

**INQUIRY INTO TRANSITION SUPPORT FOR STUDENTS  
WITH ADDITIONAL OR COMPLEX NEEDS AND THEIR  
FAMILIES**

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**Occupational Therapy Australia NSW Division**

**Submission to the**

**NSW Legislative Council Standing Committee on Social Issues**

**Inquiry into transition support for students with additional or complex needs and their families**

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## EXECUTIVE SUMMARY

**This submission is written within the context that ‘transition’ for students with additional and/or complex needs and their families is a recurring process within the overarching education/life cycle of the individual. Transition is not a point in time or a program or a service. It is a complex process that is integral in the continuum of the education/life cycle that students with additional and/or complex needs experience in our society.**

Transition is a complex process that most importantly of all, must be centred around each individual student. It is not about fitting the student into a pre-existing system but about making the systems become flexible in order to meet each student’s needs<sup>1</sup>.

Occupational therapy is an allied health profession that uses scientific evidence to provide interventions that promote the participation of students with additional and/or complex needs in all of the daily occupations that they want and need to engage in.

*Occupation* refers to activities such as basic self care (i.e. using a tissue, dressing, tying shoes laces; using a toilet; eating or manipulating lunch box items; putting on a coat); school/academic activities (i.e. writing, turning the pages of a book, physical education and using computers) and playing (i.e. socializing with other students in the school grounds, taking turns during games and manipulating art supplies or classroom items).

Occupational therapists work with students with additional and/or complex needs to optimize the ‘fit’ between what students want and need to do, aspects of the school environment and what students are required to do.

In this context of transition being a complex recurring process within the overarching education/life cycles of the individual this submission highlights **six key recommendations**:

- 1. Occupational therapists should become involved when a student with additional and/or complex needs is first planning to enter school and from school entry on to ensure student centred service delivery in schools.**
- 2. Occupational Therapy Australia advocates for the availability of low and high tech assistive technologies that support classroom performance.**
- 3. Occupational Therapy Australia recommends that schools consult with occupational therapists about creating enabling environments for students with additional and/or complex needs.**
- 4. Occupational Therapy Australia recommends the facilitation of a formal, ongoing dialogue between students, families, schools and health professionals both prior to school entry and within the education system.**
- 5. Occupational Therapy Australia recommends that education and support services for teachers be increased so that they are well equipped to meet the needs of students with additional and/or complex needs in the classroom.**

**6. Occupational Therapy Australia recommends that funding and service models be implemented that will result in equitable access to the full scope and benefit of occupational therapy services for all students and teachers**

In summary, Occupational Therapy Australia recommends that occupational therapists receive a voice and advocacy within existing governmental structures to facilitate the most appropriate, effective and sustainable services to NSW school students with additional and/or complex needs. Consequently, to further the ideas, services and opportunities described for students with additional and/or complex needs in this submission, Occupational Therapy Australia strongly advocates for the following:

**The establishment of an *Occupational Therapy Advisor* to the NSW Department of Education and Training. This position would oversee governance of occupational therapy in NSW schools across the state, as well as established service delivery models including pathways to service delivery; job descriptions for occupational therapists and the development of accountability frameworks to measure the efficacy of services that are implemented.**

# INTRODUCTION

## WHAT ARE ADDITIONAL AND/OR COMPLEX NEEDS?

The profile of those individuals who are considered to have additional and/or complex needs is very diverse. As the committee noted in their background paper there is no agreed definition of the terms 'additional' or 'complex needs'. Moreover the needs of all students fall across a wide spectrum with most students requiring limited or no additional support while others need extensive, on-going attention.

This means that students with additional and/or complex needs have specific individualised needs that require student centred responses from their school and occupational therapists. Services can not be determined based on diagnosis or by measures of severity. Occupational therapists use a student-centred approach, where needs of the child are placed at the centre of the therapy. The child's performance needs dictate the areas and strategies used during occupational therapy intervention.

While some population groups may be more likely than others to experience difficulty at times of transition, identifying the need for support or services is best conceptualised in terms of the functional outcome rather than by a defined 'diagnosis' or 'disability' (ie is the student experiencing difficulty participating to their potential?).

Below are a number of **general examples** to illustrate the diversity of individual needs:

- A student with cerebral palsy who identifies the goal of independence during library class. The student may need one to one time with the occupational therapist in the library to practice strategies that will allow the child to independently select and loan a book during library class, alongside other students.
- A student with limb deficiency who uses modified switch access with a computer to participate in writing activities. The occupational therapists may need to provide services within the class, ensuring optimum access and success for the student during classroom activities, until the student achieves independence.
- A student with poor handwriting who is unable to write at the speed and legibility of his or her high school peers requires the use of keyboard and technology in class and during exam.

### **A specific example:**

A six year old boy with Autism Spectrum disorder enters a mainstream school setting. He has well developed cognitive, literacy and numeracy skills and is only allocated Autism Outreach Support on a weekly basis. He quickly becomes anxious and distressed whenever he has to leave his kindergarten classroom. This occurs for transitions to the playground, the library, the toilet, the assembly hall and the PE areas. This anxiety begins to impact on his capacity to pay attention and learn when in the classroom.

In addition he finds it very difficult to make friends. The other children in his class are not interested in the information that he wants to give them about bus numbers and bus routes and start to run away from him and tease him.

He begins to ask to go home as soon as each school day starts and his teachers frequently request that his mother come back and take him home so that his distress can be managed.

This student needed occupational therapy to provide intervention for improving his self-regulation and social skills, advise the school on meaningful strategies for social inclusion and the management of daily transitions and to implement environmental interventions in order to enable this student to be included in every aspect of school life.

## **TRANSITION – A lifelong recurring process**

Developmentally and traditionally, the term transition in the context of education has meant the moving from one level of education to the next. As the committee's background paper outlines the four distinct transitions in education include moving into early childhood education for the first time; from an early childhood service to the commencement of school; primary education to high school; and then high school to tertiary education, employment or other post school options.

These are key transitions for all children. As stated previously transitions need to be viewed as a recurring process in the context of the overarching education and life cycle of the individual.

"Transition implies change; moving from one thing, one place, or one role to another. Multiple transitions occur at every phase of life: at birth; from infancy to toddlerhood; from preschool to school. ...from being a student in a secondary education to assuming one or more of the myriad of roles that characterise young adulthood".<sup>2</sup>

The meaning of the transition processes can be widened to take into account:

- Transitioning from a stroller to a wheelchair for mobility
- When a family begins accessing respite care for the first time and also transitioning from children's respite services to adult respite services
- Transitioning from child medical services to adult medical services
- Transitioning from living with their family into independent living or supported accommodation

Students with complex and additional needs may include those who are newly diagnosed with a medical condition, those with deterioration in a disability or a combination of the above factors that will impact on transitions.

Additionally transitions occur for students with complex and additional needs when they have to leave one health service provider and move to another. An example is a student leaving an acute hospital setting and accepting health services from a community service provider or moving from the paediatric setting to the adult health setting.

The socio-cultural characteristics of the student may add further complexities eg refugees who have come to Australia or young people within the Juvenile Justice system. These may mean the need for additional family and service provider supports that are not directly related to the education sector and yet are necessary supports that assist in the success of a student progressing through a transition.

To highlight the diversity of both the concept of the transition process and the profile of children with additional and/or complex needs, the example of the young offender population is described.

### **A general example**

Research both in Australia and internationally consistently tells us that young people associated with the justice system have high and complex needs in relation to their health and social circumstances. Young people associated with the justice system are also more likely to have experienced difficulty successfully participating in education and to have become disengaged from education prior to the legal school leaving age.<sup>3</sup>

High prevalence health conditions include intellectual disability, problematic alcohol and/or drug use, mental health conditions and poor socioeconomic status. Indigenous young people are grossly over-represented in the justice system. An important point of transition for young people associated with the justice system may be reconnecting with education after a significant period of disengagement – a process which may involve identifying and navigating an alternative education or career pathway beyond “returning to school”.

Frequently the young offender is a client of multiple services making optimal support for education participation, as well as global health and well-being issues, reliant on case management and service integration at the interface of the justice, health, community services and education systems.

### **A specific example:**

15 year old boy in year 9 with a strong history of truancy and was known to the police, and was ‘not attending’ school during the time he was admitted to hospital with a severe auto immune neurological deterioration.

He experienced many ‘transitions’ including admission to an acute hospital and hospital stay for 4 months, on discharge re-integration into TAFE (school was not the appropriate option), as well as continuing to live with residual weakness and disability impacting on his level of function and participation.

Throughout the period the introduction of a ‘key person or worker’ would have assisted to streamline and better assist this young person and his family as there was the involvement of the education system, health and juvenile justice system.

The impact for these students is that they will often experience multiple transition processes during their education, above the developmentally expected number already posed. The success of each



transition process will have lasting implications for their ongoing academic achievement, level of enjoyment, participation and the life-long roles they can participate in e.g. employment and leisure.

It is also important to note that support and assistance can differ with geography that being regional verses metro and the impact that this can have on the young person transitioning at the time. Currently access to support and services is not equitable across the state.

## OCCUPATIONAL THERAPY FOR STUDENTS WITH ADDITIONAL AND/OR COMPLEX NEEDS

Occupational therapists provide services to students with additional and/or complex needs in schools to promote access to the curriculum and promote social inclusion within the school community.

In line with both the United Nations Convention on the Rights of Persons with Disabilities<sup>4</sup> and the Rights of the Child<sup>5</sup>, occupational therapists are professionals who specifically seek to intervene to create enabling educational environments for students who cannot access education under standard conditions. Occupational therapists offer solutions that allow students with additional and/or complex needs to experience *equality* with their peers; effective *participation* in classroom learning and school yard play and socialization; and *access* to educational opportunities that will allow the student to flourish and reach their full potential. Australia ratified the Convention on the Rights of Persons with Disabilities (including children with disabilities) in 2008, and has therefore agreed to hold itself accountable to the principles of the convention at an international level.

Positioned at an important nexus between disability support schemes, medical or health services and the education needs of students with additional and/or complex needs, occupational therapists provide unique clinical insights into the challenges experienced by their clients and the potential solutions to enable them to participate fully at school.

Occupational therapists frame a child's participation in the occupations or activities that make up their daily school routine as an interaction between the student, the environment and the occupation. The interplay between the student's skills and challenges, the demands of the occupation or task at hand coupled with the physical and human constraints of the school environment all influence how well the student will engage and participate in the educational, social, and recreational opportunities provided at school.

Therefore, occupational therapists seek to help the student learn skills, change, modify or enhance aspects of the occupation or environment to facilitate the best fit for the student and therefore the most successful outcome for the student.

Consequently within the school setting occupational therapists may:

- work directly with the student to develop new or improved skills (such as handwriting, turning a page independently, understanding social interactions with other students);
- work with the student and teacher to modify or tailor the occupation, or school activity to ensure that the student participates (switch access to an electronic book in prep rather than a paper reader if the child can't hold the book, or supportive seating at a desk);
- consult and modify the environment or instructional techniques so that universal access is achieved or specific assistive technology incorporated into the curriculum and the classroom environment.

Students who need occupational therapy services include students with diagnoses such as cerebral palsy (1 in 400 Australian children); autism spectrum disorder (1 in 160 Australian children); developmental co-ordination disorder (1 in as many as 60 Australian children); intellectual disability (1 in 130 Australian children); mental health conditions (1 in 5 Australian adolescents); and many other children with disabilities, chronic health conditions and atypical learning needs.

To date in NSW, students with additional and/or complex needs have not benefitted from easily accessible occupational therapy services in schools.

There is also a lack of provision of services in terms of the financial support provided to students and families and professional availability of suitably qualified occupational therapists. While the current Federal government has recognized the needs of many children with additional and/or complex needs by providing reimbursement to Australian families for occupational therapy services through the Helping Children with Autism scheme, Better Access to Mental Health scheme, Medicare funding for children with chronic conditions and the new Better Start initiative, none of these schemes have specifically supported the provision of occupational therapy services in schools, and many children do not meet the criteria for this funding.

This submission focuses on six issues about occupational therapy for students with additional and/or complex needs. They are discussed under the following headings:

1. Student centred approaches to participation in education
2. Access to assistive technology for students with disabilities
3. Enabling environments and universal design for learning
4. Collaborative partnerships to support the education of students with disabilities
5. Teacher support & education
6. Access to occupational therapy and models of service delivery

Occupational Therapy Australia stresses the important role that occupational therapists play in supporting students with additional and/or complex needs and their families. We ask the committee to consult widely with occupational therapists on this issue in order to deliver the best outcome for inclusive education in NSW.

## 1. STUDENT CENTRED APPROACHES to PARTICIPATION IN EDUCATION

Students with disabilities have specific individualized needs that require student centred responses from their school and occupational therapists. Occupational therapists use a 'client' or student-centred approach, where the needs of the child are placed at the centre of the therapy. The child's performance needs dictate the areas and strategies used during occupational therapy intervention.

Occupational therapy may be required by a student on a direct service basis or on a consultative basis. Some students with additional and/or complex needs require intervention outside of the classroom, during school hours. Other students with additional and/or complex needs require intervention during class time, to facilitate their ability to participate in classroom learning. Most students with additional and/or complex needs also require consultation services that advise the classroom teacher about curriculum modifications; adjustment of the learning environment provided in the physical classroom, or helping to determine alternative ways to involve or assess students.

For services to be client centred the consideration of the student's whole life needs are warranted. Students with additional and/or complex needs, who require school based specialty services like occupational therapy, also have complex needs at home.

Students with additional and/or complex needs usually denotes having a diagnosed medical or mental health condition that may involve the need for medical and therapeutic interventions to manage the long term effects of disability.

Occupational therapists that provide service within the school environment also need to be able to support the child and family in the home environment and provide necessary environmental modifications, prescription of specialist self care equipment to enable full participation in self care occupations. Families of children attending mainstream or special educational environments may need an occupational therapy home visit for bathroom modifications or special equipment. Home based care of students with additional and/or complex needs can be very difficult for the family without support and the correct equipment that facilitates the child's care.

Further, transport issues can make the inclusion of students with physical disabilities into mainstream school particularly challenging. Mainstream schools do not usually provide transport and families rely on appropriately modified and safe vehicles to deliver the child safely to school. Occupational therapists are experts in vehicle modification and the safe transport and transfer of students with disabilities into and out of school buildings.

Occupational therapy may assess the impact of a disability on student's driving potential, prescribe vehicle modifications and devise driving programs for new drivers. A model where school based occupational therapists known to the student can follow through on these issues with the family would ensure safe, timely, efficient, and consistent intervention.

This includes student centred occupational therapy advice and planning for a successful transition process into appropriate secondary school, post secondary school options, independent living and or other options.

### **Recommendation One**

**Occupational therapists should become involved when a student with additional and/or complex needs is first planning to enter school and from school entry on, to ensure student centred service delivery in schools.**

## **2. ACCESS to ASSISTIVE TECHNOLOGY for STUDENTS with DISABILITIES**

Students with additional and/or complex needs are unique individuals who have skills and needs based on their physical, cognitive, social, emotional, sensory and developmental capabilities. Many students with additional and/or complex needs require both the assistance of others who provide environmental and task supports, and specifically designed assistive technologies in order to participate in school activities.

Evaluating and understanding a student's specific skills and needs occurs throughout the occupational therapy process. Because occupational therapists understand how a student functions, they are also experts and are at the forefront of prescribing and fitting technology that enhances the performance of students with additional and/or complex needs in school and other environments. Numerous technologies are available that enable a student to participate in classroom learning.

Assistive technology may be described as 'low tech' such as seating devices, adapted pens, scissors, paper, gloves or hand splints to allow use of a computer or hand held device, angled writing boards, visual aides, adjustable tables, equipment for sport (built up sporting bats or wheelchair accessible basketball hoops) and art (Standing frames for painting easels and built up brushes).

Alternatively, technology may be 'high tech' including iPads, computers, switches to access computers including desk top, interactive whiteboards and mobile devices and computer and education software. Funding for such low and high tech equipment has been an issue for students with additional and/or complex needs to date. Assistive devices are prescribed, fitted and used by an individual to facilitate the student's participation in school activities. The device itself may be owned by the student, the school or the therapist. It is imperative that students have long term use of the high and low technology that enables their performance at school and elsewhere.

Appropriate use of assistive technology can provide a student with previously unavailable access to the school curriculum, other students and teachers. Adapting activities or providing assistive technologies is often advantageous to typically developing students as well.

### **Recommendation Two**

**Occupational Therapy Australia advocates for the availability of low and high tech assistive technologies that support classroom performance.**

### **3. ENABLING ENVIRONMENTS for LEARNING**

Occupational Therapists modify environments so individuals can go about their daily occupations with ease and participate optimally.

Students with additional and/or complex needs frequently require individually tailored adaptations to their school environment. The school environment may be made more inclusive of a student by altering timetables, the way curriculum is designed and delivered, the way the student's learning is assessed and enabled, and by promoting enabling physical and human environments.

For example, an enabling environment for a student with a physical disability will include access to all areas of the school where typically developing students roam easily, as well as accessible drinking taps, toilets, doorways, lockers, and library shelves.

There are numerous examples of regular school environments providing barriers to the full participation of students with disabilities within the classroom. In some situations this may mean that a student is reliant on an adult helper to navigate the school art room, rather than independently mobilizing around high tables, stools, easels, and other students.

In other situations, the regular classroom environment may be detrimental to the student's learning, thereby restricting their access to an equitable education. Examples include students with Autism Spectrum Disorder who have aversions and inability to function in sensory environments that are not tailored to their language, auditory, tactile, visual and social needs.

The following is an example of how a regular environment can restrict a student's ability to succeed in the classroom. It was provided by a member of Occupational Therapy Australia:

#### **A general example**

An occupational therapist employed by an Aboriginal and Torres Strait Islander Ear Health Program, working closely with Audiology and Speech Pathology reports that one of their major concerns is that most classrooms in Australia do not meet the acoustic standards for rooms as there is no mandatory requirement for schools to meet the minimum acoustic standards.

Lack of national standards have a major impact on students with a hearing loss - both sensori neural and conductive hearing loss. In the Aboriginal and Torres Strait Islander communities in which the occupational therapist works, between 50 - 90% of the students in schools have had a history of ear disease, with many resulting in conductive (fluctuating) hearing loss. The classrooms in which the students are expected to learn do not provide a supportive 'hearing' environment for the students, therefore any difficulties they have in learning may be exacerbated by the acoustic environment of the classroom.

There are a number of basic strategies that can be implemented to existing classrooms, including Sound Field Amplification Systems, use of soft furnishings, carpeting acoustic tiling, carpeted carrels or dividers, reduction of reverberant surfaces, adjusting ceiling heights, rubber matting on verandahs and curtains on the windows. Although these strategies are relatively simple to

implement, schools often do not have the funding to do so. Therefore, the 'hearing' environment remains a challenge for students and their teachers.

Occupational therapists offer consultation to schools, public facilities and for their clients to promote enabling environments. For example, related to the example described above, an occupational therapist may recommend a number of supportive measures that can be implemented at the building phase to improve the hearing environment for students with hearing loss. Examples include absorbent material in wall cavities, adjusting ceiling heights, absorbent flooring, lighting positioning, consideration of number of windows and reverberant surfaces, positioning and choice of air conditioner & ceiling fans, and positioning of classrooms (eg. music room away from quiet teaching spaces).

#### **Recommendation Three**

**Occupational Therapy Australia recommends that schools consult with occupational therapists about creating enabling environments for students with additional and/or complex needs.**

#### **4. COLLABORATIVE PARTNERSHIPS to SUPPORT the EDUCATION of STUDENTS with ADDITIONAL AND/OR COMPLEX NEEDS**

Collaborative partnerships between families, schools and allied health professionals are essential in developing a coordinated response to managing the needs of students with additional and/or complex needs.

Student centred meetings are important to feed back about occupational therapy assessments and recommendations, the student's progress in the home and school environments, as well as for planning, setting goals and identifying strategies for the future. These meetings are an important communication tool to ensure the student's access to the school environment and other needs are being successfully addressed.

Similarly, other allied health professionals such as speech pathologists and physiotherapists work in close communication and collaboratively for the students benefit. Inclusion within student centred meetings when such disciplines are needed is also essential.

Keeping in regular contact with the school to increase the collaborative partnership can reinforce the value of early intervention, so that schools can be proactive and identify student issues prior to escalation to a crisis or urgent point.

#### **Recommendation Four**

**Occupational Therapy Australia recommends the facilitation of a formal, ongoing dialogue between students, families, schools and health professionals both prior to school entry and within all education systems.**

## 5. TEACHER SUPPORT and EDUCATION

Promoting an enabling environment includes providing the student with additional and/or complex needs with skilled teachers and aides who know how to enable the student.

Enabling a student with a additional and/or complex needs *does not* include taking care of, doing tasks for, isolating and supervising the student away from the classroom, speaking for and generally overpowering students. Occupational therapists have a key role in the education and support of teachers and classroom or disability inclusion aides/teachers aides so that the student remains active in the learning environment and enabled to participate.

Classroom teachers are often primarily responsible for overseeing the needs of their students. Teachers require education and skills to manage the education of students with additional and/or complex physical, intellectual, mobility, sensory, psychological or other special curriculum and social needs.

Teachers frequently report that they do not possess the skills or experience to assist students who cannot access the curriculum or school grounds in the way that typically developing students do. This situation creates undue stress for the teacher, the student and the parents of the child.

NSW supports a policy of full inclusion for students with disabilities. Therefore, specific education is required in Bachelor and Diploma courses in Education that focus on strategies to promote the full inclusion of students with additional needs. Graduate attributes for teachers should include, but are not limited to:

- knowledge about the roles of allied health professionals
- different disabilities and conditions
- the impact on family and need for family and student centred education plans
- behaviour strategies for students
- social inclusion strategies
- ways to facilitate physical participation in class
- application of enabling environment principles to the curriculum, classroom learning and the school environment
- continuing education must also include such opportunities for teachers who are already qualified.

Teachers need access to occupational therapists when working with students with special needs in order to provide such students with access to the same school experience as other students.

In addition, teachers must have training about ways to keep themselves safe in the work place. Allied health professionals have a different skills set and knowledge of safe work practices (facilitating a student's transfer from sit to stand without injuring their back; lifting and setting up equipment for people with disabilities). Teachers do not typically have this skill set and are therefore at risk for workplace injury and stress. Occupational therapists design school based interventions



that mitigate, teachers, aides and other personnel from injury. Occupational therapists are trained in ergonomics and are skilled in minimizing risk in workplace environments.

The current lack of access to occupational therapists places a burden and liability for teachers, and reduces their capacity to be inclusive. The case below exemplifies a common scenario experienced by students with additional and/or complex needs. With the right support, education and by including occupational therapists in schools, teachers will be provided with needed information, advice and assistance and the inclusion of students with additional and/or complex needs will be optimized in NSW.

### **A specific example**

A seven year old student (diagnosed with spastic quadriplegic cerebral palsy) attended mainstream school.

At the start of the year, the child could walk 100 metres with a walking frame. He could sit on a stool of the correct size for 20 minutes alone. He could talk so that his peers understood him. He could write although he did so considerably slower than other children.

The child had half time integration aide, but no funding for physiotherapy and occupational therapy at school.

The school purchased a chair for the child that strapped him in at the chest, waist and cupped his feet. The school was concerned about liability should he fall from a regular chair. The integration aide strapped him in and out of the chair and placed him at a special table away from his peers whom he had known since babyhood. The school requested use of a wheelchair to transport him to the bathroom and around the school.

By the end of the year, the aide was on leave due to injuring her back, the child was unable to sit in a chair without arm and pelvic support and walked only 20 metres with his walker.

Although he was able to keep up academically and he wanted to stay with his typically developing peers, his parents removed him and placed him in a special school that had allied health services and hydrotherapy to assist the child to regain strength. They lost confidence in the capacity of a mainstream school to educate their child and understand his disability, without being detrimental to his health.

This child needed occupational therapy to provide appropriate opportunities to utilize the physical skills that he had (using his hands to write, walking to the toilet, sitting unaided), to implement appropriate curriculum changes and other technology and environmental interventions to enable this student to be included in every aspect of school life. The aide required education and consultation with an occupational therapist to provide appropriate strategies and equipment to include the child, as well as training to protect her own back.

### **Recommendation Five**

**Occupational Therapy Australia recommends that education and support services for teachers be increased so that they are well equipped to meet the needs of students with additional and/or complex needs in the classroom.**

## **6. ACCESS to OCCUPATIONAL THERAPY and MODELS of SERVICE DELIVERY**

Occupational therapists who work with children with additional and/or complex needs are concerned about the creation of effective, appropriate and sustainable access to occupational therapy services in NSW schools.

Adequate funding is essential for students to experience true inclusion. Funding for essential services like occupational therapy can rectify the current gap between the school experience of typically developing students and their counterparts who live with a disability, chronic health condition or special need.

Access to occupational therapy in schools must be equitable regardless of where the student is being educated: State, religious, independent urban, suburban or rural school.

Currently, the employment of occupational therapists in mainstream schools is inconsistent across the states with Queensland offering the only example where occupational therapists are employed by the education department to provide services to children with educational needs related to Autism Spectrum Disorders, physical, hearing, visual, and intellectual impairments. They provide these services in special schools and regular schools.

In some situations, the occupational therapy received at school may be the only access that the student has to a health professional.

Access to occupational therapists and services in rural and remote communities is a critical work force and community health issue. Those students with little to no access to occupational therapy services, within or outside their school environment, are at higher risk of acquiring further learning delays, health issues, and having their personal development inhibited by their disability.

Ensuring that all students have equitable access to occupational therapy services through timely, school-based interventions will foster the development and inclusion of many students with additional and/or complex needs into mainstream schools.

There are students with additional and/or complex needs who may meet an occupational therapist for the first time at school. Across NSW, there are students who have had little or no access to occupational therapy services due to family financial constraints or lack of support; unavailable suitably skilled occupational therapist; families lack of knowledge about their child's needs or

professional services that can assist their child; or just a lack of understanding and community support to include the child and family.

As described, students with additional and/or complex needs are not the only students who benefit from occupational therapy services. Many students have different learning needs, social/emotional capability and vulnerabilities and capacity to learn within mainstream educational environments. Some students who do not have a formally diagnosed official disability also need occupational therapy services. An example is a child with learning difficulties, or motor challenges (clumsiness, speech articulation issues) who do not have a diagnosis that places them in a category for funding for disability services.

With adequate funding and appropriate service delivery models, occupational therapists can make a significant contribution to the inclusion of many students with additional and/or complex needs and atypical learning needs. Equitable and appropriate access to occupational therapy services for such students in NSW schools requires the following:

- Inclusion of occupational therapy services in NSW schools so that students with additional and/or complex needs, whether residing in rural, remote, suburban, or urban geographical locations will have access to occupational therapy.
- Standards that result in occupational therapists becoming key members of the support team that facilitates inclusion as soon as the student is identified as having additional and/or complex needs. Families must be on such support teams.
- Inclusion of occupational therapists within schools to provide direct occupational therapy services to students (to improve handwriting, practice social skills, learn how to manipulate lunch box items, desk top items, appropriate application of low and high technology, etc). Funding for assistive technologies is essential.
- Inclusion of occupational therapists within schools to implement minimum standards for supportive social, sensory, and physical environments for students with additional and/or complex needs or atypical learning needs.
- Capacity for occupational therapists to provide services to the student within their home environment and in regards to safe car travel, transport to and from school, and safe mobility in and out of school premises, and other services that are directly related to the student role.
- Capacity for occupational therapists to provide consultation to schools regarding the reduction of architectural and environmental barriers when building planning occurs.
- Capacity for occupational therapists to provide continuing education and support to teachers and aides about safe work practices; information about conditions, disabilities and the health needs of students pertaining to successful inclusion; and appropriate strategies to include students with additional and/or complex needs in school life.
- Design of models of service delivery that allow the above described occupational therapy professional services to be implemented so that occupational therapists are utilized to

capacity for the benefit of both students with additional and/or complex needs, other students and teachers.

### **Recommendation Six**

**Occupational Therapy Australia recommends that funding and service models be implemented that will result in equitable access to the full scope and benefit of occupational therapy services for all students and teachers.**

### **References**

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<sup>1</sup> Lane, S.J. and Bundy, A.C. (Eds). (in press). Kids can be Kids: An occupation's based approach. Philadelphia, PA: FA Davis

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<sup>3</sup> Indig, D. et al (2011) *2009 NSW Young People in Custody Health Survey: Full Report*, Justice Health and Juvenile Justice, Sydney

<sup>4</sup> <http://www.un.org/disabilities/convention/conventionfull.shtml>

<sup>5</sup> <http://www2.ohchr.org/english/law/crc.htm>