Australian Physiotherapy Association
Submission

AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

INQUIRY INTO CHILD DEVELOPMENT SERVICES

Submission by
Australian Physiotherapy Association (APA)
Western Australian Branch
7th Nov 2022

Authorised by:

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1. Introduction

The Australian Physiotherapy Association (APA) welcomes the opportunity to respond to the request by Donna Faragher MLC into Child Development Services (CDS), Western Australia. Our membership includes paediatric physiotherapists who work in metropolitan and country CDS and in a variety of other settings, including public hospitals, primary and secondary schools, private practice, primary and tertiary care and disability. We are skilled clinicians who are able to diagnose and treat paediatric conditions, independently and with our medical and allied health colleagues. We have paediatric physiotherapists who are educators and researchers in health and disability in our membership. Our knowledge, skills and scope of practice in paediatric physiotherapy are wide-ranging and inform this submission.

2. Summary of Recommendations:

The APA proposes the following:

Recommendation 1: The Department of Health work constructively with the paediatric physiotherapy workforce to ensure equitable models of care are available to children and families in the metropolitan area and country WA.

Recommendation 2: The Department of Health to reduce administration tasks of physiotherapists in metropolitan CDS to increase efficiency in creating appointments, reduce the number of non-attendances and provide services in a timely manner.

Recommendation 3: The Department of Health to work collaboratively with local government and non-government agencies to investigate creative solutions for working with rural and remote families and communities, for example reliable internet connections for access to telehealth.

Recommendation 4: Universities recognise their role in educating a skilled workforce and ensure that paediatric physiotherapy teaching is an integral component of the entry-level and undergraduate Physiotherapy curricula.

Recommendation 5: The Department of Health provide adequate funding on an annual basis for continuing paediatric professional development opportunities for rural and remote physiotherapists.

Recommendation 6: The Western Australian government facilitate inter-department collaboration to evaluate existing programs and assist children to transition smoothly between health, disability, early childhood and educational sectors.

3. Response to the Terms of Reference

3.1 The role of child development services on a child's overall development, health and wellbeing

Child development begins at conception and continues to adolescence with a critical period of development in early childhood. The First 1000 days (from conception to 2 years) have been identified as a peak opportunity to influence brain architecture and body system function (Moore et al. 2017; Center on the Developing Child at Harvard University). Paediatric physiotherapists play a crucial role in shaping brain architecture by assisting infants to engage in daily active play and by educating parents to support and enhance their infant's play during routine interactions. When infants move their bodies (using muscles, joints, heart and lungs), their brains are stimulated to form neural pathways that link movement with brain regions. Motivating a child to move and explore their environment requires choosing toys that stimulate the child's thinking, problem solving and sensory systems as well as coaching parents to use language and social cues. Paediatric physiotherapists facilitate active play in enriched physical and social environments to shape infants' brains through a process known as neuroplasticity.

These rich interactions have direct effects on a child's physical and mental health during early childhood and form the foundations for lifelong health. Longitudinal studies show that motor development results in a cascade of development in other domains, such as language and social skills. Conversely, delays in motor development in young children often precede delays in language. Active play helps children develop gross motor skills to enable them to continue to be physically active during childhood. Physical activity is strongly associated with better physical and mental health in childhood which is likely to

track into adolescence and adulthood. Physical activity is also associated with a reduction in adiposity, improved cardiovascular and bone health and academic achievement.

Paediatric physiotherapists, who work in the CDS, provide therapy from birth to 6 or 12 years of age in the metropolitan area and birth to 18 years in rural/remote settings. They monitor movement development, prevent movement problems, and assess and treat children with a range of musculoskeletal and neurodevelopmental conditions. They implement best practice using the Principles of Early Childhood Intervention (Home - Reimagine Australia) and the F-words for Child Development (https://canchild.ca). Physiotherapy is prioritised for children and families who are at risk of motor delay for a variety of reasons, for example preterm birth, intrauterine growth restriction, parent/carer with a mental health condition, and First Nations and non-Indigenous families living in rural and remote communities, who may have limited access to services.

Metropolitan CDS have specific criteria for children under 16 years to be eligible for therapy. These criteria are more fluid in country WA due to the limited services for children with disability. Current prevalence data of children living in rural WA show that approximately 16% (~13,000) of children under 8 years have a diagnosis of developmental delay or disability and would benefit from physiotherapy. Children living in rural WA are also more developmentally vulnerable compared with those living in the metropolitan area based on the findings in the Australian Early Development Census 2021; with children living in remote communities and in the most socially disadvantaged communities having the highest rate of vulnerabilities.

There is compelling evidence for the benefits of early childhood intervention in ameliorating delay and preventing long term consequences. The sheer numbers of children who would benefit from physiotherapy exceed qualified paediatric physiotherapy staff availability, therefore many children do not receive physiotherapy in a timely manner or with the intensity, frequency and duration to maximise their potential.

Recommendation 1: The Department of Health work constructively with the paediatric physiotherapy workforce to ensure equitable models of care are available to children and families in the metropolitan area and country WA.

3.2 How child development services are delivered in both metropolitan and regional Western Australia.

Metropolitan services

Physiotherapists employed in metropolitan CDS have a workload that consists exclusively of paediatric clients from birth to 16 years, with priority given to children under 8 years and in some suburbs from birth to 2 years. Physiotherapists have implemented a range of strategies to manage the high number of referrals to their service. These include offering group sessions for infants with similar presentations. Sites may offer 1 to 2 group sessions per week, with up to 4 families attending each session. This initial contact provides education for the family on typical child development and addresses parents' concerns. The family have an opportunity to ask questions specifically related to their child, they meet the physiotherapist and have a point of contact if they have further concerns. Infants are screened during the initial group session and offered an individual session for more specific assessment and treatment, if warranted.

Group sessions are also offered to pre-school children with movement difficulties. Physiotherapists triage children to group or individual sessions using a number of strategies: telephone interviews with parents/carers, screening checklists completed by teachers and allied health colleagues, and appraising clinical referrals from medical and allied health clinicians from tertiary hospitals.

Physiotherapy wait times for individual sessions vary depending on suburb and staff:client ratio, but median wait time is approximately 1.1 months. Currently, physiotherapy in metropolitan CDS do not offer a monitoring service for children with increased risk of developmental delay, for example preterm birth or families with social disadvantage, despite strong evidence that investment in preventative programs in the early years has substantial health, economic and social benefits in the long term.

A key performance indicator for a full-time physiotherapist is 4 clinical contacts per day, which might be conducted face-to-face or telehealth or telephone. Face-to-face consultations are usually 1 hour duration with a further 1 hour for clinical documentation, follow up consultation/documentation with referrers and feedback to families. Telehealth

and telephone consultations are usually 30 minutes in duration (no hands-on assessment reduces contact time) with 1 hour for documentation as per a face-to-face session. Most physiotherapists meet their KPIs but administrative challenges frequently disrupt clinical care.

Physiotherapists are required to perform administrative tasks such as making appointments. The main form of communication with parents is through letters sent initially by the administration officer, stating date and time of appointments; but inconsistencies with the mail service and incorrect family information often cause delays in families receiving appointment letters in a timely manner. Parents are asked to telephone to confirm their appointment details as requested in the letter. If appointments need to be changed then the administration officer will contact the physiotherapist who will need to make alternate arrangements. The physiotherapist is then required to contact the family who may not respond to a telephone call or text message, further slowing the process. Part-time work fractions for the physiotherapist also affect administration tasks and wait times.

Physiotherapists (along with their allied health colleagues) have suggested that (1) communication with families would be more efficient if correspondence was sent electronically via email or text messaging; and (2) administration officers had access to physiotherapists' diaries to book and change appointments (this process works efficiently at Perth Children's Hospital).

Recommendation 2: The Department of Health to reduce administration tasks of physiotherapists in metropolitan CDS to increase efficiency in creating appointments, reduce the number of non-attendances and provide services in a timely manner.

Country services

Physiotherapists in Country CDS provide services for children from birth to 18 years as part of their full caseload which will also include adult clients. Their strategies for managing their caseloads requires creativity and flexibility. Families often have to travel significant distances (and of long duration) to attend a rural centre or the distances that physiotherapists themselves travel to visit remote and very remote communities. While their metropolitan colleagues can refer children who are registered with the NDIS to local

therapy providers, the range of NDIS providers in Country WA are scarce and children stay within the Country CDS for services.

Our country physiotherapy members report that they face significant difficulties in providing timely and effective care. These include:

- Geographic location and overall community need affect access to services.
- A transient population resulting in delayed services as the physiotherapist ‘follows’ the clients around the area with its vast distances and challenging terrain, e.g. the Kimberley.
- Some remote communities are visited between 2 and 8 times a year. There are challenges with telehealth services that are dependent on access to internet or suitable computer or mobile devices. Physiotherapy care is therefore sporadic and not equitable.
- Wait times and number of sessions provided differ depending on degree of remoteness of the community. One successful solution is working collaboratively with Aboriginal health workers, however not all communities have an Aboriginal health worker.

Recommendation 3: The Department of Health to work collaboratively with local government and non-government agencies to investigate creative solutions for working with rural and remote families and communities, for example reliable internet connections for access to telehealth.

3.3 The role of universities and other training bodies in establishing sufficient workforce pathways

Curtin University and The University of Notre Dame Australia deliver entry-level courses that include paediatric content. The universities are required to meet the standards set by the Australian Physiotherapy Council who accredit courses. All students participate in lectures and other teaching on campus. A small proportion of students will undertake clinical placements in a paediatric facility. Curricula are frequently reviewed and modified

depending on dictates from the Universities. There is a risk that Curtin and Notre Dame may reduce their paediatric teaching, as has been the case in some universities in other Australian states. The APA is concerned that paediatrics may be removed from the entry-level courses, which will make recruitment of the workforce difficult, and shift the responsibility of teaching to the paediatric service providers, including CDS.

Clinician physiotherapists in metropolitan and country CDS have neither the time nor resources to upskill physiotherapists to enable them to work in paediatrics.

Recommendation 4: Universities recognise their role in educating a skilled workforce and ensure that paediatric physiotherapy teaching is an integral component of the entry-level and undergraduate Physiotherapy curricula.

WA Country Health Service (WACHS) physiotherapists are employed as "rural generalist physiotherapists" but are expected to treat children with complex presentations in rural and remote areas. This is different to metropolitan CDS physiotherapists who work exclusively with paediatric patients. WACHS therapists organise their own professional development (PD), inviting clinicians from Perth to visit and teach practical skills and help with complex presentations. These PD opportunities are not routinely funded, so organisers of the workshops have to apply for funding for each PD session.

All physiotherapists are able to access APA courses, but at a higher fee than members. The APA provides postgraduate paediatric education via Level 1 (2 days) and Level 2 (3 days) courses. There is also a suite of independent learning packages, lectures, webinars and short courses. The APA offers a process for physiotherapists to become members of the Australian College of Physiotherapists, via education, mentoring and examination.

Recommendation 5: The Department of Health provide adequate funding on an annual basis for continuing paediatric education opportunities for rural and remote physiotherapists.

3.4 How to increase engagement with, and collaboration between, government and non-government child development services including Aboriginal Community Controlled Organisations

There are a number of existing programs in place that have not been formally evaluated to determine their effectiveness. The APA is aware of the following strategies that are currently in practice and appear to benefit children, families and communities:

(i) Co-locate health services in primary schools, e.g. Challis primary school, Armadale has a successful model with the child health nurse on site. Parents "drop in" with their infants to visit the child health nurse after taking their older child to school. Furthermore, the school has a partnership with Curtin University to provide clinical placements for allied health students. The physiotherapist supervisor attends the "New parents" group to provide education to parents on ways to encourage infant play, suitable toys and to help parents implement the Australian 24-hour movement guidelines for children 0-2years.

(ii) WACHS has new clinic spaces for therapists shared with paediatricians and child health nurses. This has improved communication between clinicians and reduced the wait times for children to access services.

(iii) WACHS facilitates visits by physiotherapists to remote communities to provide screening and advice for children in Early Years programs and education to families and teachers. This increases the health literacy of the community.

(iv) WACHS in partnership with Community Health provide education to remote area nurses and General practitioners to ensure early referrals to physiotherapy.

The APA offers the following suggestion for consideration:

(i) Schedule visits by therapists to community centres where migrants and refugees meet. Many refugees are not aware of therapy services as allied health professionals are not available in their country of origin. This would increase the health literacy of families and potentially reduce the long-term complications of delayed therapy.

Recommendation 6: The Western Australian government facilitate inter-department collaboration to evaluate existing programs and assist children to transition smoothly between health, disability, early childhood and educational sectors.

3.5 How child development service models and programs outside of Western Australia could be applied in Western Australia

The APA is not aware of any specific service models and programs that are being applied outside of Western Australia, but would support a scoping review or other process that could identify models to improve services to children and families.

About Australian Physiotherapy Association (APA)

The APA vision is that all Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing, and that the community recognises the benefit of choosing physiotherapy.

The APA is the peak body representing the interests of Australian physiotherapists and their patients. It is a national organisation with state and territory branches and specialty subgroups. The APA represents more than 31,000 members who conduct more than 23 million consultations each year. The APA corporate structure is one of a company limited by guarantee. The APA is governed by a Board of Directors elected by representatives.

Inquiry into Child Development Services

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How did you find out about the inquiry? Unsure

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