

**Consultation on
Foundational Supports for children with
developmental concern, delay and/or disability
and their families, carers and kin.**

Occupational Therapy Australia

December 2024

Introduction

Occupational Therapy Australia (OTA) welcomes the opportunity to provide a submission in relation to targeted foundational supports - *Foundational Supports for children with developmental concern, delay and/or disability and their families, carers and kin*.

OTA is the professional association and peak representative body for occupational therapists in Australia. There are over 32,000 registered occupational therapists (OTs) working across the government, non-government, private and community sectors in Australia¹. Occupational therapists are allied health professionals whose role is to enable their clients to engage in meaningful and productive activities.

Occupational therapy and support for children with disabilities and their families

Occupational therapy is a person-centred health profession concerned with promoting health and wellbeing through participation in occupation (activities). Occupational therapists achieve this by working with people with disability, including children with developmental delays and/or disability, to enhance their ability to engage in the occupations (activities) they want, need, or are expected to do; or by modifying the occupation or the environment to better support their occupational engagement. Occupational therapists provide services across both clinical and non-clinical settings across the lifespan and have a valuable role in supporting children with developmental disorders; physical, intellectual, chronic and/or progressive disability.

Occupational therapists work in a diverse range of settings including small, medium and large private practice, rehabilitation settings, paediatric services, and community services.

Occupational therapists work with children and their families and carers, to identify goals and engage them with appropriate supports and services that promote independence, social connection, and protect and sustain physical and mental health. They deliver highly skilled interventions including:

- functional capacity assessments, understanding the complex interplay between an individual's potential, barriers, skills and strengths;
- prescription and implementation of assistive technology and/or environmental modifications;
- positive behaviour support integrating understanding of development, disability, and environment; and
- targeted, goal-focussed capacity building, for example, activities of daily living (ADL), or ADL training with children with physical, neurological and behavioural concerns or disability.

OTA is committed to supporting high quality early childhood occupational therapy practice. The profession has invested in the development of a Paediatric Capability Framework, that was released in June 2024. The Framework supports the use of evidence-based practice by occupational therapists and outlines the skills and capabilities that practitioners will need to acquire for paediatric practice at different career stages. OTA is developing paediatric learning and development modules, in partnership with Deakin University, which align with the Paediatric Capability Framework. This will enable the provision of high quality, evidence-based services by the occupational therapy profession and provide a surety to providers and funders of occupational therapy services about the delivery of safe and effective practice.

¹ Occupational Therapy Board of Australia (Australian Health Practitioner Regulation Agency), 2024; <https://www.occupationaltherapyboard.gov.au/News/Annual-report.aspx>

OTA response to the Consultation on Foundational Supports for Children

OTA welcomed the Report of the Independent Review of the NDIS, and its recognition of the obvious need for more support services in Australian communities for those who cannot access, or do not require the supports offered by the NDIS, particularly for children and families, who currently have little access to the information, supports, and services they need.

OTA welcomes the plan to broaden the availability of supports for people with disability in the wider community, both in terms of the general foundational supports that are intended to increase availability of, and access to information and build capacity; as well as the intention to develop targeted foundational supports for children with developmental delay and/or disability, and their families.

Key Considerations in Design and Delivery of Foundational Supports for Children

Early Intervention

Parenting in the early years of a child's life can be stressful and confusing, particularly if there are concerns about the child's development.

While universal services such as Maternal and Child Health services and GPs are often the first point of contact to identify concerns and support parents with information and referral, OT's and other allied health are the professionals who are providing the assessment, intervention and further recommendations which are being used to guide medical diagnosis and planning. Families may be able to see a GP with a developmental concern, but many are still falling through the gaps with children not getting the appropriate services, and parents not getting the assistance they are needing, in a timely way.

OTA notes that the consultation paper identifies that this current consultation does not cover how a child's developmental delay may be identified or how navigation of the system of supports and services available may be delivered, although it is recognised as an important part of the design of Foundational Supports for children. OT's currently play a significant role in providing professional guidance to medical services such as GPs and paediatricians in relation to a child's developmental concern, delay or disability.

Mainstream settings such as early childhood services and schools should be considered an important means of supporting early identification of developmental delay and disability. The ability to identify potential areas of developmental delay or disability involves a specialised skillset and is best supported by a model that involves employment of occupational therapists in school and early childhood settings. The role of the occupational therapist should be to build capacity and knowledge among the staff in that setting to observe and identify potential signs of developmental delay, concerns or disability and to assist in confirming potential referrals for foundational supports and additional supports to be provided in that mainstream setting.

Principles for Best Practice

OTA supports the Government's commissioning of a review of Best Practice in Early Childhood Intervention², currently being undertaken by PRECI. We look forward to the release of its final report

² <https://healthy-trajectories.com.au/eci-review/>

and the implementation of key principles to ensure best practice in the delivery of early childhood interventions, including:

- Being evidence-based and outcome focussed;
- Supporting the child and family in their environment;
- Being family and child centred;
- Being strengths based and inclusive.

OTA recommends that:

- While early identification of a developmental concern may not involve a formal diagnosis it should involve relevant advice, observation, and support from someone with the necessary expertise. This may be best undertaken in a mainstream setting.
- There needs to be greater clarity about the pathway for children with developmental concerns or delays and/or disability, from general foundational supports, to targeted supports, and into NDIS if that is required. Consideration needs to be given to the pathways between systems and how this will be made easy to navigate as possible.
- Foundational Supports for Children must be consistently accessible, regardless of the geographic location of the family, while co-designed at the local level to meet local needs and requirements.
- Minimum standards should be developed and applied to service provision and qualification and experience of health professionals, to ensure evidence-based best-practice underpins the service and supports provided. This should take into account existing regulation of health professionals to avoid any unnecessary administrative burdens and red-tape.

The role of Occupational Therapists

We welcome the recognition in the Consultation Paper of the role OTs can have in Foundational supports for children. We note that OTs are identified in the provision of '*low-intensity or periodic child and family centred allied health supports*', and allied health supports in the provision of '*one-on-one capacity building*'.

While this will provide some value in meeting the needs of children and families, we stress there is a range of services and supports OTs can and do provide in supporting children and their families, beyond these identified supports.

Services and supports provided by OTs include running information sessions to support parents, small group sessions with children and families, and working with organisations and staff to support them to be more inclusive of children with disabilities and assist them to understand disability and its impacts on individuals.

OTA recommends that:

- The Department of Social Services in its development of an overarching Foundational Support Strategy, and governments, in the development and implementation of Foundational Supports for Children, should include full range of occupational therapy scope of practice in core service design for foundational supports for children, including assessment, intervention, and capacity building.
- Foundational supports must offer tailored, person centred and evidence-based supports that are flexible and can allow for fluctuations in intensity of care depending on the needs of the child and family.

In addition the consultation paper identifies the role of a '*suitably qualified and experienced worker*' who could '*provide coordination and help families get appropriate supports.*' OTs have worked in similar key worker roles in the past, and while there are potential flaws in this model, they can work successfully when implemented well.

OTA recommends that

- OTs and other suitably experienced allied health professionals be utilised for these coordinating or 'key worker' roles;
- Implementation of a 'key worker' model facilitate wrap around services and supports for the child and family which may be provided by the skilled occupational therapist rather than just coordination of brokered service provision; and
- If a 'key worker' model is implemented, that it aligns with the Best Practice in Early Childhood Intervention framework.

Foundational Supports in Educational settings

Supporting the child in their natural environment needs to include educational settings, from childcare, pre-school and formal educational settings.

Occupational therapists should be an integral part of provision of supports in educational settings.

The benefits of access to education-based occupational therapy services include:

- Enabling vital prevention and early intervention for students experiencing psychosocial difficulties or developmental delay.
- Promoting social and emotional wellbeing and equips students to manage challenges effectively from a young age.
- Reducing strain on teachers and childcare workers by directly supporting students with additional needs or coaching teachers to support these students.
- Addressing behavioural challenges in the classroom to create a productive learning environment for all students.
- Supporting children and young people of all abilities to achieve their goals and reach their full potential inside and outside of the educational setting.

The specific interventions provided by an occupational therapist vary depending on the individual needs of the child or cohort. The areas that occupational therapists can assist with include:

- Supporting students to develop **fine motor, gross motor, play and social skills** required to participate in play and learning.
- Working with children to understand, manage and **regulate** their **emotions** effectively.
- Prescribing and implementing **assistive technology** (e.g. communication and mobility devices).
- Addressing **sensory processing** difficulties through sensory modulation techniques.
- Supporting students with additional needs to complete **self-care** activities (e.g. toileting) as independently as possible.
- Improving **executive functioning skills** needed to plan, focus attention, remember instructions, and multitask effectively.
- Providing **mental health therapy** for children with experience of trauma, anxiety, depression, and other psychological difficulties, as well as early intervention and prevention strategies to support the mental health and wellbeing of the wider cohort.

Education-based services can be delivered in several ways. Occupational therapists can:

- Provide tailored **one on one therapy** with individual children.
- Deliver **group therapy** programs with a class or small number of children.
- Recommend, implement, and monitor **strategies for the educational setting**.
- Provide **capacity building and coaching** to upskill families, teaching and childcare staff to support students.

OTA members have identified some programs that are working well in educational settings including, that could be considered for expansion across regions and states and territories. For example:

- Queensland's Kindy Uplift program – provides funding to allow Kindergartens to purchase allied health supports for screening, parent and staff education
- Capacity building in Victorian early education- School Readiness program. Uses screening assessments like Brigance to trigger referral to OT - in Victoria Maternal and child health nurses use this assessment and onward refer based on the outcome.

Consideration of how supports will be delivered

Early indications appear to be that foundational supports are more likely to be delivered by large providers responsible for large geographic regions, including regions in which they may not have an existing footprint, workforce, or understanding of local health, disability and social support infrastructure. Alternatively, state and territory governments may become employers of allied health and other workers responsible for the delivery of foundational supports.

Both options have significant implications and potential consequences. The market-based approach of the NDIS has led to the establishment of many smaller occupational therapy businesses with strong local connections to other disability services, community organisations, and mainstream supports such as schools and early childhood services. Developing models that allow smaller organisations to participate in delivering foundational supports is the best way of building on local connections and systems rather than seeking to overlay a new system.

We note that larger providers may also have established relationships in many areas and our concerns are primarily related to approaches that seek not to build on existing service infrastructure and instead add in new services and workforces.

Identification of the needs of the parents.

Many families experience significant complexity due to their financial circumstances, relationship situation (including divorce and multi-household environments for children), domestic violence, as well as parents potentially experiencing mental illness or disability that impacts their own functional capacity. Service delivery needs to account for the complexity of the environment of the child and the capacity of the parents.

Parents of children with developmental delay and disability may experience mental ill-health, stress and other factors as a result of their child's needs. Supports need to consider the needs of the parents and focus on improving their own capacity, mental health and wellbeing, and how to best ensure that parents can support their children's needs.

Workforce Capacity and Capability

OTA welcomes the recognition of the significant barriers that may exist to delivery of Foundational Supports for children, including capacity of an already stretched disability and community support sector.

We suggest the following be given due consideration with identification of appropriate mechanisms for addressing them:

- Reforms and service roll out have lead time to ensure they are implemented gradually and in a sustainable way to enable markets to adapt without financial detriment and reduce the risk of market disruption or provider collapse.
- That consideration is given to ensure service delivery is integrated, seamless and that accesses thresholds are not fragmented, duplicated, or create administrative burden, or barriers to access, for participants, or service delivery, for providers.

1. Building the capacity of the sector and workforce

Building capacity of the sector and workforce, including their readiness, to support families and children under the General and Targeted Foundational Supports service offering requires consideration of the following factors:

- Recognition of the capabilities that are required.
- A funding system that recognises the need to invest in time for clinicians to build their own capacity through training, and to invest time in building relationships with other services as part of sector and system capacity building.
- The development of pathways between mainstream, foundational and NDIS services and education of the workers and clinicians in each system to ensure that all are aware of how they can support children and families to access services.
- The development of infrastructure, including digital infrastructure such as My Health Record, to support information sharing between services and systems.

2. Addressing workforce shortages

Addressing workforce shortages including workforce challenges in rural and remote communities requires a range of approaches.

In the first instance the emphasis should always be on strengthening existing services and seeking input from the community to understand existing capability as well as gaps and needs.

Commissioning approaches that recognise the need to provide funding certainty to providers establishing services in those regions has been demonstrated as a successful approach to improving options under the NDIS and other programs. A combination of telehealth and drive-in or fly-in services may also be required in some areas.

3. Training needed to help address capability gaps or potential future market gaps

The type of training will depend on the workforce. Occupational therapists and other allied health professionals are subject to rigorous training based on consistent national standards. Other workforces in the disability space may lack national standards associated with training and practice.

The Commonwealth and individual states and territories should build into their design and consultation processes identification of the workforces that will be authorised to provide services and discussion

about the capabilities that will be required, the extent to which these exist in the available workforce and where additional training may be required.

In addition to formal training, capability development in early childhood requires the matching of experienced clinicians with early career professionals, based around peer support and case revision, supervision, and mentoring approaches. Both employment and funding structures will need to ensure that those providing foundational supports either have significant and demonstrated experience or have regular access to supports with dedicated time for capability development.

Given that the intention is for foundational supports to be provided in natural settings, consideration will need to be given to how early career professionals and those with less experience are supported by a more experienced professional. A key challenge under the NDIS reported by many earlier career professionals is that they are often professionally isolated for most of their working day due to spending most of their time in participant homes or community settings.

Telehealth services

Telehealth services are a viable option for rural and remote families but should not be considered a direct replacement or easy solution. Telehealth services can be very effective as a means of providing coaching and other supports to parents and carers and may have application for some direct services for children and young people. However, many supports for children and young people should be delivered in-person.

Telehealth service delivery requires capacity-building and training. Clinicians that work regularly with telehealth-based approaches develop skills and approaches that allow them to make the most effective use of the medium and to compensate for any gaps. That includes spending time working with families receiving telehealth services to help ensure that they have the necessary technology, connection, and appropriate space for services in place prior to a telehealth service.

Funding programs often don't consider the additional time required to support families to set up telehealth, and the needs associated with effective telehealth service delivery. The development of any telehealth-based services under foundational supports should consider this role.

For those clinicians without experience in the use of telehealth, additional training and guidance may be required and could be developed in conjunction with peak associations.

Encouraging innovation, quality and best practice

OTA recommends that the following be implemented to support innovation, quality and best practice in the delivery of Foundational Supports for Children:

- Establish the principles that underpin good practice but allow experienced clinicians the ability to use their judgement in relation to which services they deliver and how. Many funding programs overly constrain clinical judgement, limiting opportunities for clinicians to innovate and provide the best services for a particular child and their family.
- Put in place consistent frameworks for measuring outcomes and educate families, clinicians, and workers in their use both as a quality measure and to support oversight.
- Ensure that funding supports access to experienced clinicians rather than putting in place services that can only attract inexperienced or less qualified professionals.

Measuring and enabling success for delivery of Foundational Support for Children and their families

While success is easy to identify at a high level - children are thriving and families feel equipped to manage their needs - at an individual level success can look very different.

Achieving successful outcomes for a child with significant behavioural issues may look very different to the outcomes achieved for a child with physical developmental issues. Those outcomes will vary further depending on the environment in which the child lives and the capacity of their parents and caregivers. Measures will need to account for this variation and not punish providers working with children with more complex needs where outcomes may be more difficult to achieve.

The use of more standardised experiential and outcomes measures such as validated PREMs and PROMs may be appropriate but further work should be undertaken with professional bodies to explore the current tools in use by the profession and their applicability to foundational supports.

Conclusion

OTA thanks the Department of Social Services for the opportunity to comment on the Consultation on General Foundational Supports. OTA would be happy to meet with DSS representatives to expand on any of the matters raised in this submission.

Contact: For further information or to discuss the contents of this submission, please contact Michelle Oliver, Chief Occupational Therapist at OTA via policy@otaus.com.au