of the Bushfire Recovery Program and the support from RFW clinicians has made a substantial difference to our students, staff, and families.

Our greatest need is supporting the growing number of children with increasingly severe developmental, learning and behavioural challenges and RFW provides the services needed to do this. Our school is located in a low socio-economic area and access to allied health services is very limited with extensive waitlists, made worse with the recent impact of COVID.

RFW has provided a range of services to our students and school which have made clear improvements to students' well-being and supported future learning. RFW has supported our students with face to face visits delivering group programs helping students recover from trauma after the bushfires, professional learning around dealing with trauma and selfcare for our staff, tailored support for our families, and ongoing Telecare support including Speech Therapy, Occupational Therapy and Psychology sessions. These services have certainly contributed to improved wellbeing outcomes for our whole school community and have ensured that our most vulnerable children and families are receiving the support they need to learn and grow.

We have also appreciated the quality of engagement from RFW in tailoring services to our needs and working with our staff as partners. Our whole school community has benefited from the services provided by RFW and I have been particularly impressed and grateful for the manner in which RFW clinicians have delivered personalised planning, communication and support for each of our students and their families. The inclusive and personalised practices implemented by the entire RFW team has promoted increased engagement with services and ensured our families feel valued and supported.

On the basis of our interactions we would recommend them to other schools, and to potential funders as a service that can deliver and help schools provide the best possible start in life for children in rural and remote Australia.

Yours sincerely

A handwritten signature in black ink, appearing to read 'MDalgliesh', written in a cursive style.

Michelle Dalgliesh

Principal, Coutts Crossing Public School

17/12/2021

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Yours sincerely

Kate Le Brocque

Kate Le Brocque

Inclusion and Diverse Learning Teacher

St Patrick's Primary School

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