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Aged care occupational therapy capability framework



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Capability framework for Occupational Therapists working with older people (Aged Care)

The Capability Framework for Occupational Therapists working with Older People (Aged Care) proposes a series of capabilities (knowledge, skills and attitudes) for occupational therapists practising across different aged care settings and support structures. The framework acknowledges that aged care is a complex and multifaceted area of clinical practice and is within the scope of all registered occupational therapists.

The framework aims to:

- Facilitate occupational therapists' self-reflection and decision making regarding their practice.
- Help clinicians identify areas they may need to build their knowledge or skills relevant to their service setting or area of practice.
- Demonstrate the clinical practice expectations of occupational therapists at different career stages.
- Support advocacy of the role and function of aged care occupational therapy to government, funding bodies, employers, managers and other key stakeholders.

This framework does not intend to:

- Be prescriptive or restrictive.
- Expect clinicians working in aged care to meet all capabilities listed - capabilities need to be applied to their specific setting/context.
- Expect clinicians to operate at the same proficiency level across all capabilities.

Guiding approaches

Capabilities widely acknowledged as fundamental to occupational therapy practice across the broader field and across all areas of practice fall beyond the scope of this framework and are assumed to be implemented despite not being explicitly outlined in the framework. Clinicians should utilise evidence-based best practice where available. Clinicians across all career stages are expected to engage in regular professional supervision to assist in building and consolidating their capabilities. Occupational therapists are expected to work within their scope of practice at all times.

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This capability framework expects that all clinicians, including those working in aged care, will adopt a trauma informed approach to their practice as a core competency and skill. Clinicians are expected to understand how trauma impacts a person physically, psychologically and cognitively and adapt their approaches to clinical practice accordingly, particularly for vulnerable or marginalised groups. Trauma informed practice applies across a range of situations and aligns with the expertise occupational therapists have in aged care to support the use of least restrictive practices. Clinicians should also be aware of the historical trauma and other cultural and societal factors that specifically impact Aboriginal and Torres Strait Islander Elders and members of the stolen generations.

Clinicians who have the clinical competency and skills necessary to deliver interventions addressing underlying trauma are encouraged to do so, acknowledging that not all practitioners possess these skills and as such will make necessary referrals to ensure older people requiring these services receive culturally safe and appropriate supports.

The framework in context

In defining the capabilities required for aged care practice, several caveats apply.

- This framework is one of a suite of capability frameworks developed by Occupational Therapy Australia and should be used in conjunction with other relevant frameworks to inform practice.
- Generic workplace and setting-based capabilities are not included, as they are considered the responsibility of employers.
- Prescriptive guidelines and competencies for specific practices, interventions or tools are not included in this framework.
- The capabilities are presented independently, without influence from funding, employment type, setting or geographical location.
- This framework is designed to complement broader standards and other frameworks such as the Australian Occupational Therapy Competency Standards (2018), the OTA Occupational Therapy Scope Ethics (2014) and the Mental Health Capability Framework (2022).

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Navigating the framework

The capabilities are organised under 5 domains and are described against 3 levels of proficiency represented as career levels indicative of knowledge and experience rather than years of practice.

The domains are highlighted in purple with the associated capabilities included below. The list of capabilities is not hierarchical, but rather indicative of what a therapist should consider under each of the domains. The capabilities are presented across three career stages that run left to right from least to most experienced, representing good practice at each level.

The list of capabilities is not intended to represent all capabilities required by occupational therapists. Several areas of capability were also excluded based on consultation with the profession and a view that they were outside the scope of this framework. Clinicians operating as a sole practitioner, where they don't receive direct management or supervision to deliver their services, should aim to operate at a senior practitioner level.

Acknowledgements

The Occupational Therapy Australia (OTA) Capability Framework for Occupational Therapists working with Older People (Aged Care) was developed in collaboration with an Expert Advisory Group and through multiple consultation phases with the broader occupational therapy profession. OTA acknowledges the contribution of the Expert Advisory Group and all occupational therapists who contributed their time, insights and expertise to the development of this framework.

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	Foundational practitioner	Intermediate practitioner	Senior practitioner
Domain 1: Knowledge of aged care systems, aged care conditions and co-occurring factors *Aligned with Standard 2 from Occupational Therapy Board Standards*	All occupational therapists working in aged care require a strong understanding of the aged care system, including relevant aged care legislation, aged care funding and governance systems, conditions most experienced by older people, their associated symptoms and how they impact occupational performance and participation. Aged care presentations include physical, psychological and cognitive age related conditions such as mild and major neurocognitive disorders, including the syndrome of dementia. Occupational therapists must understand the ageing process and issues relevant to the ageing population such as grief and loss, loneliness, life and role transitions and palliative or end-of-life care. Practitioners should also have a strong understanding of occupational therapy models of practice, and the impact of trauma, cultural identity, and history on the person's aged care journey. Practitioners should expect to maintain contemporary knowledge across these areas throughout their career and adopt the requisite strategies to support this.		
1.01 Knowledge of relevant legislation The practitioner is familiar with relevant Federal and State/Territory aged care legislation, such as the Aged Care Act, Aged Care Code of Conduct, Privacy Act, Human Rights Act, Voluntary Assisted Dying, Elder Abuse and Restrictive Practice laws and how this may impact interventions.	The practitioner is familiar with the Aged Care Act and any relevant state, territory and federal legislation that may apply to their work and the rights of individuals in their care. The practitioner works to ensure that they are actively seeking to protect and enhance the individual rights and decision-making capacity of older people and support the use of least restrictive practice.	The occupational therapist has sound knowledge of the Aged Care Act and other relevant legislation that may apply. The practitioner works with the broader team to protect and enhance the rights and decision-making capacity of older people.	The occupational therapist contributes to service design and delivery to maximise the rights and capacity of individuals under the Aged Care Act and other relevant legislation. The practitioner supports less experienced practitioners to develop their capacity and understanding of aged care legislation to maintain the individual rights and decision-making capacity of older people.

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1.02 Knowledge of frameworks and systems The occupational therapist understands the local and national age care systems and frameworks and the interplay between the aged care system, the health system, the housing system, the disability system, and the veteran's system as well as not-for-profit aged care support services.	The occupational therapist has a general knowledge of aged care services and intake processes and can support the consumer and their family to make decisions about, and connect with, appropriate aged care services. The practitioner is aware of relevant policies and frameworks that impact aged care practice and planning.	The occupational therapist has sound knowledge of local aged care services and other relevant service systems such as housing, welfare, disability, and veterans. The practitioner has sound knowledge of national frameworks and local strategies and plans that underpin clinical practice and service system design.	The occupational therapist contributes to the development and improvement of local service and system structures, implementing improvements or changes to their service or organisation to align with and support broader systemic improvements. The practitioner supports less experienced clinicians to develop their understanding of local systems and how to navigate these.
1.03 Knowledge of quality, registration, and governance systems The occupational therapist understands and complies with the governance, registration and quality systems operating across the aged care system federally and complimentary systems across states and territories.	The occupational therapist is familiar with the quality, registration and governance systems that operate across the aged care system. The practitioner is aware of their responsibilities under these systems and is supported by senior practitioners to maintain compliance.	The occupational therapist has a strong understanding of the quality, registration and governance systems operating across the aged care system. The practitioner has the necessary clinical capability and experience to meet quality, registration, and governance requirements.	The occupational therapist has an advanced understanding of the quality, registration and governance systems that apply to aged care. The practitioner can support program development and quality assurance pathways to maintain compliance and supports less experienced occupational therapists to build their knowledge and capabilities.

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1.04 Knowledge of relevant funding systems The practitioner is familiar with relevant aged care funding programs available across the aged care system and how they might differ. The practitioner understands complimentary funding programs, both private and public, available to older people. This includes funding to access clinical care, assistive technology and home modifications.	The occupational therapist has general knowledge of aged care funding systems and aligned funding programs available to older people including private and public funding. The practitioner can educate and support the older person and their family to better understand the aged care funding they're accessing with the support of senior clinicians when necessary.	The occupational therapist has a strong understanding of aged care funding systems and aligned funding programs available to older people and is familiar with how to advocate for increased funding support as required. The practitioner can arrange for the older person and their family to access additional funding sources available to them via referral to other practitioners or services.	The occupational therapist has an advanced understanding of the aged care funding systems and other funding programs that older people can access. The practitioner can advocate on funding reviews and policy decisions regarding funding and support less experienced clinicians to develop their understanding of funding available to older people.
1.05 Knowledge of common conditions The occupational therapist is familiar with a range of conditions most experienced by older people. The occupational therapist can identify symptoms associated with these conditions and is familiar with common treatment approaches. The occupational therapist understands the way co-morbidities, medications,	The occupational therapist understands and recalls common age-related conditions and the symptoms associated with these including neurological and physical conditions, emotional and psychological conditions, and chronic illness. The practitioner is aware of common evidence- based treatment approaches, common psychotropic medications and how they might impact the consumer and	The occupational therapist understands a broad range of age-related conditions and treatments, including complex presentation, and the symptoms and impacts associated with these. The practitioner is confident in making decisions about evidence-based interventions for a wide range of aged care presentations.	The practitioner has an advanced understanding of age-related conditions and treatments and supports the education and training of less experienced staff in relation to presentation and treatment.

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polypharmacy, and medical interventions may impact an older person's physical, psychological and cognitive presentation.	their capacity to engage in occupations and interventions.		
1.06 Knowledge of cognitive impairment, dementia and delirium, and related best practice guidelines The occupational therapist understands cognitive impairment from delirium and mild neurocognitive disorders through to major neurocognitive disorders such as dementia. The practitioner has a broad understanding of the behavioural, emotional, and psychological changes associated with delirium and dementia. The occupational therapist is familiar with best practice guidelines and frameworks available and understands how to adopt these into practice.	The occupational therapist understands the key physical, behavioural, and psychological changes experienced with cognitive impairment, can detect the signs of mild neurocognitive impairment and builds their knowledge and awareness of dementia and the various presentations of this condition. The practitioner builds their skills in delivering evidence-based treatment approaches to address identified symptoms and support functional cognition and seeks support from other practitioners and senior staff when designing and implementing interventions.	The occupational therapist is familiar with, and can detect and assess for, the wide range of physical, behavioural, and psychological symptoms of major neurocognitive disorders such as dementia. The practitioner is familiar with evidence-based best practice approaches for cognitive impairment and dementia, understands the use of functional cognition, rehabilitative and compensatory approaches and can confidently apply these when designing interventions.	The occupational therapist has an advanced understanding of the physical, behavioural and psychological symptoms of all forms of neurocognitive impairment and a strong awareness of dementia and the various presentations of this condition. The practitioner is familiar with the range of dementia-specific services and occupational therapy approaches used to support people living with dementia. The practitioner can support the education and training of less experienced staff in relation to assessment and treatment of cognitive impairment and dementia.

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1.07 Knowledge of positive ageing principles The occupational therapist understands the principles that underpin a positive and healthy ageing experience for older people, is familiar with the factors that may impact the achievement of positive and healthy ageing and is aware of the importance of adopting restorative and rehabilitative models to support preventative health and wellbeing outcomes.	The occupational therapist understands the factors that underpin a healthy and positive ageing experiencing by referencing key texts such as the World Health Organisation (WHO) Decade of Healthy Ageing. The practitioner seeks support from senior clinicians to continually build their knowledge and application of restorative and rehabilitative approaches in their clinical practice.	The occupational therapist has a strong understanding of the factors related to healthy and positive ageing and consistently adopts practices in their intervention to address these factors. The practitioner is aware of the systemic and global factors that may interfere with a person's healthy and positive ageing experience and supports the older person and their significant others to combat these factors through education, advocacy and engagement.	The occupational therapist has an advanced understanding of the factors impacting healthy and positive ageing and can adapt their practice to ensure these factors are addressed across a wide range of people. The practitioner works to ensure policy and system changes to embed restorative and rehabilitative approaches in aged care and educates less experienced clinicians in these approaches.
1.08 Knowledge of ageing and life transitions The occupational therapist is familiar with the key life transitions and changes that older people experience during their ageing journey and the importance of accessing key services throughout these stages. This may include supports to adjust to transitions from	The occupational therapist has an appreciation of the life transitions that an older person might experience and the impact these role changes and transitions may have on their identity. The occupational therapist can support the older person through these role transitions and associated impacts to their life	The occupational therapist can work closely with the older person to support them with the role and life transitions they experience with ageing. The occupational therapist can provide advice and support to the older person about making adjustments to address the impacts these changes may have on them physically, psychologically and	The occupational therapist can work with a wide range of clients, including older people with complex presentations, to support them with their life and role transitions. The occupational therapist can anticipate changes and adjustments that may result from key life transitions and support the older person through these periods. The

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	Foundational practitioner	Intermediate practitioner	Senior practitioner
paid vocational roles to retirement, changes in family relationships and carer responsibilities, changes in living and financial circumstances, changes to social and friendship connections, loss and grief due to functional or health changes, and end of life and/or palliative care.	with the support of senior practitioners as required.	cognitively and make referrals to additional supports and services as required.	practitioner can provide education and support to less experienced clinicians building skills in supporting older people with their ageing journey.
1.09 Occupational therapy models of practice The occupational therapist understands how to apply occupational therapy models of practice to support assessment, information gathering and the development of therapeutic interventions. The occupational therapist is familiar with key models of contemporary occupational therapy practice.	The occupational therapist has knowledge of current evidence-based occupational frameworks and models of practice and their use in aged care settings and areas of aged care practice. The practitioner can apply appropriate models in their practice with the support of more experienced peers.	The occupational therapist can independently apply current evidence-based occupational therapy frameworks and models of practice in different areas of aged care. The practitioner understands how to choose appropriate frameworks and models to align with the needs of the client and intended outcomes and goals.	The occupational therapist has a strong understanding of the use of occupational therapy models of practice and frameworks, can contribute to the education and training of less experienced practitioners, and contributes to research and the implementation of models and frameworks within the organisation or service.

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1.10 Culturally responsive practice The occupational therapist understands how the experience of ageing may differ across a range of cultures. The practitioner is aware of the impact of stigma and other cultural factors that may impact clients from culturally diverse backgrounds and how this may influence their understanding of aged care, their ability to access services, and their progress. *(AHPRA Code of Conduct: Section 2 & 3)*	The occupational therapist understands how to provide culturally safe services to all older people and draws on culturally safe ways of working and providing therapeutic interventions. The occupational therapist understands how to work with culturally and linguistically diverse communities, including those with a refugee background, and is familiar with local services for culturally diverse communities. The occupational therapist understands the potential role of stigma and shame, as well as being familiar with the use of communication techniques that address language barriers.	The occupational therapist has strong knowledge of culturally safe practice and understands how to collaborate with the individual, their families and carers, cultural consultants, community-based organisations, and other partners, to support the design and delivery of culturally safe and appropriate therapeutic interventions to all older people.	The occupational therapist draws on individuals, families, and communities of all cultural backgrounds as active partners in the planning and development of culturally safe and appropriate service delivery and design. The practitioner works with less experienced occupational therapists to support them to develop an understanding of culturally safe practice.
1.11 Aboriginal and Torres Strait Islander culturally aware practice The occupational therapist understands the impact of historical trauma and other cultural and societal factors that specifically	The occupational therapist understands how to provide culturally safe services for Aboriginal and Torres Strait Islander peoples, which recognise the impact of trauma and grief and draw on	The occupational therapist has strong knowledge of culturally safe practice for Aboriginal and Torres Strait Islander peoples, and understands how to collaborate with the individual, their families and	The occupational therapist draws on individuals, families, and communities of First Nations Elders as active partners in the planning and development of culturally safe and appropriate service delivery and

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impact Aboriginal and Torres Strait Islander Elders. The practitioner is aware of how these factors may influence First Nations Elders' views and experience of ageing, their understanding and utilisation of aged care, their ability to access services and their progress. The practitioner is aware of the priorities outlined in the National Agreement Closing the Gap. *(AHPRA Code of Conduct: Section 2 & 3)*	culturally safe ways of working and providing therapeutic interventions. The occupational therapist understands the potential role of stigma and shame, as well as being familiar with the use of communication techniques that address language barriers.	carers, cultural consultants, community-based organisations, and other partners, to support the design and delivery of culturally safe and appropriate therapeutic interventions to First Nations Elders.	design. The practitioner works with less experienced occupational therapists to support them to develop an understanding of culturally safe practice.
1.12 LGBTIA+ aware practice The occupational therapist understands how the experience of ageing, and the experience of historical stigma and prejudice may impact older members of the LGBTIA+ community. The practitioner is aware of LGBTIA+ history in Australia and understands the intersecting vulnerabilities experienced by LGBTIA+ older adults, which may put this population at	The occupational therapist understands that LGBTIA+ communities remain at greater risk of poor health outcomes and may be less likely to take up services. The practitioner works alongside more experienced colleagues to develop and implement appropriate strategies for clients. The practitioner is aware of services that support LGBTIA+ older adults and refers clients when appropriate. The	The occupational therapist incorporates an understanding of the impact of history and ongoing health disparities experienced by LGBTIA+ communities in their work with clients, actively monitoring for any signs of risk and implementing appropriate strategies. The practitioner consistently adopts safe and inclusive language for the individual, their families and carers, and other partners. The practitioner	The occupational therapist has the knowledge and clinical capabilities needed to engage and support the LBGTIA+ older person community and can develop links and collaborative working relationships with services that are best equipped to support them. The practitioner can support less experienced occupational therapists to develop their understanding of working with LBGTIA+ older people and services.

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greater risk of poorer health and social outcomes. The practitioner supports the older person to access services that are appropriate to their needs and adopts safe and inclusive language in their clinical practice. *(AHPRA Code of Conduct: Section 3)*	practitioner understands and adopts affirmative language to support a safe and inclusive clinical experience.	has a sound understanding of services that support LGBTIA+ clients and works with them where appropriate to support the client's needs	
Domain 2: Assessment, planning of needs, goal setting and outcome measures *Aligned with Standard 3 from Occupational Therapy Board Standards*	All occupational therapists require the ability to use a range of assessment tools, both standardised and non-standardised, and use these as a foundation for the development of appropriate clinical formulation, diagnoses and planning of supports and therapeutic interventions. While different aged care settings will emphasise certain types of assessment, all aged care occupational therapists should seek to build appropriate assessment capability through training and practical work with clients. All clinicians should have the necessary skills to be able to identify and respond to a deteriorating presentation in a range of settings. Occupational therapists should be able to critically appraise the use of an assessment tool and aim to develop and expand their assessment capabilities at all career stages. Occupational therapists should deliver client centred assessments whilst considering the views of carers, advocates, and the broader care team where appropriate and be familiar with the assessment requirements of the aged care system, using outcomes measures to evaluate their clinical approaches and goals.		
2.01 Occupational performance assessments The occupational therapist can determine when and how to use a range of assessment tools, both	The occupational therapist understands and utilises occupational-focused performance assessments to determine functional ability, drawing on support from and review by senior colleagues as	The occupational therapist can independently complete occupational performance assessments for a broad range of clients, drawing on clinical reasoning to ensure the selection of	The occupational therapist can carry out occupational performance assessments with all clients, drawing on a wide range of assessment tools based on the individual needs of the client. The practitioner can support

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	Foundational practitioner	Intermediate practitioner	Senior practitioner
standardised and non-standardised, to assess occupational performance parameters underpinning the ability to fully participate in required and desired daily activities, to assess communication and interaction skills, define support required to allow the older person to achieve optimal functional performance and inform clinical decision making.	needed. The practitioner uses the assessment to describe a person's occupational identity, sense of competence and the key occupational issues, drawing on occupational formulation to inform the development of an individuals' plans and measurable goals.	appropriate assessment tools. The practitioner develops capacity in the use of a range of functional assessment tools.	less experienced occupational therapists to develop capability in the use of functional capacity assessments.
2.02 Cognitive and functional cognition assessments The occupational therapist uses appropriate cognitive assessments to support information gathering and assessment for older people.	The occupational therapist begins to develop familiarity with occupational therapy-specific cognitive assessment tools and their interactions with other types of assessment, and seeks the support of their senior colleagues as required.	The occupational therapist has a working knowledge of a range of cognitive assessments and can undertake these independently with most clients. The practitioner builds a working knowledge and confidence in the use of occupational therapy-specific cognitive assessment tools.	The occupational therapist continues to develop, maintain, and expand their working knowledge of occupational therapy-specific cognitive assessment tools, developing the ability to work with complex clients and to use a range of different tools as required. The practitioner uses their knowledge and experience to support less experienced practitioners to develop experience in the use of cognitive assessments.

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2.03 Capacity assessment The occupational therapist can provide input into the assessment of an older person's capacity to assist in the design of care, treatment, financial and legal decisions and to inform where capacity may support ongoing engagement in meaningful occupations.	The occupational therapist understands the factors underpinning capacity and is familiar with the capacity assessment process. The practitioner seeks input from senior clinicians and other professionals to ensure continued learning about capacity and the assessment process so the older person can obtain access to key supports and tailored interventions.	The occupational therapist is confident of their role in supporting the assessment of an older person's capacity and how this can be situational. The practitioner provides information about the occupational performance and cognitive performance of the older person and collaborates with other health professionals where necessary to ensure a comprehensive and accurate assessment and determination is undertaken.	The occupational therapist provides essential information necessary for a capacity assessment. The practitioner is involved in decisions around an older person's capacity so that actions regarding the older person's individual care, treatment, financial and legal situation can be taken. The practitioner can use their knowledge to support less experienced practitioners to build their understanding of, and skills to support, capacity assessments.
2.04 Environmental assessments The occupational therapist uses appropriate occupational therapy assessment tools to undertake an environmental assessment, choosing the appropriate tools for the environment and using these to inform planning and therapeutic interventions.	The occupational therapist can undertake an environmental assessment in non-complex situations, with the support and review of a senior colleague. The practitioner can begin to build skills to identify the impact of the environment on the client's occupational performance and engagement in meaningful daily activities of living.	The occupational therapist can independently undertake an environmental assessment for a broad range of clients and in a broad range of environments, using a range of tools.	The occupational therapist can assess complex environments and support the environmental needs of complex clients. The practitioner uses their knowledge and experience to support less experienced practitioners to develop experience in the use of environmental assessments.

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2.05 Physical assessment The occupational therapist uses their knowledge of physical health to conduct appropriate assessments or screening to inform the use of further targeted functional assessments and support treatment planning, referrals, and the design of individualised occupation performance goals.	The occupational therapist understands physical health and its interaction with a person's age. The practitioner can complete a physical assessment, drawing on support or review from a senior colleague as needed, to build an understanding of the person's physical health needs and when referrals for other services may be required.	The occupational therapist has a sound understanding of relevant physical health needs and their interaction with the person's age. The practitioner understands the interaction between physical changes and age-related changes such as pain, vision changes, skin integrity and balance. The practitioner can independently complete physical assessments, providing guidance and referrals for other clinical care services.	The occupational therapist can assess people with chronic and complex physical health presentations including progressive neurological conditions, central nervous system disorders or diseases and support clients to access appropriate services and aids. The practitioner can support less experienced practitioners to develop capacity in relation to physical assessments.
2.06 Functional transfers The occupational therapist can assess for a range of functional transfers required by the older person to participate in meaningful occupations. The occupational therapist can adopt a range of approaches to support the comprehensive assessment of the older person across a range of	The occupational therapist understands the important role of functional transfers in occupational performance and can adopt a range of approaches to assess an older person's functional transfers relevant to their setting and occupational performance goals with support from a senior colleague as required.	The occupational therapist is experienced in assessing a range of functional transfers to support the older person in their occupational performance and achievement of occupational goals. The occupational therapist understands the importance of adapting their approach relative to the setting in which the assessments are taking place and can translate the findings	The occupational therapist can assess the functional transfers of a wide range of older people, complexity levels and across all settings. The practitioner can use findings from the assessment to inform occupational performance plans and clinical care decisions for complex situations. The practitioner can support less experienced practitioners to develop their

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	Foundational practitioner	Intermediate practitioner	Senior practitioner
settings, irrespective of the older persons presentation.		of their assessment to other settings or to inform occupational performance plans.	capacity with assessing functional transfers.
2.07 Falls and balance assessment The occupational therapist acknowledges the increased falls risk of older people and adopts a multifactorial, multidisciplinary and evidence-based approach to falls assessment.	The occupational therapist understands the various factors that impact an older person's risk of falls and adopts a multifactorial and multidisciplinary approach to falls assessment with a focus on occupational performance. The practitioner seeks support from senior colleagues to enhance their falls assessments.	The occupational therapist can confidently complete a range of falls assessments across a range of settings. The occupational therapist considers a range of factors relevant to the individual's falls risk in their assessment including occupational performance, environmental hazards and safety, and functional mobility. The occupational therapist understands the physiology of balance and works collaboratively with other health practitioners to ensure a multifactorial approach to their assessment.	The occupational therapist is highly experienced in assessing a range of falls risk factors and can support a wide range of older people in managing their falls risk, including complex clients. The practitioner can support more less experienced occupational therapists in building their skills and knowledge in falls assessment.
2.08 Sensory assessment The occupational therapist understands how to carry out a range of age-appropriate sensory	The occupational therapist understands the role of a sensory profile and when it is required. The practitioner can complete a sensory profile and prescribe sensory	The occupational therapist can independently complete a full sensory assessment with a wide range of clients, drawing on a range of sensory assessment tools to	The occupational therapist can work with all clients, regardless of complexity, to complete sensory assessments and develop behaviour support plans to address function

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assessments to better understand underlying sensory issues, including pain, and to use this information to support the development of interventions that address these needs.	strategies drawing on support or review from a senior colleague as needed, to assist the person to manage sensory-induced impairment in a way that allows them to function optimally.	develop sensory strategies and behaviour support plans that address identified needs and support optimal function and safety.	and safety. The practitioner can support less experienced practitioners to develop their understanding of sensory assessment tools and the development of sensory strategies.
2.09 Behavioural assessment The occupational therapist plays a key role in the assessment of an older person's unmet needs that may be contributing to behavioural symptoms of their cognitive, physical, or psychological impairments. The occupational therapist adopts an occupation-focused and holistic approach to their assessment of behaviours.	The occupational therapist understands how a person's behaviour can be impacted by a range of factors including cognitive, physical and psychological impairment. The occupational therapist builds their skills in assessing a person's needs using a range of approaches and with the support of a senior colleague as required.	The occupational therapist has experience in the use of a range of evidence-based practice assessments relevant to the behavioural dimensions of occupational performance and can select, apply and educate others in the use of these models.	The occupational therapist can work with all clients, regardless of complexity, to complete assessments and educate others on the use of their findings to address an older person's occupational performance and safety needs. The practitioner can support less experienced practitioners to develop their understanding of assessment tools that can be adopted to understand the factors underlying behaviour changes.
2.10 Mental health assessment The occupational therapist can support the identification and	The occupational therapist is familiar with common mental health presentations of older people and can work with other health	The occupational therapist can perform a range of assessments to support the identification and management of mental health	The occupational therapist is experienced in supporting the identification and assessment of mental health needs across a range

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assessment of mental health impairment using a range of assessment tools and approaches and in collaboration with mental health practitioners and other clinical staff taking into consideration the specific needs of vulnerable and diverse communities. *In accordance with OTA Mental Health Capability Framework and OTA Scope of Practice Framework.*	practitioners and senior colleagues to identify and support the assessment of mental health issues.	presentations including, but not limited to, depression, delirium and anxiety. The occupational therapist is confident in their ability to translate their assessment findings to the wider health care team to ensure comprehensive clinical support and interventions can be achieved.	of settings and with a range of clients. The practitioner understands their scope of practice and seeks input from mental health professionals to support the assessment and management of complex presentations. The practitioner supports less experienced practitioners to build their knowledge of mental health and assessment approaches for the older person.
2.11 Assessment of assistive technologies, goods and equipment The occupational therapist uses a range of approaches to assess for assistive technologies and equipment to support engagement in meaningful occupations and to ensure any identified risks are documented and addressed. The occupational therapist is familiar with standards, codes and regulatory	The occupational therapist can assess for low complexity assistive technology, goods, and equipment to support the occupational performance needs of older people. The occupational therapist actively seeks the support of assistive technology and equipment experts and suppliers as well as senior clinicians, to assist with their assessments.	The occupational therapist is competent in the assessment of a range of assistive technologies, goods and equipment to support a range of clients. The occupational therapist works collaboratively with assistive technology and equipment experts to build their knowledge and ensure a comprehensive and tailored approach to assessment is taken.	The occupational therapist is experienced in assessing for bespoke assistive technology, goods and equipment solutions for a range of clients including complex circumstances. The practitioner can support less experienced practitioners to develop their skills in assessing for low complexity assistive technologies, goods and equipment and in collaborating with

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bodies that apply to assistive technologies, goods and equipment.			assistive technology and equipment experts and suppliers.
2.12 Assessment of environmental modifications The occupational therapist uses a range of approaches to assess for environmental modification to support engagement in meaningful occupations and to ensure any identified risks are documented and addressed. The occupational therapist considers the evidence supporting dementia-friendly environments in their assessment and is familiar with standards, codes and regulatory bodies that apply to environmental modifications and building works.	The occupational therapist can assess for low complexity environmental modifications to support the occupational performance and safety needs of older people, their carers and significant others. The occupational therapist actively seeks input from building professionals, environmental design experts and senior clinicians to support their assessments.	The occupational therapist is competent in the assessment of a range of environmental modifications to support a range of clients. The occupational therapist works collaboratively with building professionals and environmental design experts to build their knowledge and ensure a comprehensive and tailored approach to assessment is taken.	The occupational therapist is experienced in assessing for bespoke environmental modification solutions for a range of clients including complex circumstances. The practitioner can support less experienced practitioners to develop their skills in assessing for environmental modifications that support engagement in meaningful occupations.
2.13 Risk Assessment – abuse of the older person/elder abuse The occupational therapist understands their responsibilities as	The occupational therapist begins to develop an understanding of the various ways in which abuse of the older person may present. The	The occupational therapist has an appreciation of any cultural, societal and environmental factors influencing abuse of the older	The occupational therapist can identify elder abuse, particularly in situations where the abuse is obfuscated, and can work with the

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a health professional in relation to abuse of the older person and the various ways in which this may present.	practitioner can seek input from senior clinicians or treating medical doctors to consider actions with the consumer to mitigate risk.	person. The practitioner is familiar with the legislation and support services that address elder abuse and can support the consumer to review risks and plan strategies accordingly with support from the broader clinical team and treating medical doctor.	older person to identify and assess factors that place them at risk of elder abuse. The practitioner collaborates with other members of the support network to address identified risks, supports the older person to engage with elder abuse advocacy and support services and can support the education and training of less experienced occupational therapists in the identification, risk assessment and management of elder abuse.
2.14 Risk assessment – driving The occupational therapist understands their responsibilities as a health professional in relation to the potential impact of a consumer's ageing and health conditions on driving safely. The practitioner conducts appropriate assessment and screening and engages with relevant health professionals to	The occupational therapist screens the driving status of consumers, including license status and active driving role, and identifies any concerns impacting on the consumer's ability to drive safely, such as the use of medication. The practitioner works with senior colleagues and the treating medical doctor to review risks and plan strategies accordingly, including	The occupational therapist works with the older person and their significant others to consider their driving status as part of routine risk assessments and provides education in relation to their obligations to report ongoing health conditions to their treating medical doctor and/or state/territory specific licensing authority. The practitioner identifies strategies to self-regulate	The occupational therapist undertakes screening and works collaboratively with driver-trained occupational therapists to assess for driving status. The occupational therapist works with consumers, families, and support networks to address risks and support alternatives to driving if unsafe to continue. The practitioner collaborates with other members of

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provide further assessment and advice regarding driving.	referral to driver-trained occupational therapists.	driving and help consumers identify times they may avoid driving or it may be unsafe to drive. The occupational therapist collaborates with other supports, treating medical doctors and health professionals to escalate concerns as per local risk management policy and make referrals to appropriate services.	the support network to escalate issues. The practitioner supports less experienced occupational therapists to assess and manage risks appropriately.
2.15 Risk assessment – powered mobility The occupational therapist works with the older person, other health professionals, powered mobility device experts and others to comprehensively assess ability of the older person to operate a powered mobility device and identify safety risks.	The occupational therapist builds an understanding of the tools used to assess the use of powered mobility devices and uses these to assess the needs of older people presenting with low complexity of needs. The practitioner works with other health professionals to inform their assessment and receives support from senior colleagues as required.	The occupational therapist can assess the powered mobility driving ability of a range of older people and in a range of settings and circumstances. The occupational therapist works with powered mobility device experts, medical and health professionals and the older person's wider support network to build a comprehensive picture of the older person's ability to operate a powered mobility device.	The occupational therapist is experienced in assessing the ability of older people to safely operate a powered mobility device. The practitioner works closely with the older person, their support network and their health and medical care team to comprehensively assess powered mobility device use in circumstances where complex health, physical or cognitive considerations exist and can assess and manage risks accordingly. The practitioner supports less experienced occupational therapists

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			to build skills and experience with powered mobility device assessment.
2.16 Risk assessment – manual handling The occupational therapist considers the environmental, care support, physical and cognitive needs of the older person and works with all key stakeholders, including experts in manual handling equipment and assistive technology, to comprehensively assess the manual handling needs of the older person and identify safety risks.	The occupational therapist understands and applies principles of safe manual handling when assessing the manual handling needs of older people. The practitioner can assess manual handling in non-complex situations and calls on the support of senior colleagues as required.	The occupational therapist is competent in the assessment of manual handling for a range of clients and in a range of settings. The occupational therapist is familiar with different techniques for manual handling, the use of assistive technology and equipment for manual handling and the risks associated with a variety of manual handling approaches. The occupational therapist works collaboratively with care teams to build a comprehensive picture of the older person's manual handling needs and risks.	The occupational therapist is experienced in in the assessment of manual handling, particularly with complex clients. The practitioner uses a range of approaches and techniques, including a range of complex assistive technology and equipment, when assessing for manual handling needs and can assess and manage risks accordingly. The practitioner supports less experienced occupational therapists to build skills and experience with powered mobility device assessment.
2.17 Risk assessment – personal safety, and emergency response planning	The occupational therapist begins to develop an understanding of risk assessment tools and safety planning, including the development of personal safety plans for clients,	The occupational therapist understands how to complete risk assessments in a range of environments and settings for themselves and their clients. The	The occupational therapist can contribute to service design and delivery improvements focused on increasing safety and reducing risks to clients and health professionals.

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The occupational therapist carries out risk assessments and develops safety plans to identify and address any risks to the older person's health and wellbeing and that of others, including the occupational therapist.	by working alongside senior colleagues.	practitioner understands how to develop and implement safety plans and personal safety plans, incorporating appropriate strategies to address any identified risks to the client or themselves, including natural disaster and emergency response strategies for people living in high-risk environments.	The practitioner can support the education of less experienced occupational therapists in the use of risk assessments and the development of safety plans.
2.18 Reporting The occupational therapist can complete assessments using a range of appropriate assessment tools and develop reports that accurately and succinctly highlight the environmental, functional, psychosocial, cognitive and assistive technology needs of the older person in order to access funding and other services.	The occupational therapist understands how to report on the findings of basic environmental, physical, cognitive, psychosocial and assistive technology assessments to support clients to access funding and other services, drawing on support and review from a senior colleague as needed.	The occupational therapist can independently complete environmental, functional, psychosocial and assistive technology assessments for a wide range of clients and provide comprehensive summaries of the assessment findings. The practitioner can tailor reports for a range of audiences including equipment funding programs, housing services and other supports.	The occupational therapist can complete complex environmental, functional, psychosocial and assistive technology assessments. The practitioner has advanced report writing and documentation skills. The practitioner can supervise and support less experienced practitioners to develop their capability in relation to assessment and reporting.

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Domain 3: Occupational-focused interventions and therapeutic strategies *Aligned with Standard 3 from Occupational Therapy Board Standards*	Occupation-focused planning and use of interventions and strategies are at the core of aged care occupational therapy practice. Using the information gathered from the assessment process, the occupational therapist develops and implements strengths-based therapeutic interventions and strategies to respond to occupational focus areas and enable participation. Occupation-focused interventions focus on motivation, leisure and play, habits and routines, meaningful roles, life skills, functional cognition, physical activity, community engagement and independence, communication and interaction, self-management, emotional regulation and environment. While occupational therapists may draw on a range of strategies, all practitioners should seek to develop and maintain capability in the following strategies and interventions.		
3.01 Functional mobility The occupational therapist understands the factors that may impair an older person's functional mobility and thus impact their occupational performance. The occupational therapist can deliver tailored interventions that address the wide-ranging factors impacting functional mobility	The occupational therapist can apply their knowledge to support the functional mobility needs of non-complex clients through occupation-focused interventions. The occupational therapist works collaboratively with other health and medical professionals to inform their strategies and seeks the support and review of senior colleagues as needed.	The occupational therapist can support a wide range of clients with their functional mobility needs using occupation-focused interventions. The occupational therapist supports the care and intervention planning of health, care and/or medical teams and provides education to care staff and assistants in the delivery of prescribed assessments.	The occupational therapist is experienced in designing and implementing functional mobility interventions and strategies for complex presentations including progressive neurological disorders. The occupational therapist can support and educate the broader care and clinical teams in the functional mobility needs of the older person. The practitioner supervises and instructs less experienced practitioners and allied health assistants in functional mobility.

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3.02 Functional cognition The occupational therapist understands how to apply a range of strategies, including compensatory and rehabilitative approaches, to address changes to functional cognition.	The occupational therapist understands the various stages of cognitive impairment and how these may inform intervention approaches and engagement with other services. The occupational therapist considers the occupational performance goals of the older person when designing interventions and seeks the support of senior colleagues as required.	The occupational therapist can work with a range of clients and uses a range of techniques to address cognitive deficits impacting occupational performance. The occupational therapist applies a focus on functional cognition when designing interventions and works collaborative with health and medical professionals to ensure interventions applied address cognitive presentation and progression.	The occupational therapist is experienced in applying a range of strategies and approaches to support the functional cognition of older people and address cognitive deficits impacting occupational performance. The occupational therapist can adopt these strategies with a range of presentations and all levels of client complexity. The practitioner supports less experienced occupational therapists to build their knowledge and skills in functional cognition.
3.03 Falls prevention The occupational therapist acknowledges the increased falls risk older people have and adopts a multifactorial, multidisciplinary and evidence-based approach to falls prevention. The occupational therapist is familiar with the national falls guidelines relevant to their	The occupational therapist understands the various factors that impact an older person's risk of falls and adopts a multifactorial and multidisciplinary approach to falls prevention with a focus on occupational performance. The practitioner seeks support from senior colleagues to enhance their	The occupational therapist is confident in the delivery of occupational therapy approaches to address falls risk and safety including occupational performance evaluation, home hazard and safety approaches and functional mobility approaches to address balance and strength. The practitioner works collaboratively with others to achieve	The occupational therapist is experienced in assessing and designing intervention strategies to address a range of falls risk factors and can support a wide range of older people in managing their falls risk, including older people living with complex presentations. The occupational therapist can inform practice and policies in their work

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setting and builds skills in a range of falls assessment tools.	planning and implementation of falls prevention interventions.	a multifactorial approach to falls prevention in accordance with evidence-based best practice.	setting to ensure evidence-based best practice approaches are adopted consistently. The practitioner can support more less experienced occupational therapists in building their skills and knowledge in falls prevention approaches.
3.04 Restorative care and reablement approaches The occupational therapist understands the importance of adopting restorative care approaches to clinical practice to prevent, optimise and/or reverse functional decline. The occupational therapist understands the need to implement restorative approaches throughout an older person's journey, including during palliative care and/or at end of life.	The occupational therapist is familiar with the concepts of restorative care and wellbeing. The practitioner understands that restorative care approaches and reablement should be made available to older people irrespective of their diagnosis or setting. The practitioner works with other health professionals and senior colleagues to build skills in restorative care and wellbeing approaches that support occupational engagement.	The occupational therapist can work with other health professionals to ensure older people are afforded restorative care and reablement approaches as part of their intervention to support continued occupational engagement, prevent functional decline, support positive ageing and ensure wellbeing approaches are embedded in their clinical care plans.	The occupational therapist is experienced in delivering a range of intervention styles harmoniously, including restorative care and reablement approaches. The practitioner can apply these approaches with all levels of client complexity. This includes, but is not limited to, those living with degenerative conditions or receiving palliative or end-of-life care. The occupational therapist can educate and influence program development and policies in their work setting to ensure older people consistently have access to restorative and rehabilitative approaches. The

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			practitioner can support less experienced occupational therapist to build their capacity in these approaches.
3.05 Activity adaptation and retraining The occupational therapist understands how to assess for and apply activity adaptation and retraining strategies to support engagement in meaningful occupations.	The occupational therapist has a basic understanding of how to assess for and apply activity adaptation and retraining strategies to ensure capacity allows for participation, drawing on advice, support and review from a senior colleague as needed.	The occupational therapist has a sound understanding of how to assess for and apply activity adaptation and retraining strategies and can independently implement these strategies to support occupational participation with a broad range of clients.	The occupational therapist is experienced in the use of activity adaptation and retraining strategies with all levels of client complexity. The practitioner can support less experienced occupational therapists to develop capacity in the use of activity adaptation and retraining strategies.
3.06 Energy conservation and work simplification The occupational therapist understands and uses energy conservation strategies to maintain engagement in meaningful occupations and to address commonly occurring symptoms	The occupational therapist is aware of how to review a person's occupational engagement to understand their energy conservation needs. The practitioner can, drawing on support and review from a senior colleague as needed, consider energy conservation strategies to support continued occupational engagement including	The occupational therapist is familiar with the principles behind energy conservation and can adopt these in clinical practice as appropriate and taking into consideration the wide range of factors that may be impacting an older person's energy, including their diet and hydration.	The occupational therapist is confident in applying energy conservation strategies as a mechanism for managing a range of presentations and all levels of client complexity. The practitioner can apply these strategies across a range of settings including the domestic and vocational environments. The practitioner uses

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related to age such as fatigue and breathlessness.	pacing, activity scheduling, task analysis and routines.		their knowledge and skills to develop the capacity of less experienced occupational therapists in energy conservation methods.
3.07 Assistive technology, goods and equipment The occupational therapist plays a role in supporting the design and implementation of assistive technology solutions that support older people to engage in their daily living activities across a range of environments. The occupational therapist understands and adopts a comprehensive pathway when considering assistive technology, goods and equipment including actions to ensure effective implementation such as education, training and evaluation. The occupational therapist considers the needs of the older person, their carers and significant others to ensure items supplied address	The occupational therapist can prescribe low complexity assistive technology, goods and equipment to support the occupational performance and safety needs of older people, their carers and significant others. The occupational therapist develops experience in building low complexity bespoke assistive technology solutions with the support of assistive technology and equipment experts and suppliers, and senior clinicians.	The occupational therapist is competent in the prescription and implementation of a range of assistive technologies, goods, and equipment to support a range of clients. The occupational therapist takes a meaningful and adaptive approach to assistive technology and works collaboratively with assistive technology and equipment experts to achieve tailored solutions.	The occupational therapist is experienced in prescribing complex assistive technology, goods and equipment solutions for a range of clients including complex circumstances that require highly individualised and bespoke solutions. The practitioner can support less experienced practitioners to develop their skills in prescribing and delivering low complexity assistive technologies, goods and equipment in collaboration with assistive technology and equipment experts and suppliers.

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occupational performance and safety needs.			
3.08 Home modifications and enabling environments The occupational therapist plays a role in supporting the design and development of environments that support older people to engage in their daily living activities both domestically and in the community. The occupational therapist adopts environmental changes and education to ensure supported living environments are homely, enable occupational engagement and support a positive ageing experience through social, cultural and attitudinal approaches. The occupational therapist is familiar with strategies to ensure environments are dementia-friendly and refers to available best practice guidelines.	The occupational therapist can prescribe low complexity environmental modifications to support the occupational performance and safety needs of older people, their carers and significant others. The occupational therapist actively seeks the input of building professionals, environmental design experts and senior clinicians to support them with their prescription, education and evaluation of the prescribed solution. The occupational therapist builds skills around the role of coordinating and advocating with a range of parties on the older person's behalf, including suppliers, body-corporates, landlords and tradespeople, to achieve the prescribed solutions.	The occupational therapist is competent in the prescription and implementation of a range of environmental modifications to support a range of clients and is knowledgeable in how to interface environmental modifications with assistive technology solutions. The occupational therapist is competent in their ability to coordinate the key stakeholders involved in achieving the environmental modifications and works collaboratively with building professionals and environmental design experts to achieve comprehensive and tailored solutions, ensuring standards and codes are adhered to.	The occupational therapist is experienced in prescribing bespoke environmental modification solutions for a range of clients including complex circumstances. The practitioner can confidently manage the needs and expectations of all stakeholders involved in the completion of complex environmental modifications and is familiar with the required standards and codes for major modifications specific to their jurisdiction. The practitioner can support less experienced practitioners to develop their skills in assessing for low complexity environmental modifications and their role in coordinating and advocating with a range of parties to achieve the prescribed solutions.

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3.09 Manual handling The occupational therapist considers the environmental, care support, physical and cognitive needs of the older person and works with all key stakeholders, including experts in manual handling equipment and assistive technology, to design manual handling interventions that meet the safety and occupational performance needs of the older person.	The occupational therapist understands and applies principles of safe manual handling when prescribing and implementing manual handling strategies and techniques. The practitioner can prescribe and advise on manual handling techniques in non-complex situations and calls on the support of senior colleagues as required.	The occupational therapist is competent in the prescription of manual handling techniques and strategies for a range of clients and in a range of settings. The occupational therapist is familiar with the use of assistive technology and equipment for manual handling and works with experts in manual handling equipment to design individualised solutions. The practitioner provides education and training to the older person and their care network on the manual handling technique, safe use of any assistive technology or equipment and risks associated with the manual handling technique.	The occupational therapist is experienced in in the prescription of manual handling techniques and strategies, particularly with complex clients or circumstances. The practitioner uses a range of approaches and techniques, including a range of complex assistive technology and equipment solutions, to provide a tailored approach for manual handling. The practitioner can assess and manage risks identified accordingly and provides education and training to the older person, their care network and less experienced clinicians building skills in the prescription of manual handling techniques.
3.10 Pain management The occupational therapist understands and uses strategies to manage pain with a focus on participation in occupation. The occupational therapist understands	The occupational therapist has a basic understanding of how to assess for and deliver occupation-focused strategies to mitigate pain and build capacity to perform meaningful activities. The	The occupational therapist can deliver a wide range of strategies that address pain through a variety of approaches. The practitioner works with other health and medical professionals to design	The occupational therapist is confident in applying pain management strategies for a range of presentations and all levels of client complexity. The practitioner can use their knowledge and skills to

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that pain is multifactorial and considers the role of the wider multidisciplinary and health team in supporting an older person's pain.	practitioner draws on support or review from a senior colleague as needed, to build an understanding of the person's pain needs and when referrals for other services may be required.	comprehensive interventions to support continued occupational performance. The practitioner makes referrals to specialist services to support more complex presentations.	develop the capacity of less experienced occupational therapists in pain management and seeks input from specialist services as required.
3.11 Social engagement The occupational therapist understands the risk of loneliness and social isolation for older people and delivers strategies to address and prevent this. The occupational therapist works with the older person and their support network to consider new opportunities for engagement in social or leisure pursuits or continued engagement in long held social or leisure pursuits, both alone or with groups of others.	The occupational therapist has a basic understanding of social prescription and other strategies to build social engagement opportunities and prevent loneliness. The practitioner does this with a focus on meaningful engagement and occupation. The occupational therapist understands the specific factors faced by the older person that may impact their new or continued social engagement such as changes to driving status, cognitive and physical changes and ensures strategies directly address these factors.	The occupational therapist has a strong understanding of strategies to support social engagement, including social prescription, to build engagement opportunities and prevent loneliness. The practitioner does this with a focus on meaningful engagement in occupation.	The occupational therapist is experienced in applying a range of strategies to support increased social engagement and is familiar with a wide variety of services that work to prevent loneliness in older people. The occupational therapist adopts these strategies with a range of presentations and all levels of client complexity. The practitioner supports less experienced occupational therapists to build their knowledge and skills in designing occupation-focused social engagement opportunities.

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3.12 Vocational engagement The occupational therapist understands the role of meaningful occupation in unpaid and paid vocational roles and delivers strategies to support new or ongoing opportunities for engagement.	The occupational therapist is familiar with the importance of supporting continued engagement in meaningful activities irrespective of the occupation or setting. The occupational therapist can support the older person in analysing their role and consider strategies to address the essential factors underpinning continued engagement with the support of a senior colleague as required.	The occupational therapist is confident in assessing and prescribing solutions to support continued engagement in meaningful activities across a range of settings, particularly in inpatient and supported living environments. The practitioner can provide education and advocacy to all key stakeholders, including employers, carers and significant others to assist in the achievement of continued occupational engagement.	The occupational therapist can expertly assess and prescribe strategies to assist the older person to maintain a range of occupational roles, including activities that support people living with complex neurological and health issues to maintain engagement in a range of meaningful occupations. The practitioner provides support and supervision to less experienced practitioners to build their skills in supporting older people to maintain and build opportunities for occupational engagement across a range of settings.
3.13 Therapeutic use of self The occupational therapist understands and uses therapeutic use of self strategies to support occupation-focused interventions.	The occupational therapist has a basic understanding of how to implement the planned use of personality, insights, perceptions and judgements as part of the therapeutic process to maintain a good working relationship with the client and support occupational	The occupational therapist has a sound understanding of how to implement therapeutic use of self strategies with a broad range of clients and can independently make decisions about when and how to use this strategy as part of their clinical practice.	The occupational therapist is experienced in the use of a range of evidence-based treatment models relevant to the therapeutic use of self and can appropriately select, apply and educate others in their use. The practitioner can support less experienced occupational therapists

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	engagement. The practitioner builds confidence in their use of this strategy through support and supervision from a senior occupational therapist.		to develop their understanding and implementation of therapeutic use of self in their clinical practice.
3.14 Therapeutic use of occupation The occupational therapist understands that occupations are at the core of occupational therapy practice and uses engagement in meaningful occupation as a method of intervention and an outcome.	The occupational therapist understands occupation as a means of achieving therapeutic outcomes and carrying out interventions, and as an outcome or goal, within their therapeutic practice. The practitioner develops their confidence in using occupation-based activities to achieve goals and outcomes with consumers, and as goals or endpoints of therapeutic interventions, drawing on support and supervision from a senior occupational therapist.	The occupational therapist has a sound understanding of the therapeutic use of occupation and can independently make clinical decisions about when and how to use occupation-based strategies and goal setting with a broad range of clients.	The occupational therapist can use occupation-based strategies with all clients. The practitioner is confident supporting less experienced occupational therapists to develop their understanding and use of occupation to support therapeutic interventions.
3.15 Sensory approaches The occupational therapist understands the importance of	The occupational therapist develops their understanding of sensory approaches and how they can address unmet needs and behaviour	The occupational therapist has a sound understanding of sensory approaches and key strategies that can be used to support people	The occupational therapist can provide complex sensory interventions for complex client presentations. The practitioner

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addressing unmet sensory needs to manage complex presentations and support occupational engagement. The occupational therapist understands how different conditions and environments may exacerbate an older person's sensory impairment and needs. The occupational therapist takes into consideration the cultural and trauma factors that may influence unmet sensory needs.	changes. The practitioner builds awareness around different sensory needs and preferences and can build basic sensory profiles with individualised sensory strategies with the support of a senior practitioner.	presenting with a wide range of sensory needs and preferences. The occupational therapist has an awareness of the impact different settings have on a person's sensory system and uses this experience to build individualised sensory plans.	contributes to the development and monitoring of sensory strategies within multidisciplinary team care plans where appropriate. The practitioner can provide supervision and support to less experienced clinicians and other care staff in relation to sensory interventions.
3.16 Behaviour support The occupational therapist understands their role in behaviour support by building the wellbeing and self-efficacy of older people through occupation-focused interventions. The occupational therapist is familiar with the legislated requirements for Behaviour Support Plans in residential aged care settings and provides expertise on strategies to	The occupational therapist develops their understanding of behaviour and the factors that may cause unexpected or changed behaviours. The practitioner develops skills in assessing the needs of the older person and in prescribing strategies, focusing on occupation, to support those living with mild behavioural symptoms of neurocognitive impairment and seeks the support of specialist behaviour management	The occupational therapist works with the older person's carers and significant others to build their knowledge and understanding of the needs of the older person. The occupational therapist builds individualised plans with targeted strategies to support the safety and wellbeing of the older person and their significant others and carers. The occupational therapist provides education and training to all people	The occupational therapist can work with complex behaviour presentations and complex client situations to provide tailored strategies and plans. The occupational therapist works collaboratively with the broader care, health and clinical team to provide education and direction in addressing the unmet needs of the older person and to develop responsive and comprehensive team

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adopt least restrictive practice. The occupational therapist is aware of, and engages the support of, specialist support services for older people living with dementia.	teams and/or the support of senior colleagues as required.	involved in the care of the older person to ensure a consistent approach, and regularly reviews and adapts the plan accordingly.	care plans where appropriate. The practitioner supports less experienced clinicians in their skill and knowledge development of Behaviour Support Plans.
3.17 Coaching, education and supported decision making The occupational therapist understands the role of coaching as a means of helping clients, families and carers to develop capacity and improve their skills in relation to the management of age-related presentations, future planning of care and support needs, goal setting and navigating the aged care system.	The occupational therapist understands coaching principles and uses coaching approaches to support clients, families and carers, drawing on guidance from a senior colleague where needed. The practitioner practices instructing, demonstrating, guiding and verbally or physically prompting when working with clients.	The occupational therapist has developed a strong understanding of coaching as a therapeutic tool to promote client-centredness in their practice and can implement coaching techniques independently with a wide range of clients, their significant others and carers.	The occupational therapist draws on coaching techniques wherever appropriate, including with complex clients. The senior practitioner can provide supervision and support to less experienced clinicians and provide support to other health professionals to incorporate coaching practices into their work.
3.18 Continence management The occupational therapist understands the factors that can alter an older person's continence. The occupational therapist provides	The occupational therapist is familiar with basic strategies to mitigate the impact of age and age-related health conditions on an older person's continence and personal care. The	The occupational therapist works closely with the older person, their carers, significant others and broader health and clinical care teams to develop strategies for a	The occupational therapist is experienced in supporting a wide range of people with their continence needs, including people with complex needs. The occupational

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holistic strategies to address function and personal preferences to mitigate associated health and dignity risks.	occupational therapist collaborates with the health and clinical care teams to build comprehensive management plans and seeks the support of senior colleagues as required.	comprehensive continence management plan. The occupational therapist is familiar with a range of strategies to support people with a range of continence needs, from self-management strategies through to supported care approaches.	therapist provides education and support to the older person and their wider care support network and is skilled in developing tailored continence management strategies for people living with dementia. The practitioner provides support and supervision to less experienced clinicians developing their knowledge and skills in continence.
3.19 Sleep The occupational therapist understands the impacts sleep has on an older person's physical, cognitive and psychological wellbeing. The occupational therapist is familiar with the factors that may impact an older person's sleep cycles and routines and works collaboratively with health professionals and care teams to mitigate these factors.	The occupational therapist builds their knowledge of how health and age-related conditions, medications and other substances may impact an older person's arousal and sleep patterns. The occupational therapist has a general knowledge of the principles of sleep hygiene and can implement these in non-complex scenarios. The practitioner supports the older person and the wider care network in the development of tailored strategies to support optimal sleep.	The occupational therapist is confident in assessing the sleep needs of older people and prescribing a range of strategies, underpinned by sleep hygiene principles, to create individualised sleep management plans for a range of people. The occupational therapist is familiar with the impact nocturnal enuresis may have on sleep quality and works collaboratively with a range of health professionals and specialists to address this and other	The occupational therapist is experienced in assessing and prescribing strategies to support the sleep needs of a range of older people, including complex situations. The occupational therapist has expertise in sleep management strategies to avoid the use of prescription medications that may cause daytime drowsiness and risk of falls/loss of balance and can provide education and support to the wider care team to avoid prescription medication or sedative use. The

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		factors impacting an older person's sleep.	practitioner supports less experienced clinicians in building their skills in sleep management.
3.20 Medication management The occupational therapist plays a role in supporting the medication management needs of older people and works collaboratively with other health professionals, specialists and the care network to design tailored solutions to support maintenance of medication management roles.	The occupational therapist can consider the individual occupational performance needs of the older person required for medication management and can provide advice on strategies to support continued medication management for non-complex presentations. The practitioner seeks the support of other health professionals and senior colleagues as required.	The occupational therapist is familiar with a range of strategies to support continued medication management for a range of clients and works collaboratively with pharmacists, GPs, specialists, health professionals and care networks to implement and review strategies to support medication management and avoid polypharmacy.	The occupational therapist is experienced in the design of medication management strategies for older people living with complex presentations and can provide education and support to those supporting the older person in the utilisation of these strategies. The occupational therapist is familiar with the signs of polypharmacy and can take steps to address this with the support of other health professionals. The practitioner supports less experienced clinicians in building their knowledge and skills in medication management.
3.21 Seating and postural management	The occupational therapist understands the principles of optimal seating for functional transfers and for occupational	The occupational therapist has a strong understanding of seating and posture and can provide advice on optimal seating and postural support	The occupational therapist is experienced in assessing and prescribing seating and postural solutions for complex presentations

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The occupational therapist understands the importance of seating and postural support to facilitate occupational engagement, prevent functional decline and support healthy ageing. The occupational therapist understands the principles of seating and postural management that support skin management, pressure injury prevention and wound care (see below).	engagement and begins to apply these for older people with non-complex presentations. The occupational therapist works with seating and postural equipment suppliers and other health professionals to collaborate on seating and postural solutions. The practitioner seeks the support of a senior colleague as required.	for a range of clients across a range of settings. The occupational therapist can direct suppliers, other health and care professionals and the older person on how to best utilise their seating and postural equipment and advise strategies to maintain posture and prevent functional decline.	like neurodegenerative and dementia clients. The occupational therapist can design bespoke seating and postural solutions with the support of suppliers and other health professionals. The practitioner provides education and supervision to less experienced clinicians to support their skill and knowledge development in seating and postural management.
3.22 Skin management, pressure injury prevention and wound care The occupational therapist understands how to support people who are at risk of skin breakdown and can implement interventions to prevent injury or address existing wounds. The occupational therapist operates within a team of health and care professionals to design skin management plans.	The occupational therapist builds skills and knowledge of pressure injury types, risk assessment, management and evaluation/monitoring strategies. The occupational therapist works collaboratively with other health professionals and care networks to manage existing wounds and pressure care needs for older people with non-complex presentations. The practitioner draws on support and	The occupational therapist can provide assessment and intervention to address the pressure injury and wound care needs of a range of older people across a range of settings. The occupational therapist is familiar with pressure mapping technology, pressure reduction assistive technology and adopts evidence-based best practice guidelines when designing tailored skin management	The occupational therapist is experienced in the risk assessment, management and evaluation of pressure injury and skin management needs of vulnerable older people with complex needs, including those with a history of pressure injuries, reduced mobility, incontinence, postural deformity, cognitive deficits and sensory impairment. The practitioner works collaboratively with the health and

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	seeks review from a senior colleague as required.	plans, in collaboration with health and care professionals.	care team in the delivery of tailored strategies and guides less experienced clinicians in their development of skills and knowledge on skin management, pressure injury prevention and wound care.
3.23 Advanced care planning and end-of-life directives The occupational therapist understands their role in supporting an older person in designing their advanced care plan and/or end-of-life directives and in approaches that optimise quality of life and promote occupational performance.	The occupational therapist considers the occupational engagement and quality of life needs of the older person when working with the older person, their significant others and the wider health team to support the development of advanced care planning and end-of-life directives. The practitioner seeks the support and review from senior colleagues or palliative care occupational therapists and specialist services as required.	The occupational therapist can support the older person in considering the elements that need to be implemented in an advanced care plan and can support the older person to liaise with the appropriate people to design or implement an advanced care plan or end-of-life directive.	The occupational therapist is experienced in building and interpreting with the older person their advanced care and end-of-life directives and can advocate on the older persons behalf for these directives to be enacted. The practitioner provides support and supervision to less experienced clinicians supporting older people with their advanced care planning or end-of-life planning.
3.24 Palliative care The occupational therapist understands their role in delivering	The occupational therapist uses core occupational therapy skills focusing on optimising occupational performance and meaningful	The occupational therapist identifies occupational goals and works collaboratively with the older person to design strategies and implement	The occupational therapist works collaboratively with palliative care and end of life specialist services. The occupational therapist liaises

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palliative care approaches that help to optimise the individual's function, promote dignity, and support participation in essential and valued activities. (Occupational Therapy Australia, Position Paper: Occupational Therapy in Palliative Care 2015)	engagement. The occupational therapist employs an interprofessional approach to palliative care and seeks the support and review of other health professionals and their senior colleagues as required.	interventions. The occupational therapist ensures that the older person's choice of where they want to live, and die are integral to the design and implementation of their goals and interventions. The practitioner seeks the support of palliative care occupational therapists and specialist services as required.	with, and directs, a range of stakeholders to design and implement plans that support the older person and their significant others as their disease progresses and they approach end of life. The practitioner provides support and supervision to less experienced clinicians supporting older people with their palliative care needs.
3.25 Sexuality and relationships The occupational therapist understands the need for older people to maintain their intimate relationships and sexuality as they age, particularly when they move to residential aged care settings. The occupational therapist understands the rights of the older person to maintain their sexual identity and intimate relationships and the complexities that cognitive and physical decline have on an older	The occupational therapist works with the older person and their significant others to consider the occupational performance barriers to maintaining sexual relationships. The occupational therapist considers strategies to support the older person to maintain their sexual identity and strategies to foster and maintain intimate relationships if identified as a goal by the older person. The occupational therapist works with other health and care	The occupational therapist can discuss a range of strategies and approaches to support the sexuality and sexual relationships of the older person. The occupational therapist can work with a range of older people across a range of settings and works collaboratively with service providers, health and care teams to consider holistic approaches to support the sexuality and relationship goals of the older person.	The occupational therapist is experienced in discussing and addressing a range of sexuality and relationship goals for a variety of older people, including those with complex presentations such as those living with neuro-degenerative diseases or cognitive deficits. The occupational therapist can work with people living with dementia to consider approaches to support their maintenance of sexual identity and relationships whilst mitigating any risks to the older person or other

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person's ability to maintain these roles.	professionals and senior colleagues as required.		parties, particularly in shared living environments. The practitioner supports less experienced clinicians in their development of skills and knowledge when working with older people on their sexuality and relationship goals.
Domain 4: Client-centred practice and continuous improvement *Aligned with Standard 1 from Occupational Therapy Board Standards*	All occupational therapists working in aged care should ensure that they are gathering feedback and input from clients and experienced aged care occupational therapists and other aged care professionals as part of their practice. Practitioners should also develop their own capacity to provide supervision and support to other aged care professionals.		
4.01 Clinical supervision The occupational therapist understands the role of clinical supervision as a means of developing and enhancing their own practice and that of the occupational therapists they supervise, is familiar with professional models of supervision and understands the	The occupational therapist participates in supervision and begins to develop their understanding of supervision models and approaches. The practitioner uses supervision to support their professional development across all capability development areas.	The occupational therapist has expanded their understanding of supervision models and approaches and actively uses supervision as part of their own development and practice. The practitioner can supervise students or less experienced staff, implementing appropriate models and providing	The occupational therapist can provide supervision to intermediate and senior staff, drawing on extensive experience and supervision training. The practitioner supports occupational therapists requiring additional professional support and supervision. The senior occupational therapist also provides support and

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role of reflective practice, evaluation, and feedback. The clinician understands the value of lived experience supervision and actively seeks lived experience supervision where possible. *(OT Competency Standards 1.12 and OTA Supervision Framework)*		guidance to less experienced staff about how to use supervision in their own development.	coaching to less experienced and intermediate clinicians and educates them on the features of discipline-led supervision models.
4.02 Feedback-informed practice The occupational therapist understands how to seek, measure, and respond to client feedback as part of their practice and focuses on using that feedback as the foundation for continuous quality improvement. (OT Competency Standards 4.10)	The occupational therapist understands that seeking feedback from clients, based on set measures, is an important foundation for the therapeutic relationship and a means of ensuring that interventions are effective. The practitioner seeks feedback and works with more experienced colleagues to adjust their strategies appropriately.	The occupational therapist is confident in the independent use of feedback-informed practice, and in using measures that suit their practice. The practitioner actively encourages feedback as a foundation for therapeutic practice and overall quality improvement.	The occupational therapist is confident using feedback-informed practice in their own practice, as well as supporting less experienced clinicians to reflect on, and respond to, client feedback through supervision and supported practice.
4.03 Reflective practice The occupational therapist adopts a reflective practice approach to their clinical practice to support client	The occupational therapist can reflect on their own practice and skills regularly. The occupational therapist knows where to access support, the importance of clinical	The occupational therapist can reflect on their practice and plan the necessary steps to address any identified areas requiring attention. The occupational therapist adopts a	The occupational therapist is experienced in self-reflection and regularly applies reflective practice to their own clinical practice and in their leadership, mentoring or

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centred and goal directed care. The occupational therapist uses this approach to understand their own skillset to identify areas requiring supervision or support or further learning and development.	supervision and seeks the support of senior colleagues for professional guidance and review regularly.	range of strategies to support their professional growth and development including clinical supervision, mentoring, written reflective journals, peer groups or communities of practice, continuing professional development and learning opportunities both externally facilitated and self-led.	supervision roles. The occupational therapist uses their learnings from reflective practice to support their own continued professional development and supports less experienced clinicians to implement reflective practice strategies into their clinical practice.
4.04 Advocacy and case management The occupational therapist understands their role in providing advocacy for their client to ensure they receive the services they require. The occupational therapist at times may also need to provide care coordination or case management for the older person to assist them in accessing the support they require and in planning for future care and support needs.	The occupational therapist understands the principles of advocacy and case management and draws on their understanding of the aged care system and therapeutic strategies, with the support of senior colleagues, to assist older people with non-complex circumstances to access supports.	The occupational therapist can independently support a larger caseload of clients, drawing on sound knowledge of the aged care system. The practitioner actively seeks opportunities to develop relationships with other parts of the aged care health and related service systems to support their advocacy and case management responsibilities.	The occupational therapist has the skills and experience to provide advocacy and case management support to a range of older people including those with complex circumstances. The practitioner engages in multidisciplinary case reviews and liaises with a range of health and care professionals to ensure coordinated care outcomes. The practitioner supports and supervises less experienced clinicians in their advocacy and case management work with older people.

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4.05 Continuing professional development The occupational therapist furthers their clinical practice by regularly reflecting on their skills and knowledge to inform engagement in ongoing professional development. *(AHPRA Registration Standard: Continuing Professional Development; OT Competency Standards 1.12)*	The occupational therapist seeks out and completes clinical and professional development that draws on best available evidence and supports the development of their competencies and clinical outcomes. The practitioner uses supervision to support their professional development goals and the identification of future capability development.	The occupational therapist can competently identify their clinical and professional development needs and training and education opportunities to address their professional development goals. The practitioner can supervise students or less experienced staff to identify and implement clinical professional development goals and plans appropriate to their areas of practice and professional goals.	The occupational therapist has extensive experience in tailoring their clinical and professional development goals and in identifying higher level training and skill development opportunities. The practitioner may deliver professional development and training opportunities to further the professional skills and knowledge of the broader profession.
4.06 Duty of care and dignity of risk The occupational therapist understands 'duty of care' and 'dignity of risk' and their interplay when delivering client centred care to older people. The occupational therapist adopts practices that empower the older person's informed choice, acknowledges their human rights and personal preferences and supports them to live an independent, dignified and	The occupational therapist works with the older person and their significant others to consider the ways in which they wish to live their life, provide advice about the potential risks associated with their decisions, provide strategies and education on risk mitigation and respect their ultimate decisions. The practitioner seeks support from senior	The occupational therapist adopts a range of approaches to empower informed decision making with a range of older people across a range of settings. The occupational therapist does this with the knowledge of statutory obligations and governance requirements.	The occupational therapist is experienced in supporting older people who are vulnerable or have complex presentations to exercise their autonomy whilst balancing their safety and wellbeing. The occupational therapist works as part of a wider health and care team to support the safety and wellbeing of all key stakeholders. The practitioner works

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fulfilling quality of life. *(OTA Code of Ethics, 2014)*			
4.07 Life story and reminiscence approaches The occupational therapist understands the importance of an older person's life story, including their spirituality and cultural identity. The occupational therapist incorporates these elements into their practice to achieve client centred care, help preserve memory and cognitive function, reduce feelings of isolation and loneliness and enable older people to re-live important events.	The occupational therapist uses life stories and reminiscence approaches with the older person and their significant others to inform their clinical approaches, build rapport and support the older person through key life transitions or changes. The practitioner seeks the support of senior colleagues as required.	The occupational therapist works with a range of older people to support a positive ageing experience and build connection through life stories and reminiscence approaches. The practitioner can use these approaches in individual and group interactions across a range of settings.	The occupational therapist is experienced in using life stories and reminiscence approaches with older people experiencing complex cognitive decline, including those with dementia. The occupational therapist can provide education and support to those working with the older person and uses the information gathered in the life story and reminiscence interventions to support shared care planning and delivery. The practitioner supports less experienced clinicians to develop their skills with using life story and reminiscence approaches.

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Domain 5: Working with other health professionals and significant others *Aligned with Standard 4 from Occupational Therapy Board Standards*	At the core of occupational therapy practice is an understanding of the need to strengthen and draw on a wide range of supports to assist the older person on their ageing journey. Occupational therapists understand the role and contribution of different aged care workforces, the vital role of significant others and the importance of coordinator and intermediary roles. Practitioners will actively seek to develop their experience in working with others at all career stages, across a range of settings, basing capability not only on completion of training but also on proactively seeking opportunities to work with others.		
5.01 Working within a multidisciplinary team The occupational therapist understands how to work in a multidisciplinary aged care environment, and how to advocate for the aged care occupational therapy role within that team. The occupational therapist works across different systems and programs to support a truly interdisciplinary approach, including GPs, specialists, care staff, lifestyle coordinators, clinical teams and others.	The occupational therapist understands the different aged care roles and how each profession, including their own, makes a unique contribution to client outcomes. The practitioner understands when to seek the expertise of, or refer to, other aged care professionals.	The occupational therapist has a sound understanding of the role and scope of other professions involved in multidisciplinary care and is confident in how to work most effectively with other clinicians to support collaborative decision making. The practitioner understands how to ensure their role complements that of others involved in the person's care to achieve the desired therapeutic and occupational goals.	The occupational therapist proactively seeks opportunities to bring an occupation-focused lens to the multidisciplinary team and contributes to ensuring that the person can access the most appropriate supports. The practitioner supports less experienced occupational therapists to develop their understanding of aged care occupational therapy and its interaction with the work of other aged care and health professionals.

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5.02 Working with carers and significant others The occupational therapist is familiar with the various challenges faced by people caring for older people. The occupational therapist understands the importance of working with the carers and significant others of the older person and of considering the needs, capacity, and wellbeing of those in caring roles to prevent carer burnout or fatigue.	The occupational therapist understands the important role of significant others and carers in the life of the older person. The practitioner is aware of the impact of the caring role on the carer and the importance of supporting access to carer support and wellbeing services. The practitioner develops their confidence in working with families and carers by actively seeking opportunities to engage, supported by a senior occupational therapist.	The occupational therapist has a sound understanding of the role of significant others and carers in supporting positive ageing and actively seeks to include them in planning and therapeutic interventions. The practitioner proactively supports carer wellbeing by supporting those in caring roles to understand and connect with the wider support systems available.	The occupational therapist is experienced at working with significant others and carers, including those where additional complexities may impact the caring role. The practitioner works with less experienced clinicians to develop their own understanding of and experience in working with families and carers.
5.03 Working with care coordinators, care partners and other intermediary roles The occupational therapist understands the role and purpose of support and intermediary roles and how to work with those roles when undertaking planning and implementing therapeutic interventions with clients. The	The occupational therapist understands how care coordinators, care partners and other intermediary roles support older people and how their roles intersect with that of the occupational therapist. Practitioners actively build relationships with others in these roles.	The occupational therapist actively identifies those in care coordination and other intermediary roles, recognising their role in supporting older people. The occupational therapist plans interventions and programs to align with other supports being provided by intermediaries and seeks to share information about the client's needs,	The occupational therapist can take an active role in supporting a coordinated approach to client needs, even where the client has complex needs and a larger support network of care coordinators and other intermediaries. The practitioner has capability in identifying cultural and systems factors that may impact collaborative care and can adapt to a

	Foundational practitioner	Intermediate practitioner	Senior practitioner
occupational therapist works to support any transitions to care, particularly if the older person moves to assisted living.		with their permission, to support others to work effectively.	range of clinical settings and funding arrangements to achieve effective and mutual outcomes. The practitioner supports less experienced clinicians to develop their knowledge of and experience in working with those in intermediary and coordination roles.
5.04 Supervision of allied health assistants and collaboration with lifestyle practitioners The occupational therapist understands the importance of working and collaborating with allied health assistants and lifestyle practitioners when supporting older people to engage in meaningful occupation. The occupational therapist refers to frameworks and guidelines that support best practice approaches to working with allied health assistants.	The occupational therapist collaborates with lifestyle practitioners in residential aged care and transitional care settings to ensure tailored occupational engagement opportunities are available for the older people residing in the facility. The occupational therapist builds skills in the supervision and delegation of therapeutic responsibilities to allied health assistants with the support and review of senior colleagues.	The occupational therapist is skilled in delegating and supervising allied health assistants across a range of settings with a range of clients. The occupational therapist can provide education and training to allied health assistants to support their delivery of occupation-based therapeutic approaches. The occupational therapist works with lifestyle practitioners to build their knowledge and skills in designing activities that support the occupational performance goals of older people.	The occupational therapist is experienced in supporting allied health assistants to deliver therapeutic approaches to older people with complex needs and can provide training and education to upskill allied health assistants to build their capacity. The occupational therapist can contribute to service design and delivery improvements that support a range of occupational engagement opportunities that meet the needs of all service recipients. The practitioner supports less experienced clinicians in their supervision and delegation

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			responsibilities with allied health assistants and interactive working with lifestyle practitioners.
5.05 Working with substitute decision-makers The occupational therapist works collaboratively with the older person and their substitute decision-maker to ensure their needs, preferences, safety and dignity are upheld. Substitute decision-makers may include appointed guardians, administrators, representatives and public trustees.	The occupational therapist understands the importance of working with the older person and their substitute decision-maker when making decisions around goals and interventions. The practitioner seeks the support and review of their senior colleagues and other professionals to ensure they are working according to relevant legislation where applicable.	The occupational therapist is familiar with their responsibilities and duties when working with a range of substitute decision-makers for older people. The practitioner upholds the legal requirements of a substitute decision-maker arrangement whilst adopting a range of approaches to ensure the older person's engagement in the decision making.	The occupational therapist has expertise in working with a range of substitute decision-makers across a range of settings. The practitioner understands the different rules and circumstances that surround supported decision-making and can work with a range of supported decision-makers and older people, particularly those experiencing complex scenarios. The practitioner supports less experienced clinicians to develop their skills and practice in working with substitute decision-makers.
5.06 Working with the wider community The occupational therapist understands the need to have a good	The occupational therapist builds their knowledge of key community services and supports that are important for the older people living in that area and understands how to	The occupational therapist can support the older person to build their local community connections to address their occupational performance and healthy ageing	The occupational therapist is experienced in building their knowledge and networks across their local communities to support their work with older people. The

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understanding of the community in which they work and applies this knowledge when making thoughtful recommendations around relationship building with community networks. This includes community services provided through local authorities, housing services, local providers and suppliers of assistive technology and home modifications services, social engagement groups, health and exercise groups, care brokerage and specialist care services.	make relevant referrals or connections for the person on their behalf. The occupational therapist works with the older person and their significant others to evaluate and monitor the connections made and connect with new services or supports if required. The practitioner seeks the support and review of senior colleagues as required.	goals. The occupational therapist continually builds their knowledge of community supports and services available to ensure they offer current and best available options to their clients. The occupational therapist facilitates community connections and considers approaches that can support the sustainment and growth of the older person's community network.	occupational therapist can identify and introduce older people living with complex needs to community supports and services and can evaluate and adjust the community network accordingly. The practitioner can support less experienced clinicians in building their community knowledge and network to support their clinical practice.

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