GUIDELINE

Children with disabilities

<table>
<thead>
<tr>
<th>Scope (Staff):</th>
<th>School Health</th>
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<tr>
<td>Scope (Area):</td>
<td>CACH, WACHS</td>
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This document should be read in conjunction with this DISCLAIMER

Background

There are many children with disabilities enrolled in Western Australian schools. Students with disabilities constitute 3-4% of the total student population in Western Australian government schools.¹ The disabilities range from minor impairments to significant functional and intellectual limitations. Some children have physical disabilities which affect their ability to move, coordinate, and control movements while others have conditions which may require emergency intervention to sustain life. Many of these children require health care plans to ensure optimal care is provided in school.

The Department of Education have outlined eight specific categories of special needs; global developmental delay (prior to 6 years of age), intellectual disability, autism spectrum disorder, vision impairment, deafness or hard of hearing, severe mental disorder, physical disability, and severe medical/health condition. Many children with disabilities require some level of support to access the school curriculum, access medication, and/or with activities of daily living. Some children with high support needs have an education assistant allocated to work with them. The Department of Education has adopted an inclusive schooling approach which enables parents to choose whether their child attends an education support or mainstream school.¹

While the impairments caused by disabilities are diverse, they often lead to children having problems developing and performing in the school environment. Research has shown that children with disabilities often have learning difficulties, problems fitting in socially and difficulties with sports participation, hearing and sight problems and communication challenges. Children who have intellectual, learning or psychiatric disabilities are more likely to experience difficulty in school than those with a physical disability.²

Children with disabilities might be susceptible to other health problems or issues as a result of their condition. Research has shown that particular adolescent groups, especially those with learning and intellectual disabilities, are at increased risk of being sexually abused.³ These groups are at risk because they are often socially isolated, are less likely to report abuse, have little control over decisions that affect them and are likely to be misinformed about sexual health issues.⁴

Children with significant disabilities often have (or have had) extensive contact with health professionals as well as health and disability services. This contact may be well coordinated in terms of addressing the needs of the child holistically. It could be assumed that children are receiving regular, comprehensive health checks from specialist health
Children with disabilities when in fact the care they receive may be focused on a particular disability and not the whole child.

Not all children with disabilities are at risk. Many have supportive families and numerous protective factors in their lives. Most school environments provide good support through provision of educational assistants, Learning Difficulties Teams and a general commitment to building inclusive schooling. The integration of children with disabilities into mainstream schools has provided better opportunities for peer relationship building, reduction of the stigma associated with disabilities, and greater personal development.

General Principles

Children with disabilities cope better in a supportive school environment which addresses their special needs and enables positive peer relationships. The Department of Education facilitates many initiatives to support students in learning and other aspects of life. School Health Services provide a supportive role in relation to health needs.

Some of the general ways of ensuring that children with disabilities are supported in the school environment include;

- Advocating that student disability and health needs are identified early and responded to through a range of co-ordinated services and supports. (This is particularly important for those children with less obvious disabilities which do not attract special funding or services);
- Assisting school staff to develop awareness and confidence to support students with special health needs;
- Advocating that services and care plans for students are reviewed regularly to acknowledge development and changing needs;
- Working in partnership with families, acknowledging individual and family strengths and where possible, linking children and families to health and community services;
- Developing collaborative partnerships with service providers and advocating that relevant information relating to the child is transferred where appropriate;
- Supporting children with disabilities to develop resilience and aiding them in their attempt to feel connected to peers and school; and,
- Developing an awareness of the existing support systems in schools for children with disabilities.

Strategies to address the health, social and school participation needs of this vulnerable group of children can be developed and implemented with the help of the community health nurse. The key to helping these children is to identify issues early and to create a supportive school environment.

Role of community health staff

The community health nurse has a key role in advocating a supportive and structured environment for children. The community health nurse, together with the school administration, needs to ensure that school health services are easily accessible for children with disabilities and special health needs.

The community health nurse can play an important role in identifying any additional problems or issues that may be impacting on a child’s health, wellbeing, and school
Children with disabilities

performance. The nurse may empower children and families to explore these issues and access the available services, as appropriate.

Identification

Most children with disabilities are initially identified at school enrolment and also on the School Health Entry Assessment form. These details are kept on each child’s academic record and health record respectively. Some children will remain undetected until they are well established in school. Of concern to School Health Services staff is the identification of children who need extra support, beyond what they are receiving through other health providers. Some children may not be receiving any special support. Information may be obtained through liaison with disability and health services as well as from discussions with the young person, their parents and school staff.

It may occur that learning and developmental delays are not identified at an early stage. In some cases, by the time the child’s disability has been identified, they may have missed opportunities to enter some services such as Child Development Centres. These children will require special attention in school settings.

Some children receiving extensive input from specialist medical teams and disability services may be experiencing a problem which has not been identified. It is important that all children, with or without a disability, should be given a universal assessment at school entry, unless the disability precludes the child from being able to respond to the standard tests.

Primary school

Ideally if there is a known disability, this will be noted by the parent and recorded at school enrolment by school administration. Alternatively, students can also be identified if the teacher raises concern. Information should be collated when issues are raised and appropriate coordinated care should then be developed with the community health nurse playing the role of advocate and consultant. If the child already has a medical history, the community health nurse should endeavour to access information of relevance. All children should be offered school health screening, regardless of any disabilities or conditions they may have. Ongoing assessment should be provided if required.

Secondary school

The community health nurse has greater opportunities for one-to-one interaction with students in the secondary school environment. There may be options for the Student Services Team to discuss at-risk students and incorporate support from the community health nurse.

Discussions between the nurse and the student can often bring out the concerns that a student may have in relation to their own personal wellbeing as well as their adaptation to the school environment. Young people with disabilities often have additional concerns relating to their development and maturation. These concerns may include physical abnormalities, delayed puberty, social interaction, medication that affects physical appearance, body image, and growth delays. In addition, during adolescence the long term reality of their disability can predispose young people to depression and other mental health problems. There may be opportunities for the Student Services Team to discuss at-risk students and incorporate support from the community health nurse.

If possible, seek health information about the child from community health services provided in primary school.
Community health nurses may conduct a psychosocial assessment with adolescents with disabilities to systematically gather information about their environment, including family, peers, school and their inner world.

**Practice principles for identification and initial contact**

- Advocate that the child/young person is safe and has been provided with an appropriate level of support in the school.
- Find out about the types of health problems and access issues associated with particular conditions/disabilities.
- Offer school staff appropriate support and education to enable them to provide support for individual children.
- Consider whether the child is at risk of neglect, physical/sexual abuse, or emotional maltreatment. Refer to the Department of Health guidelines and notify via Health Service if necessary.
- Collaborate with others in the school, (e.g. Student Services Team or primary teacher) and plan for monitoring the health, development and wellbeing of the at-risk child as they progress through school.
- Initiate case conferences if they are required.
- Develop strong links with the support staff involved with the student such as education assistants, social workers, therapists and others.
- Identify the barriers that may restrict children with disabilities to access health services and develop strategies to overcome them.
- Develop strong links with families and empower them to access available health and other services.

**Follow-up and monitoring**

Once at-risk children with disabilities have been identified, they can benefit from appropriate follow-up and monitoring. School Health Service staff can assist schools to develop plans for students with identified health needs and to ascertain support from other services and health professionals who may be involved.

Children and young people will benefit from the ongoing support that can be provided by School Health Service staff throughout their school years. School Health Service staff has a role in ensuring that services are highly accessible to children with disabilities to support their ongoing needs.

**Practice principles for follow-up and monitoring**

- Conduct ongoing consultations with the child’s teacher(s) and family to obtain more detailed information about the specific areas of concern, and provide assessments, monitoring and support as required.
- Check that a health care plan has been developed for each student as appropriate.
- Check an Individual Education Plan (IEP) has been developed for each student and advocate if there is not.
• Provide opportunities for the child/young person to have contact with you on a regular basis or as required. Where possible, try to address any health and development concerns the child/young person may have.

• Conduct a psychosocial assessment with adolescent students to identify if there are any particular areas of concern. Respond to the student’s needs based on assessment.

• Consider the need for further (regular) contact with the student, and initiate ongoing contact where necessary.

• Research and develop an awareness of the available services, (e.g. private, government, non-government).

• Connect children with disabilities and their families with local support services and community groups (this could include private practitioners, non-government organisations, and other government departments).

• Encourage the school to monitor the child’s attendance, health, development and behaviour.

• Ensure that the school is knowledgeable about appropriate referral pathways for health issues and how to make contact with the School Health Service when visiting staff are not on site.

• Facilitate the coordination of information and care from service providers.

• Encourage children with disabilities to participate in extra-curricular activities (within their own capabilities), to build peer friendships and develop a connection to the school.

• Ensure that relevant information regarding the student’s health and wellbeing is transferred when the student transfers to a new school.

**Whole-of-school strategies**

• Make teachers and other school staff aware of children with disabilities in general, (e.g. special needs, learning arrangements, common issues).

• Support prevention strategies that promote positive mental health of all students and development of personal resilience and wellbeing, through whole school and classroom programs (e.g. MindMatters, KidsMatter, Resourceful Adolescent Program, Friendly Schools and Families Program, PATHs, Aussie Optimism, Friends for Youth).

### Related internal policies, procedures and guidelines

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<tr>
<th>Related internal policies, procedures and guidelines</th>
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<tbody>
<tr>
<td>HEADSS assessment guideline</td>
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<td>Students at Educational Risk (DOE)</td>
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<td>Duty of Care for Students (DOE)</td>
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<td>Child Abuse Guidelines (DOH)</td>
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## References


## Useful resources

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<tr>
<td>Activ</td>
<td>Provides a range of services for people with a disability and their families Phone: (08) 9387 0555 <a href="http://www.activ.asn.au/">http://www.activ.asn.au/</a></td>
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<tr>
<td>Autism Association of Western Australia</td>
<td>Provides early intervention programs for children with autism, in addition to parenting programs to assist families Phone: (08) 9489 8900 <a href="http://www.autism.org.au/">http://www.autism.org.au/</a></td>
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<tr>
<td>Ethnic Disability Advocacy Centre</td>
<td>Helps people with disabilities from non-English speaking backgrounds with access to services. Phone: (08) 9388 7455 <a href="http://www.edac.org.au/">http://www.edac.org.au/</a></td>
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<td>Princess Margaret Hospital – Asthma Liaison Nurse Service</td>
<td>Provides support to children, families and schools about appropriate management of asthma Phone: (08) 9340 8222 (ask for asthma liaison nurse) <a href="http://www.pmh.health.wa.gov.au/services/asthma/index.htm">http://www.pmh.health.wa.gov.au/services/asthma/index.htm</a></td>
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<tr>
<td>ReachOut</td>
<td>Youth friendly resource which gives advice and information on dealing with mental health issues and other health issues relating to children</td>
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State Child Development Centre: Offers quality professional care for children with developmental concerns and their families Phone: (08) 9481 2203  

Telethon Speech and Hearing: Services for children with speech, learning or hearing impairments Phone: (08) 9387 9888  http://www.tsh.org.au

The Centre for Cerebral Palsy: Provides services and support to people living with cerebral palsy and their families in WA Phone: (08) 9443 0211  http://www.tccp.com.au/

The Spina Bifida and Hydrocephalus Association of WA: Provides support for people with spina bifida, hydrocephalus and their families Phone: (08) 9346 7520  http://www.sbhawa.com.au/

Therapy Focus: Community service organisation that provides therapy and professional services in home, school and community settings Phone: (08) 9478 9500  http://www.therapyfocus.com.au/

Young Carers – Information about young carers and the support provided by Carers WA  http://www.youngcarerswa.asn.au/

This document can be made available in alternative formats on request for a person with a disability.