



Supporting our Mini Movers:

Integrating a Paediatric Occupational Therapist into the Maternal and Child Health Service

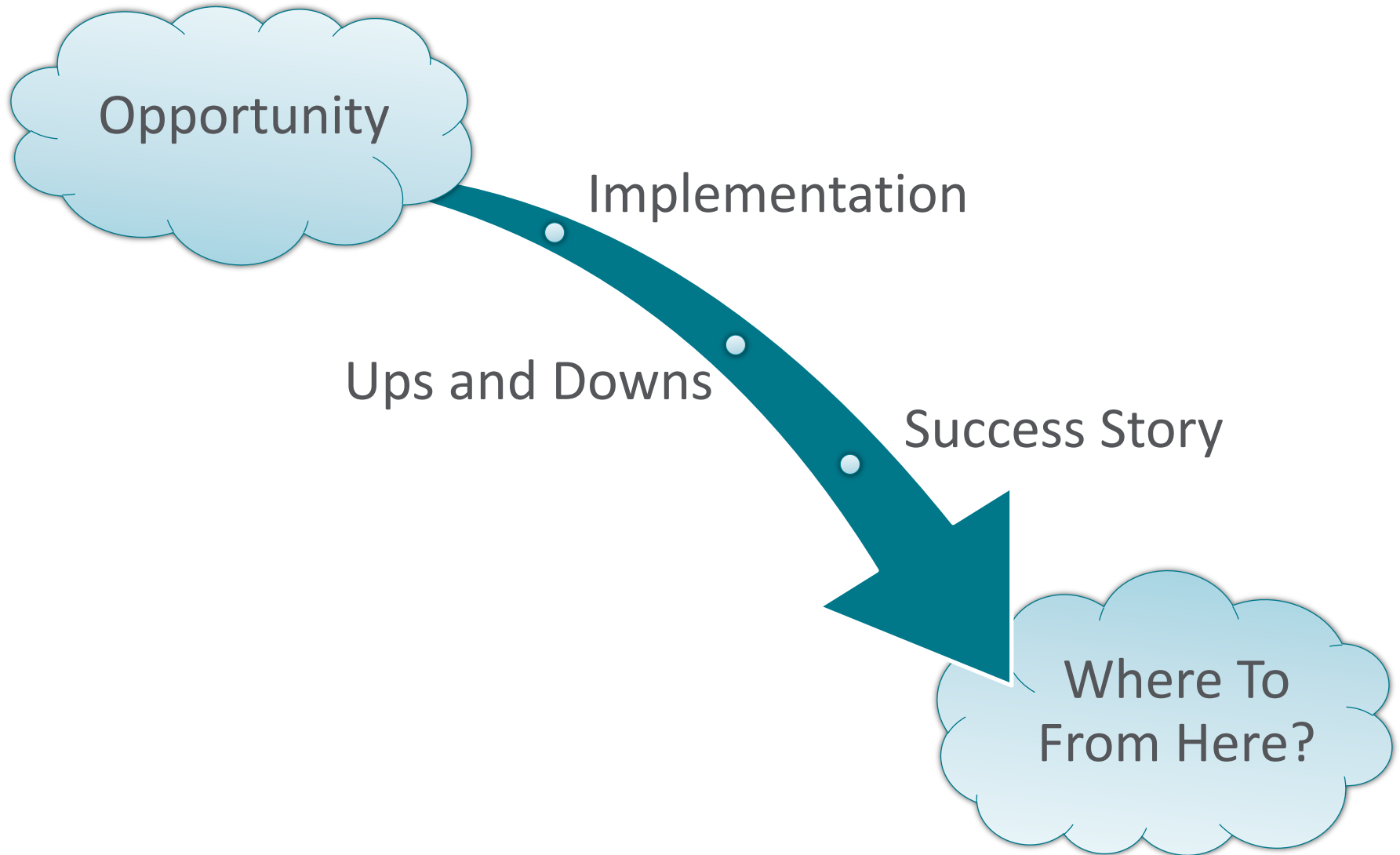
Amy Clemens

Coordinator Child and Family Health
Maternal and Child Health Nurse

Lauren McDonnell

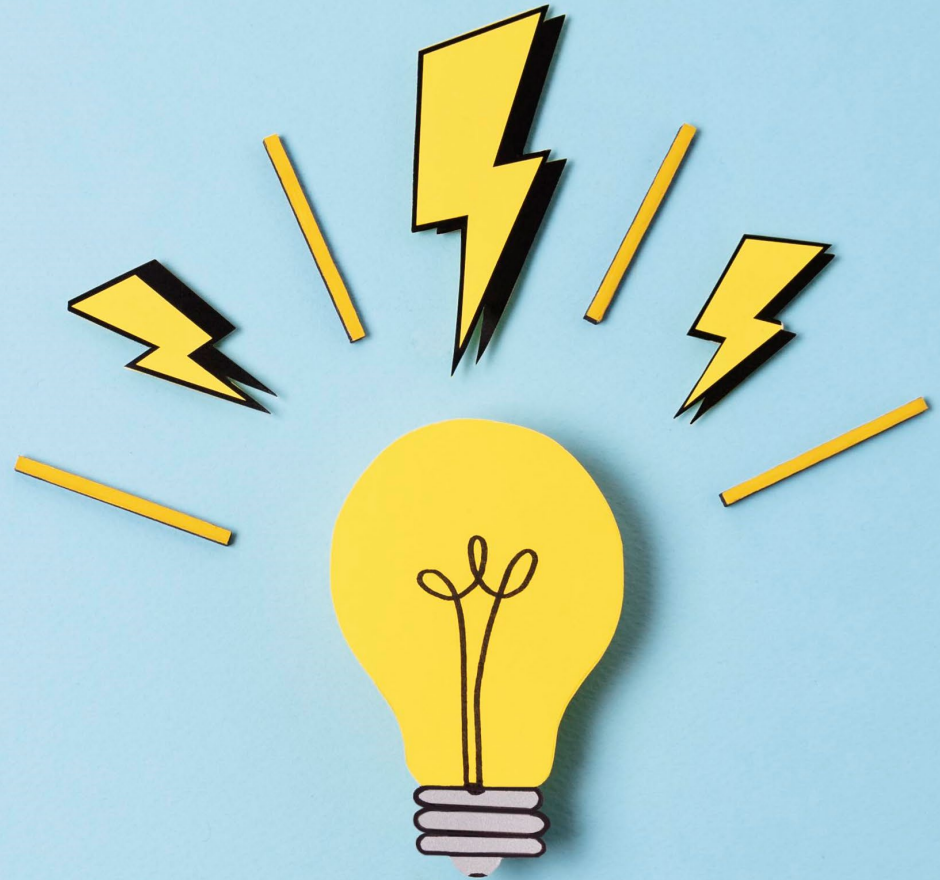
Child and Family Support Officer
Paediatric Occupational Therapist

Overview



Opportunity

- Enhanced MCH Program expansion 2018
- Vacancy in existing role *Children's Services Resource Officer* (0.4EFT)
- Interest in multidisciplinary approach in early childhood



Implementation



- Change of position description, role and hours outside of budget process
- Recruitment/HR processes
- Operational reality – how would it work?
- Salary and conditions

Implementation

- Clever/lucky recruitment
- Maximum flexibility
- Time to adjust to new roles (and for funding to arrive!)

Child and Family Support Officer

- 0.6 FTE role (0.4FTE Universal, 0.2FTE Enhanced)
- No new position description
- FTPG, parenting support, secondary consultation, clinical administration


Ups and Downs



Challenges

- Scope of practice
- Overwhelming demand
- Difficulty backing-filling role

Benefits

- OT + MCH = 
- Paediatric developmental assessment skills
- Focus on perinatal mental health



Success Story:

Mini 🐾
Movers

Mini Movers

Background

Mid 2021, COVID “perfect storm” for developmental concerns:



- Playground/child care closures
- Social restrictions
- Contraction/closure of “non-essential” services
- Telehealth
- Long waiting times for ECEI services and paed

The Kids Are Not Alright...

“He’s not walking yet”

“She’s not saying any words”

“We can’t get in to see someone for at least six months”

“We need to see someone face to face!”

“He has trouble making friends at childcare”

“They’re clingy and anxious”

“They’re not taking new patients”



Goals

- Support comprehensive ECEI referrals
- Set realistic expectations for families and practitioners
- Support initial contact with families in a timely manner
- Help families navigate the ECEI system
- Provide interim support during waiting period where appropriate





Referral criteria

- 12 months – 3 years
- Parental or nurse concern with development
- Non-urgent (i.e. not acutely unwell)
- Not yet engaged with ECEI



Appointments...

- Extended one hour appointment slots
- Play-based observation and assessment

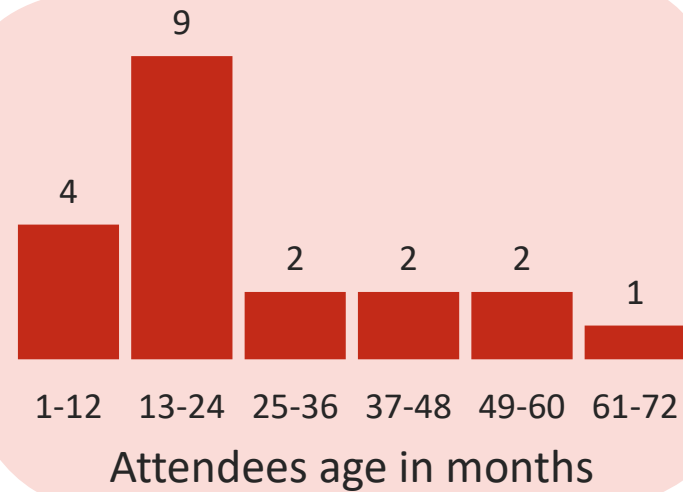
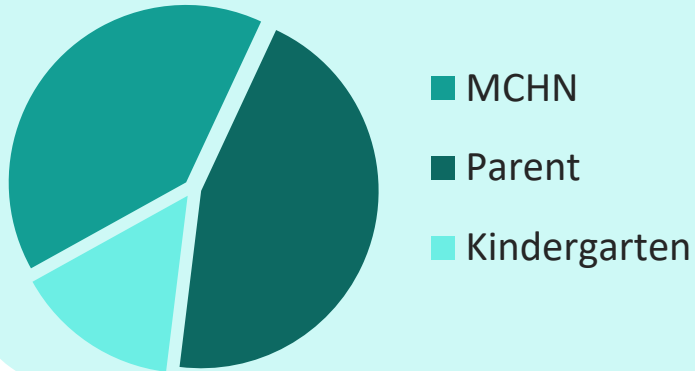


Screening and assessment tools:

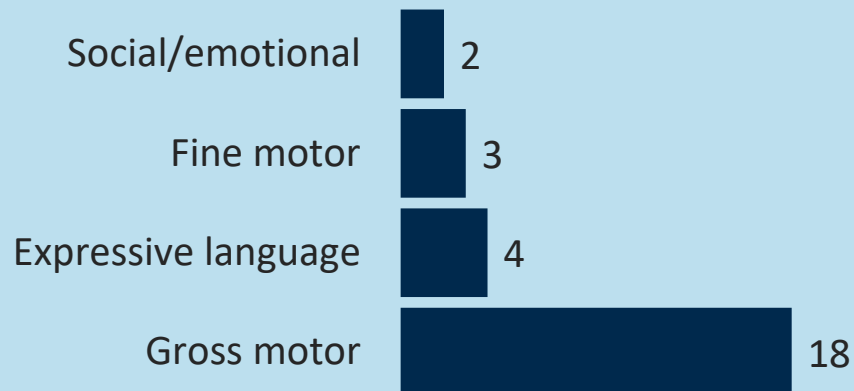
- PEDS
- Brigance
- Modified Ashworth Scale
- MARAM
- Discussion around general family functioning, stressful life events

>> one stop referral shop >>

Referral source

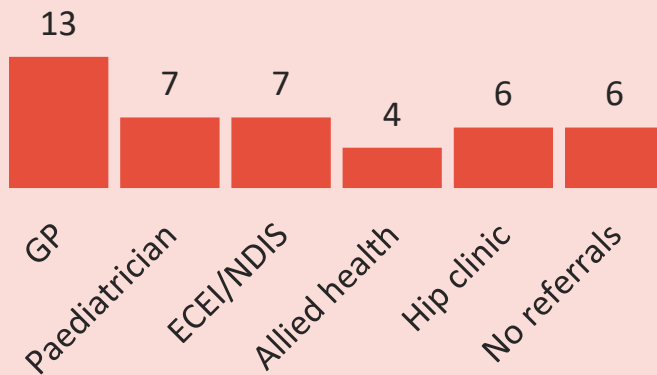


Presenting concern/s

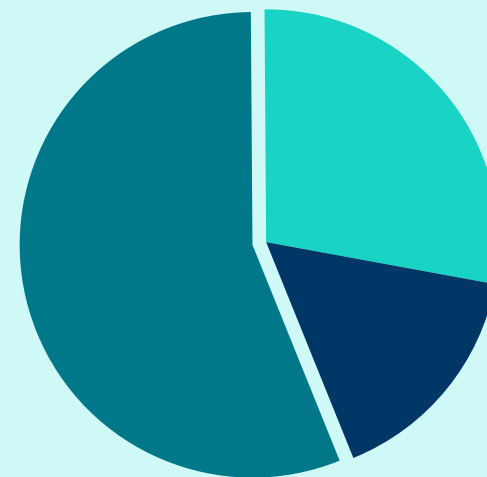


Outcomes

Recommended contact



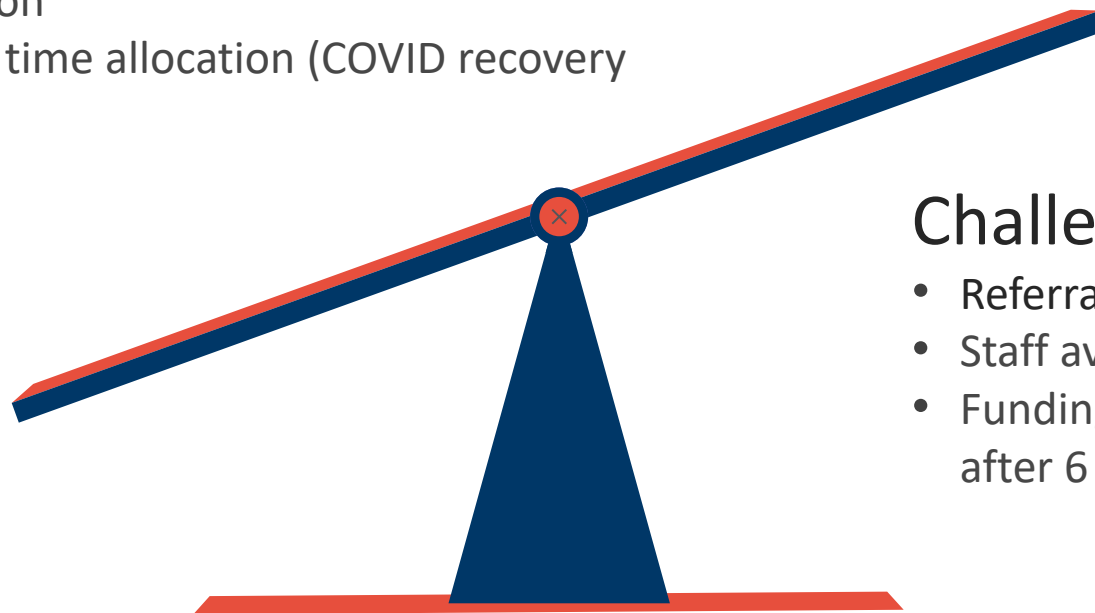
Follow up at 3 months



- Under care of paediatrician or ECEI
- Typical development at next KAS
- Unable to contact

What worked?

- In person appointments
- Paediatric Occupational Therapist specifically trained in assessment and brief intervention
- Generous time allocation (COVID recovery funding)



Challenges

- Referrals +++
- Staff availability
- Funding exhausted after 6 month trial

Next Steps...

- Mini Movers ➔ EMCH?
- Better utilize OT role in Universal MCH
- Funding sources
- Partner with other services





Thank you!

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