SECTION 3

Referral Pathways – Support, Information, Advice



Referral pathways – support, information, advice

Referral pathways in ECEC should be considered in its broadest sense. Referral pathways are not solely about assessment and diagnosis; indeed educators may support families to access information, community services, health professionals or specialist services for a range of reasons including participation, wellbeing, family support and inclusion.

Recognising when additional support may be helpful

In practice, educators are often sharing observations about a child's participation, development, learning or mealtime experiences and discussing possible sources of support with families. It is important to keep in mind however that in the ECEC workforce, educators may hold qualifications ranging from Certificate III to postgraduate level, it may be more appropriate to focus on recognising patterns in children's participation, development and mealtime experiences, and knowing when to discuss observations with families, rather than positioning educators as having expertise in developmental screening, diagnosis or referral processes.

Support in practice

How support is accessed and undertaken can vary across settings and scenarios and depend on a range of factors including but not limited to the practical application of guidance, available resources and workforce capabilities. The following case studies have been provided to give a range of examples of how services have accessed external expertise and built educator capabilities across different service types and contexts.

Acknowledging educators' scope of practice

It is important to consider an educator's scope of practice. The intent of bringing in external expertise is often to build educator knowledge, confidence and capability, rather than for educators to deliver specialist interventions. An educator's roles and scope of practice support children's participation, wellbeing and learning through everyday practice, while health and allied health professionals provide discipline-specific assessment, advice and intervention. Clarifying these roles may help support shared understanding across professions and reduce the risk of responsibilities becoming blurred or extending beyond educators' professional scope.

Service leaders should encourage educators to discuss observations with the educational team, to gather different perspectives. An educator with a strong relationship with the family can then be the one who initiates any sensitive conversations.

Inclusion support professionals

Depending on your locality additional support may also be available for ECEC services. The titles and roles of professionals who support inclusion vary significantly across jurisdictions, sectors and funding programs. For example, these roles may be referred to as Inclusion Consultants, Inclusion Support Professionals, early childhood intervention practitioners, or other local titles.

Types of additional specialist support

The following provides an overview of the roles of Australian health professionals involved with feeding or a family with a selective eater.

See Mealtime Environment and Practices, Section 4, page 37

- **Occupational therapists:** Focus on mealtime participation, sensory processing, and family routines.
- **Speech pathologists:** Address oral-motor, swallowing, and feeding skills to ensure safe and effective eating.
- **Dietitians:** Assess and manage nutritional intake, monitor growth, and provide dietary modification and meal planning advice to support the development of age-appropriate feeding patterns, dependent on the child's needs, these could be specialist Dietitians. Manage and support children requiring enteral feeding.
- **Medical practitioners:** Identify and treat underlying medical or developmental concerns raised by families, that are contributing to feeding difficulties.
- **Psychologists:** Support behavioural and emotional aspects, reducing mealtime anxiety and stress for the child and family.
- **Nurses:** Provide feeding support such as enteral feeding, monitor child health and growth, and assist families in implementing professional recommendations.
- **Physiotherapists:** Support seating, posture, gross motor readiness, safe positioning, participation, fatigue and physical comfort.

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How ECEC services work with health professionals – referring families for support

When educators observe ongoing feeding concerns, they can sensitively suggest families speak with their GP, maternal and child health nurse, or paediatrician. Frame this as routine support: "Many families find it helpful to chat with a professional about mealtimes." For all services:

- Keep communication family-centred, families are the experts on their child.
- Document observations objectively to share with families and other professionals.
- Recognise that educators create supportive environments that complement (not replace) other professionals recommendations.

ECEC services play an important role in supporting children's participation, wellbeing and learning, including during mealtimes. Through everyday interactions, educators may notice patterns or changes that suggest a child or family could benefit from additional support or advice.

When sharing observations, educators focus on what they have seen over time and engage families in respectful, family-centred conversations. Families bring valuable knowledge about their child, and collaborative discussions can help build a shared understanding of the child's strengths, preferences and support needs.

Educators do not diagnose or assess children. Instead, they can support families to access further information or professional advice when appropriate. This may include encouraging families to speak with their GP, child and family health nurse, paediatrician or other relevant professionals.

When working with families and other professionals, educators can:

- recognise families as experts on their child and partners in decision-making
- document observations objectively and respectfully
- seek family consent before sharing information with external professionals
- contribute information about the child's participation and experiences within the ECEC setting
- work collaboratively with families and professionals to support consistent approaches across environments
- create responsive and inclusive environments that complement professional advice and recommendations.

Intergenerational trauma and past experiences with service systems may influence some families trust and engagement with professional and healthcare services, particularly for Aboriginal and Torres Strait Islander families.

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Additional observations related to food environments

The following are some red flags that indicate that a child may benefit from a medical assessment or an assessment by a feeding team or feeding specialist.

- Frequent coughing or gagging during mealtimes.
- A traumatic or stressful feeding experience such as a choking incident, with refusal to eat certain foods after this.
- Infants who cry or back arch at most mealtimes, or who cry at the sight of food or the highchair.
- Difficulty with moving from one food texture to another (such as from smooth purees to lumpy foods), or issues managing foods with mixed textures (such as smooth foods with some lumps).
- Young children who have a very limited number of foods in their diet.
- Young children who consume large amounts of milk or formula and only eat small amounts.
- Young children who frequently eat non-food items (such as dirt of paper).

Children's oral food eating journeys are individual and may follow diverse pathways or timelines. For some children, progress may look like tasting, chewing or eating new foods. For some, it may begin with feeling safe near food, watching peers eat, touching or smelling food, choosing a utensil, engaging with hands, joining mealtime conversation, or taking on a helper role.

Children may move between observing, touching, smelling, tasting and eating at their own pace, and this can be shaped by sensory preferences, disability, medical needs, tube feeding, oral aversion, previous feeding experiences, culture, relationships and confidence. Inclusive mealtime practice recognises that success is not the same for every child: participation, comfort, autonomy, communication and belonging are meaningful parts of the journey too.

Services working with families to gain further support for children and families

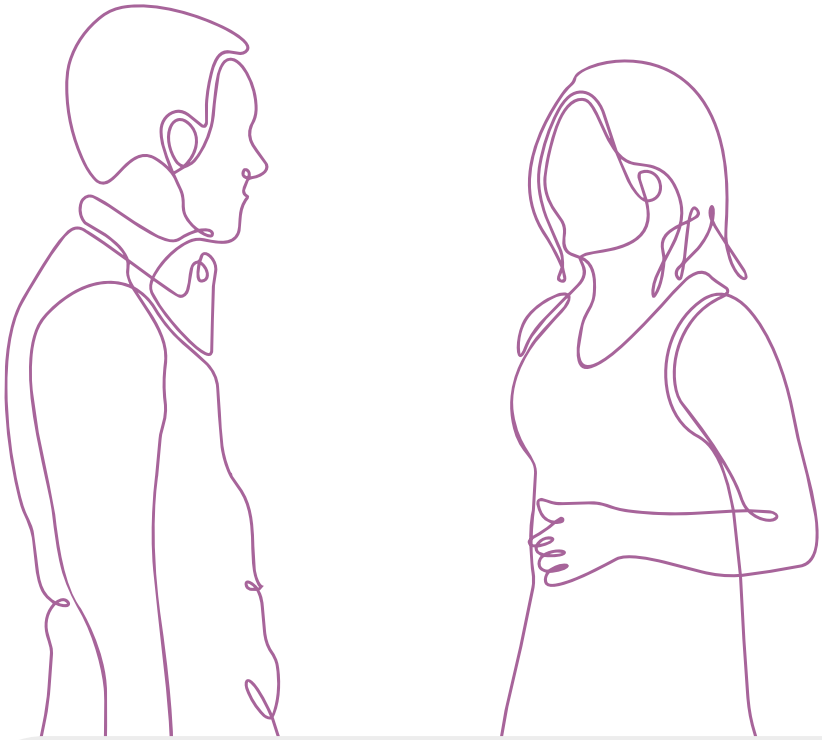
In some circumstances, ECEC services may work collaboratively with families to support access to additional services or professional advice. This may occur when a child would benefit from further assessment, specialised support, or coordinated planning across settings. Observations of the child's development related to eating, feeding and mealtimes are often best understood through a holistic view of the child, recognising that experiences at home, in education and care settings, and in the broader community may all influence participation and wellbeing.

The nature and extent of this collaboration will vary depending on the needs of the child and family, the service context, and the supports available. For example, educators may contribute observations, participate in conversations with families and professionals, share information with consent, or implement agreed strategies within everyday routines and experiences. Through these partnerships, educators can provide valuable insights into a child's participation, strengths, preferences and experiences within the ECEC environment.

Collaborative approaches recognise that families bring deep knowledge of their child and play a central role in decision-making. By working together, families, educators and professionals can develop a shared understanding of the child's strengths, needs and goals, and identify strategies that support participation, inclusion and positive mealtime experiences across environments.

Effective collaboration is underpinned by respectful relationships, open communication, shared decision-making and recognition of the expertise that families and professionals each bring to supporting the child. Consistent approaches across home, education and care, and professional settings can help children experience greater predictability, confidence and success in everyday routines and interactions.

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CASE STUDY

Contacting inclusion support services

Background

The Inclusion Support Program is a government funded, fee-free service.[7] There are Inclusion Agencies in each state and territory, and support is accessible to all eligible Australian ECEC services to address inclusion barriers.[7]

Inclusion Agencies offer mentoring and coaching of ECEC staff as their main service. This means that ECEC services, rather than individual children or families, are their main clients.[7]

A common assumption about inclusion agencies is that they exist only to provide funding for extra staff to increase ratios. In reality, the focus of inclusion support is to provide mentoring to ECEC staff to build their capacity to provide appropriate and inclusive support to children with diverse needs in their services. This is achieved through guiding staff through self-reflection in order to build practices that are child-centred, inclusive and tailored to the service.

Why support capacity building?

Supporting capacity building for inclusive practices allows ECEC staff to:

- Build their personal and collective skill base.
- Create and build on inclusive practices at the service in the immediate, short and long term.
- Ensure children can participate and engage meaningfully within the service.

Identifying support

Inclusion professionals (IPs) help identify the support needs of services through conversations and mentoring with service leaders and staff. IPs are most often asked to come into services via contact from service leaders who have gained permission from a child's family to engage their services. The service leader would have spoken with the child's family after educators noticed that:

- A child/children may need extra support. In a mealtime context, this may look like:
  - Support with physical and medical needs during mealtimes, social support or support to access specialised training and/or specialist equipment
- The service environment needs modification for greater inclusivity. In a mealtime context, this may look like:
  - Alterations to seating arrangements, reducing noise in the meal area or reflecting on practices and transition needs

Support needs can be tailored to the whole service, the environment or the child, and can also be created in collaboration with families and allied health professionals.

Providing support

IPs provide support to services via in-person, telephone or online mentoring sessions. In these sessions:

- The IP speaks with the service leader or staff to find out more about what is happening at the service, and why they were called for support.
- The IP then poses reflective questions and prompts to assist the staff to think about what is happening with the child/children/environment, why it may be happening, and what possible solutions could be.

In a mealtime context, questions and prompts could be:

- What would you hope a mealtime would look like for this child/environment?
- Are mealtimes fun, engaging and well-paced?
- What are the current experience and needs of the educators?
- The children's families may have different practices at mealtimes at home – consider speaking with the families and see what is working at home.
  - Consider whether it will be possible to mirror practices from home at the service.
- Consider whether the mealtime environment could be changed to make it more accommodating to sensory diversity. For example:
  - How many children are sitting at the table? Is this too many/too few?
  - Is the eating area very noisy or does it have a lot of echo? If it is very noisy, how could the noise level be reduced?
  - Do the children have autonomy in serving themselves food?
- The IP will make suggestions and support implementation of these suggestions by the staff. This may look like:
  - On the ground mentoring and coaching.
  - Directing services to the free, self-guided training available on the inclusion support website for the relevant state or territory.
  - Giving suggestions for alterations or additions to the physical environment.
  - For example, different sized chairs, resistance bands – some of these may also be available to borrow from the inclusion support agency's specialist equipment library.
  - If the child is seeing an allied health practitioner – suggesting that they observe the child while they are at the service.
  - Providing access to funding for extra staff if the previous mentoring and training have been completed, but extra support may still be needed.

Follow-up on support implementation varies depending on the service. Even when an IP has finished working with a service, the service is still able to re-engage with them whenever needed.

The Inclusion Support Program is an important resource to assist ECEC staff to build their capacity to support children in ways that are child-centred and inclusive, and that help children to thrive.

CASE STUDY

Referrals to General Practitioners and allied health practitioners from ECEC services

Educators play an important role when sharing observations to support families in seeking professional support. They build this understanding through their relationships with children, their observations and their knowledge of child development. Children develop in different ways and at different rates, so educators should consider each child's strengths, experiences and individual context.

Educators can share what they notice with families and listen to what families know about their child. These conversations should be respectful, strengths-based and focused on the child's learning, development and wellbeing.

Educators do not diagnose developmental conditions. If further advice may help, educators and service leaders can work with families to consider next steps. This may include families speaking with a general practitioner (GP), child health professional or allied health practitioner (AHP).

Background

At Kidz Life Day Care, food is prepared on-site and is a normal part of the daily routine.

Sam is two and a half years old and has been at the service for one year. For the past two months he often:

- Refuses to taste or smell the food.
- Displays dysregulation and participation during mealtimes is challenging – educators are unsure on how to provide appropriate support.
- Pushes the food away and throws it.
- Screams and runs away from the table.

To ensure Sam has eaten something, and reduce these behaviours, educators revert back to food they know he will eat.

Identifying support

Educators have identified that Sam may need some extra support as he displays social and food refusal. They inform their director, Lani.

As a first step, Lani looks at the service's mealtime environment and asks educators to:

- Observe Sam during meals and note:
  - What he seems comfortable or uncomfortable with
    - > For example, certain foods, textures, smells, sounds or other parts of the mealtime experience (including transitions to and from mealtimes)
  - What behaviour he displays and when, noting:
    - > What does he say and do? When does he become regulated again? What supports him to become regulated?

This can help the team better understand what may be affecting Sam's participation in mealtimes.

Next, Lani starts with a short, informal chat with Sam's family at a suitable time. She keeps the conversation relaxed and curious, asking:

- We've been noticing what Sam enjoys at mealtimes and what seems to make him comfortable. We'd love to hear what mealtimes are like at home. Are there particular foods, routines or things that work well for him?

Lani listens to what the family shares and asks simple follow-up questions, such as:

- What foods does Sam usually enjoy?
- Are there any foods or textures he tends to avoid?
- Is there anything that helps make mealtimes easier or more comfortable?
- Have you noticed anything similar at home?

This gives the family a chance to share what they know about Sam before the service suggests any next steps. It also helps keep the conversation strengths-based and avoids diagnosing.

If Sam's experiences at home are different, Lani can work with the family to identify familiar routines or approaches that may help Sam feel more comfortable at the service. If the family has noticed similar experiences at home, Lani can discuss this with them and suggests they consider seeking further advice from a GP, child health professional or AHP.

If needed, Lani can then arrange a more detailed conversation with the family to agree on next steps and how the service can continue to support Sam.

Connecting to support

During the conversation with Sam's family, Lani finds out that the same behaviours are occurring at home. Sam's family say they feel worried and frustrated and would like some help, but don't know what to do.

Lani encourages the family to speak with their local GP. She explains that the GP can provide specific support and offer advice and referrals to an AHP, like a speech pathologist or an occupational therapist, if needed.

Providing support

If an allied health practitioner is needed, Lani explains that with the family's permission, the service can:

- Allow the AHP to come into the service to observe Sam.
- Partner with the therapist to share observations and implement support strategies while Sam is in care.
- Invite the AHP to share their knowledge, skills and expertise around Sam's needs with the broader team.

She also lets them know that if a referral is provided and getting an appointment takes time, the service can work with the Inclusion Support Agency and GP on strategies to support Sam and his family while they await their appointment.

This support may include:

- Capacity building of the family around:
  - Documenting and observing Sam's sensory needs and behaviours at mealtimes.
  - Looking at the mealtime environment and considering whether noise, lighting, seating, routines or other people affect Sam's comfort and participation.
- Communicating with the family to decide on which practices they will trial at the service and at home, and ensure continuity across both environments.
  - This will involve:
    - > Working in partnership with Sam's family and the educator team to share observations, reflect on what is supporting his participation and wellbeing, and agree on any changes or strategies to try next.
    - > Regular meetings that may be held, for example, at five-week intervals.
    - > Implementing one change at a time, allowing around ten weeks for each change to become embedded, and be reviewed and reflected upon.

Having plans in place to engage support from the GP and AHPs is essential for wrap-around, consistent support for children in care.

CASE STUDY

Trauma-informed and mental health support for mealtimes in long day care services

Exposure to adverse experiences including housing insecurity, poverty, parental mental health issues, family violence and trauma have impacts on young children's brain development. This can impact their learning and emotional regulation, including their interactions with food and the ECEC mealtime environment.

ECEC staff can provide children and families with some support with this challenge. They can also provide contact details for support services and partner with medical and allied health professionals to ensure wrap-around support is available where needed.

Background

Taylor is a shy three-year-old who has attended Butterflies Day Care for over two and a half years.

At mealtimes, educators have recently noticed the following new behaviours:

- Taylor becomes visibly stressed just before mealtimes.
  - About 10 minutes before mealtimes, her body starts to move fast – she flits from one experience to another and has difficulty concentrating.
- During mealtimes she has difficulty sitting at the table with other children, continually getting up and down.
- When the meal is served, she will ask for more even if her bowl is full.
- She will often empty the contents of her bowl into the bin before asking for more.
- While eating she will break her food into tiny pieces, shovelling it into her mouth.

Staff reflections, discussions and actions

At the next staff meeting, educators first reflect on their practice, asking themselves:

- How might Taylor be feeling in these moments, and what actions can I take to help her right now?
- What may be happening in the mealtime environment that may be triggering this reaction in Taylor?
- What may be happening in Taylor's life that may be contributing to this reaction?

After some discussion, staff agree on the following actions to try and help Taylor:

- Have food available during the day for Taylor to access at any time.
- In the moments where she appears anxious about the food, reassure her that she can ask for extra if she is hungry at any time of the day.
- Use statements such as 'there is plenty for everyone'.
- Ask her if she would like to see the food on the trolley when the cook comes out, so she can see there is enough.
- Pile her bowl high with food so she feels a sense of abundance rather than scarcity.

The staff will monitor the effect of these actions over the next two weeks and discuss them again at the next meeting.

They also ask their director, Matt, to speak with Taylor's mother, Bobby, to find out about what might be happening at home that may be contributing to this behaviour.

Connecting with the family

While speaking with Bobby, Matt finds out the following:

- Bobby has been experiencing ongoing family violence.
- As a result, two months ago Bobby lost her job.
- Currently, Bobby and Taylor are staying with friends as they no longer feel safe at home and cannot afford alternative accommodation.
- Their friends are also struggling financially and there are difficulties with food provision.

Bobby thinks that the combination of these ongoing stressors may be why Taylor is feeling stressed around mealtimes and is displaying these behaviours.

Providing support options

Matt feels that Taylor and Bobby may benefit from some additional support:

- First, he asks Bobby if they would like any contacts to support services.
  - Bobby says they are fine for now, and she has a job interview the next day, but will get in touch if it doesn't work out.
- Next, he lets her know that there are flyers in the reception area related to domestic violence support, and she is free to take one if she likes.
- Finally, he sets up another meeting with Bobby in two weeks where they can discuss the staff actions and monitor Taylor's progress.

In the meantime, he also collates some support options in case they are needed, such as:

- Contact details for:
  - Domestic violence support services.
  - Refuge and housing support services.
  - Intensive family support organisations.
  - Food relief support.
- Suggestions for general practitioners, child and youth mental health services and allied health practitioners for assistance in dealing with mental health concerns and relational trauma.
  - The service can also help families prepare referrals if needed.

Final thoughts

Dealing with instances of mental health concerns and trauma in ECEC services is delicate and important work.

Remember:

- Be thoughtful
  - Consider your priorities for the children in your care and each family's resources and capacity.
  - Consider undertaking professional learning in this space.
  - Ensure you also look after your own mental health and wellbeing.
- Build a deep sense of trust and respect with children and families
  - Often an ECEC service can relieve the pressure for struggling families – having a trusting relationship between families and the service is essential for families to know that their children are safe and will be well cared for, even when it may not be possible at home.
- Remember that each situation is unique and contextual
  - There is no one way of being or doing, and solutions must be created together with families to ensure the best fit for each situation.
- Timeframes for change or improvement can differ
  - The ECEC service may be the place where the initial steps of developing change in a child's brain architecture occurs, and educators may not see the fruits of their efforts while a child is in care – trust that what you are doing to help the child in these early years of life matters and will make a difference in the child's development and wellbeing.
- Take the wins
  - Celebrate a child's achievements through these times of adversity.
  - Celebrate the important work you and your team are doing to help children and families heal and grow.

CASE STUDY

Referrals to allied health practitioners in family day care services

Family day care (FDC) educators cater to a small number of children and families each day. Because of this, they are able to build strong and close relationships with families. This can make it easier for them to have conversations with families about difficult subjects, such as whether they have noticed that a child may need some extra support for their growth and development.

Background

Sarah is a FDC educator in regional Australia. She has cared for Frankie, who is two-and-a-half years old, for the last two years.

Identifying support

Through relationship building and observation over time, Sarah has noticed that Frankie does not seem like her usual self – she has not been eating at FDC for about two weeks now, and this is unusual for her.

Sarah reaches out to her FDC coordinator and asks for some advice.

After discussions with her coordinator, Sarah decides her first action is to speak with Frankie's family and see if there is anything happening out of the FDC service that may be affecting her appetite.

While speaking with Frankie's family, Sarah discovers that she hasn't been eating at home either, and the family are feeling concerned and are unsure about what to do next.

Sarah feels that outside support from an allied health practitioner may be needed and discusses this delicately with the family.

Connecting to support

Sarah suggests that Frankie's family reach out to their GP for support in the first instance. She is also aware of other supports in their regional community, such as the local child health nurse, and knows when the allied health practitioners are in town. She gives Frankie's family details of these supports.

Sarah can also engage an allied health professional with the permission of the family, and ensuring that their privacy and confidentiality are maintained at all times. Gaining permission is essential as it ensures that their role as Frankie's primary carers is respected.

Frankie's family are a little unsure about reaching out to the child health nurse, and give Sarah permission to connect them with her. Sarah then engages with the child health nurse on behalf of the family and gives a brief overview of Frankie's needs.

After seeing Frankie in the clinic, the child health nurse suspects that she may have textural sensitivities and refers the family to an allied health practitioner for further assessment and support.

Sarah engages the allied health practitioner on behalf of the family as they have asked her to assist with this. Sarah then requests the necessary permission forms required to engage in observation and more detailed observation sharing. Sarah then works with the family to decide on times for the allied health practitioner to have contact with Frankie while she is at home and at the FDC.

After the allied health practitioner assesses Frankie, Sarah arranges for all parties to come together to discuss outcomes and requirements for Frankie moving forward.

Providing support

When the allied health practitioner appointments arrive, the practitioner, the family and Sarah work as a team to help Frankie. The allied health practitioner:

- Has a session with Frankie and her family at their home.
- Has multiple sessions with Frankie and Sarah at the FDC service.
  - Sometimes Frankie's family are able to come to the FDC to join in sessions there as well.
- Is in regular email contact with both Frankie's family and Sarah and provides them with suggestions and reports.

Both Frankie's family and Sarah:

- Carry out suggestions given by the allied health practitioner in the same way at home as in FDC.
  - This ensures a consistent approach to Frankie's therapy.

Reflections on the process

- Through close observation of children, relationship building with children and families, developmental concerns can be identified early, and support can be identified and provided.
  - As wait times for support services can be extensive, early detection of developmental concerns is essential in providing timely support to children and families.
- The FDC educator, family and allied health professional working as a team creates the best environment to support a child who may need some extra assistance.
- It can be helpful for regional and remote FDC educators to stay up to date with supports available in their communities via e.g. online groups or keeping in contact with community health nurses.
  - This will give them more support options for families if referrals are needed.