
VOICeD child development

Initiative Type

Service Improvement

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Deliver

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<https://test.clinicalexcclence.qld.gov.au/improvement-exchange/voiced-child-development>

Summary

Virtual Outpatient Integration for Chronic Disease (VOICeD) allows a child with chronic disease to see multiple healthcare providers in one appointment, via telehealth. The child sees each specialist or care provider individually and a multidisciplinary team meeting can be held to further support individualised and comprehensive care.

Key dates

Jul 2021

Mar 2022

Key Contacts

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Aim

Child Development Services developed an innovative virtual telehealth service designed to bring specialist developmental services to communities where access is limited. The clinic aimed to provide early identification of children's needs, minimise unnecessary delays for intervention and support timely access to funded supports in some of Queensland's most vulnerable communities.

Benefits

- health equity close to home reducing long waits, bi-directional learning benefits supporting

capacity in local communities and in the specialist teams, increasing sustainability within local communities.

- application of an integrated, multidisciplinary telehealth model that can provide efficient, best practice care throughout the state.

Background

High developmental vulnerability exists throughout Queensland with disproportionate vulnerability occurring within our most rural and remote communities (over 50 per cent). Access to tertiary level developmental services is typically limited in these areas, meaning the most vulnerable families are often denied access to specialist services or forced to travel long distances to access care for their children.

Solutions Implemented

Development of an integrated multi-specialist child development service provided in collaboration with the local community health services, the child and family and other relevant stakeholders in the community. The clinical assessment and intervention is undertaken with shared expertise from the family, the local health providers and the specialist team to offer a best practice clinical service that offers health equity regardless of where the child and family live.

Evaluation and Results

Clinical data has been collated since the commencement of the project. Clinical outcomes include; minimal FTA, high complexity and vulnerability, high engagement with Aboriginal and Torres Strait Islander children and families, shorter journey of care. Survey of all involved clinicians highlighted:

- nine different disciplines involved
- bi-directional learning evident
- rural and remote communities identify benefit of clinical guidance from a specialist team
- collaboration and service development support
- specialist team identify opportunity to apply specialist knowledge in remote communities where access to staff and services is limited and with different contexts and populations has grown capability and skills.

Lessons Learnt

Learnings that surprised us the most include the high engagement rate of children and families who were desperate to access specialist care. We have learnt that telehealth is not a 'lesser' option but for many children and families it will be the preferred option and for specialist service it is an opportunity to truly work collaboratively with children, families and clinicians throughout the state regardless of geography. And finally, that therapeutic rapport and connection can occur even through virtual modes of service delivery. There is opportunity to share moments of connection, sadness and emotion in practice if clinical skill is applied.

References

The use of telepractice in the family and relationship services sector: CFCS Paper No.57 May 2021
Anagha Joshi, Nicole Paterson, Dr Trina Hinkley, Dr Nerida Joss Child Development in Queensland Hospital and Health Services 2 Act Now for Kids 2morrow 2021 to 2030 <https://www.childrens.health.qld.gov.au/wp-content/uploads/PDF/qcycn/Child-Development-ACT-NOW-2.pdf>

Further Reading

[VOICeD](#)

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