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.