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Children with Mild to Moderate Physical Disabilities in Schools

Background

In Australia, many children with mild to moderate physical disabilities fail to qualify for additional support to maximise their learning and personal development at school. Although these movement problems can prevent children from fully participating in school, they are not considered sufficiently severe to attract government funding.

These children have much to contribute to school life and have a right to equal access to participation in the community. Early access to services, equipment and funding to assist them to learn, grow and play can have significant positive benefits for the individual, the family, the school community and the wider community.

The Australian Bureau of Statistics' classification of disability is based on an assessment of whether a child needs personal assistance with, has difficulty with, or uses aids or equipment for any of their core activities (e.g. bathing, showering, dressing, getting into or out of a bed or chair, moving around at home etc).

A child's overall level of core activity limitation is determined by the highest level of limitation they experience in these areas. The four levels of disability are:

> **Profound**: unable to perform a core activity or always needing assistance;
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> **Severe**: sometimes needs assistance to perform a core activity, or has difficulty understanding or being understood by family or friends;
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> **Moderate**: does not need assistance, but may use aids and has difficulty performing a core activity; and
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> **Mild**: no difficulty performing a core activity but uses aids or equipment because of disability; or cannot perform the activities of easily walking 200 metres, walking up and down stairs without a handrail, easily bending to pick up an object from the floor, or using public transport.[1]

Approximately 8 per cent of Australian children surveyed in 2003 had a disability. Of this number 3.2 per cent or 122 200 children were physically disabled.2 Conditions where movement problems arise include but are not limited to Cerebral Palsy, Spina Bifida, Juvenile Arthritis, Acquired Brain Injury and early stages of Duchenne Muscular Dystrophy.

Children with disabilities utilise the healthcare system more than other children as they have more complicated conditions that compound their care needs. 3 The requirement for care can often lead

to financial hardship for families and additional support is required to ensure these families and children have access to the best therapy available.3

Determining the optimal treatment program for the management of children with mild to moderate physical disabilities is problematic as there are no best practice standards to assess the current levels of therapy being delivered in schools. This is due to variations across the country in funding and access to services. As a consequence there may be significant differences in the amount of therapy that comparable children receive across different jurisdictions.

An evidence-based approach to the treatment of children with physical disabilities requires the physiotherapist to involve the child and family when making decisions regarding any therapy intervention.4 Coordination of rehabilitation and educational services is essential to ensuring the functional abilities of children with mild to moderate physical disabilities are maximised. Coordination of this type has been demonstrated to reduce further disability, and therefore lessen unnecessary financial and other burdens for the child and their family.5
School teachers are critical to ensuring successful inclusion and to minimise the impact of physical disabilities within the classroom.6 In order to optimise the child's experience at school, knowledge of the disability and how the learning environment can be modified to overcome any environmental barriers, is required.7

Most states have undertaken legislative reform to foster inclusive education. This has made a positive impact on the number of children with disabilities attending mainstream schools. Mainstream schools enhance children's health and well-being through a number of support programs, such as literacy and numeracy programs. However the holistic needs of many children with mild to moderate physical disabilities are often not being met and this is working against the philosophy of inclusive education.8

Research from the Canadian Institute of Health9 found that the most frequent reasons for children aged between 0 – 14 years not participating in more physical tasks was their lack of ability to partake, closely followed by environmental factors such as cost, location of activity / facility and transportation factors. In support Law et al found that the diagnosis of a disability for a child does not affect their participation level but rather that environmental and personal factors play a larger role in determining the extent of participation. 10 Therefore it is critical that efforts are directed at addressing the barriers to children's participation in physical activity (such as establishing a culture of flexibility in room allocation and timetabling) so as to minimise the impact of their disability.

There is no national standard screening process to identify the needs of children with mild to moderate physical disability in the school environment. Therefore some children with mild to moderate physical disabilities are not being identified and their needs are not being recognised.

Parents, teachers and schools often have concerns about these children however they may be unsure whom to consult, where to find appropriate health professionals, and are often constrained by lack of funding for the initial assessments, which are required in order to apply for ongoing financial assistance from government agencies.

There is also a lack of appropriate equipment for children, as a result of funding constraints and a lack of access to professionals, such as physiotherapists, who are able to prescribe appropriate equipment and assist children to integrate the use of equipment into the school environment.

The establishment of national best practice guidelines would help to ensure that there is a consistent approach to the assessment and management of children with mild and moderate physical disabilities. These guidelines should ensure that these children have:

- Access to a minimum annual review of their level of need, their strengths, changes and progress. This review should be undertaken by an inter-disciplinary team including medical, allied health professionals with paediatric expertise and teachers. The recommendations from that review should be implemented and monitored.
- Therapy goals which are linked to individual education goals and are embedded in the curriculum.
- An individualised 'manual handling / mobility' plan which is developed and reviewed by a trained health professional. This plan should incorporate mobility through a variety of environments, distances and situations which maximises the potential for movement development, whilst minimising and managing risks to self and others. During the implementation of these plans teachers should be provided with training to assess and balance the risks related to maintaining children's mobility skills as well as training to minimise inappropriate wheel chair use.

For children with mild to moderate physical disabilities timely access to services based on need rather than disability would enhance their health and wellbeing and help them to reach their full potential. For inclusive education to be successful a collaborative system needs to be developed between children, families, health professionals and educators.

The APA position

- The position of the Australian Physiotherapy Association is that:
- The Australian Government should work with the states and territories to design a consistent approach to national screening and management of children with physical disabilities. This system should be focused on level of need rather than level of disability.
- National guidelines should be developed to assist teachers to identify children with mild to moderate physical disabilities. Education regarding physical disabilities needs to be included in entry level teaching curriculum.
- All children identified should be screened for mild to moderate physical disabilities and funding should be provided for qualified health professionals to further assess the needs of those children identified with mild to moderate physical disabilities.
- All children with a physical disability should have government subsidised access to the services that they require, whether it is equipment, orthoses or therapy services.
- Management plans should be developed as part of a collaborative partnership between children, their families, and paediatric rehabilitation specialists, such paediatric physiotherapists, and other key professions.
- The Australian governments should commit to a substantial financial investment in establishing collaborative interdisciplinary teams located in specialist settings from which outreach services can be provided to schools. There needs to be a significant increase in the number of physiotherapists and other health professionals employed in specialist paediatric services.
- There should be reciprocal agreements between states and territories in regard to equipment and services to support children and families who are relocating or accessing services across borders.
- Assistant staff should be available to supervise children with mild to moderate physical disabilities while they practice transfers and other mobility skills such as self propulsion throughout the school day and within the school environment.
- All school staff should be trained in manual handling including safe transfers as required to maximise mobility of students with mild to moderate physical disabilities.

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