Occupational Therapy Australia

Submission

Department of School Education, Early Childhood and Youth

Supporting Students with Special Needs & Disabilities in Schools:
   The Role of Occupational Therapy

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EXECUTIVE SUMMARY

Occupational Therapy Australia advocates for and acknowledges the essential professional contribution that occupational therapists make to the successful inclusion of students with disabilities Australia wide. Occupational therapy is an allied health profession that uses scientific evidence to provide interventions that promote the participation of students with disabilities 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 are skilled professionals who work with students with disabilities 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 this paper highlights six key points, summarized below.

1. Students with disabilities need occupational therapists to provide them with services that will promote their inclusion in both academic and extra-curricular activities within schools. Occupational therapists assess the need for, nature and type of intervention required by a student with a disability. Occupational therapy intervention is *student centred*, addresses individualized needs and may occur outside of the classroom, within the classroom or in a consultative capacity. Occupational therapists are skilled at advising, evaluating and intervening with students with disabilities at home, in the community and at school. Occupational therapists can assist in decisions about appropriate school placement, and transition to other educational facilities, work, and future planning.

2. Students with disabilities need *access to a range of high and low technology assistive devices* to fully participate in academic and non academic school activities. Occupational therapists are highly skilled at providing and training students and other school staff in the use of assistive technologies that enable students to learn and benefit from school experiences. A funding model that promotes students’ long term use and access to their individually tailored technology is essential.

3. Students with disabilities need to attend schools that have inclusive and supportive academic, physical, sensory, social and cultural environments. Occupational therapists have expert knowledge of the principles and strategies of universal design for learning. Universal design applies the principles of equal access, flexibility, simplicity, efficiency and safety to all people using an educational environment. Educational environments are academic (i.e. classrooms, information technology labs, libraries, music rooms, science labs etc) and extra curricula (i.e. the school gate and grounds, oval, play ground, toilets and cafeteria). Universal design for learning supports equitable access within the least restrictive and most inclusive environment for all students.

4. Many students with disabilities have complex needs which must be met both at school and in other environments/contexts such as home and community. Managing the needs of students
with disabilities requires formal ongoing dialogues between students, families, health and educational professionals such as occupational therapists. Occupational therapists provide the professional expertise to bridge medical, education and family concerns.

5. Occupational Therapy Australia recommends that pre and in service teacher education and support services be increased so that teachers are well equipped to meet the needs of students with special needs in the class room. Occupational therapists can provide education and support to both teachers who have a student with a disability in their classroom, and to integration aides. Such education and support should be provided during undergraduate and graduate teacher training; as continuing education for working teachers and within schools in relation to specific students.

6. Occupational Therapy Australia recommends that funding and service models be implemented that will result in real access to the full scope and benefit of occupational therapy services for all students and teachers. Occupational therapists need to be employed with the education sector (as has occurred in Queensland for more than a decade) to provide such services and the expansion of funding allocations for supporting students with additional needs in schools. Further, Occupational Therapy Australia recommends a commitment to equitable access to occupational therapy services in rural and remote communities through the provision of school-based occupational therapy interventions that includes the use of innovative ehealth/rehab technologies?

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 Australian school students with disabilities. Consequently, to further the ideas, services and opportunities described for students with disabilities in this paper, Occupational Therapy Australia strongly advocates for the following:

1. The formation of an Allied Health Advisory Panel that includes an occupational therapist. On occupational therapist appointed to such a panel, would provide recommendations as to how students with disabilities will access occupational therapy services in schools throughout Australia. The occupational therapists would be responsible for ensuring action is taken to meet the recommendations in this brief report and much more.

2. The establishment of an Occupational Therapy Advisor to the Department of Education, Employment and Workplace Relations. This position would oversee governance of occupational therapy in Australian schools across states and territories, 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.
1. INTRODUCTION

This unsolicited submission from Occupational Therapy Australia responds to the announcement of extra funding for students with disabilities to help ensure that students with disabilities have the same educational opportunities as other Australian students. The announcement was made by the Prime Minister Julia Gillard and the Minister for School Education Peter Garrett. The Prime Ministers press release, May, 3rd, 2011 described the $200 million budget that included the introduction of “new services such as speech and occupational therapy delivered at school”. This paper provides a brief overview of suggestions and strategies from Occupational Therapy Australia, the peak body representing occupational therapists Australia wide.

Occupational Therapy Australia (OTA) applauds the overdue and essential inclusion of occupational therapy for students with disabilities in all Australian schools. OTA moves to commission further advice on assistance provided to students with disabilities to access an equitable and appropriate education. In this submission OTA advocates for the inclusion of occupational therapy experts to action strategies that will reduce the gap between the education that typically developing students receive and the experiences that students with disabilities commonly, currently experience. This submission is organized in six subsections that describe occupational therapy’s contribution to the inclusive education of students with disabilities. Recommendations aimed at creating effective, appropriate and sustainable access to occupational therapy services are summarized.

Brief description of occupational therapy for students with disabilities

Occupational therapists provide services to students with disabilities 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 Disabilities¹ and the Rights of the Child², 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 disabilities 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 special 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 therapy is an evidence based health care profession that uses scientific evidence to provide interventions that promote the participation of children with disabilities in all of the daily occupations that they want and need to engage in. Within occupational therapy, 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 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. On May 3rd, the Prime Minister estimated that there are more than 160,000 students with disabilities and they attend both mainstream and special school settings. These figures indicate that occupational therapists are needed by a sizable population of children from Australian taxpaying families.

To date in Australia, students with disabilities have not benefitted from easily accessible occupational therapy services in schools. States vary in terms of the financial support and professional availability of suitably qualified occupational therapists. While the current Federal government has recognized the needs of many children with disabilities 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 supported the provision of occupational therapy services in schools.

This submission focuses on six issues about occupational therapy for students with disabilities. 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 recognises the important role that occupational therapists play in supporting students with disabilities and their families. We ask the Government to consult widely with occupational therapists on this issue in order to deliver the best outcome for inclusive education in Australia.

Occupational therapy is a profession concerned with promoting health and well being through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by enabling people to do things that will enhance their ability to participate or by modifying the environment to better support participation.

Occupational therapists have a broad education that equips them with skills and knowledge to work collaboratively with individuals or groups of people who have an impairment of body structure or function due to a health condition, and who experience barriers to participation. Occupational therapists believe that participation can be supported or restricted by physical, social, attitudinal and legislative environments. Therefore, occupational therapy practice may be directed to changing aspects of the environment to enhance participation.

Occupational therapy is practiced in a wide range of settings, including hospitals, health centres, homes, workplaces, schools, reform institutions and housing for seniors. Clients are actively involved in the therapeutic process, and outcomes of occupational therapy are diverse, client-driven and measured in terms of participation or satisfaction derived from participation.
2. **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. Services cannot be determined based on diagnosis, by measures of severity, or by a professional from another discipline. Occupational therapists need to be directly involved in the assessment and design of supports, strategies and interventions that enhance the performance and participation of students within their school environment. Occupational therapy assessment must not rely on the parent’s advocacy efforts, or previous reports that describe the child’s condition or developmental level. Occupational therapy assessment must occur within the school setting, evaluating the child’s performance within the student role.

Occupational therapy may be required by a student on a direct service basis or on a consultative basis. Some students with disabilities require intervention outside of the classroom, during school hours. An example is 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. Other students with disabilities require intervention during class time, to facilitate their ability to participate in classroom learning. An example is a child with limb deficiency who uses modified switch access with a computer to participate in writing activities during English classes. 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. Most students with disabilities 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. An example is a student with poor handwriting who is unable to write at the speed and legibility of his or her high school peers and requires use of keyboard and technology in class and during exams.

For services to be client centred the consideration of the student’s whole life needs are warranted. Students with disabilities, who require school based specialty services like occupational therapy, also have complex needs at home. A disability 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 disabilities 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. 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.

Appropriate school placement is paramount. While many students are best educated in a mainstream setting with the appropriate support, others are better educated in a special setting. A special setting will allow students to focus specifically on individualized goals with specialised staff and a more favourable student to teacher ratio. Ultimately the family makes the decision about a student’s education options and must be supported by professionals like occupational therapists to make the best choice for their child and family. Another aspect of student centred occupational therapy is advice and planning for successful transition 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 a disability first enters school to ensure student centred service delivery in schools.**

Occupational therapists can assess the nature and type of intervention needed by a student with a disability. Occupational therapy intervention occurs in accordance with student need, and may occur outside of the classroom, within and classroom or in a consultative capacity. Occupational therapists are skilled at advising, evaluating and intervening with students with disabilities at home and at school. Occupational therapists can assist in decisions about appropriate school placement, transition to other educational facilities, work, and future planning.
3. **ACCESS to ASSISTIVE TECHNOLOGY for STUDENTS with DISABILITIES**

Students with disabilities are unique individuals who have skills and needs based on their physical, cognitive, social, emotional, sensory and developmental capabilities. Many students with disabilities 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 at the forefront of prescribing and fitting technology that enhances the performance of students with disabilities 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 disabilities 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.**

Occupational therapists are specifically skilled in the applications of such assistive technologies that provide essential access to the school environment for students with disabilities. A funding model that promotes the students’ long term use and access to their individually fitted technology is essential.
Occupational Therapists modify environments so individuals can go about their daily occupations with ease and participate optimally. Students with disabilities 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:

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 have expert knowledge of the principles and strategies of universal design for learning. Universal design applies the principles of equal access, flexibility, simplicity, efficiency
and safety to all people using an educational environment. Educational environments are academic (i.e. classrooms, information technology labs, libraries, music rooms, science labs etc) and non academic (i.e. the school gate and grounds, oval, play ground, toilets and cafeteria). Universal design for learning supports equitable access for all students within the least restrictive and most inclusive environment for all. Universal design for learning involves designing curriculum (content, methods, and assessments) to enable all individuals to gain knowledge and experience learning. Curriculum is made more flexible to cater for and engage a much wider range of learners. For example, class content may be about native animals and students are provided with numerous learning opportunities that may be heard, seen, touched and experienced. Assessment may be project based and include multiple options for demonstration of learning.

Universal design in general is a widely used strategy to reduce architectural, sensory and physical barriers that prevent inclusion for persons with disabilities. Occupational therapists offer consultation to schools, public facilities and for their clients to promote universal design. 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 disabilities.**

Minimum standards for visual, acoustic and inclusive design in class rooms should be actioned to enable the full participation of students with a disability. Occupational therapists are skilled to provide this advice.
5. **COLLABORATIVE PARTNERSHIPS to SUPPORT the EDUCATION of STUDENTS with DISABILITIES**

Collaborative partnerships between families, schools and health professionals are essential in developing a coordinated response to managing the needs of students with disabilities. 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 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 within the education system.*

Occupational therapists are key professionals that provide professional services that bridge medical, education and family concerns.
Promoting an enabling environment includes providing the student with a disability with skilled teachers and aides who know how to enable the student. Enabling a student with a disability 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 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. Australia 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. Children with additional needs are not limited to students with disabilities. This term includes atypical learners and students with learning difficulties. Graduate attributes for Australian 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; behavior strategies for students; social inclusion strategies; ways to facilitate physical participation in class; application of universal design to the curriculum, classroom learning and the school environment; and numerous other strategies. 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 typical 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; ways to safely and respectfully restrain an aggressive adolescent whilst maintaining their own safety; 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 protect 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. Please see example 1 and 2, Appendix A for two common scenarios experienced by students with disabilities. 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 disabilities will be optimized in Australia.
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 special needs in the classroom.**

Occupational therapists can provide education and support to both teachers who have a child with a disability in their classroom, and to integration aides. Such education and support should be provided during undergraduate and graduate teacher training; as continuing education for working teachers and within schools in relation to specific students.
Occupational therapists who work with children with disabilities are concerned about the creation of effective, appropriate and sustainable access to occupational therapy services in Australian 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 Australian 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, Catholic, independent school, urban, suburban or rural school.

Currently, the employment of occupational therapists in mainstream schools is inconsistent across the states—for example, Victoria does not employ occupational therapists outside of specialized educational settings, while in Queensland, occupational therapists are employed by Education Queensland to provide services to children with educational needs related to Autism Spectrum Disorders, physical, hearing, visual, intellectual impairments. They provide these services in special schools and regular schools. A lack of federal governance over the issues of allied health professionals in mainstream schools to facilitate the appropriate inclusion of students with disabilities has resulted in inequitable access for students in some state and rural areas. The solution is to support, promote and action the availability of occupational therapists for students who have a disability.

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 workforce 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 special needs into mainstream schools. In some areas of Australia, there are very few occupational therapists specializing in pediatrics. The Northern Territory has between 6 and 8 paediatric occupational therapists and no FaHCSIA provider for the Helping Children with Autism package. There are students with disabilities who may meet an occupational therapist for the first time at school. Across Australia, 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 disabilities 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. Whilst universal design for learning provides a flexible school environment for all students, 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 disabilities and atypical learning needs. Equitable and appropriate access to occupational therapy services for such students in Australian schools requires the following:

- National inclusion of occupational therapy services in Australian schools so that students with disabilities, 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 a disability. 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 universal design for learning; and supportive social, sensory, and physical environments for students with disabilities 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 and implementation of universal design standards 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 disabilities 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 disabilities, other students and teachers.
## Recommendation Six

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

Occupational therapists need to be employed with the education sector to provide such services and the expansion of funding allocations for supporting students with additional needs in schools. Further, **Occupational Therapy Australia** recommends a commitment to equitable access to occupational therapy services in rural and remote communities through the provision of school-based occupational therapy interventions.
8. Conclusion

Occupational Therapy Australia commends the Department of School Education, Early Childhood and Youth for its increased funding for students with disabilities in schools. We are particularly supportive of the announcement that occupational therapy services will receive attention within this package.

Occupational Therapy Australia welcomes the government’s commitment to assisting children with special needs in school environments. In an environment where resources are limited, it is essential that publicly funded health and education care services work together to meet the needs of all children.

We look forward to learning about the funding and service delivery model in relation to this initiative and hope that our recommendations will be considered as part of the finalization process.

Appendix

Example 1:
A ten year old student has Asperger Syndrome, Attention Deficit Hyperactivity Disorder and a high IQ. She has a full time integration aide due to a history of violent outbursts. She attends mainstream school although she spends only three hours per day in class with her peers and does not receive occupational therapy. She is educated in a separate room by her aide. She is desperate to make friends. However, she approaches children of the same age to befriend them by launching into a monologue about Harry Potter or You Tube clips. Other children laugh at her and run away. She pursues them and bites, punches, kicks and tackles them to the ground. She spends time at recess fully supervised with the prep students. The prep students tolerate her mini lectures and she is both kind and gentle with them. However, after three years of recess with prep students, the child is voicing an obvious concern “Why don’t I have any friends my age” and bitterly rejects older students “I hate them and they hate me”. This student needed occupational therapy to provide social skills intervention, advise the school on meaningful social inclusion strategies and other environmental interventions to enable this student to be included in every aspect of school life.

Example 2:
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’d know 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.

http://www2.ohchr.org/english/law/crc.htm