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.