Providing occupational therapy and physiotherapy services in the Department of Education and Training

*Findings from a statewide check-in 2016*
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Executive Summary

The Department of Education and Training (DET) has directly employed occupational therapists and physiotherapists for over 26 years. They focus on the enhancement of education programs and learning outcomes for students with physical, vision, hearing, or speech-language impairments, intellectual disability and/or autism spectrum disorder.

Occupational therapy and physiotherapy are two distinct and different professions. While there are some commonalities in philosophy and practices, occupational therapists and physiotherapists in DET undertake specific and different roles and work collaboratively as part of the student’s education team.

**Occupational therapists** use specialised knowledge of the skills and abilities required for learning and occupational performance at school (including movement and sensory, cognitive and psychosocial skills), along with expertise in the design of tasks, environments and equipment to deliver evidence-informed strategies for occupational success.

**Physiotherapists** use specialised knowledge of the body’s movement abilities, senses, endurance and fitness to promote student health, well-being, self-management and physical activity.

Based on evolving practices worldwide, legislative changes and a strong evidence base, staffing for occupational therapy and physiotherapy services in the Department has expanded over time. At the time of this review in 2016, 69.8 full-time equivalent (FTE) occupational therapists and 69.8 FTE physiotherapists were employed to work in Queensland state schools. An additional regionally-based 4 FTE in each discipline were provided for profession-specific leadership, supervision and monitoring of occupational therapy and physiotherapy services.

**Check-In**

In Semester 1 2016, a statewide check-in of occupational therapy and physiotherapy services for students with disability occurred in the Department. The focus was to investigate existing service provision; prioritisation and workload management strategies employed; and the scope of skill-sharing and inter-professional practice. The purpose was to identify current service provision to assist DET to respond quickly to relevant findings and recommendations from the Queensland Disability Review and ensure the Department was providing the best service possible to improve education outcomes for students enrolled in Queensland state schools. DET is committed to ongoing reviews to ensure high quality evidence-based practices are implemented across the State.

DET occupational therapy and physiotherapy services are provided for students enrolled in or registered to attend state education facilities whose disability meets criteria in one of six Education Adjustment Program (EAP) categories, or students in Prep who are awaiting verification under the EAP. Services are also available for children accessing early childhood development programs or services (ECDP). This arrangement is a prioritisation strategy, based on the assumption that students, who meet EAP criteria or children attending ECDP
or services, are those with disability who have the highest level of need for OT and PT services.

Prioritisation for occupational therapy and physiotherapy services for eligible students takes place based on a request from the school, identification of student need and targeted assessment using a practice manual, *Priorities in practice – A manual for occupational therapists and physiotherapists* 2000 (minor revision 2011). This methodology is based on individual student need rather than a whole school approach to support students with disability.

All schools engaged in the Nationally Consistent Collection of Data on School Students with Disability for the first time in 2015, supplying valuable data on students being provided with reasonable adjustments to address a functional impact of a disability, as defined by the *Disability Discrimination Act 1992*. The data indicates that there were more students identified as having a disability that schools were providing adjustments than those who meet criteria for EAP. Access, participation and education outcomes for these students may be improved by occupational therapy and physiotherapy support.

Current literature, legislation, policies and frameworks support school-based occupational therapy and physiotherapy service delivery which is inclusive, curriculum focused and student-centred. Best practice specifies service models that support team collaboration which includes the student and parent/carer. Models which are flexible to meet the needs of students, schools and system, including whole-of-school approaches, transdisciplinary practice, technology-based approaches, and strong leadership are described. The literature provides guidance on eligibility for school-based services; prioritisation considerations which include the student, setting and therapist; and a workload, as opposed to caseload approach to service delivery.

**Consultation**

Wide consultation with service providers and service users occurred during the statewide check-in of occupational therapy and physiotherapy services for students with disability. Input was received from school principals, principal education officers, heads of special education services (HOSES), teachers, advisory visiting teachers, inclusion and mental health coaches, union representatives, a parent representative, regional student services managers and the occupational therapy and physiotherapy workforce. Themes arising from the check-in described:

- the occupational therapy and physiotherapy service structure and staffing;
- current occupational therapy and physiotherapy service delivery to students and schools; and
- themes relating to the occupational therapy and physiotherapy workforce.

Occupational therapy and physiotherapy services are allocated from a central resourcing model with a number of factors contributing to regional decision-making around therapy base locations and the distribution of staffing.
Findings relating to current occupational therapy and physiotherapy service delivery to students and schools included:

- Communication, consultation, collaboration, skill-sharing and inter-professional practice between occupational therapists, physiotherapists and the broader education team is highly valued and was identified as occurring in most circumstances. Time was identified as a barrier to this practice.
- Timeframes for service delivery were seen to vary across settings, along with mechanisms for feedback, and methods of evaluation and outcome measurement. Outcome measurement incorporated student, teacher/therapist, and service/departmental factors.
- Access to occupational therapy and physiotherapy services for students with disability and schools in rural and remote areas, including Aboriginal and Torres Strait Islander students with disability, differs across regions. Perceptions of schools in rural and remote areas were that there was reduced expectation of services available to teams in these settings.
- Supports are provided predominantly in the primary school, special school and ECDP settings, with less service support taken up in the secondary setting.
- Expanding the scope of occupational therapy and physiotherapy services, which includes provision to a broader group of students with disability, was supported when appropriate training and mechanisms for workload management were in place. There was a call for further clarity regarding therapists’ role and for a shift towards whole-of-school support.
- While both occupational therapy and physiotherapy services were reported to be highly valued by service users, it was noted that there may be a higher requirement for occupational therapy support.
- The current service model has a high administrative load.

Findings relating to the occupational therapy and physiotherapy workforce included:

- Occupational therapists and physiotherapists have a high degree of satisfaction with their role.
- A service model and guidelines to define role, prioritise and manage workload, and evaluate services is valued.
- The current practice manual has components which continue to be valued and components which were identified to need change.
- Occupational therapists and physiotherapists indicated readiness and confidence for change and identified the support that would assist them to build capabilities and implement new approaches.
- Some difficulty was noted in recruiting to physiotherapy positions in rural areas.
- The leadership structure and opportunity in DET occupational therapy and physiotherapy services has changed in recent years, with irregularities in distribution and classification of leadership positions, impacting on clinical governance and service management.
- Schools supported changes in occupational therapy and physiotherapy practice, but expressed concerns that services may become delayed or over-stretched if this occurred without clear criteria to support service delivery.
Occupational therapy and physiotherapy services of the future may be enhanced where:

- Services continue to shift from a caseload to a workload approach which incorporates broader influences on school-based therapy services, such as student/parent/community partnerships and building teacher capability, and includes current educational models, such as a whole-school approach.
- Access, participation and support for improved learning outcomes for a broader group of students with disability and a broader scope of supports are explored.
- Solutions to an identified higher demand for occupational therapy supports are explored using an evidence-informed approach, and taking into consideration resourcing, role definitions, inter-professional practice, skill-sharing and delegation.
- Service delivery approaches to students with disability in secondary schools, including staff capacity-building to support this cohort are enhanced and implemented.
- Service models which reduce administrative red-tape, move from a case-load to a work-load approach, and work collaboratively with other DET divisions are further explored.
- Service models are developed and implemented in consultation with students and families.
- A whole-school approach is incorporated into a service delivery model, including individual school input to prioritisation for services and support.
- Occupational therapists and physiotherapists are supported to confidently expand the component of their role which builds capacity of teams working with students with disability. This would involve working closely with HOSES to particularly support those new to teaching, and to support teacher aides.
- Solutions are explored to improve service and support provision to rural and remote teachers and schools to support students with disability, including Aboriginal and Torres Strait Islander students with disability.
- Occupational therapists and physiotherapists are supported to engage with expanded technology solutions to complement service delivery.
- Leadership structures, including support for emerging leaders, are revised and broadened.
- Service approaches are localised for each individual school to engage with the school’s improvement agenda, creating sustainable practices, building staff capacity and improving access, participation and outcomes for learners.

Findings from this statewide check-in and literature review will assist with actioning findings and recommendations from the Queensland Disability Review. Aligned with departmental priorities and the DET Evidence Framework, these findings may assist to inform future directions for occupational therapy and physiotherapy services in DET.

Further information
- Occupational therapy and physiotherapy services in schools: A review of the literature 2016
Background

The Department of Education and Training (DET) has directly employed occupational therapists (OTs) and physiotherapists (PTs) for over 26 years. Historically these services, which were based in special schools and early childhood settings, operating under a medical model in which students were ‘withdrawn’ from the class setting for direct therapy.

Based on evolving practices worldwide, legislative changes and a strong evidence base, OT and PT services in the Department have expanded over time, first to support students with disability in special education units and then all state education settings. These services have adopted a more ecological model in which support is directed towards the student being able to access and participate in their education and have the opportunity to learn. This has moved from the deficit-based ‘you’re broken, we can fix you’ presumption, to an inclusive ‘you are a student here to learn and we will help you be the best learner you can be’ model, aligning with the DET mandate ‘Every Student Succeeding’.

In 2016, the Department employed 69.8 full-time equivalent (FTE) OTs and 69.8 FTE PTs primarily in school-based locations in each region across Queensland. An additional regionally-based 4 FTE in each discipline is provided for profession-specific leadership, supervision and monitoring of OT and PT services. OTs and PTs provide specialist supports for students with disability enrolled in state education facilities in Queensland. They focus on the enhancement of education programs and learning outcomes for students with physical, vision, hearing, or speech-language impairments, intellectual disability and/or autism spectrum disorder.

OTs and PTs work collaboratively as part of the student’s education team to enhance access, participation and achievement of education outcomes. Occupational therapy and physiotherapy are two distinct and different professions, with each profession having specific expertise. Occupational therapy and physiotherapy services are complementary but not interchangeable. While there are some commonalities in philosophy and practices, occupational therapists and physiotherapists in DET undertake specific and different roles.


**Occupational therapy**

Occupational therapy services in the department aim to support students with disability to fully participate in the activities of schooling. The purpose of DET occupational therapy services in state schools is to promote students' well-being, participation and success in the daily occupations of school life, such as studying, playing and working.

Occupational therapists use specialised knowledge of the skills and abilities required for learning and occupational performance at school (including movement and sensory, cognitive and psychosocial skills), along with expertise in design of tasks, environments and equipment to deliver evidence-informed strategies for occupational success. Services are delivered through collaboration and embedding advice in curriculum activities and classroom routines to enhance learning engagement and achievement.

**Physiotherapy**

Physiotherapy services in the department aim to meet the needs of students with disability who have posture and movement disorders or delayed neuro-sensory motor development. Physiotherapy services are delivered as part of the education program.

Physiotherapists use specialised knowledge of the body's movement abilities, senses, endurance and fitness to promote student health, well-being, self-management and physical activity. This is achieved through targeted assessment and the provision of recommendations for education adjustments, equipment advice and/or environmental adaptations to enhance students' access, participation and achievement of educational outcomes.
Rationale and objectives of a statewide check-in

DET is committed to ongoing review of evidence-based practices and encouraging innovation to improve outcomes for students.

Under the Disability Discrimination Act 1992 (DDA) and its subordinate legislation the Disability Standards for Education 2005, schools are required to provide reasonable adjustments for students with disability to ensure they can access and participate in education on the same basis as their peers.

DET OT and PT services are provided state education facilities for students whose disability meets criteria in one of six Education Adjustment Program (EAP) categories, or students in Prep who are awaiting verification under the EAP. Services are also available for children accessing early childhood development programs (ECDP) or services. This arrangement is managed using a prioritisation strategy, based on the assumption that students who meet EAP criteria or children attending ECDP or services, are those who have the highest level of need for OT and PT services.

Further prioritisation for OT and PT services takes place based on school request, identification of student need and targeted assessment using a practice manual, Priorities in practice – A manual for occupational therapists and physiotherapists 2000 (with a minor revision 2011, primarily to reinvigorate use of the process and introduce electronic referral and transmission of records).

Data gathered through the recently introduced Nationally Consistent Collection of Data on School Students with Disability (NCCD) has provided valuable information on the number of students being provided with reasonable adjustments to address a functional impact due to a disability, as defined by the DDA.

**DDA Definition of Disability in relation to a person means:**

(a) total or partial loss of the person's bodily or mental functions; or
(b) total or partial loss of a part of the body; or
(c) the presence in the body of organisms causing disease or illness; or
(d) the presence in the body of organisms capable of causing disease or illness; or
(e) the malfunction, malformation or disfigurement of a part of the person's body; or
(f) a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction; or
(g) a disorder, illness or disease that affects a person's thought processes, perception of reality, emotions or judgment or that results in disturbed behaviour;

and includes a disability that:

(h) presently exists; or
(i) previously existed but no longer exists; or
(j) may exist in the future (including because of a genetic predisposition to that disability); or
(k) is imputed to a person.

To avoid doubt, a disability that is otherwise covered by this definition includes behaviour that is a symptom or manifestation of the disability.
The cohort identified through the NCCD is broader than those students verified under the EAP. The data suggests that there are more students identified as having a disability that schools are providing adjustments than meet criteria for EAP.

As a commitment to continuous improvement to maximise education outcomes for all students with disability, in 2016 DET undertook an independent review into disability policy. Forming part of this review was current practice in Queensland state schools in relation to supporting students with disability, including those with complex and challenging behaviour, with particular attention to resourcing, access and participation, support services, workforce capability and use of restrictive practices.

Further to this, with the staged roll out of the National Disability Insurance Scheme (NDIS) in Queensland, therapy services for children and youth with disability are likely to evolve and expand as implementation of the NDIS gains momentum.

It is therefore timely for DET OT and PT services in Queensland state schools to be reviewed and redefined to ensure a strong focus on education outcomes.

As a result, the objectives of this statewide check-in were to:

1. Investigate the scope of occupational therapy and physiotherapy services for students with disability in the Department, particularly in relation to eligibility;
2. Investigate prioritisation and workload management strategies for OT and PT services in the Department, including the use of a whole school approach to student learning strategy; and
3. Investigate the scope of services provided by OT and PT in the Department, relating to areas of skill-sharing and the full scope of inter-professional practice.

It was considered out of scope for this check-in to:

- investigate provision of OT and PT beyond an educational model aimed at student learning outcomes;
- develop a staffing model for OT and PT services; or
- investigate the therapy supports which may also be provided in state schools by OTs and/or PTs external to DET, including those providers funded under the DET Non-Schools Organisations Program (NSO).
Literature review, legislation, policy and initiatives

Numerous influences impact the delivery of occupational therapy and physiotherapy services to students with disability in Queensland state schools. These are outlined in more detail in the literature review. Inclusive education legislation, policies and practices underpin occupational therapists' and physiotherapists' role in providing reasonable adjustments to students with disability to access, participate and succeed in their education on the same basis as their peers without disability. Student eligibility criteria for occupational therapy and physiotherapy support in schools around Australia differ according to local, state or national initiatives and legislation. Despite this, worldwide, there is recognition that occupational therapy and physiotherapy support can be of benefit to a wide range of students, including those with identified developmental disability, social/emotional needs, and temporary or chronic health conditions, as well as students without disability who have additional learning needs.

The role of the school-based occupational therapist and physiotherapist is to support the educational outcomes of students through the sharing of their unique knowledge, expertise and perspective in occupational performance and physical function respectively. They specifically focus on understanding student's strengths and difficulties in relation to education task and school environmental demands.

The school context offers many service delivery options for therapists including direct, indirect, capacity building, school-wide and universal supports. The success of whichever approach is chosen is dependent on the collaboration of school-based occupational therapists and physiotherapists with the student, their teacher, family, support staff and broader education team. Success of services also depends on accountable, evidence-based practices which are supported by strong, effective leadership.

New school-based occupational therapy and physiotherapy service delivery options are being explored by service leaders, both nationally and internationally, in response to growing service demands, waitlist data, workloads and geographical factors, such as remoteness.

Developing effective and efficient processes and emerging leadership are the main challenges facing school-based occupational therapy and physiotherapy services. Clear and supportive change management is needed to support service providers to evolve their approaches to meet changing legislative, student and school needs, and develop the quality school-based occupational therapy and physiotherapy services of the future.

Key learnings from the literature, legislation and policy:

- The Department provides occupational therapy and physiotherapy services to support schools to provide reasonable adjustments for students with disability to access, participate and achieve in their education (DET_QG, 2015A).
- Legislation and public policy shape inclusive education in Queensland and subsequently influence the provision of occupational therapy and physiotherapy services to students with disability in Queensland state schools. This includes the Disability Discrimination Act (DDA) (1992) and the Disability Standards for Education (DSE) (2005).
• Queensland is the leader in Australia of widespread school-based occupational therapy and physiotherapy services provided by departmental employees to enhance the education outcomes of students with disability.

• Students with high needs are often prioritised. Other students may not meet eligibility criteria for occupational therapy and physiotherapy support, although enhanced educational outcomes are reported in literature as a result of such support being provided to students with a wider range of learning needs (Barnes et al, 2003; Beck et al, 2006).

• The models of service delivery utilised by occupational therapists and physiotherapists in schools need to be responsive and effective in meeting the needs of students, schools and systems (Bose & Hinjosa, 2008). New approaches including whole school, transdisciplinary and technology-based models of service delivery are being explored to enhance service efficiency and effectiveness (Hinder & Ashburner, 2017).

• Collaboration with all members of the education team, including the student and family, supported by flexibility, clear communication and in-class participation, promotes the provision of educationally relevant recommendations by occupational therapists and physiotherapists and builds capacity in staff to support positive education outcomes for students with disability (Missiuna et al., 2012).

• Prioritisation is a complex necessity in high demand services. Functional goals as well as access, participation and environmental information are needed for school-based therapists to be able to make accurate assessments of a student's needs (Goodrich, 2010). Prioritisation tools that consider the student, the setting and therapist factors assist therapists to make consistent, equitable prioritisation decisions (Cecere & Williams, 2015, CDOE, 2012).

• Managing and balancing time spent on each of the work activities undertaken by school-based occupational therapists and physiotherapists is a challenging task. Workload, as opposed to caseload, management provides a framework to recognise all of the work undertaken to deliver best practice school-based occupational therapy and physiotherapy. (AOTA, APTA, ASHA 2014) To support therapists to deliver a quality and timely professional service, outcome measurement, data collection and analysis, and ongoing review of funding is needed to ensure services are responsive to student, school and system needs.

• Services require strong leaders and managers, and governance systems in place to support best practice, accountability, research, service improvement, leadership, and the development of emerging leaders (DET-QG, 2015b, QH, 2015).

• Changes to legislation, education provision, student and school needs, and external services, along with continuous improvement through evolving best practice, require school-based occupational therapy and physiotherapy services to remain flexible, responsive and reflective. To support change, services and service providers benefit from clear and timely communication strong support (Hutton, 2008), and targeted professional development activities (Heasman & Morley, 2012). This ensures that services of the future will meet organisational objectives, respond to school needs and support student success.
Consultation

In the lead-up to this check-in, communication from school and regional stakeholders indicated there were some limitations and barriers to current DET OT and PT services. Specific concerns noted that schools were requesting support for students with disability who did not meet current eligibility; OT and PT referral processes and frameworks were complex, time-consuming and considered by some to be impinging on time available to support students; OTs and PTs have a broader skill set that could be utilised in the Department; services could better accommodate local decision-making and school autonomy; and that an evaluation of how OT and PT are aligned and what is distinct was needed.

A steering committee (Appendix 1) provided strategic governance of the check-in. Representation on this committee included representatives from the Together Union, a Parents and Citizens representative, regional service managers, regional principal advisors, the principal advisor therapies and OT and PT professional supervisor representatives.

A project working group (Appendix 1) met fortnightly. Members included the project officer, representatives of regional OT and PT professional supervisors, and representatives of OTs and PTs from across regions and career stages. This group had input into the survey development and collation of data, reviewed literature, and provided communication to and gathered feedback from regional teams and discipline groups.

Continued collaboration with the OT and PT professional supervisors occurred by ensuring that the check-in was a standing agenda item at scheduled statewide meetings.

A confidential survey was distributed to 201 OTs and PTs as service providers, using an email list providing an individual survey link for each participant (Appendix 2). 18 staff were on leave from the Department at that time but given the opportunity to respond through their DET email. A total of 149 responses were received. This survey provided an opportunity for all OTs and PTs in DET to provide confidential feedback regarding their scope of practice, their value and use of the current practice frameworks, their confidence for future service provision and to provide input into how a practice model could be improved.

Consultation with service users occurred through focus group meetings. Participants consisted of principals, principal education officers, HOSES, teachers, advisory visiting teachers, inclusion and mental health coaches. Representation was balanced and included each region, all school types (primary, secondary, special and early childhood) and remote, rural, regional and metropolitan settings. Participants were recruited using a snowball technique with further referrals gathered during the period of the focus group meetings.

Groups consisted of two to five people with meetings carried out via teleconference after school for approximately 30 minutes. Participants were provided with a scripted introduction which included a description of the project, assurance of confidentiality, an offer to provide feedback, and avenues for further follow up if requested. Set questions (Appendix 3) were presented to the groups and discussions were noted by the project officer, who also acted as facilitator to discussions. The number of interviews was determined by analysis of discussions for recurring themes and when no new themes were noted, the meetings were
finalised. 31 participants were interviewed. A template analysis technique was used to collate the input from focus group participants.

In line with a commitment to building better evidence around practice and innovation, the Evidence Framework developed by the DET Evidence Hub was used to guide this project. The six-stage Pathway to Quality Evidence framework involves design of an initiative, identifying performance measures; action planning, including deliverables and data collection points; reliable data collection; implementation of recommendations; measurement of change; review and reflecting on implementation. The first three stages (design, planning and data collection) informed the work of this project, with possible future work to be guided by the final three stages (implementation, outcome measurement and review) of the framework.
Findings

Occupational therapy and physiotherapy service structure and staffing

Statewide allocations

OT and PT staffing in the Department is a targeted resource allocated to each of the seven regions using a statewide Students with Disability funding model. Allocation of this resource in recent years is outlined in Table 1. The model determines therapy allocations according to a variety of methodologies to accommodate different cohorts of students requiring the services of therapists, including:

- the number of students enrolled in special school per region;
- the regional distribution of students with disability in primary and secondary schools with weightings for student quartiles (EAP) and the Index of Relative Socio-Economic Disadvantage; and
- the regional distribution of prior to Prep children with disability teacher allocations.

<table>
<thead>
<tr>
<th>Year</th>
<th>School-based OT</th>
<th>School-based PT</th>
<th>OT advisor</th>
<th>PT advisor</th>
<th>Supervising OT</th>
<th>Supervising PT</th>
<th>Principal Advisor OT</th>
<th>Principal Advisor PT</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>54.0</td>
<td>54.0</td>
<td>1.5</td>
<td>1.5</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>1</td>
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<tr>
<td>2010</td>
<td>55.9</td>
<td>55.9</td>
<td>1.5</td>
<td>1.5</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2011</td>
<td>57.0</td>
<td>57.0</td>
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<td>1.5</td>
<td>3</td>
<td>3</td>
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<td>1</td>
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<td>1.5</td>
<td>1.5</td>
<td>4</td>
<td>4</td>
<td>1</td>
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</tr>
</tbody>
</table>

(*)Regionalisation of the Disability Services Support Unit

The move to this model occurred in 2014. Prior to this, 100% of the OT and PT staffing allocation were based on EAP data with adjustments occurring to top-up positions in some remote centres.

The statewide allocation in 2016 is 69.8 FTE school-based OT and 69.8 FTE school-based PT. This fraction may undergo adjustment at the end of each school year and is aligned with the determination of public service positions in the Department.

Occupational therapy and physiotherapy services in the Department were established in 1990. At this same time it was also recognised that a professional supervision position in each discipline was an essential part of a quality service. The number of these positions has increased at certain junctures for example, as a result of industrial agreements and organisational restructures, but has not been aligned to the statewide resourcing model.

School-based senior therapy positions were established in 2010 as a result of an Enterprise Bargaining Agreement with the Queensland Public Service Union (now Together Union). These clinical roles were established to provide collegial support and professional development. Five FTE senior OT (PO4) and five FTE senior PT (PO4) personal progressions were allocated through a statewide merit-based process. This resulted in a variable distribution across regions and a small variance in the total fraction over time as fractions were topped up and staff in these positions changed their employment fractions.
Subsequent vacancies in these positions have become positional rather than progresional and have been filled within individual regions.

Principal Advisor (PO6) positions, professional supervision (Senior Advisor [PO5] and Senior Officer [PO4]) positions and advisory (Advisor [PO3]) positions based at the Disability Services Support Unit (DSSU) were redefined in 2012 when a decision was made to regionalise and realign this unit. This meant these services were now provided closer to schools from within regions. Three Principal Advisor positions, one each of OT, PT and SLP, were merged to form a central Principal Advisor Therapies position (Table 2).

The remaining Principal Advisor positions, along with 1.5 FTE occupational therapy adviser and 1.5 FTE physiotherapy adviser positions were distributed to regions via the resourcing model in 2013 to increase ‘front line’ therapy staffing. These included one additional PO4 position in each of OT and PT within the Department. At the same time, supervision positions were distributed to regions, comprising 2 Senior Advisor (PO5) and 2 Senior Officer (PO4) positions in each discipline. These positions became part of the regional establishment funding in 2013.

Table 2: DET full-time equivalent staffing in occupational therapy, physiotherapy, speech-language pathology and state schools registered nursing, June 2016

<table>
<thead>
<tr>
<th></th>
<th>School-based staff</th>
<th>Additional school purchased time</th>
<th>Regional supervisors</th>
<th>Statewide manager</th>
<th>Statewide principal advisor</th>
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<tbody>
<tr>
<td>Occupational therapy</td>
<td>69.8</td>
<td>1.7</td>
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<tr>
<td>Physiotherapy</td>
<td>69.8</td>
<td>0.2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speech-language patho</td>
<td>188.9</td>
<td>54.75</td>
<td></td>
<td>12.3</td>
<td></td>
</tr>
<tr>
<td>State school registered nursing</td>
<td>33.3</td>
<td>-</td>
<td></td>
<td>3.8</td>
<td>1.0</td>
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The literature demonstrates that strong educational leadership is a recognised priority in education provision (DET-QG, 2015c), as are clinical governance structures within the allied health professions, to ensure quality service delivery (QH, 2015). A theme from the check-in was that a review of the number, distribution and classification of supervisory positions within the Department may further enhance current services.
Regional and school

a. Therapy base location

At a regional level, supervising therapists in the Department, in consultation with key regional personnel, have input into decision-making regarding therapy base locations. Factors which influence the establishment of a therapy base location include:

- strategic location;
- geographic location;
- facilities (appropriate accommodation, space, line management, continuity);
- proximity to a regional office to coordinate travel in more rural and remote areas;
- resource sharing, co-location of staff, sharing of expertise;
- resource availability (ability to staff positions in difficult to recruit areas);
- travel needs and travel budget implications; and
- a requirement for flexibility of base locations, particularly when temporarily backfilling a position.

School and regional consultations through focus groups identified the perceived benefits of the school-based therapist working and being based within the school team. These benefits included reduced travel costs and knowledge-sharing with the school team. An identified barrier was the risk of professional isolation for the therapist. Co-location of therapists was noted to be of benefit due to collegial support and resource-sharing. Perceived barriers to co-locating therapists were noted to be 'an administrative burden' for the school and the impact on teaching space. It was noted that base locations require line management understanding, input to recruitment, and the availability of dedicated space and resources for therapists to undertake their duties.

b. Distribution of therapy staffing

Supervising therapists also make recommendations about the regional distribution of therapy staffing (FTE) which has been allocated to a region through the statewide Students with Disability funding model. This is based on a number of factors and is determined by supervisors, in consultation with teams and regional leaders. Distribution methodology varies between each region and is influenced by local differences. In making distribution recommendations, supervising therapists may collaborate and share decision-making models with OT and PT supervisors from other regions; regional managers, representatives and other discipline supervisors within that region; and local working groups, networks and therapy clusters. In order to have support available if required to all state schools within a region, the distribution of OT and PT FTE may involve a number of contributing methods and factors:

- Adjustment Management Information (AIMS) data, students with disability enrolment figures;
- OT and PT referral numbers;
- equitable access to services for students;
- caseload priorities and caseload complexity;
- local needs and the availability of supports from external agencies;
- travel requirements;
- professional judgement of the supervisor in consultation with the therapy team;
- tolerable workload, working styles, skill mix and individual capabilities;
classification of therapy staff i.e. PO2 – PO4;
availability of professional and collegial support; and
teaming within and across professions of specialist support staff.

The OT and PT resource distribution may be to a regional cluster or an individual base. Within these groups decisions are then made regarding the distribution of individual caseloads, schools to be supported, and tasks to manage the service. This distribution of staffing resource may be decided according to school groupings (e.g. state primary or secondary schools, special schools, early childhood programs or services); by referrals received; by travel circuits; or by a combination of these factors. Direct feedback from supervisory therapists indicated that collegial discussion, consensus and regular review are highly valued in OT and PT resource distribution.

A number of regional OT and PT clusters use the term ‘outreach’ when describing service provision to schools other than their base location. This term has carried over from a period when most therapy base locations were either special schools or early childhood centres. Support was primarily provided in these centres or some Special Education Units (SEU).

With the introduction of the Priorities in Practice (PiP) manual, equitable access for students with disability was explored, with therapists taking on ‘an outreach caseload’ to mainstream schools. A more local and flexible approach to supporting student needs in all regional schools is now recognised and better terminology used to reflect this includes ‘school support’ or ‘allocated school’ rather than ‘outreach’.

As noted in the literature, factors which influence decisions regarding therapy resource allocation are related to:
- geography (SEEC, 2015)
- facilities (Cecere & Williams, 2015)
- skills of individuals (CDOE, 2012)
- team considerations (Rens & Joosten, 2014)
- local needs.

These decisions are based on equitable and inclusive practices.

**Occupational therapy and physiotherapy service delivery**

In describing and defining school-based OT and PT service provision in the Department, a number of aspects of the service are considered. These include the students who are receiving supports, the scope of these supports, and frameworks for providing them, along with the schools and settings in which supports are provided.

**Student eligibility**

Silverman et al, 2011 reports various criteria determining eligibility for OT and PT services. This may relate to a student’s disability type and how disability is defined (OSEP, 2016). There is consensus in the literature that school-based OT and/or PT services should be goal-focused, team-based and embedded in the student’s access and participation in the curriculum and school life (Effgen & McEwen, 2008; Villeneuve & Shulha, 2012).
As previously noted, service provision for Departmental OT and PT within regions is guided by defined criteria. Services may be available for:

a) students enrolled in or registered to attend state education facilities whose disability meets criteria in one of six EAP categories;
b) students in Prep who are awaiting verification under the EAP; or
c) children who are registered for an early childhood development program or service.

Support for students who fall outside of these criteria may be provided based on the student's need and endorsement by key regional personnel. An example is a student returning to Prep who is temporarily using a wheelchair after orthopaedic surgery and requiring support with a transfer and manual handling program.

Additional therapy support, to a broader group of students, particularly in OT, is being accessed by schools through purchased therapy resourcing. Examples of this support are targeted interventions for students who fall outside of the verified disability criteria receiving small group interventions such as building fine motor and handwriting skills, or individual students being supported with targeted behaviour and self-regulation strategies. These supports focus on capability-building for school staff and have a strong emphasis on outcome measurement in order to evaluate intervention.

Scope of services

There is a wide variation in the role of OTs and PTs within school settings, with increasing diversity of these roles in recent years (Silverman et al., 2011, Ministry of Education 2016a, Ministry of Education, 2016b). Supports provided by DET OTs and PTs are embedded within the curriculum and the school program. Therapists provide valuable understandings and information to support the provision of reasonable adjustments for students with disability and evidence-based highly effective teaching practice. They consult with teachers, the student, their parents or carers, and other relevant school staff as part of this process.

Reasonable adjustments apply to all types of learning, including learning at school, and on excursions and camps. They reflect the identified individual needs of the student, can include a range of strategies, and assist the student to access and participate in the class program. Reasonable adjustments can provide instructional and/or access adjustments. Therapists may provide input to a student's personalised learning which guides schools and families in developing individualised planning and processes to support the development, implementation and recording of reasonable adjustments.

From the survey of DET OTs and PTs conducted in Semester 1 2016, school-based respondents identified areas of support which they were currently providing for students with disability. Figure 1 demonstrates broad categories of school-based support provided by OTs and PTs as described in the PIP manual. These categories may have areas of overlap (e.g. specialised equipment is one form of assistive technology) and are not definitive. Figure 1 also indicates similarities and differences between service provision by OTs and PTs. Responses in the 'other' category were most often related to support for manual handling and transfers of students with physical impairment. Others included wheelchair prescription; management of anxiety, self-regulation and sensory needs; play; and transition planning. These responses may fit within the choice of categories already provided.
School and regional consultations through focus groups identified that a high value was placed on the current service provided by OTs and PTs in the Department by most participants. Focus group participants described an array of supports for students with disability which they value. These were consistent with the services expected to be provided by DET OTs and PTs, and included:

- assessment and information-gathering;
- specific subjects areas: manual arts, health and physical education (HPE), swimming;
- specific programs (Alert program, MOVE program);
- risk assessment;
- dressing, toileting, adaptive life skills, continence hygiene;
- physical access;
- alternative access, specialised equipment;
- holding a pencil, handwriting;
- strategies for sitting, concentration, low tone;
- gross motor, gait difficulties;
- fine motor;
- sensory processing;
- physical impairments, post-injury; and
- manual handling.

The check-in identified that some additional supports may be required. Supports, additional to those which are currently provided, may also be relevant to enable additional students to benefit from OT and PT services within the Department, under the broader DDA definition of
disability (Page 9). This was identified through the literature (Barnes et al., 2003, Beck et al., 2006), by the project working group and through school and regional consultations. These included supports for students with:

- medical conditions or those returning to school after medical intervention;
- physical disability, for example, relating to sitting, holding a pencil, dressing and other motor skills;
- learning difficulties;
- mental health and well-being difficulties; or
- sensory differences.

It was also noted that this support would be of particular benefit for students at key transition points of their schooling.

Some concerns regarding this broader support provision were expressed by both focus group participants and survey respondents. The main concern identified was managing and meeting school and therapist expectations of a broader eligibility within the current provision. Clear and defensible prioritisation strategies, stronger whole-school approaches and clarity regarding the role of the therapist within the education setting were identified as strategies to manage any change in eligibility criteria.

Conversely, there was strong support for the possibility of a broader scope of OT and PT support for students with disability. Factors impacting on the success of this were noted to be therapy resource, clarity around roles, and the therapist's expertise, experience and understanding of the education/curriculum context. Although focus group members did express the value of expanded support from PT, there was greater identification of opportunities for OT support.

Through the survey of DET OTs and PTs, a high proportion of respondents agreed that they felt confident they would be able to support access and participation for a broader group of students with disability who do not meet EAP criteria, with supports in place around resourcing, prioritisation and workload strategies, and training and development (Figures 2 and 3).
Factors raised by respondents included:

- The importance of working collaboratively with other team members, within and external to the Department, including guidance officers, psychologists, medical teams.
- Need to be guided by evidence-based practice and to have best practice guidelines and parameters in place.
- Links between mental health and well-being and physical activity.
- A stronger confidence was identified to support students with chronic health conditions or learning difficulties than students with mental health conditions, social emotional difficulties or temporary disability resulting from illness or injury.

- The importance of linking students to external services which are currently available.

Factors noted by survey respondents to enhance their confidence in providing services to a broader group of students with disability included:

- a revision of the current priorities in practice manual (P/P) to reduce paperwork, simplify processes and enhance skills in a whole school approach;
- collaboration with other health professionals, internal and external to teams; and
- supported change, peer and supervisor support, and professional development, including access to best practice literature.

Factors noted by survey respondents to challenge or detract from their confidence in providing services to a broader group of students with disability included:

- concerns relating to additional caseload, along with the knowledge, skills and resources required to work in specialised areas;
- the administrative aspects and travel requirements;
- a risk of working in isolation;
- concern that there may be a greater requirement for OT support, particularly in the area of mental health and well-being; and
- the complexity of students' presenting conditions.

Specific examples of training and development needs identified by survey respondents to increase confidence in providing services to a broader group of students with disability included: education context; curriculum; reflective practice; role and scope; practice frameworks; change management; school performance; research; courses; and clarifying contraindications and red flags.

Respondents indicated the benefit of using a training needs analysis and providing this training in the form of hands-on experience; case studies; information packages; self-directed and on-line training; mentoring; development of specialised staff and advisors; network meetings; access to literature; journal clubs; using the experiences of school-purchased therapists; building relationships with other support staff; professional supervision; access to external professional supervision; work-shadowing in other settings; competency assessment; and professional association membership.

**Schools receiving services**

School-based OT and PT survey respondents were asked to outline the proportion of their services provided to the various school settings. It was noted that supports were provided predominantly in the primary, special school and ECDP settings. OTs and PTs perceived that less than 10 percent of their support was provided in secondary school settings. Considering the broadening of the secondary school cohort through the **Flying Start for Queensland Children** initiative, which moved Year 7 into secondary school in 2015, this difference in support provision is large. One respondent noted increasing referrals received from secondary schools in recent years, while another had not received a referral for a
secondary school student in the past two years. This suggests variation in service uptake across schools and regions. Physiotherapists noted slightly more service provision in the special school setting than occupational therapists, with the converse occurring in the primary setting.

Focus group participants also noted that more OT and PT supports were provided to students in the younger year levels, with one participant noting difficulty in arranging transition support for a student entering Year 7. Discussion ensued as to whether the needs of students in higher year levels were already met and adjustments were in place, or that the secondary setting is a more complex setting to provide school-based therapy support. It was also noted by a regional parent representative that services within and external to the Department ‘dropped off once my child started at school’. This may relate to the models of care for therapy services provided by other government bodies and external agencies. These services may be of a developmental and early intervention nature, compared with the access and participation approach of school-based therapy services.

As noted in the literature, teachers and school administrative staff (i.e. leadership) highly value the role of the OTs and PTs in developing staff understanding of disability and skill in adapting curriculum activities to promote best fit with student skills (APA, 2008; OTA, 2011, Missiuna et al. 2012). This was confirmed through consultation within focus groups. Members identified that they valued the OT and PT role to support differentiation, support transition, provide resources, share information, and provide training and professional development support for teaching and support staff. One participant described that therapists ‘Explain in a way the teacher understands and consolidates, done carefully and differently for every teacher and every setting’. The value of working directly in classroom with mainstream teachers, building teacher capacity in helping students and providing adjustments was expressed. Specific value was noted regarding support for new staff, DET OT’s and PT’s understanding of the education context, and the support provided in the secondary school setting where a teacher may work with a high number of students with disability, as classes rotate throughout the school day.

Despite a high proportion of focus group members indicating that DET OT and PT services are valued, some barriers were identified. Some participants expressed that services are stretched; that schools seek advice for students who are not eligible for services; that time frames for assessment and follow up are too long; or that some therapists have unrealistic expectations of teachers, by not considering the curriculum or tailoring programs for the individual student.

Christner et al, 2015, and Rens & Joosten, 2014 note that although the OT and PT school-based role is highly valued, teachers often require more clarity around therapists’ roles. This was reflected in both survey and focus group comments which revealed that in a number of circumstances the roles, scope of practice, and discipline commonalities and differences could be unclear, particularly for inexperienced teachers. Good team communication and service promotion strategies were noted as a means of clarification.

These responses from therapy service providers, and school and regional personnel can be considered in light of service development and future directions for OT and PT services in the Department.
Services for the future

In addition to supporting a broader scope of OT and PT service provision for students with disability, outlined under Scope of services (Page 19), school and regional focus group participants identified that service delivery may be enhanced by:

- extending roles to build capacity for teachers, particularly those new to teaching, and for teacher aides;
- working in class contributing to the class activity and supporting the teacher;
- being part of the school team;
- using a whole school approach;
- providing advice and information, with links to evidence and supports which can be accessed;
- working with other divisions such as Organisational Health, Student Services and Human Resources;
- engaging in telepractice to complement service delivery (see below);
- ensuring the service is around educational need;
- clarifying roles, encouraging inter-professional practice and managing areas of overlap with other team members;
- supporting parents to access external services to support their child’s needs which do not relate to education; and
- providing reports, feedback and adjustment/program input within designated timeframes.

One school principal urged support staff to seek an opportunity to meet; localise their approach; work with teams; explore how they can engage with and value-add to the school's improvement agenda; demonstrate and create sustainable practices; and build capacity of school staff to impact student learning outcomes.

Rural and remote settings

Feedback gathered through survey and consultation within this check-in, frequently addressed the additional requirements and implications for providing support to students with disability in rural and remote areas, including Aboriginal or Torres Strait Islander students with disability. Survey respondents noted the additional requirements to travel to support students, which may not be adequately, reflected using the current PiP framework. Inefficiencies of teams travelling together were also identified, while the literature described a model in which one professional acting as the primary service provider may be used to streamline services provided from a distance in regional and remote areas (NDIS, 2014 & QH, 2016b).

The literature also identified service inequity experienced by individuals in rural and remote areas (SEEC, 2015). One focus group participant identified geographical barriers to receiving services, noting the difference between OT and PT support available having worked in a large centre compared to their current remote school setting.

The project officer noted a higher engagement in focus groups from the more rural and remote settings, with a number of members of school teams asking to participate. The majority of participants from remote schools indicated that they valued the services. When describing the services they did receive, however, it appeared to be considerably less than
those being provided in the larger centres where therapists were based. A reduced expectation for support was perceived, with an example of one remote school with an enrolment of 900 students having no PT school visit and one OT school visit scheduled for that school year. More comprehensive services appeared to be described by focus group participants in large centres, which were apparent during diverse focus group meetings. A parent representative from a small regional centre identified that the ‘change-over of staff in a regional school-based service can be a real problem’. Long vacancy periods for some therapy positions were noted, along with the additional burden for parents needing to travel distances for external medical and therapy supports.

Concerns were discussed around the skills, capabilities, professional support and training of OT and PT staff in rural and remote settings who are often newly graduated or new to the school-based setting. The additional requirements for capability-building of teaching staff in these settings were noted as they also are frequently at the beginning of their learning journey in supporting students with disability. It was postulated in one focus group meeting that future school-based OT and PT service delivery to rural and remote areas may be impacted by the introduction of the NDIS. It was predicted that the NDIS support planning process may identify a child’s needs, but due to the shortage of therapists in rural areas with paediatric expertise, there may be no provider, other than the school-based therapist available to respond to those needs. It was also noted that DET therapists in difficult-to-recruit areas may choose to move to the private sector to become NDIS providers.

One strategy identified within focus groups to support future service delivery to rural and remote areas was the provision of recruitment incentives, particularly for difficult-to-fill PT positions. A very high interest was registered in support services being provided using telepractice, with the literature supporting digital connectivity as essential for future service delivery. Participants saw the potential of telepractice to meet with therapists prior to a school visit, for follow-up planning and support, as well as professional development. A parent representative noted that telepractice may be of value but that there are certain assessments and services which need to be provided face-to-face. Although it was noted that telepractice could not replace face-to-face support, and that limited bandwidth in rural and remote schools is a barrier, participants in one focus group expressed that the opportunity to receive OT and PT school-based support through telepractice ‘would be brilliant’.

Workload

The literature identifies that a workload, as opposed to a caseload, perspective acknowledges the diversity of activities needed to deliver best practice to students in schools (AOTA, APTA, ASLHA, 2014; Simmons & Kuys, 2013; WDPI, 2011). In addition to direct services to support students, this approach recognises staff training, universal interventions, communications, administrative and legislative requirements, as well as professional development, research, service evaluation and tertiary student supervision. The workload approach fits with whole-school approaches and recognises the diversity of activities undertaken in this model of service.

Consultation with service users through focus group meetings found that schools value supports that respond to local needs, build teacher capability and contribute to school
improvement. It was acknowledged that workload management is an important aspect of the OT’s and PT’s role, as concerns were expressed regarding the timeliness of services, relating to both the response to referrals and provision of feedback, reports and recommendations.

School-based survey respondents identified their perceived workload across a typical fortnight (Figure 4). Although a more rigorous investigation of workload could take the form of detailed task analysis, this data provides a broad impression of workload distribution. It was noted that there is minimal difference in response between the OT and PT disciplines.

Figure 4: Perceived workload distribution across a fortnight (percentage of time spent) for both occupational therapy and physiotherapy

Models and frameworks

The current DET guideline, *Occupational Therapy and Physiotherapy Services in State Schools*, 1996 (revised 2015), formerly *The Role and Scope of Occupational Therapy and Physiotherapy Services in State Schools*, provides an extension of specific role descriptions to include service delivery guidance within the Department. This document defines and clarifies roles, expectations and limitations, target cohort for support, supervision and line management, and supports consistent practices for OT and PT services across DET.
Figure 5 demonstrates that over 80 percent of survey respondents agreed that they value this guideline, indicating that it defines the role and provides expectations, limitations and consistent practices. A number of respondents noted that it is used more for new staff.

![Graph showing percentage of respondents agreement with the guideline]

Figure 5: OT and PT value of guideline and prioritisation framework (percentage of respondents)

As inclusive practices in the Department have evolved and students with disability are more supported in mainstream settings, OT and PT services have also evolved to meet the needs of these students and ensure equitable access to support.

A turning point for OT and PT services was the development of Priorities in practice: A manual for occupational therapists and physiotherapists (PiP), which was implemented around 2000. This framework has provided therapists with a tool to make accountable decisions in managing a growing number of students eligible for their support. It has also ensured that eligible students in all state education facilities could be considered for OT and/or PT assessment and ongoing support based on their educational need, rather than their location, year level or diagnosis. The tool has provided a means to evaluate other available therapy support services (e.g. health, NSO programs, and private providers) and to work in a complementary and collaborative way rather than an “all-in” or “all-out” model. Also, with the introduction of PiP a clear definition about students eligible for OT and PT services, as described previously, was established.

The PiP manual has aligned OT and PT services statewide, to facilitate consistent and equitable service delivery. This practice framework has provided a structured means for school staff to make a referral for OT and PT support, for the therapist to make decisions about the priority for assessment based on a clinical reasoning tool and also make decisions regarding ongoing service provision. In addition, the framework provides materials which
include service promotion brochures, decision-making guides, response communication templates, planning templates, along with some guidance around timeframes recommended to respond to a referral.

PiP was reviewed in 2011, mostly in response to the growing need to use electronic processes, but also due to an evaluation by senior therapists, that use was inconsistent across therapists, bases and regions. The practice manual was updated, electronic processes were introduced and all teams were provided with updated training in use of the framework. This involved a professional development package and the requirements for all staff to deliver a case presentation to their supervisor and colleagues demonstrating their use of the practice framework.

PiP incorporates a five stage process founded on principles that prioritisation is contextual, systemic, consistent, and is based on communication, clinical reasoning, shared responsibility and team negotiation:

- **Stage 1** Identify student need
- **Stage 2** Ensure eligibility and request a service
- **Stage 3** Identify priority for assessment
- **Stage 4** Provide assessment to enable recommendations about need for service
- **Stage 5** Identify priority for service and plan service.

The literature notes that prioritisation is a complex necessity in high demand services. A range of information is required to make accurate assessments of student need (Brown & Pirotta, 2011). Prioritisation decisions include factors relating to the student, the setting and the therapist, along with geographical considerations. While PiP provides a framework to manage a school-based therapy caseload, there is increasing recognition in the literature that a workload, as opposed to caseload, approach better recognises the diverse activities needed to deliver best practice to students in schools.

While PiP provides a process for the service and for schools to identify need, manage individual referrals and make decision around caseload, it does not provide a broader comprehensive service model and framework. A model such as this would incorporate a workload approach and integrate other service tools such as Occupational Therapy and Physiotherapy Services in State Schools and OT and PT assessment resources. A service model would also include report-writing and documentation frameworks, respond to regional service plans, and align with departmental initiatives such as Every Student Succeeding and A Whole School Approach to Support Student Learning.

DET OT and PT survey respondents noted that they use stages 1 to 4 of PiP for the referral and assessment process, but use stage 5 less for follow up and ongoing management of the student and caseload. Survey respondents requested clearer guidance around follow up after an assessment, ceasing a service, frequency of requirements for students to be referred again, guidelines for obtaining consent, streamlined brochures, and a process for whole-school referrals.

It was noted that varying practices were used within teams to coordinate and manage incoming referrals with some respondents concerned about the administrative drain on
resources. Many groups of therapists maintain a database to monitor and manage referrals and caseloads. These vary in format between bases and regions. This data is used not only to monitor referrals, plan actions and inform service delivery, but also as a performance and accountability measure to provide feedback to regions.

The consultation with DET OTs and PTs throughout Semester 1 2016 identified that a practice framework is important to their workload management, prioritisation, accountability, clinical reasoning and justification for decision-making. Figure 5 demonstrates that over 65 percent of survey respondents agreed that overall, they value the current prioritisation framework (PiP). Positive survey comments reported that PiP is based on good prioritisation principles, encourages consistent statewide practices, has clear and practical information, has some alignment with electronic practices and is evidence-based.

Conversely, it was reported that PiP is time consuming, ambiguous, not user-friendly, involved excessive and unnecessary paperwork, does not align with electronic processes such as OneSchool, has a wide variation of practices, and has components that are not user-friendly or used. It was also noted that a clear mechanism is not in place for students themselves to request their need for OT or PT support.

Through the survey there were calls for a stream-lined process which is more user friendly, has relevance to actual day-to-day practice and workload management, has a clear process to assist with lower priority referrals, provides achievable time-frames for service delivery, involves one-page documents or summaries, and is linked to the use of OneSchool. Improvements suggested that the PiP should reflect current priorities and educational goals, allows face-to-face planning with the school, incorporates the therapist’s consultative role, reflects functional outcome-focused service delivery, and accounts for the requirements for travel to provide support.

As demonstrated in Figure 5, survey respondents place more value on the OT and PT services guideline than on the OT and PT prioritisation framework. It is noted though that a large number of respondents value having a prioritisation tool as part of their practice. Through the survey, PiP was then broken down into its components and features for OTs and PTs to evaluate. There was found to be a wide variation in overall value and use by OT and PT respondents to these components and features as noted in Figures 6 and 7.
These features and components can be grouped in three broad categories, those that provide support and guidance, those that are resources for schools and those that are resources for OTs and PTs.
Figures 8 to 10 demonstrate in more detail these features and components which are valued and used, not valued and not used, or those which have some value and use but could be changed.

![Graph showing responses to Priorities in Practice](image)

**Figure 8:** *Priorities in Practice* process/support/guidance (percentage of respondents)

Survey respondent comments regarding the PiP process, support and guidance components included:

- A call for a better reflection of true daily workload, simplified processes, alignment with technology, and a less time-consuming process for workload management.
- It was noted that recommendations about timeframes are somewhat useful but that a number of respondents, particularly OTs, reported that timeframes are difficult to meet with increasing referral and caseload numbers.
- It was noted that consistent processes are essential but a number of respondents questioned whether this was in fact being achieved.
Survey respondent comments regarding the PiP resources for schools included:

- The service request (referral) form (SRF) is valued for the written information which is provided and for the electronic format available. It is not valued for the length (4 pages) of the form; the risk that tick boxes elicit generic/copied responses; that the form is student-specific and therefore difficult to align with a consultative/whole school/teacher capability building role; that it is out of date in relation to new DET functions such as OneSchool where relevant student information can be accessed; it does not include educational goals/desired outcomes; and it is deficit-focused. It was noted that the referral form could be improved by including more current indicators of need and having a stronger emphasis on the reason for request, education outcomes, access and participation.

- There was high support for an electronic rather than hard copy referral process. It was noted that the current process can be confusing for referrers; there can be technology compatibility difficulties; there is duplication of information; and that administrative assistance is needed for this process. Respondents called for a consistent referral process which incorporates the use of technology.

- It was agreed that the consent process was essential, clear and informed. Some respondents suggested that the relationship of the carer be defined and that versions be available to suit various reading abilities or languages spoken. A need for clear guidelines regarding when consent is required to be renewed was noted.

- Respondents noted that response letters are an important part of referral process for the school and parent. Some respondents noted that they do not use these. Others noted that it is useful to have a template provided with legal advice, but that the process of responding to parents is confusing. Respondents indicated a need for flexibility regarding
wording, local setting, reading level of the parent and method of transmission (including email and OneSchool).

- Respondents indicated that information brochures are used to promote and describe services to school staff and parents and are provided to parents when seeking consent for an OT or PT service. Respondents noted that these could be updated, align better with curriculum and goal-setting, describe OT and PT roles and be combined into a single brochure. It was suggested that a web link would be more useful.

- Respondents indicated that the teacher problem solving checklist is useful for some but rarely used by others. It was suggested that this be updated with clear wording to assist referral decision-making and be combined with the information brochures.

The survey indicated that PIP resources for OTs and PTs had wide differences in their value and use by survey respondents:

- The practice manual was noted to be important for new staff but could be improved with case studies, one-page flow charts and the inclusion of current literature and evidence.

- It was indicated that the prioritisation for assessment tool had a high use to evaluate the service request form and make consistent decisions around assigning priority and setting time-frames for information-gathering and assessment. Some respondents reported that this was time-consuming. There were calls for the form to be goal-focused rather than deficit-focused. It was noted that this tool can become the focus for the therapist while less emphasis is then placed on prioritisation for ongoing service delivery or whole school support.

- The prioritisation after assessment tool was reported to be a good consistent summary but is used by less than 50% of respondents. It was seen to be a ‘double up on record keeping (information provided in the therapy report)’ and not user-friendly.
The planning for service tools were rated to be valued and used least of all PiP components. While it was noted that they may be used to structure clinical reasoning, this is documented in progress notes. Of concern is that one response noted very little service delivery after assessment was being provided in their current caseload.

It was noted that assessment and service delivery are not exclusive processes and tools could reflect the ongoing nature of evaluating service delivery and student outcomes.

It was identified that although the OT and PT referrals and prioritisation process had been reviewed in 2011, this review did not include an opportunity for input from service users, i.e. school personnel, students and parents. As part of this check-in, feedback was therefore gathered both through the survey of OTs and PTs and through school and regional focus groups to determine the end-user's response to the PiP.

When asked through the survey to rate their perceived response from teachers regarding the current OT and PT referral process, a greater number of respondents indicated that they do not receive a positive response (40%), compared with those who indicated that they do receive a positive response (27%). It was noted by survey respondents that the referral process is cumbersome and time-consuming for teachers, there is confusion about the principal's delegation of approval and significant support is required for new teaching staff to refer students. It was noted that referrals are often incomplete, completed in a generic manner and have limited useful information provided.

Through the focus group consultations with service users and regional personnel regarding the referral process, response timeframes and the model used by DET OT and PT services, mixed responses were received. While high value was placed on the educational context embedded within the service model, a number of participants identified barriers, which included:

- the complex referral process, with excessive red tape and paperwork requiring the submission of a four-page service request form, with accompanying parent consent and individualised plans;
- a lack of clear processes around referrals, delegation, time frames and reporting;
- particular difficulty and frustration for referrers from small schools who do not access the service regularly or for new referrers;
- a need to streamline the gathering of parent consent particularly for group work;
- a lack of clarity around the need to re-refer students, noting that acquiring consent on a rigid annual basis can bring new grief each year for some parents;
- a difficulty meeting the timelines for the submission of referrals in remote areas (e.g. required by the second week of Term 1 for teams to plan travel) when teachers are new and need time to get to know their students' needs;
- limited clarity and delays around the expected time frames from when a referral is submitted, to assessment, reporting and follow-up. One participant noted parental concerns regarding such delays; and
- delays in receiving supports compared with therapy support provision through school purchased time.
There were some positive discussions from focus group participants regarding the referral process, particularly for those participants who have established referring relationships. A number of participants supported an electronic (digital) referral process.

Focus group participants identified a number of possible service solutions and improvements which included a simplified referral process. There was a call for teacher and school collaboration with therapists in the prioritisation process, possibly through existing student support teams/committees, to make decisions regarding who should be seen, the type of support and in what priority. It was also identified that teachers would value reports delivered within 1-2 weeks of the student assessment and that reports were simplified to be concise and provide clear recommendations.

It has been noted previously that schools support and value the DET OT and PT service and call for broader supports for a wider group of students with disability to access these supports. In addition, it is apparent that schools support a streamlined, user-friendly and collaborative model of referral and service delivery.

**Occupational therapy and physiotherapy workforce**

**Legislation, policy, frameworks and models of service delivery**

![Figure 11: Individuals’ perceived knowledge about current legislation, policy, frameworks and models of service delivery - percentage of respondents in agreement.](image)

Understanding of key priorities was assessed across the DET OT and PT cohort through the survey undertaken in Semester 1, 2016. This was designed to enable supervising teams to
understand the current level of knowledge of these priorities within the services, the influences of this knowledge on service provision, and to inform staff development requirements and future service development. Figure 11 demonstrates that a greater number of respondents agreed they were knowledgeable about disability, collaborative practice and working within an educational model, but were less knowledgeable about a Whole School Approach to Support Student Learning framework (based on the Response to Intervention framework) and for the PTs, the Universal Design for Learning (UDL) framework. Respondents noted that more support to understand the DDA, curriculum adjustments, the whole school approach and UDL would be beneficial. Regular training and refresher activities were suggested by respondents to assist with this development.

Communication, collaboration and skill-sharing

Of significance to school-based therapy as evidenced in the literature, and confirmed by this check-in, is communication, collaborative practice and capability-building. The literature supports collaborative practice in the school setting, through family-centred and learner-centred practice (Kennedy & Stewart, 2011; Villeneuve, 2009). Team collaboration, which includes involving teachers, parents, the student and support staff, promotes inclusive practices. The parent of a student with disability provided input to this check-in, describing the benefit of speaking with the therapist one-to-one via various means of communication. This was not only to have some opportunity to be at the school when the therapist is working with their child, but also the importance of being able to share their own information about their child with the school team. Collaboration with other services such as Queensland Health, Disability Services and NSOs was important to this parent when a number of providers are supporting their child. It was noted that at times when their child is sick they may not be available to communicate with the therapist or the school, and understanding of these variations in availability to communicate was appreciated by this parent.

Figure 11 demonstrates that the school-based therapists surveyed are knowledgeable about collaborative practice. Respondents noted the importance of collaboration across the school team, including with parents, other support staff and external service providers. This was considered by some to be a requirement of the school-based therapist's role, but it was also questioned if some teachers and schools want this type of service.

Focus group participants described the value of the therapist working collaboratively with the class teacher but acknowledged that the time required for this to happen is a barrier. This is supported by the literature which finds that collaboration is valued but application appears poor. One participant noted that a high functioning team, which includes the student, is like ‘hitting a pot of gold’.

The literature also highlights the important capability-building role of the therapist to enable teams to support students with disability. Survey participants were asked to rate the extent to which they negotiated shared tasks and shared skills with their OT and PT colleagues. It was highly encouraging to see that a high percentage of respondents engaged in this practice to support the access and participation of students with disability to achieve learning outcomes (Figure 12). Not only was this ‘invaluable’ and ‘critical’ practice noted between OT and PT,
but survey respondents described this skill-sharing and capacity-building occurring with other team members, including those from external agencies.

A high number of respondents described the extent of this skill-sharing, encouraging a holistic approach while acknowledging professional identity. Responses included:

- the value of teaming supports, shared goal-setting and problem-solving, where communication is the key to success;
- that doubling up of services is inefficient, particularly relating to travel, and that complementary, not duplicated services are required;
- that the disciplines have areas of overlap, but that underlying knowledge and approach are different, resulting in complementary not duplicated supports;
- that co-location contributes to the effectiveness of teaming;
- the need for clarity for schools about which team-member should be contacted for specific student needs; and
- that success is dependent on trust and respect, experience, skill set, interests, working style, priorities, values and beliefs.

Survey respondents' examples of collaborative service delivery included:

- joint assessments;
- seating;
- wheelchair prescription;
- mealtime support;
- toileting;
- switching;
- splinting;
- management of tone;
- swimming;
- some sensory supports;
- manual handling and transfers; and
- equipment.

Many survey respondents and focus group participants raised the significance of collaboration and coordination of support services across the various disciplines and service providers in order to avoid duplication and provide comprehensive and cohesive supports. This inter-professional practice is based on capability-building and a commitment to shared team goals. Risks that disciplines, services, divisions and departments work in silos were identified, and work to find solutions to be incorporated into a DET school-based therapy model was called for. Despite these risks, this check-in has highlighted the extensive practical application within the DET OT and PT service of communication, collaborative practice and skill-sharing to support students with disability, and the high value with which this is held.
Literature supports the feedback from focus group participants that the specific skill and expertise of therapists to support students in the school-based setting is valued and achieves better outcomes. One focus group participant noted that school therapists additionally assist teachers to interpret input from external providers. A number of participants conveyed that schools value the expertise that school-based therapists develop through their role in DET and expressed some difficulty at times with the therapy support from staff who are new to the education context.

As noted in the survey of DET OTs and PTs, induction, professional development, networking, coaching, mentoring and quality resource development are highly valued within the therapy service. Therapists supported a variety of means to provide and access training including, online webinars; edStudios; face-to-face training through induction, conferences and regional network meetings; case studies; literature reviews; training across disciplines; development of knowledgeable and skilled resource persons within teams.

The literature also notes that innovative models and practices are a necessity for future service delivery. One such innovation relates to digital connectivity. A number of survey respondents supported the use of technology and sought innovative practices for their school-based service delivery. This included engagement in and delivery of professional learning through online methods; adoption of OneSchool for student records management; streamlined and accountable communication and administrative processes; and the exploration of complementary service delivery through telepractice. Barriers to this were noted to be limitations in accessing reliable technology supports, including hardware, software and connectivity (bandwidth in some schools and base locations). In addition, the OneSchool database was noted by survey respondents to have potential to streamline student referral processes and records management, but does not yet have the functionality to support this. Work is underway in State Schools – Operations to improve the functionality and access for therapists in OneSchool.
Supervision and leadership

School-based therapy is a niche clinical field in the area of paediatrics. The complexity of these services is increased by the geographical distribution of teams within a number of regional sites, providing supports to a wide variety of school settings. OT and PT school services benefit from highly skilled, adaptable professional supervisors to manage the workforce, coordinate and ensure quality service provision, plan improvement and foster innovation. This is a particular requirement for those professional supervisors operating across regional boundaries and large geographical areas.

The role of the OT and PT professional supervisors has evolved, particularly with the move of these positions from the DSSU to regions in 2013. Duties can include recruitment; induction; training; quality assurance; performance appraisal and assistance with performance development; resource distribution; advocacy and service promotion; inter-agency collaboration; clinical education coordination; and input to policy development, evidence-based practice and research. The professional supervisor's duties can vary according to regional priorities. However, through statewide networks there is collaboration, innovation and shared planning between DET OT and PT supervisors. This collaboration also extends to regional Speech-language Pathology supervisors and Clinical Nurse Consultants; and centrally through the Nurse Manager and Principal Advisor - Therapies.

Further layers of leadership and support are provided by DET school-based senior OTs and PTs and those who have progressed to Professional Officer Level 3 (PO3). These roles can be involved in the provision of specific support and expertise in areas of practice, resource development, and collegial support to teams, professional development, mentoring/coaching and research.

The literature recognises that services for the future require strong leadership which includes advocacy, innovation, flexible service delivery approaches, articulation of the value of the service, and leadership development.

Evaluation

A number of regional OT and PT teams gather feedback from referring schools. There is variation in the type and extent of this service evaluation which can occur with each individual's service provision, each student referral, or the service provision as a whole. This feedback may be collected for individual therapists as a means of reflective practice or be gathered at a cluster or regional level to evaluate service accountability and contribute to service improvement.

Some school and regional focus group participants called for a reliable mechanism to provide feedback to individual therapists and to service managers. This was noted to be particularly important when there are concerns about the service being provided. One participant noted that they did not have a clear process to address concerns when there was a change in the quality of a service, while another noted that their identified concerns were not addressed.
The literature recognises that no single method of outcome measurement can be used in isolation and that outcome measurement and data collection is key to measure whether positive change is produced and effective and timely therapy is used.

It was considered appropriate as part of this check-in that service evaluation should also include a workforce evaluation measure. DET OTs and PTs were asked to rate their satisfaction with working in the Department. Figure 13 demonstrates that over 90% of OT and PT survey respondents indicated agreement that they enjoy working in DET. Some concerns were expressed by respondents regarding the administrative requirements and paperwork which detract from direct service provision to students, and some described a sense of not being valued. Survey responses also included suggestions for more useful and efficient organisational tools, more profession-specific mentoring, improved marketing, research engagement and pay equity with Queensland Health. Focus group participants noted a concern for the workload and well-being of OTs and PTs should students with disability eligibility for services broaden.

Despite the barriers and needs expressed, the majority of survey respondents indicated they value and enjoy their role, their autonomy, the students they support, their work-life balance, the team approach and the ability to achieve outcomes for students within the school and team environment.

![Figure 13: Enjoy working in DET (percentage of respondents)](image)
Moving Forward

As part of this check-in, the DET OT and PT workforce has articulated what is valued and what could be improved with their school-based service delivery for students with disability. They have identified the current supports they provide, the distribution of their workload and their level of knowledge in legislation, policy, frameworks, models and various areas of practice. This cohort has indicated their confidence for change and the support that would assist them to implement new approaches.

Through school and regional focus groups, DET OT and PT service users were represented in this check-in. They described the extent of OT and PT services currently received, their perceived value of those services, areas for improvement, and possibilities for the future.

Current literature describes the challenges associated with change (Moore & Rudebusch, Wagner et al, 2014 and provides frameworks and models which offer structure and a positive forward focus (Trajkovski et al, 2013, Campbell et al, 2012). Survey participants have identified communication, peer support, leadership and professional development as facilitators and enablers for such forward focus.

Findings from this statewide check-in and literature review will assist with actioning findings and recommendations from the Queensland Disability Review, and inform future directions for the OT and PT services in DET aligned with the DET Evidence Framework.

Steps will include the development and supported implementation of recommendations, measurement of any change which takes place, and review and reflection on implementation. Consultation with OT and PT teams, service users, union representatives, students and their families, and regional and central office stakeholders will occur to ensure new processes, resources and innovations provide positive solutions to the issues and barriers identified, and improve education outcomes for students with disability in Queensland state schools.
References


Appendices

Appendix 1: Acknowledgements

Table 4: Review of Occupational Therapy and Physiotherapy Services steering committee and working group members

<table>
<thead>
<tr>
<th>Steering committee</th>
<th>Working group</th>
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<tbody>
<tr>
<td>Wendy Blandford (Regional Advisor, North Coast Region)</td>
<td>Roslyn Bricknell (Physiotherapist, South East Region)</td>
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<tr>
<td>Deborah Busch (Senior Advisor Occupational Therapy, Metropolitan Region)</td>
<td>Bhumika Chelwani (Physiotherapist, Metropolitan Region)</td>
</tr>
<tr>
<td>Michelle Denniss (President Rosella Park School P&amp;C, Central Queensland Region)</td>
<td>Rineke de Regt (Senior Advisor Physiotherapy, Metropolitan Region)</td>
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<tr>
<td>Gaenor Dixon (Project Manager, Principal Advisor Therapies, State Schools -Operations)</td>
<td>Libby English (Occupational Therapist, North Coast Region)</td>
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<tr>
<td>Dan Goldman (Assistant Secretary, Together Union)</td>
<td>Paul Hunt (Senior Advisor Physiotherapy South East Region)</td>
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<tr>
<td>Liz Hemingway (Principal Advisor, Metropolitan Region)</td>
<td>Rebecca Lee (Occupational Therapist, Metropolitan Region)</td>
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<tr>
<td>Paul Hunt (Senior Advisor Physiotherapy, South East Region)</td>
<td>Catherine Milles (Project Officer, Senior Advisor Therapy, State Schools -Operations)</td>
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<tr>
<td>Catherine Milles (Project Officer, Senior Advisor Therapy, State Schools - Operations)</td>
<td>Emma O’Connor (Senior Occupational Therapist, Metropolitan Region)</td>
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<tr>
<td>Cindy Mossop (Director, North Qld Region)</td>
<td>Karen Pomfrett (Senior Advisor Occupational Therapy, North Qld Region)</td>
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<tr>
<td>Wendy Mungomery (Physiotherapy representative Together Union)</td>
<td>Sarah Reedman (Physiotherapist, North Coast Region)</td>
</tr>
<tr>
<td>Kate Paynter (Deputy Principal &amp; HOSES, Dalby South State School, Darling Downs South West Region)</td>
<td>Kellie Verrall (Senior Occupational Therapist, Central Qld Region)</td>
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<td>Yogi Pillay (Occupational Therapy representative Together Union)</td>
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Appendix 2: OT PT survey questions

As part of a Review of Occupational Therapy (OT) & Physiotherapy (PT) Services in the Department of Education and Training (DET), it is proposed that the following survey is distributed to all DET OT and PT staff. The aim of the survey is to gather information about current practices, perceptions and job satisfaction in order to review services, implement change and monitor outcomes.

Statement of purpose:

The Department of Education and Training values your role as occupational therapists and physiotherapists, supporting the access and participation of students with disability to achieve learning outcomes.

The following survey is a means of gathering information from you about the services you provide and the processes you use to do this. This will provide baseline information about prioritisation practices, what works and what needs to be improved in order to make our services the best they can be.

Your response to this survey is confidential and no individual will be identified in any data or report. The information collected will be handled in accordance with the Information Privacy Act 2009.

Although it is not mandatory to respond to this survey, it is highly encouraged that you use this as a means to have input into the future of occupational therapy and physiotherapy services in the department.

For enquiries, please contact either:
Your professional supervisor;
Cath Milles, project officer, Review of OT & PT Services in DET; or
A working group representative for the Review of OT & PT Services in DET.

Please provide your response before the closing date: Wednesday 6th April 2016

Page 1

Role & service mix

What is your role in DET?
OT
PT (Check one only)

Please define the percentage of your workload which is allocated to the following school settings. (build in that this must add up to 100%) (For school-based therapists only)

___% Early childhood developmental programs or services (ECDP)
___% Primary school
___% Secondary school
___% Special school
___% Other (eg school of distance education) Please specify (must fill in if amount indicated)

Page 2

Scope of services
(For school-based therapists only)

Please indicate which of the following supports you are currently providing: (can make multiple choices)

Productivity school skills
Play and leisure skills
Positioning for function
Sport and recreation
Environmental modifications
Movement in the school environment
Caring for self at school
Behaviour, social and emotional skills at school
Health and safety
Specialised equipment
Assistive technology for learning
Splinting and other orthotic devices
Other ______________ (must specify)

Page 3

Current services

How do you agree with the following statements?
The current department guideline, Occupational Therapy and Physiotherapy Services in State Schools, 1996 (revised 2015), known as “The Role and Scope”, is of value to me in my professional practice.

Strongly agree Agree Somewhat agree Neutral Somewhat disagree Disagree Strongly disagree

Comment (Optional)
The current department service framework, Priorities in Practice – A Manual for Occupational Therapists and Physiotherapists, 2000 (revised 2011), is of value to me in my professional practice.

Strongly agree Agree Somewhat agree Neutral Somewhat disagree Disagree Strongly disagree

Comment (Optional)

Value and Use: There is an additional table here to differentiate value from use.

To assist in reviewing Priorities in Practice – A Manual for Occupational Therapists and Physiotherapists (PiP), please indicate the statement which best describes how you VALUE the tools in the framework. (one only response for each choice, must answer. May need to include space for comments after each response particularly for modify column eg optional text box)

<table>
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<tr>
<th>Statement</th>
<th>I find this valuable</th>
<th>I find parts of this valuable but it could be improved (please describe)</th>
<th>I do not find this valuable</th>
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<td>Planning for services after assessment tool</td>
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<td>Response letter templates</td>
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<td>Recommendations about timeframes</td>
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<td>Information brochures</td>
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<td>Problem-solving checklist for teachers</td>
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Electronic service request forms and referral processing  | I use this regularly | I use parts of this but it could be improved (please describe) | I do not use this
---|---|---|---
Other (please specify)  |  |  |  

To assist in reviewing *Priorities in Practice – A Manual for Occupational Therapists and Physiotherapists (PiP)*, please indicate the statement which best describes how you *USE* the tools in the framework. *(one only response for each choice, must answer. May need to include space for comments after each response particularly for modify column eg optional text box)*

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Optional comment / other

How do you agree with the following statement?

I receive a positive response from teachers regarding the occupational therapy and physiotherapy referral process.

Strongly agree  Agree  Somewhat agree  Neutral  Somewhat disagree  Disagree  Strongly disagree

Comment (Optional)

Page 4

Legislation, policy, frameworks and models of service delivery in schools

How do you agree with the following statements?

I am knowledgeable about working within an educational model, supporting students with disability in schools.

Strongly agree  Agree  Somewhat agree  Neutral  Somewhat disagree  Disagree  Strongly disagree

Comment (Optional)

I am knowledgeable about the *Disability Discrimination Act 1992*.

Strongly agree  Agree  Somewhat agree  Neutral  Somewhat disagree  Disagree  Strongly disagree

Comment (Optional)

I am knowledgeable about the *Disability Standards for Education 2005*.
Strongly agree  Agree  Somewhat agree  Neutral  Somewhat disagree  Disagree  Strongly disagree

Comment (Optional)

I am knowledgeable about working within the Whole School Approach to Support Student Learning framework (based on Response to Intervention).

Strongly agree  Agree  Somewhat agree  Neutral  Somewhat disagree  Disagree  Strongly disagree

Comment (Optional)

I am knowledgeable about the Universal Design for Learning framework.

Strongly agree  Agree  Somewhat agree  Neutral  Somewhat disagree  Disagree  Strongly disagree

Comment (Optional)

I am knowledgeable about the International Classification of Function Disability and Health framework.

Strongly agree  Agree  Somewhat agree  Neutral  Somewhat disagree  Disagree  Strongly disagree

Comment (Optional)

I am knowledgeable about using collaborative practice in my service delivery.

Strongly agree  Agree  Somewhat agree  Neutral  Somewhat disagree  Disagree  Strongly disagree

Comment (Optional)

What training and development, in your opinion, would enhance your knowledge in the areas listed above?

Shared roles and inter-professional practice

When working in the education team, there can be cross over of tasks and roles between professional groups. To what extent do you negotiate shared tasks and share skills with your occupational therapy and physiotherapy colleagues to support access and participation of students with disability to achieve learning outcomes?

Extensively  Often  Somewhat  Occasionally  Never

Please describe.

Page 5

Current workload and service delivery

(For school-based therapists only)

Across the period of a typical fortnight during school term, please estimate the percentage of your workload you spend on the following activities. (as an example.......20hrs of PD is just over 1% for a full-time position) (build in that it has to add up to 100%)

___% Direct student support provision (e.g. assessment, provision of adjustments)

___% Indirect student support provision (e.g. education to teams regarding specific student needs; communication with student team members, including parents)

___% Administrative tasks, service-related (e.g. budget activity, base location management, team management, resource development)

___% Administrative tasks, student-related (e.g. referral processing, documentation, reporting-writing)

___% Provision of formal professional development and training (e.g. to education team, colleagues, students, universities)

___% Clinical Education (average this from across the year)

___% Travel to provide services to students

___% Receiving professional supervision, coaching or mentoring

___% Undertaking research, quality activities including receiving professional development and training (average this from across the year)

___% Other (please describe_____________)

50 Providing Occupational Therapy and Physiotherapy Services in the Department of Education and Training - 2016
Services for the future

Some State School students with disability, who do not meet Education Adjustment Program (EAP) criteria, may benefit from occupational therapy and physiotherapy services to access and participate in schooling. With supports in place around resourcing, prioritisation and workload strategies, and training and development, please describe how you agree with the following statements about providing services to these broader groups of students with disability: (all require an answer)

I feel confident to support access and participation for students with mental health conditions or social emotional difficulties.

Strongly agree  Agree  Somewhat agree  Somewhat disagree  Disagree  Strongly disagree  N/A

I feel confident to support access and participation for students with chronic health conditions (eg asthma, diabetes, cancer, cardiac conditions).

Strongly agree  Agree  Somewhat agree  Somewhat disagree  Disagree  Strongly disagree  N/A

I feel confident to support access and participation for students with learning difficulties.

Strongly agree  Agree  Somewhat agree  Somewhat disagree  Disagree  Strongly disagree  N/A

I feel confident to support access and participation for students with temporary disability as a result of injury or illness.

Strongly agree  Agree  Somewhat agree  Somewhat disagree  Disagree  Strongly disagree  N/A

Please describe factors which would enhance, challenge or detract from your confidence in providing services to these broader groups of students with disability.)

What training and development, in your opinion, would enhance your knowledge and skills in providing services to these broader groups of students with disability?

Page 7

Satisfaction

How do you agree with the following statement?

"I enjoy working in the Department of Education and Training"

Strongly agree  Agree  Somewhat agree  Neutral  Somewhat disagree  Disagree  Strongly disagree

Overall additional comments
Appendix 3: Focus group questions

Who do you consider OT & PT services can be provided for?
   a. Which students?  b. Which staff?

How does the current service serve the needs of your students and school?

What do you want the services to look like in the future?
   How could this be operationalised?

What do you consider are the barriers to achieving this (acknowledging resourcing)?

Do you support a broader scope for OT and PT services?