OT AUSTRALIA WA
Australian Association of Occupational Therapists WA (Inc)

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The Principal Research Officer
Community Development and Justice Standing Committee
Legislative Assembly
Parliament House
PERTH WA 6000

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Submission to the
Community Development and Justice Standing Committee
INQUIRY INTO THE ADEQUACY OF SERVICES TO MEET THE DEVELOPMENTAL NEEDS OF WESTERN AUSTRALIA'S CHILDREN

Submitted by

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1. Brief Summary of our submission

This submission is considering the role of occupational therapists (OTs) working with children (0-3 years) with developmental needs and the current issues faced by government service providers in this area. This response has been written on behalf of OT AUSTRALIA WA by the Developmental Paediatric OT Interest Group, which represents paediatric occupational therapists working across the public and private sectors within Western Australia.

2. We would like to comment on the following Terms of Reference

a) whether existing government programs are adequately addressing the social and cognitive developmental needs of children, with particular reference to prenatal to 3 years;

General view:
As part of interdisciplinary teams within state government services, Occupational Therapists (OTs) assess and provide interventions for children (0 – 3 years) with developmental concerns and their families. These government services include:

- Child and Adolescent Health Services (CAHS) – inclusive of Princess Margaret Hospital and Child and Adolescent Community Health Services (CACH); child health services, school health services and child development services
- WA Country Health Services (WACHS)
- Disability Services Commission (DSC) direct and funded services – including Therapy Focus; Rocky Bay; The Centre for Cerebral Palsy; Autism Association; ISSADD; Senses Foundation; and Kids are Kids.

Occupational therapists are skilled at addressing social and cognitive developmental needs of children by focussing on areas of occupational performance such as play skills, daily living activities and early learning skills. This intervention can vary depending on the service and the needs of the child and their family. Examples of how an occupational therapist may provide services to children 0 - 3 years include: providing inpatient care to neonatal units and other paediatric wards; provision of special equipment to children with disabilities to promote function and participation; promoting skill development in daily living tasks and play; addressing a child's sensory processing and it's impact on their daily life; assisting children with identified developmental needs to access local playgroups, child care and pre-kindy programmes.

Since the late 1990s child development services around the world have responded to the Early Brain Development evidence, which requires that health, social and education services should identify children as young as possible in order to attain the most effective intervention outcomes.

Early Childhood Intervention has "evolved rapidly" and a number of trends within this field have become evident (**Moore, 2008*). Based on evidence from around the world, early childhood intervention is moving towards being family-focussed, systemic, inclusive / community based, focussed on the achievement of functional goals, undertaken within the child's natural environment and should be consultative with the use of strength-based and relationship-based approaches.

Reasons/ experience:
Although current occupational therapy services in Western Australia are striving towards the most effective intervention as indicated by the latest research, there are a number of gaps within the system that impact on the ability to do so. Large caseloads, lack of specialist training, limited or no administration support, scant resourcing of some facilities and inconsistent working practises and procedures between agencies all impact on occupational therapists working within government services and their ability to provide the optimal service for children and their families.

While there has been a clear trend towards early identification of children with developmental needs, families of children with developmental needs are often facing extensive waitlists to access early intervention services. This can occur both at initial assessment of difficulties e.g. waiting for a paediatrician's appointment, to waiting for therapy services within the health system and then again if identified, waiting to be made eligible for specialist services and then waiting for services within specialist agencies once found to be eligible. For a child who is under the age of three, this may mean that a large proportion of their life may be spent on a waitlist to access the most appropriate services during what is a particularly critical period when they are most likely to benefit from specific therapeutic

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input. Having children on waitlists mean that government services have an inability to provide timely early intervention for children and their families, with limited time able to be dedicated to preventative interventions such as parent education, being able to focus on relationship / attachment / regulation, and even earlier identification of developmental challenges and needs.

The extensive waitlists for services indicates that workforce within the government is inadequate to meet the needs of children, from paediatricians right through to therapists and support staff. It has now become common practice for families to access private early intervention services to enable timely assessment and intervention, at what is often significant financial costs to the families. Accessing private services for children with more complex needs can be a huge challenge for parents due to the lack of a coordinated team approach when using different agencies.

Limited training of occupational therapy staff to address the ongoing needs of young families, particularly those who are at risk (e.g. parents with disabilities, CALD families, families with socio-economic issues, domestic violence) also impacts on the effectiveness and ability of government services to meet the needs of children 0 – 3 years and their families. This is particularly prevalent for occupational therapists who work in rural areas where they are expected to be specialists in all areas of intervention within the lifespan, as well as meeting the specific needs of children and their families. Recruitment issues particularly in the rural areas also impacts on the quality and quantity of services occupational therapy staff can provide.

There is a general lack of understanding between and within government agencies in regards to what government services are available and for whom. There is also additional confusion for families accessing those services that are available by both state and federal funding eg services for children with autism. This is then transferred across to families who have to make decisions about the most appropriate services to meet their child's needs.

Recommendations:

- Streamline eligibility and assessment processes to limit wait times for families
- Clearly inform families regarding process / procedures and provide clear and transparent information about what services are available
- Increase workforce of therapy staff including occupational therapists along with adequate provision of administration support
- Continued and increased focus towards providing interventions within the natural environment that are routine based and incorporate parent coaching and support, family partnerships and interdisciplinary approaches.
- Increased CALD and indigenous resources (including translating services for written information) and training.
- Support, training and mentorship for rural occupational therapists

b) how to appropriately identify developmentally vulnerable children;

General View:
Despite the identified shortage of Community Child Health Nurses, the current system of developmental screening including the increased use of standardised population wide and targeted screening tools, has resulted in a significant increase in the number of children in the 0 - 3 year age group being referred to child development occupational therapy services over recent years.

Once children 0 - 3 years have been identified as having or being at risk of having developmental concerns, they are referred on to appropriate services including occupational therapists. The role of occupational therapists involves assessment and provision of intervention for children and their families within the following areas of occupational performance;

- Play and play skills
- Hand function
- Child/ parent relationship (attachment and regulation),
- Sensory processing difficulties and self regulation
- Activities of daily living (mealtimes, toileting, hygiene management, dressing etc) – skill development and provision of specialist equipment as required.

Occupational therapists also consider the environmental factors that influence the above performance areas

The assessment process utilised by occupational therapists in this area includes interviewing parents and relevant caregivers, the use of standardised and non-standardised assessments and observation of the child within their natural environment.

Reasons / experience:
Identifying and accurately assessing the needs of children within this age group requires highly specialist skills beyond undergraduate training. While the occupational therapists working within large metropolitan paediatric services are generally able to access supervision and training to develop these skills, rural therapists particularly have less opportunity to develop and refine these specialist skills.

Recommendations:

- Formal supervision programs and improved access to specialist training for less experienced occupational therapists including those working in rural and remote areas of the state
- Training of other significant people working with children in this age group such as day care workers in early identification of children with possible developmental concerns
- Increased numbers of community child health nurses to carry out developmental screening at a population level

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c) which government agency or agencies should have coordinating and resourcing responsibility for the identification and delivery of assistance to 0–3 year old children;

General view:
It seems reasonable and logical that different government agencies should have responsibility for different parts of the processes required for identification versus assessment and ongoing service provision, as currently operates to ensure efficient specialist service provision. A key issue however is that families should be able to access the most appropriate service for their child in a well informed and timely manner.

Reasons/ experience:
The boundaries between service providers are often confusing to families and even to professionals who work within services. Accessing appropriate services can be time consuming with cumbersome processes for determining eligibility.

Often communication between agencies when families are transitioning from one service to another, or are accessing more than one service, is unclear or untimely resulting in families being told different information from different service providers and families can frequently be left waiting for processes to occur, with limited or no information of what is happening next.

Recommendations:

- Quick and clear decisions with regards to eligibility for services and funding options
- Increased communication between services including ongoing Memorandums of Understanding that are regularly reviewed
- Increased information for families with regards to specific agencies and services including contact information and their processes

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d) what is the best model to ensure interagency and intergovernmental integration of developmental programs delivered to 0–3 year old children;

General View:
Although, in general, agencies working with 0 – 3 year old children and their families are aware of best practise and evidence outlined by *Tim Moore* (*2008*), different agencies are developmentally at different points in terms of shaping their service delivery to ensure provision of the most effective models of intervention.

Reasons/ Experience:
Incorrect and out-of-date information regarding different agencies is often portrayed to families thus further adding to anxiety and frustrations, particularly around transition points and when making choices in regards to services.

Support to attend professional development supporting contemporary models of practise (both early intervention and OT specific) varies between agencies and departments.

Recommendations:

- Increased channels of communication between agencies and with families
- Transparent referral and transition process between agencies
- Memorandums of Understanding between agencies that are frequently reviewed by those working on the ground with consideration of some flexibility and room for negotiation for exceptional cases
- Relevant professional development opportunities addressing evidence based interventions and the use of interdisciplinary / transdisciplinary approaches to be offered across agencies and services

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e) how to best prioritise the resources available for meeting the needs identified;

General view:
Service providers currently attempt to prioritise children in the 0 - 3 year age group, however struggle with how to provide fair and equitable distribution of current limited resources to cover the breadth of intervention required across age groups.

Reasons/ experience:
Limited resources and competing demands means that compromises are frequently made with occupational therapy service provision and the most effective types of intervention programmes are often not able to be provided eg some child development services are centre-based for the convenience of professionals rather than being provided in the child's natural environment as is indicated in early intervention best practise models.

Poor resourcing of administrative support is another significant issue affecting service provision. This results in occupational therapists frequently needing to carry out administrative tasks, reducing clinical contact time.

Recommendations:

- Provision of adequate resources, training and staff (including administrative support) so that identified 'at risk' groups can be prioritised such as families with mental health concerns, CALD and indigenous families, premature babies and parents with disabilities or high support needs. In particular, there appears to be limited appropriate therapy resources available for working with CALD families.

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f) what is the most appropriate measure of program outcomes; and

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As this submission is considering specific issues related to occupational therapy services, this question has not been addressed.

(g) any other related matter deemed relevant by the Committee.

3. Any other Comments

Occupational therapists are able to contribute greatly towards meeting the social, cognitive and developmental needs of children aged 0 – 3 years.

There are many highly skilled Occupational Therapists in WA who work with children of this age and their families and are striving towards working in a best practise model, however this continues to be difficult due to inadequate funding for staffing, limited access to specialist training and administration support and inefficient referral and transition processes within and between agencies.

Reference:

Moore, T.G. (2008). **Early childhood intervention: Core knowledge and skills. CCCH Working Paper 3 (November 2008). Parkville, Victoria: Centre for Community Child Health*

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