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Capability framework for occupational therapists working with children, young people and families



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Capability framework for Occupational Therapists working with children, young people and families (Paediatrics)

The Capability Framework for Occupational Therapists working with Children, Young People and Families proposes a set of key capabilities (knowledge, skills and attitudes) for occupational therapists working across a range of service settings. The framework recognises that paediatric practice is within the scope of all registered occupational therapists.

The framework aims to:

- Facilitate occupational therapists' professional-reflection and decision making regarding their practice and professional development.
- Demonstrate the clinical practice expectations of occupational therapists at different career stages.
- Support advocacy of the role and function of paediatric occupational therapy to government, funding bodies, employers, managers and other key stakeholders so that services are available to children, youth and families when needed.

Paediatric practice is complex and multifaceted. Included within this framework are key capabilities that are child and occupation focused, that support family-centred practice and that are deemed essential for supporting safe, effective and ethical practice with children, young people and families. The capabilities included are specific to paediatric occupational therapy practice.

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.

The paediatric capability framework supports the use of evidence-based best practice and there is an expectation that occupational therapists across all career stages 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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In addition, the framework expects that all clinicians will adopt:

- A trauma informed approach, understanding how trauma impacts children and families physically, emotionally, psychologically and cognitively, and recognising how trauma may influence a child's engagement in occupation and participation, and a parent's experience with health professionals and fulfilling their parenting/caring role.
- Culturally responsive and safe practices to suit the occupational therapy goals and environment of aboriginal and torres strait islander people.
- LGBTIQA+ and gender diversity aware practices, adopting inclusive language.
- Neurodiversity affirming practices, understanding the influence of neurodiversity on a child's occupations and participation, valuing the unique strengths and identity of all children and focusing on differences over deficits.

The framework in context

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.

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 of Practice Framework (2017), the OTA Professional Supervision Framework (2019), the OTA Code of Ethics (2014) and the Mental Health Capability framework (2022).

Certain caveats and exclusions apply to this capability framework:

- 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 bodies.

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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.

Occupational therapists are not expected to meet all the capabilities included in this framework and are not anticipated to operate at the same proficiency level across all capabilities. Occupational therapists should seek to build their capabilities in those areas most relevant to their service setting or area of practice.

Terminology

Throughout the capability framework the terms ‘children’, ‘young people’ and ‘families’ have been adopted to represent those this framework refers to. However, diversity in age and family/carer situations is acknowledged and it is intended that this framework is inclusive of infants, children and youth, as well as those who may be non-family carers, support persons and significant others in the child’s life.

Acknowledgements

The Capability Framework for Occupational Therapists working with Children, Young People and Families (Paediatric) 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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Domain 1: Knowledge of paediatric systems, models, frameworks and conditions	All occupational therapists working with children, young people and families require a strong understanding of the systems in which paediatric occupational therapy services are provided. It is expected that occupational therapists comply with relevant legislation, guidelines, codes, and standards that apply to their practice with children and families. In addition, it is important for occupational therapists to have a thorough understanding of World Health Organisation and Occupational Therapy models of practice and frameworks, including how to apply these models effectively in practice and their specific relevance in the child and family context. Occupational therapists require a broad understanding of conditions that impact children and young people within the context of their family and support structures. It is expected that occupational therapists will maintain contemporary knowledge across these areas throughout their career.		
1.1 Legislation, guidelines and codes The occupational therapist is familiar with relevant state/territory and national legislation that applies to working with children, young people and families, including legislation that protects their rights, privacy, safety and inclusion. The occupational therapist adheres to broad-ranging standards, guidelines and codes that apply to occupational therapy practice with children, young people and families, including those	The occupational therapist adheres to state, territory and federal legislation safeguarding the rights of children and families, including mandatory reporting laws. They also comply with guidelines, codes and standards specific to paediatric occupational therapy practice and seek professional supervision for their application in practice. The occupational therapist actively strives to protect and enhance the rights, safety, and decision-making	The occupational therapist ensures compliance with legislation, codes, guidelines and standards pertinent to their work with children, young people and families, understanding their interplay, differentiation and application in occupational therapy practice with children. Where relevant, the occupational therapist will contribute to their organisation, team or businesses adherence to these regulations to safeguard and promote the rights, safety and	The occupational therapist has broad experience in applying legislation, guidelines and codes relevant to their work, including in complex circumstances requiring analysis and interaction between these. Where relevant, the occupational therapist contributes to advocacy, evaluation and quality improvement activities to uphold individuals' rights and ensure safe, effective, and ethical service

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that refer to professional occupational therapy practice, funding bodies, professional standards and governance.	capacity of children, young people and families.	decision-making capacity of those they serve.	provision aligned with codes and guidelines.
1.2 Systems and frameworks The occupational therapist has an awareness of both local and national service systems in which services to children and young people are provided. This includes an understanding of the interplay between pertinent service systems such as relevant education systems, disability system, health system, mental health system, child protection, family law and youth justice system and the housing system. The occupational therapist understands and complies with the governance, registration and quality frameworks operating across	The occupational therapist has knowledge of the range of service systems that families may navigate and assists children and families in accessing appropriate services and systems, with knowledge of essential eligibility criteria and referral pathways. The occupational therapist has a good understanding of relevant policies and frameworks, including the WHO ICF to guide best practice. The occupational therapist is supported to adhere to governance, registration and quality standards.	The occupational therapist applies their knowledge and experience of relevant service systems, national frameworks, local strategies and pathways to support families who may be required to navigate multiple systems. The occupational therapist integrates enablement and participation frameworks into their practice.	The occupational therapist supports children and families with complex needs, requiring interaction and facilitation between systems and frameworks. The occupational therapist may contribute to the development and improvement of local service and system structures, implementing improvements or changes to their service/organisation to align with and support broader systemic improvements. The occupational therapist engages in their own supervision and provides professional supervision and/or mentoring to support less-experienced therapists to develop

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systems relevant to their work with children, young people and families. This includes federal systems and complementary systems across states and territories. The occupational therapist is familiar with enablement and participation frameworks such as the World Health Organisation International Classification of Functioning, Disability and Health (ICF)			their understanding of local service systems, comply with governance and quality frameworks and apply relevant clinical frameworks to their work with children and families.
1.3 Funding systems The occupational therapist is familiar with relevant funding schemes and systems available across practice settings and conditions relevant to children and young people and how they are differentiated. They adhere to all quality standards, registration, rules, and training requirements that apply to each funding program. Additionally, the occupational	The occupational therapist has knowledge of funding schemes relevant to children and families, understanding their differences and adhering to associated quality standards and regulations that apply to the schemes they provide services under. The occupational therapist can describe and assist families to understand their funding options. They support families to access	The occupational therapist applies their knowledge of relevant funding schemes to assist families to seek the funding required to support their needs, including when there is interplay between schemes or complexity in needs. The occupational therapist has experience with meeting the eligibility, evidence and reporting	The occupational therapist has experience in supporting children and families with complex needs to navigate funding schemes relevant to their work. They apply a high level of knowledge and experience to differentiate the features and scope of funding schemes and address requirements where high levels of evidence are required to access funding.

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therapist understands the application of legislation such as Australian Consumer Law to their practice.	funding under the guidance of a senior therapist.	requirements that apply to the schemes relevant to their work.	The occupational therapist provides supervision and/or mentoring support to assist less-experienced occupational therapists to develop their understanding and compliance related to funding schemes.
1.4 Occupational therapy models of practice The occupational therapist is familiar with key models of contemporary occupational therapy practice and understands how to apply models of practice to support the occupational therapy process and outcomes for children, young people and families across a range of contexts relevant to their practice area.	The occupational therapist has knowledge of the similarities and differences between common evidence-based occupation focused frameworks and models of practice that are relevant to their practice setting. The occupational therapist can apply relevant models in their practice with the guidance and support of more experienced peers.	The occupational therapist selects occupational therapy models of practice relevant to their practice setting and applies them in alignment with the specific needs, goals and priorities of the child, family and others (such as educators), in the context in which the model will be applied. The occupational therapist refers to the applied model(s) throughout the occupational therapy process, using it to guide all aspects of goal setting, assessment, intervention and outcome measurement to ensure a systematic approach and holistic	The occupational therapist has significant experience in selecting and applying occupational therapy models of practice across a range of client groups and complexities. The occupational therapist may guide the implementation of occupational therapy models within their organisation/service/ practice area to underpin an occupation-focused approach in practice and to advocate for differentiation of the occupational therapy role within the broader allied health team or the community/ population.

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		understanding of the client, their strengths and their support needs.	The occupational therapist contributes to the professional development of less-experienced therapists and may contribute to research and knowledge translation in this area.
1.5 Conceptual models and frames of reference The occupational therapist applies key conceptual models and frames of reference to their work with children, young people and families. They understand the benefits of applying such models when collaborating with other professions across various practice settings. The occupational therapist may draw on models from occupational therapy, education, psychology and other areas.	The occupational therapist is familiar with a range of conceptual models and frames of reference to support a holistic approach to understanding the developmental, biological, psychological, social, cultural and environmental factors impacting the occupational performance and participation of children and young people. The occupational therapist is supported to refine their knowledge and application of frames of reference via professional supervision with a senior occupational therapist.	The occupational therapist selects and applies conceptual models and frames of reference relevant to their practice setting and practice area, considering the context and specific needs and priorities of the child, family and relevant others such as educators. The occupational therapist is guided by the frame of reference throughout the occupational therapy process and applies relevant theories to support children, young people and families with complex support needs. The occupational therapist uses frames of reference to build the understanding and capacity of	The occupational therapist applies theoretical models and frames of reference across a range of client groups, presentations, and complexities. They have experience with evaluating the need for interplay between different frames of reference and synthesising these to guide individualised, evidence-based, child centred supports for children, young people and families. The occupational therapist utilises a frame of reference to facilitate education and training of key supports for the child including

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		relevant others involved in the child's care, including educators.	parents, educators and less experienced occupational therapists.
1.6 Early childhood intervention and child/adolescent development The occupational therapist understands the principles that underpin early childhood intervention, has knowledge of child development and developmental stages and is familiar with factors that may impact child development. The occupational therapist is aware of the importance of early identification and early childhood intervention in achieving positive outcomes for children.	The occupational therapist develops their understanding of child development and factors that can support or hinder development. The occupational therapist understands the principles underpinning early childhood intervention and is supported by senior colleagues to implement best practice approaches in early childhood intervention.	The occupational therapist demonstrates integration of the principles of early childhood intervention and applies a thorough understanding of child development and developmental theory in their practice with children and families with varying needs including those with complex developmental concerns. The occupational therapist applies this across all areas of the OT process to inform assessment, planning and intervention.	The occupational therapist employs best practice when working with children and families in early childhood intervention settings. They may lead program development and quality improvement initiatives aimed at enhancing early childhood intervention services within their organisation or community. The occupational therapist serves as a mentor, supervisor or subject matter expert in early childhood intervention.
1.7 Conditions and diagnoses The occupational therapist is familiar with a range of conditions relevant to children and young people. The occupational therapist can identify	The occupational therapist has knowledge of a range of paediatric diagnoses, conditions and presentations relevant to their area of practice and understands the	The occupational therapist is able to apply their knowledge and understanding of a broad range of paediatric conditions to their work with children, families and relevant	The occupational therapist has significant experience across a broad range of diagnoses and conditions relevant to children. The occupational therapist advocates for

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common symptoms associated with these conditions and is familiar with common treatment approaches.	potential impact of these conditions on occupational performance and participation. Conditions may include neurological conditions, genetic disorders, neurodevelopmental disorders, chronic and medical conditions, neurodegenerative disorders and psychological disorders. The occupational therapist is familiar with common treatment approaches for diagnoses in their area of practice. The occupational therapist understands the role of other healthcare team members in the diagnostic process and recognises when to refer for a diagnostic assessment.	others such as educators, including for those children, groups or populations with complex/ multiple/co-occurring factors. The occupational therapist has experience with distinguishing the impacts of diagnostic features and presentations on the child's occupational performance and participation. The occupational therapist is able to identify those interventions and approaches that are supported by evidence for use with specific diagnoses and conditions.	an occupation-focused and child centred approach rather than an impairment-focused or diagnosis based approach to assessment and planning. The occupational therapist may provide professional supervision or education and capacity building to key supports for the child such as parents, educators and less-experienced occupational therapists.
1.8 Child safeguarding Occupational therapists are responsible for applying their professional skills to observe,	The occupational therapist understands their legal and ethical responsibilities regarding child safeguarding. This includes knowledge of mandatory reporting	The occupational therapist is adept at recognising signs of abuse or neglect in children and has knowledge of complex risk factors. The occupational therapist follows	The occupational therapist is experienced with supporting children and families with complex needs, including those at risk. The occupational therapist may be

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monitor and identify any circumstances that may pose a risk to the wellbeing of their clients in order to provide protection and advocacy for the child. Within Australia, occupational therapists are expected to be aware of and comply with federal, state and territory legislation regarding child safety and mandatory reporting of suspected child harm applicable within the state/territory in which they practice.	laws, professional codes of conduct and organisational policies related to child protection. The occupational therapist is capable of reporting and documenting suspected child safety concerns and seeks supervision to support the process. The occupational therapist is aware of common signs of abuse or neglect. The occupational therapist collaborates with stakeholders such as child protection services and social workers to coordinate interventions and support services for children and families at risk. The occupational therapist maintains up to date knowledge on best practice, guidelines and legislative changes related to child safeguarding.	organisational processes to document and report concerns internally and complies with mandatory reporting laws, collaborating effectively with relevant external authorities to safeguard children's welfare. The occupational therapist is competent in comprehensive risk assessment and risk management strategies to ensure the safety of children and young people. The occupational therapist is able to identify complex risk factors and intervene effectively to safeguard children's welfare.	involved in the development and implementation of child safeguarding policies and procedures within their organisation, including monitoring of compliance and updating of processes to ensure effective safeguarding of children's welfare. The occupational therapist may provide supervision or support to less-experienced colleagues who report concerns about the safety of a child in their care and may provide leadership in training and education initiatives for colleagues, related to child safeguarding.

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Domain 2: Guiding principles for working with families, caregivers and significant others	Occupational therapists prioritise collaborative partnerships, family/child-centred practice, strengths-based approaches and capacity building support to empower parents, carergivers and significant others (such as educators) in their support of the child's development, goal attainment, health and wellbeing. Occupational therapists recognise the strengths and barriers for parents and caregivers in engaging in occupational therapy, as well as the impact of grief and loss on caregiver capacity. Occupational therapists understand the significance of advocacy when working with families.		
2.1 Child and family centred practice The occupational therapist prioritises family strengths, values and goals, fostering collaborative partnerships and involving them in decision making and intervention planning. Supports are applied within the context of the family and their routines, preferences and capacity. Additionally, the occupational therapist tailors interventions to meet the unique needs, interests, preferences, and developmental level of the child or young person. They recognise and uphold the inter-connectedness of various aspects of the child's life including their family	The occupational therapist has a foundational understanding of child-centred and family-centred practice principles and recognises the family as the expert on their child. The occupational therapist seeks guidance from a senior occupational therapist or supervisor to embed family-centred practice principles in all aspects of their work.	The occupational therapist has sound knowledge and experience with child-centred and family-centred practice principles and is able to articulate these to children, families and significant others involved in the child's care (such as educators). In some settings, the occupational therapist applies these principles to their work at a group/universal level, (i.e. not directly with the child), working collaboratively to maintain a child-centred focus whilst aligning with the goals, priorities and context of the group or population (such as in the educational setting).	The occupational therapist has comprehensive knowledge and experience in applying child-centred and family-centred practice principles in their work. The occupational therapist may support capacity building and training of less experienced therapists and significant others involved in the child's care such as parents and educators. The occupational therapist may utilise their knowledge and experience to contribute to service design, policy development and quality improvement initiatives to

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context, community and cultural background.			empower families and others supporting the child.
2.2 Strengths-based approach The occupational therapist adopts a strengths-based approach, collaborating with individuals and families to identify their unique strengths and available resources. The occupational therapist emphasises the child's abilities and capacities to build self-efficacy and empower them to achieve meaningful participation in daily activities and life roles. The occupational therapist implements an approach that reduces the impact of disease processes and optimises health.	The occupational therapist uses strengths-based tools, language and approaches with the child and family to engage in collaborative goal setting and identify strengths and build self-efficacy to support activity and participation for the child.	The occupational therapist has sound knowledge and experience with working in a strengths-based way with children, young people and families. The occupational therapist independently applies these principles across all aspects of their work. The occupational therapist promotes and demonstrates the principles of a strengths-based approach when collaborating with significant others in the child's care, such as educators and support professionals.	The occupational therapist has comprehensive knowledge and experience in embedding a strengths-based approach in their work. The occupational therapist advocates for the adoption of strengths-based approaches across all aspects of the child's care including across all environments and contexts (including educational settings). The occupational therapist may support the professional development of less experienced occupational therapists and significant others in the child's life such as educators.

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2.3 Childhood occupation The occupational therapist understands that children's occupations are vital for learning, skill development and enjoyment, and are shaped by their social and cultural context. Occupational therapists acknowledge the significance of meaningful engagement for a child's identity, health, wellbeing and participation. They are familiar with key childhood activities including play, self-care, education, social interaction, leisure and domestic tasks.	The occupational therapist understands the role and importance of meaningful engagement in occupations. The therapist can identify the common occupations of children and factors that may impact a child's occupational preferences.	The occupational therapist applies their knowledge of childhood occupation to all aspects of the occupational therapy process including goal setting, assessment, intervention and capacity building with significant others. The occupational therapist demonstrates the use of occupation as both a means and an end in their work with children, families and others such as educators or support professionals.	The occupational therapist has advanced knowledge and experience in working with children to identify and engage in the activities and situations that are meaningful to them. The occupational therapist may support the professional development of less experienced occupational therapists and work to build the capacity of significant others in the child's care (such as carers and educators) to understand the importance of occupation to support health and wellbeing.
2.4 Goal setting The occupational therapist prioritises collaborative goal setting as a precursor to assessment, using the values, concerns, preferences and priorities of the child and family to guide the assessment approach.	The occupational therapist is able to use strengths-based goal setting tools to engage children, young people and families in collaborative goal setting. The occupational therapist empowers individuals to	The occupational therapist has strong knowledge and experience in collaborative goal setting with children, young people, families and significant others involved in the child's care such as educators. The occupational therapist actively involves the child in their own goal	The occupational therapist has comprehensive knowledge and experience in collaborative, occupation-focused goal setting with children and families across a range of settings.

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Goals are refined in response to assessment findings.	identify clear, achievable, meaningful occupation-based goals. The occupational therapist is aware of the impact of cultural, identity and personal factors on an individual's goals and priorities. The occupational therapist seeks guidance from a senior occupational therapist or supervisor to support the effectiveness of their goal setting.	setting wherever possible. The occupational therapist is skilled in the selection and utilisation of goal setting tools applicable across a range of settings including home and educational settings.	The occupational therapist may support the professional development of less experienced occupational therapists to build their skills and abilities in effective goal setting.
2.5 The parenting role and carer capacity The occupational therapist understands the typical parenting role, parenting as an occupation, and how this role is impacted when parenting a child or young person with a disability, additional needs or a medical condition. The occupational therapist understands the impact of parenting a child with additional care needs, grief, stress and the intense	The occupational therapist has a developing understanding of the parenting role, factors that may impact the occupation of parenting and approaches to support capacity building. The occupational therapist works in partnership with parents and uses approaches such as routines-based care to alleviate the therapeutic burden (physical, emotional and financial) on parents and carers.	The occupational therapist has strong skills and experience with capacity building for parents and carers and works to support the occupation of parenting/caring in the families they work with. The occupational therapist calls on a range of capacity building strategies such as modelling, coaching and education to build capacity, self-efficacy and resilience in parents and carers. The occupational therapist is able to support families	The occupational therapist has comprehensive knowledge and experience in supporting the parent/carer role and has strong connections with community supports to help parents/carers build their capacity to engage in their child's occupational therapy. The occupational therapist may support less experienced therapists via mentoring or supervision, to work

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responsibilities on family and carer capacity. They advocate for, support and build capacity in parents including facilitating linkages with community-based supports and services where appropriate.		with complex needs to access supports and services in the community to build their capacity and support network.	effectively in partnership with parents.
2.6 Cultural responsiveness and culturally safe practice Occupational therapists collaborate with children, families and communities to tailor communication, assessments and interventions to their cultural context, ensuring respect for cultural values and beliefs and fostering cultural justice and a sense of cultural safety.	The occupational therapist applies cultural safety principles with diverse communities, including migrants, refugees and Indigenous peoples. They seek to understand the unique daily lives of the child and family and are aware of local community resources to support culturally diverse populations.	The occupational therapist has strong knowledge of culturally safe practice and has experience collaborating with individuals, their family and carergivers, cultural consultants, community-based organisations and other partners to support the implementation of culturally safe and appropriate therapeutic interventions with all children and families.	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 within their setting/organisation and more broadly as appropriate. The occupational therapist supports less experienced colleagues to integrate cultural safety and responsive practices into their work.

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2.7 Aboriginal and Torres Strait Islander culturally aware practice Occupational therapists work respectfully with Aboriginal and Torres Strait Islander children and families, incorporating culturally appropriate communication, respect, and holistic care. They recognise the sovereignty and cultural strengths of these communities, engage in continuous learning and advocacy, and create safe environments for Aboriginal and Torres Strait Islander children and families. Aligned with the *Closing the Gap* National Agreement, occupational therapists seek to support the health, educational potential, and ability to thrive for Aboriginal and Torres Strait Islander children, young people and families.	The occupational therapist has an awareness of the historical, social, and cultural contexts of Aboriginal and Torres Strait Islander communities. They recognise the impacts of colonization and intergenerational trauma, and understand the significance of cultural practices, values, and beliefs in health and well-being. The occupational therapist is familiar with cultural safety principles, effective communication strategies, and the importance of building respectful relationships with Aboriginal and Torres Strait Islander children, families and communities. Ongoing learning and development in this area is essential for providing effective and respectful care.	The occupational therapist demonstrates a deeper cultural competence and has experience in applying culturally appropriate communication, creating safe environments, and adapting approaches, assessments and interventions accordingly. The occupational therapist is proficient in advocacy and collaboration, they actively engage with communities and commit to continuous learning to provide effective, respectful, and culturally responsive care to Aboriginal and Torres Strait Islander children and families.	The occupational therapist demonstrates extensive cultural competence, navigating the historical, social, and cultural nuances of Aboriginal and Torres Strait Islander communities. They lead in implementing culturally safe practices, innovate assessment and intervention strategies, and advocate for systemic change. Where appropriate, they engage in supervision, mentoring, research or advocacy to drive continuous improvement in healthcare outcomes and service design, fostering equity and respect for Aboriginal and Torres Strait Islander children and families.

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Domain 3: Occupation-focused assessment and planning	Assessment is the overall process of selecting and using multiple data-collection tools and various sources of information to guide therapeutic intervention and inform diagnosis. Occupational therapists can use the ICF to help plan the assessment process and align assessment tools and techniques with the ICF framework, focusing on the domains of body structure/function, activity and participation. Occupational therapists should use standardised, norm-referenced or criterion-referenced, valid and reliable assessment tools where possible. Outcome measures should be used wherever possible to enable measurement of change and reinforce effectiveness with the child and family. In line with best practice, assessment is conducted in the child's natural setting where possible, for example school-based occupations are assessed within the school environment. While different paediatric contexts may prioritise distinct assessment types or tools, all paediatric occupational therapists should seek to directly address the occupations of the child in their assessment. Occupational therapists should build their assessment capability through a combination of specialised training, on-the-job training, and supervised practical work with clients.		
3.1 Assessment of activity The occupational therapist assesses how the child performs activities and tasks to gain an understanding of their current occupational performance and capacity. They adopt an occupation-focused approach, assessing activities that are meaningful to the child and are impacting on participation - avoiding assessment of isolated skills or impairments that are not connected	The occupational therapist has an understanding of and is starting to employ occupation-based assessment methods suitable for children and young people with less complex presentations/support needs. The occupational therapist actively engages in continued professional development to enhance their assessment of occupational performance. Working under supervision, they administer	The occupational therapist is proficient in the selection and administration of occupation-based assessment tools and approaches to identify strengths and barriers impacting the child's performance. The occupational therapist engages in continued professional development to refine their skills and seeks feedback on their effectiveness and outcomes via	The occupational therapist has advanced knowledge of tools and approaches and extensive experience in assessing occupational performance in children with complex presentations, multiple support needs and/or complex environmental and social situations. The occupational therapist engages in formal training and may hold accreditation or certification in the administration

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with the child's goals. Assessment includes exploring contextual factors, such as environmental and personal aspects, that may be impacting the child's occupational performance. Areas of assessment are focused on childhood occupations and may include school-based activities like handwriting, play-based activities such as construction play, self-care activities like eating and dressing, mobility activities such as catching the bus or safe car travel, daily living tasks like setting the table, interpersonal activities such as sharing and social interaction, community/leisure activities like swimming or playground use, activities related to the ongoing care of children such an manual handling and other areas relevant to the child's goals. Areas of assessment may also encompass activities	assessments and participate in intervention planning.	professional supervision from a senior occupational therapist.	and interpretation of occupational performance assessments for children where available. The occupational therapist may contribute to the development of less experienced occupational therapists via mentoring and/or supervision and may utilise their skills and experience to contribute to the development of guidelines and policy within their setting/organisation or more broadly.

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related to the ongoing care of children, particularly those with complex support needs such as manual handling, positioning, mobility and other areas relevant to the child and family' goals.			
3.2 Assessment of participation The occupational therapist assesses the child's participation in meaningful activities, life roles and situations, giving consideration to aspects of both being present in the situation as well as being actively engaged and doing in the situation. Assessment includes exploration of the child's satisfaction with their participation as well as the impact of contextual factors (including environmental and personal aspects) on the child's participation. Participation may be assessed across roles and situations including	The occupational therapist demonstrates knowledge of paediatric participation-focused assessment tools and can evaluate participation across a range of common life roles and situations in children with less complex presentations/support needs. The occupational therapist actively engages in continued professional development to enhance their understanding of the interaction between activity and participation and further develop their assessment skills. The occupational therapist completes assessment and intervention planning under the	The occupational therapist is proficient with assessment of participation in children and young people with multiple support needs. The occupational therapist is experienced in applying a range of tools and approaches to assess participation across a broad range of life roles and situations. The occupational therapist can discriminate between assessment tools and approaches to apply the most suitable tool given the specific needs of the child and family and considers aspects such as the context in which the assessment will	The occupational therapist demonstrates advanced expertise and substantial experience in evaluating children's participation. They possess extensive experience in assessing participation in children with complex presentations, multiple support needs and/or complex environmental and social situations. Where available, the occupational therapist has engaged in formal training and holds accreditation or certification in the administration and interpretation of paediatric assessments of participation.

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family roles, school life, community involvement, interpersonal and social interaction, leisure and recreation, self-care, self-management mobility, domestic life and other domains relevant to the child's goals.	supervision of a senior occupational therapist.	occur (for example in a classroom setting vs the home setting). The occupational therapist seeks training and development opportunities, including professional supervision, to refine their assessment and intervention planning.	The occupational therapist contributes to the development of less experienced occupational therapist's knowledge and skills via mentoring and/or supervision and may contribute to advocacy initiatives and policy development (at the organisational level or more broadly) that aim to improve participation opportunities for children and young people in our society.
3.3 Assessment of body functions and structures The occupational therapist assesses the child's body functions and structures using tools to identify the presence, nature and location of strengths and impairments. These features are assessed in the context of their impact on the child's	The occupational therapist demonstrates knowledge of a range of assessment tools to identify strengths and impairments in body functions and structures that may be impacting a child's occupational performance, capacity or participation. The occupational therapist engages in training and development opportunities to develop their	The occupational therapist has sound clinical knowledge and broad experience in administering and interpreting assessments of body functions and structures that may be impacting a child's occupational performance or participation, including for children with multiple support needs. The occupational therapist can select, administer and interpret	The occupational therapist has significant experience in the assessment and interpretation of strengths and impairments in body functions and structures, including in children with complex presentations, multiple support needs and/or complex environmental and social situations. The occupational therapist engages in analysis of the impact of the

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occupational performance, capacity and participation. Assessment areas may encompass biomechanical/musculoskeletal, upper limb function, mobility, sleep, sensory processing and pain, cognition and executive functions, physiology, psychology, psychosocial functioning, skin integrity and other features of body functions and structures that are relevant to the child's identified goals.	assessment and interpretation skills. The occupational therapist is supervised by a senior occupational therapist to administer and interpret assessments of body functions and structures for children presenting with less complex support needs.	results independently. The occupational therapist engages in continued professional development to refine their knowledge and skills and seeks feedback where required when interpreting assessment findings to ensure an occupational focus is maintained.	child's body functions and structures on their occupational performance and participation. Where available, the occupational therapist has engaged in formal training and holds accreditation or certification in the administration and interpretation of paediatric assessments in this area. The occupational therapist may supervise less experienced occupational therapists and may contribute to the advancement of assessment tools and research within their field.
3.4 Assessment of environmental factors The occupational therapist assesses aspects of the child's environmental context that may be a facilitator or barrier to their occupational performance and participation –	The occupational therapist demonstrates knowledge of a range of assessment tools to identify environmental factors that may facilitate or hinder the activity and participation of children. They pursue professional development to	The occupational therapist possesses sound clinical expertise and considerable experience in conducting assessments of the environmental context. The occupational therapist is adept at applying their skills and experience	The occupational therapist demonstrates advanced expertise and significant experience in assessing environmental factors impacting children's activity and participation. The occupational therapist is proficient in assessing

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recognising that the environmental context encompasses physical, social and attitudinal factors surrounding the child and family. Assessment of environmental factors impacting children's occupational performance and participation may include assessment for assistive technology and home modifications, physical access to the environment, safe transport options, sensory aspects of the environment, attitudes of significant others including teachers and family members, the impact of services, systems, and policy such as public transport policy or health services policies, and others that are impacting on the child's occupational performance and participation goals.	enhance their skills in assessing environmental factors and under supervision, the occupational therapist works collaboratively with children, families, educators and others to identify relevant low-complexity accommodations and solutions.	to solve more complex environmental barriers. The occupational therapist actively engages in continued professional development to refine their skills across a range of environmental contexts and seeks supervision from a senior therapist regarding their outcomes related to environmental assessment.	complex environmental factors and analysing the interplay between multiple factors for children with complex support needs. Where available, the occupational therapist has engaged in formal training and holds accreditation or certification in the administration and interpretation of assessments in this area. The occupational therapist may utilise their skills and experience to contribute to quality improvement and advocacy for inclusive practices and policies that promote equal access to healthcare, education and community services for individuals with diverse needs.

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3.5 Understanding the influence of personal factors The occupational therapist seeks to understand how personal factors such as motivation, interests, behaviour, routines, family/carer context, culture, identity and other intrinsic features may impact the child's occupational performance, wellbeing and participation.	The occupational therapist gathers relevant information about the personal factors that may impact the activity, wellbeing and participation of children. The occupational therapist demonstrates knowledge of the way in which personal factors may impact a child's engagement in therapy, execution of activities and participation in life roles and situations. The occupational therapist engages in professional development to build their knowledge in this area.	The occupational therapist has sound skills and experience in recognising and understanding the impact of a broad range of personal factors on the wellbeing, activity and participation of children, young people and families. The occupational therapist engages in professional development opportunities to refine their skills, knowledge, and ability to assess personal factors of the child and family.	The occupational therapist has well-established skills and experience in recognising and understanding the impact of a broad range of complex personal factors and the interplay between these factors on the wellbeing, activity and participation of children, young people and families. The occupational therapist may contribute to the professional development of less experienced occupational therapists via mentoring and/or supervision.
3.6 Diagnostic assessment As a member of a multidisciplinary team engaged in diagnostic assessments, the occupational therapist utilises discriminative assessment tools to contribute to the diagnostic and differentiation process.	The occupational therapist demonstrates skills in the administration of a range of standardised, norm-referenced, or criterion-referenced, valid and reliable discriminative assessment tools. The occupational therapist engages in training and development opportunities to	The occupational therapist is proficient in assessing the specific skills and abilities of children across a range of domains, drawing on a range of discriminative assessment tools to evaluate a diverse range of conditions, presentations or developmental delays.	The occupational therapist possesses significant experience in discriminative assessment and advanced knowledge of diagnostic criteria. Where available, the occupational therapist has engaged in formal training and holds certification or

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	enhance their assessment technique and works under the supervision or guidance of a senior occupational therapist.	The occupational therapist pursues professional development to refine their skills and engages in professional supervision to promote continual improvement in their administration and interpretation of discriminative assessments.	accreditation in the administration and interpretation of diagnostic assessments. The occupational therapist is skilled with maintaining an occupational focus in their approach and contributes to the development of less experienced therapists via supervision and/or mentoring. The occupational therapist may utilise their skills and experience to contribute to service development, policy formulation, research or the development of professional resources aimed at enhancing assessment standards and processes to ensure quality improvement.

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3.7 Outcome measurement The occupational therapist engages in outcome measurement, utilising standardised or evidence-based tools appropriate to the child's age, functional goals and communication skills. The occupational therapist uses the measurement of client outcomes to assess the child's goal attainment, measure change and to evaluate the effectiveness of intervention.	The occupational therapist demonstrates knowledge of a range of outcome measurement tools including self-report, performance-based, observer-reported and clinician-reported measures, suitable for use with children and young people. The occupational therapist seeks professional development to build their skills, knowledge and ability to measure outcomes in children and young people.	The occupational therapist has sound knowledge and experience in selecting and applying a range of outcome measures with children and young people. The occupational therapist engages in continued professional development to refine their skills, knowledge and ability to engage in effective outcome measurement.	The occupational therapist has high-level knowledge and significant experience in using a broad range of outcome measures with children and young people. Where available, the occupational therapist has engaged in recognised training and holds certification or accreditation in outcome measurement. The occupational therapist contributes to the professional development of less experienced occupational therapists via mentoring and/or supervision.
3.8 Risk assessment and personal safety planning The occupational therapist engages a systematic approach to identify and assess risk and personal safety when working with children and families. They work to manage risks	The occupational therapist has an understanding of the role of risk assessment and safety planning when providing services to children and families. The occupational therapist completes risk assessment	The occupational therapist follows a systematic approach to complete risk assessments in a range of environments and settings for themselves and their clients. The occupational therapist is proficient with the development and	The occupational therapist may contribute to service design and quality improvement focused on increasing safety and reducing risks to the children, families and other professionals they are working with.

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related to the health, safety and wellbeing of the child, family and others including the occupational therapist.	and safety planning under the supervision of senior colleagues.	implementation of safety plans to address any identified risks to the child, family or themselves.	The occupational therapist supports the professional development of less experienced occupational therapists in the use of risk assessments and the development of safety plans.
Domain 4: Occupation-focused interventions and therapeutic strategies	Occupation-focused interventions and strategies are at the core of paediatric occupational therapy practice. The occupational therapist works in partnership with the child, family and significant others (such as educators) to plan and implement evidence-based therapeutic interventions with the aim of enabling participation in the occupations and life situations most meaningful to the child. Occupational therapists hold the child's occupation at the centre of their work and utilise occupation as the primary therapeutic medium. Occupation-focused interventions and strategies are aimed at improvement in occupational performance of tasks (through learning and skill acquisition, or via adaptation of the activity or environment) and ultimately aim to improve participation for the child. Occupational therapists recognise that implementation in the child's natural context is an important aspect of occupation-focused intervention. Occupational therapists foster partnerships with parents and significant others to deliver therapeutic strategies and approaches embedded within the child's daily routines and natural environment. Occupational therapists may provide their support at a universal level (e.g. to develop a school-wide approach), at a group/targeted level (e.g. targeted at a group who are at risk or who have similar occupational challenges) and/or at an individual level (e.g. tailored interventions with an individual child).		
4.1 Activity-based interventions The occupational therapist selects interventions and strategies to aid	The occupational therapist demonstrates knowledge of the factors that impact occupational performance and capacity related to	The occupational therapist has sound knowledge and experience in providing interventions at the activity level, selecting interventions	The occupational therapist has advanced skills and experience in supporting activity, engagement and participation in individual children or

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the child's execution of tasks and activities that are important to them and that are impacting their participation in childhood roles and situations (for example, using a spoon independently). The occupational therapist recognises that a focus solely on improving the occupational performance of specific activities may not enhance participation, and as such, seeks to build occupational performance within the context of the child's typical routines, occupations and natural environments (e.g. using a spoon independently and efficiently to eat lunch in the playground at school).	activity execution. They seek to use evidence-based, occupation-based interventions and strategies to address limitations in activity. The occupational therapist engages in professional supervision to develop effective clinical reasoning skills to integrate multiple sources of information to make collaborative decisions with the client about their intervention.	matched to the child's occupational goals. The occupational therapist is able to apply their knowledge and clinical reasoning to support children with complex activity limitations and multiple support needs. In some settings, the occupational therapist applies these strategies to their work at a group/universal level (i.e. not directly with the child), working collaboratively to maintain a child-centred focus whilst aligning with the goals, priorities and context of the group or population they are supporting (such as in the educational setting).	targeted groups/populations of children. The occupational therapist may support capacity building and training of less experienced therapists and significant others involved in the child's care such as parents and educators. The occupational therapist may utilise their knowledge and experience to contribute to service design, policy development and quality improvement initiatives to empower families and others supporting the child.
4.2 Participation-focused interventions The occupational therapist aids the child's participation by applying interventions and strategies aimed at	The occupational therapist demonstrates knowledge of evidence-based paediatric participation-focused interventions and strategies to optimise	The occupational therapist has sound knowledge and experience in providing interventions aimed at enhancing participation. The occupational therapist is able to	The occupational therapist has advanced skills and experience in supporting participation in children and young people with complex and multiple needs. The occupational

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supporting them to be both present and involved in the life situations that are important to them (for example to be part of a soccer team or to go out for lunch with a friend). The occupational therapist uses strategies such as coaching and environmental adaptations/accommodations to leverage on the child's strengths and overcome barriers to participation.	participation across common childhood roles and life situations. The occupational therapist is supported by a senior occupational therapist to develop effective clinical reasoning and application of effective interventions to optimise participation for children with less complex support needs.	apply their knowledge to support complex participation goals across a broad range of occupations. The occupational therapist may provide interventions and support directly with the child and family. Alternatively, the occupational therapist may provide support to enhance the child's participation at a group or universal level (i.e. not directly with the child but for example, to build a whole-school approach from which the child will benefit). Through a collaborative approach, the occupational therapist ensures a child-centred focus while aligning with the collective goals, priorities and context of the group or population (such as in educational settings).	therapist is skilled with capacity building of significant others in the child's life (such as parents and educators) and in providing support at the individual, group and population level as required. The occupational therapist may utilise their knowledge and experience to contribute to service design, policy development and quality improvement initiatives to empower families, groups and populations supporting the child.
4.3 Interventions for body functions and structures	The occupational therapist has knowledge of the factors that impact body functions and structures and	The occupational therapist has sound clinical knowledge and experience in providing interventions	The occupational therapist has well-established skills and experience in working with children and young

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The occupational therapist chooses interventions and strategies aimed at eliciting change in an impairment that is impacting the child's activity and participation (for example, the application of a hand splint to aid grasp of a hairbrush). The occupational therapist understands that improvements in impairment alone will likely not improve occupational performance or participation and that impairment-based strategies must be implemented within the context of the child's specific occupational performance or participation goal (for example, using a hand splint to maintain grasp of a hairbrush during the child's participation in their self-care routine).	understands the role of occupational therapists in providing intervention aimed at overcoming an identified impairment that is related to the child's performance and participation. The occupational therapist ensures that the occupations of the child are central during intervention. The occupational therapist is supported by a senior occupational therapist to develop effective clinical reasoning and engage in professional development to enhance their intervention outcomes in this area.	aimed at improving impairments in body functions and structures that are impacting the child's performance and participation. The occupational therapist has experience selecting appropriate interventions to overcome complex impairments to body functions and structures and is able to articulate their clinical reasoning to a variety of audiences as required. The occupational therapist may provide interventions and support directly with the child and family or targeted at a broader group/community level to enhance the child's participation (such as implementing school-wide strategies).	people to address impairments in body functions and structures of all levels of complexity. The occupational therapist is skilled with capacity building of significant others in the child's life (such as parents and educators) and in providing support at the individual, group and population level as required. The occupational therapist may utilise their knowledge and experience to contribute to service design, policy development and quality improvement initiatives to empower the child and families, groups and populations supporting the child. The occupational therapist may have undertaken training in evidence-based interventions to promote change in an identified impairment that is impacting participation.

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4.4 Environmental strategies Maintaining a strengths-based approach, the occupational therapist seeks to modify or adapt aspects of the environment that may be a barrier to occupational performance and participation for the child and/or that impact safe and appropriate support for families and carers. Interventions that address the environmental context may include modifications to the physical environment, provision of various assistive technologies such as hoists or smart home devices, facilitating care that is safe and accessible for all family members and supporting the capability of carers (i.e. in manual handling), and approaches such as advocacy and education to address social and attitudinal influences in the family or community.	The occupational therapist has knowledge of the interventions and approaches available to overcome common environmental barriers to participation. The therapist is supported by more a senior occupational therapist to develop effective clinical reasoning and to work collaboratively with the child, family and significant others to make informed decisions about the environmental interventions that are right for them.	The occupational therapist has sound knowledge and experience in providing interventions aimed at reducing environmental barriers to occupational performance and participation. The occupational therapist can apply their knowledge to support complex performance and participation goals across a broad range of childhood occupations. The occupational therapist may provide interventions and support directly with the child and family, or alternatively at a group or community level (i.e. not directly with the child but for example, to install a ramp over steps in the childcare centre to improve safety and access that will benefit all children attending the centre).	The occupational therapist has significant experience working collaboratively with children, families and significant others across a range of settings/contexts to address complex environmental barriers to performance and participation in children. The occupational therapist provides support at the individual, group and population level as required. The occupational therapist is skilled with capacity building of significant others in the child's life (such as parents and educators) and in the supervision of less experienced occupational therapists. Where available, the occupational therapist has engaged in recognised training and holds certification or accreditation in addressing environmental barriers for children.

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			The occupational therapist may utilise their knowledge and experience to contribute to service design, policy development and quality improvement initiatives related to environmental barriers.
Domain 5: Working with other health professionals and workforces	Occupational therapy for children is best provided in collaboration with the family/caregivers, relevant service systems (such as education, disability and health systems), and other organisations and stakeholders. Occupational therapists recognise the role and contribution of different workforces in supporting the child to meet their goals, contributing to family-centred care and supporting the broader family context. The occupational therapist actively seeks opportunities to work with others in an integrated and holistic way to support children and families and to avoid duplication of services.		
5.1 Professional supervision The occupational therapist understands the role of clinical/professional supervision as a means of developing and enhancing their own practice and that of the occupational therapists they supervise. The occupational therapist is familiar with professional	The occupational therapist develops their understanding of supervision models and approaches and uses supervision to support their professional development across all relevant capability areas. The occupational therapist engages in supervision with a senior occupational therapist where	The occupational therapist has a strong understanding of supervision models and approaches and actively uses supervision as part of their own development and practice. The practitioner may supervise students or less experienced staff, applying appropriate models, guiding professional development	The occupational therapist can provide supervision to less experienced staff at all levels, drawing on extensive experience and formal supervision training. The senior occupational therapy practitioner supports occupational therapists requiring additional professional support and

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models of supervision and understands the role of reflective practice, evaluation and feedback. The format of supervision may encompass individual 1:1, peer supervision or group supervision, however it is recognised that any supervision format should include at least some 1:1 discipline-specific supervision with a senior occupational therapist. Supervision may entail observation, modelling, co-treatment, discussion, teaching and instruction. Supervision may be provided by employers or may be sourced externally dependent on individual needs and circumstances.	available. In cases where supervision from an intermediate practitioner is the only available resource in the workplace, the occupational therapist seeks to supplement this with external supervision from a senior practitioner.	and providing support, including about how to use supervision effectively in their own development.	supervision. The senior occupational therapist also provides support and coaching to less experienced and intermediate clinicians and educates them on the features of discipline-led supervision models. As with all career stages, the senior practitioner engages in their own supervision and/or mentoring to support their own practice and professional development.
5.2 Interprofessional practice The occupational therapist understands their role within an interprofessional practice environment and advocates for the	The occupational therapist understands the role of a range of paediatric allied health professionals and how each worker or profession,	The occupational therapist has a sound understanding of the role and scope of other professions and experience working in an	The occupational therapist proactively seeks opportunities to bring an occupation-focused approach to the team and contributes to ensuring that the child

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occupational therapy role within that environment. The occupational therapist actively engages with other team members, prioritising communication and working collaboratively to facilitate holistic, family-centred, occupation-based care for children and young people.	including their own, makes a unique contribution to client outcomes. The occupational therapist works within their scope of practice and understands when to seek the expertise of others and when to refer to other professionals.	interprofessional way with others involved in the child's care. The occupational therapist ensures their role complements that of others involved with the child and maintains an occupational focus when working in a team. The occupational therapist works within their scope of practice at all times.	and family can access the most appropriate supports. The occupational therapist supports less experienced occupational therapists and others (such as educators and key workers) to develop their understanding of paediatric occupational therapy and its interaction with the work of other paediatric health professionals.
5.3 Occupational therapy in educational settings The occupational therapist recognises that the provision of supports within the child's natural environment (including the educational environment) represents best practice. The occupational therapist provides a range of supports within educational settings including support to the individual child (to optimise participation in	The occupational therapist is familiar with a multi-tiered approach to providing occupational therapy supports in educational settings. The occupational therapist ensures their practice is educationally relevant, focusing on the student's occupational roles, performance and participation within the educational setting and understands the school context as a means for adjustments and intervention.	The occupational therapist adapts and applies multiple models, theories and frames of reference to inform their practice across all tiers of service delivery, to aid the understanding of educators and to support inclusive learning environments for all students including those with complex support needs. The occupational therapist maintains an occupation-focused approach	The occupational therapist demonstrates significant experience supporting students with multiple and complex support needs, providing services across all tiers of service delivery. The occupational therapist takes a proactive and leading role in the professional development of educators and in advocacy for the occupational therapy role in educational settings.

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their educational occupations), as well as support at the group and population levels (e.g. school-wide supports and approaches) to foster inclusive learning environments for all. The occupational therapist recognises that educational settings encompass childcare, pre-school, primary school and high school environments. Throughout the occupational therapy process, the occupational therapist collaborates closely with educators, adopting a capacity-building approach to support and empower educators and enhance their skills and knowledge in supporting all children and young people.	The occupational therapist collaborates and consults effectively with educators throughout the occupational therapy process. The occupational therapist provides support in educational settings under the supervision of a senior occupational therapist.	and advocates for the role of occupational therapists in schools. The occupational therapist enhances educator capability via a range of strategies including coaching, the provision of professional development and supervision.	Where relevant, the occupational therapist may contribute to service development, policy development and quality improvement within the education department. The occupational therapist may provide supervision to less experienced occupational therapists.

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5.4 Working with allied health assistants and support professionals The occupational therapist values collaboration with allied health assistants in providing occupational therapy support to children and families. They identify circumstances, goals and contexts conducive to engaging allied health assistants, referring to frameworks and guidelines for best practices. Additionally, the therapist offers necessary information, training and resources to support professionals aiding children and young people in achieving their functional goals in natural environments.	The occupational therapist understands the role and scope of allied health assistants and support professionals working with children and young people. The occupational therapist has foundational skills in the supervision and delegation of therapeutic responsibilities to allied health assistants and the upskilling of support professionals to provide capacity building and occupation-based supports in the community. The occupational therapist engages professional supervision to support their skills in this area.	The occupational therapist is skilled in delegating to 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 support professionals to build their knowledge and skills in capacity building approaches to support children and young people in the community.	The occupational therapist is experienced in supporting allied health assistants to deliver therapeutic approaches to children and young people with complex needs and can provide training and education to upskill allied health assistants and support professionals to build their capacity. The occupational therapist supports less experienced clinicians in their supervision and delegation responsibilities with allied health assistants.
5.5 Working with other professionals across contexts The occupational therapist works collaboratively with professionals across a range of sectors and service	The occupational therapist understands the role of a range of paediatric professionals and how each worker or profession, including	The occupational therapist has a sound understanding of the role and scope of other professions involved in a child's care. They are able to communicate and provide pertinent information appropriately and	The occupational therapist has developed an effective professional network to support holistic and occupation-focused supports to children and families, both within their service/organisation as well as

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settings such as specialist education consultants, paediatric medical specialists, child health nurses, social workers, mental health practitioners, GPs and other professionals involved in providing support to children and families. The occupational therapist supports the family to navigate the various systems involved in their child's care. The occupational therapist advocates for the occupational therapy role and promotes an occupation-focused approach to assessment and intervention with children and young people across service settings and contexts.	their own, makes a unique contribution to client outcomes. The occupational therapist works within their scope of practice and understands referral pathways and effective communication methods across a range of contexts. The occupational therapist is supported by senior colleagues in their collaboration and interaction with other professionals.	effectively, advocating for the occupational therapy role in broader teams.	in the community and broader healthcare system.
5.6 Connections, pathways and partnerships with community The occupational therapist understands the importance of community for families and children.	The occupational therapist has a foundational understanding of the range and scope of local community-based groups and services relevant to children, young people and families. The occupational therapist	The occupational therapist has a strong understanding and has built linkages and partnerships with various local community-based groups and services relevant to children, young people and families.	The occupational therapist has developed close alliances within the community and with key community-based groups and services. The occupational therapist engages in

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The occupational therapist is aware of linkages and pathways (including referral pathways) to community-based groups, social participation groups and community services for children and families.	supports children and families to access community-based groups and services to enhance opportunities for activity and participation.	The occupational therapist is skilled in facilitating community involvement through supporting the child directly and/or via capacity building for community facilitators to promote accommodation and inclusion.	advocacy for disability inclusion for all children and young people.

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