

Therapy Services for School Aged Children with Disabilities

South Eastern Sydney Strategic Plan

2000 - 2002

**South Eastern Sydney Management Committee
November 2000**

ACKNOWLEDGEMENTS

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EXECUTIVE SUMMARY

As a consequence of the 1998 School Therapy Review, the Ageing and Disability Department instigated a process of improvement in service provision across all sectors for therapy services for school aged children with disabilities. The South Eastern Sydney Area was one of the first areas to begin the process of implementation of the four main recommendations:

That therapy resources and services be organised on an area basis;
That individualised plans be the basis for organising all therapy for students with disabilities;
That a best practice collaborative team model be adopted; and
That regular training is provided for all stakeholders.

This document describes the process adopted across public and private education, health and community service organisations in collaboration with non government agencies and parent groups in South Eastern Sydney to develop a strategic plan for provision of seamless care to as many children with disabilities as possible. It has become obvious throughout the development of this plan that there is a large unmet need amongst school aged children in south eastern Sydney; there being over three thousand children with identified disabilities amongst over 100,000 students; and less than 25 therapists in the public sector attempting to cater to their needs.

An Implementation and Evaluation Committee, supported by a part time Co-ordinator will monitor the activities agreed in this plan and report on progress to the State Steering Committee chaired by the Ageing and Disability Department.

Our **Mission** is to provide therapy services to students with disabilities that are equitable, coordinated and efficient.

Our **Guiding Principles** are that

Access to therapy will be provided regardless of educational setting;
Early intervention with children helps to mitigate the severity of disability in later life
Therapy facilitates access to learning and development;
Therapy provided in school environments will be integrated with education and lead to improved student outcomes;
Family focussed individualised planning processes will be utilised;
Management of therapy will be co-operative, coordinated and collaborative; and
Training of all stakeholders will facilitate improved outcomes.

Our key strategies for the future are:

Consolidation and dissemination of our intake and referral practices;
Prioritising funding of therapy positions for assessment and treatment of children with disabilities;
Conducting regular training sessions for all stakeholders in current assessment practices for children with disabilities;
Enhancing therapist positions and equipment provision for children with disabilities as funding enhancements arise; and
Maintaining a system for monitoring and evaluation of progress in implementing the recommendations of the School Therapy Review.

1 INTRODUCTION

In mid 1998 the Ageing and Disability Department released its School Therapy Review which made recommendations on the provision of therapy services for school aged children with disabilities.

These included:

- ▶ That Therapy resources and services be organised on an **area basis**
- ▶ That **Individualised Plans (IPs)** become the focus for **organising all therapy support** for students with disabilities, including the allocation of therapy resources and the evaluation of therapy intervention
- ▶ That a best practice **collaborative team model** be adopted for the provision of therapy services
- ▶ That **regular training** be provided for parents, teachers and therapists to work in **collaborative , integrated teams**

A commitment was made to the implementation of these recommendations and geographical areas chosen for staged projects across the education, health and community services portfolios. South Eastern Sydney was one of the first areas to be involved in this process. Following focus groups facilitated by Lea Maher and Lee Ridoutt, a Management Committee was formed and a project officer, funded by ADD, began in February 1999.

1.1 Process

The main aim of the Management Committee was to steer the development of a strategic plan for the provision of services for school aged children in South Eastern Sydney which incorporated the agreed principles of access, equity and family centred development. Subcommittees on data, needs surveying and analysis, criteria for engagement of therapists and guidelines for care were formed and meetings were held with various groups from the public, private and non government sectors.

Operational changes were suggested throughout this process of planning and the Executive subcommittee of the Management Committee has already begun implementation of a number of the initiatives outlined in the plan in the respective departments.

1.2 Aims of the group

Views were expressed by the participants in the early focus groups and by members of the Management Group that the creation of a seamless system of referral and early response and implementation of Individual Plans for children was the ideal process.

Existing barriers to such a system were inadequate identification of children in unmet need, poor knowledge of service provider availability, low maintenance of communication routes, confusing admission criteria across government departments, low numbers of identified children's therapists in both public and private sectors, prolonged waiting times for therapy, confusing expectations of the form of therapy to be provided and of the outcomes of therapists' involvement and fundamental lack of policy prioritisation.

The terms of reference for the Management Group therefore became:

- ▶ To direct implementation of the recommendations coming from the Review of Therapy Services for School-Aged Children.
- ▶ To provide a comprehensive analysis of current needs for services and an inventory of service delivery resources.
- ▶ To identify strategies and key milestones in implementing the Review's recommendations.
- ▶ To provide a framework for the implementation of the key recommendations of the Therapy Review.
- ▶ To focus primarily on the organisational and management aspects of therapy services to school-aged children, recognising that the issues in regard to the delivery of therapy services would be limiting factors if not fully resolved.

2 OPERATING ENVIRONMENT

2.1 The Area

South Eastern Sydney is a large culturally and socio-economically diverse area. For this plan it is encompassed by the area defined as Metropolitan South East within the Department of Community Services (DoCS). The areas referred to as South Eastern Sydney Area Health Service and Metropolitan South East within DoCS are almost the same with exception of the western extremities of the area around the Central Business District and Newtown/Erskineville.

Falling within South Eastern Sydney are the Bondi, Sutherland, and most of the St. George government Education Districts. Four schools from the Port Jackson district also fall within South Eastern Sydney. There are also a large number of non-government schools in the area enrolling students who may be eligible to receive therapy services.

2.2 Key Stakeholders

- a) Service Providers
- ▶ Department of Community Services
 - ▶ Southern School Age Service
 - ▶ Eastern School Age Service

 - ▶ Conjointly funded DoCS/Health
 - ▶ Kogarah Diagnostic and Assessment Service
 - ▶ Tumbatin Clinic Diagnostic and Assessment Service (Zetland)

 - ▶ Department of Health
 - ▶ Sutherland Hospital
 - ▶ Sylvania/Menai Community Health Centres
 - ▶ St. George Hospital
 - ▶ Rockdale/Peakhurst/Hurstville Community Health Centres
 - ▶ Sydney Children's Hospital
 - ▶ Royal South Sydney/Waverley Community Health Centers

 - ▶ Non-Government Organisations
 - ▶ Spastic Centre of NSW
 - ▶ Northcott Society
 - ▶ Autism Association
 - ▶ Private Practitioners
- b) Service Recipients
- ▶ Students in Government Schools (and their families)
 - ▶ Students in Independent School (and their families)
 - ▶ Students in Catholic Schools (and their families)
 - ▶ Students receiving schooling at home (and their families)

2.3 Service Providers

Therapy services in the South Eastern Sydney area manifest in many different forms as they are provided by different agencies with different briefs.

The Department of Community Services (Now Department of Ageing and Disability and Home Care)

DoCS (DADHC) employs therapists to provide specialist services to students with intellectual disability (priority given to students with moderate and severe intellectual disability) in community and school environments. The main function of therapy delivered by DoCS (DADHC) School Age Services teams is to maximise the child's potential in all environments. Within school environments the purpose is to facilitate access by students to educational programs.

South Eastern Sydney Area Health Service (SESAHS)

In SESAHS there are paediatric therapists who see children with physical disabilities and some with mild intellectual disability as inpatients and as outpatients, usually in dedicated clinics – such as the Spina Bifida Clinic, the Head Injury Clinic, the Osteogenesis Imperfecta Clinic etc. Outpatients are also seen by Community Health Centre therapists, at the centres, at school or at home.

Community Health Centre staff see students in regular schools, both mainstreamed students and those in some Support Classes, e.g. Support Class Language. Consultative services to other Support Classes are occasionally arranged on request.

Children who attend therapy at Community Health Centres may present with difficulties in the following functional areas:- speech and language; fine and gross motor development and handwriting.

Non-Government Organisations (NGO's)

Limited services are provided to students in South Eastern Sydney by non-government agencies such as the Spastic Centre of NSW, Northcott Society, Autism Association and the Royal Blind Society. A number of private Physiotherapists, Occupational Therapists and Speech Pathologists are also involved in assessment and management of children of school age who attend both public and private schools in the area.

2.4 Eligibility Criteria

Any child with a disability or the potential for disability may be seen for Diagnostic and Assessment services by DoCS and Health staff, however treatment services are provided according to prioritisation as outlined below.

South Eastern Sydney Department of Community Services (Now DADHC)

Clients who refer or are referred for services to DoCS (now DADHC) must meet eligibility criteria to receive services. Eligibility is defined as;

- ▶ having an Intelligence Quotient (IQ) which is at least 2 standard deviations below the norm; AND
- ▶ having deficits in adaptive behaviour in at least 2 areas of functional living; AND

- ▶ having a disability that occurred during the developmental period, i.e. before the person turns 18.

Note that all three criteria must be present for a person to be deemed eligible for services.

Therapy services for school-aged children are client/family focussed. That is, services are provided on the basis of individual need in an environment most suited to the specific therapy need. (Appendix 1)

- ▶ **South Eastern Sydney Area Health Service**

All children with physical disabilities and those with mild intellectual disability will be seen by Health. Children with complex physical disabilities in a number of functional areas may be seen by DoCS staff, if in specific settings that is deemed more appropriate. (Consultation occurs amongst staff members to determine the best outcome for children)

- ▶ **Hospitals**

Sutherland Hospital – all inpatients and outpatients living in the local area are eligible for therapy services.

St. George Hospital – all inpatients and outpatients living in the local area with a condition related to their hospital admission are eligible for therapy services.

Sydney Children's Hospital – children requiring a tertiary service, inpatients and outpatients living in the local area and having a physical disability, sports injury, communication disorder, orthopedic condition, brain injury or respiratory condition are eligible for the therapy services.

- ▶ **Community Health Centre**

Sutherland and St. George Areas – For Occupational Therapy services - any child who is 2 to 18 years of age with developmental delay or co-ordination problems; some children with a mild intellectual or physical disability, following negotiation with other services, e.g. DoCS, Spastic Centre etc.

- For Speech Pathology services - any child who is 0 to 18 years of age with a communication disorder. The child's verbal level must be lower than their cognitive level to be eligible. Priority is given to children under 7 years.

Eastern Sydney Area – Speech Pathology Services only. Any child 0 to 18 years of age with a communication disorder. The child's verbal level must be below her/his cognitive level to be eligible. Priority is given to children under 7 years.

- ▶ **Non Government Organisations**

See Appendix 1 for eligibility criteria for NGO's. Most are able to provide assessment for individuals, but are constrained by resourcing to crisis therapy and group activities.

2.5 Public sector profile

There are over 100,000 school students in South Eastern Sydney and it is known that there are more than 3,000 children with disabilities. It is also known that there are many more children with disabilities who would benefit from therapist involvement. The following table outlines the very small numbers of therapists in the public sector dedicated to children with disabilities. There are private practitioners and non-government organisations which do provide some therapy to referring private schools as well as to public schools, however this is not in the context of an organised program and clearly there is a large gap in service provision for children with physical disabilities and those with mild intellectual restriction.

| Characteristic | Eastern Suburbs | St George | Sutherland |
|-------------------------------|---|------------------------------------|---|
| Public school pupils | 18,000 | 17,000 | 26,000 |
| Number of public schools | 52 | 39 | 59 |
| Dept Community Services Staff | SP 1.5 PT 1.5 OT 1.5 | SP 1.5 PT .75 OT 1.5 | SP 1.5 PT 1.5 OT 1.5 |
| Health Staff | SP 4.2 (Community Health and SCH) PT 0.2 (SCH) OT 0.2 (SCH) | SP 2 (CH) PT .8 (Hosp) OT .5 | SP 2.5 (CH) PT 0.5 (South Hosp) OT 1 (CH) |

* SP – Speech pathologist; PT – Physiotherapist; OT – Occupational therapist

3 NEEDS ANALYSIS

3.1 Children with Disabilities

There are a total of **101,754** students enrolled in 244 primary, secondary and special government and non-government schools in the South Eastern Area of Sydney.

Of this total **1,235 known students with disabilities are mainstreamed** with support by State and Commonwealth funding, **622 attend 16 special schools** (of whom a maximum of 342 are classified as moderately and severely intellectually disabled).

Another **756(+ESSP)** students attend **68 support classes** located in regular government schools. (20xIO/IS – moderate/severe intellectual disability, 19xIM-mild intellectual disability, 2xED-emotional disturbance, 1xEDO-emotional disturbance outreach, 4xP-physical disability, 11xH-hearing impairment, 5xR-reading, 4xL-language, 1.2xESSP-early school support program and 1xEI-early intervention)

3.2 Preliminary Results from Disability Identification Questionnaire

To gain some estimate of the level of disability not identified by the above statistics, our Data Collection Group developed a questionnaire for teachers concerning the physical, intellectual and functional characteristics of their students. Public, private, primary and secondary schools were targeted and the teachers were asked to comment on a random selection of students in their 'roll classes'. The survey responses were analysed by the therapist subcommittee to establish their potential for benefit from assessment and/or management by a therapist.

Of the 3,500 questionnaires distributed 2,297 were returned. Therapists sorted all questionnaires into 4 categories:

| | |
|--------------------------------------|-------|
| ▶ Definitely do not need therapy | 805 |
| ▶ Do need further therapy assessment | 1,382 |
| ▶ Uncertain | 11 |
| ▶ Invalid | 99 |
| ▶ TOTAL | 2,297 |

It should be pointed out that the 1,382 students identified as needing further therapy assessment included all students enrolled in government Special Schools. If these students are excluded from the calculation, there is an implication that approximately one third of randomly selected children in our schools have characteristics, which may indicate a disability and a need for therapist assessment.

These figures may appear exceptional but this is a research environment where little hard data exist quantifying the extent of broad functional deficits in the general population. Some account also needs to be made of false positives that may present in the result.

Preliminary analysis of these data for South Eastern Sydney highlights that significant unmet need may exist among students with physical disabilities and those with physical and mild

intellectual disabilities. More detailed analysis is required before definitive statements could be made about policy or as justification for enhanced funding.

However there is clearly a large gap between numbers of children with disabilities and the current resources available to assist them if it is assumed that the needs of even the identified 2,700 children with disabilities in our schools are not being met by the 20-25 therapists in the DoCS or Health teams now.

3.3 Preliminary Results from service profile study

Another study was also completed by therapists in the public sector recording the amount of time spent on children with disabilities, documenting levels and types of disability, over a two-week period in June 1999.

3.4 Department of Community Services (Now DADHC)

Approximately 200 children were seen by 8 staff in the two week period, for between 1 and 16 sessions of individual or group therapy (approximately 1,000 occasions of service). The breakdown was

| | |
|----------------------|-----|
| Occupational therapy | 35% |
| Physiotherapy | 15% |
| Speech pathology | 28% |
| Therapy Assistants | 22% |

3.5 SESAHS Community Health Centres

There were some 7,000 occasions of service in the Sutherland and St George Community Health Centres over the two week period, with 360 being for children of school age. These children were seen for assessment, therapy and equipment and the staff breakdown was

| | |
|----------------------|-----|
| Occupational therapy | 27% |
| Physiotherapy | 2% |
| Speech pathology | 42% |
| Psychologists | 4% |
| Social workers | 4% |
| Medical officers | 13% |
| Nurses | 7% |

This study demonstrated the very low level of therapist numbers in the community health setting for school aged children with disabilities. They all have waiting times for therapy of approximately 9-12 months.

3.6 Discussion Groups

The planning process and discussion groups in many settings also identified a need for;

- ▶ guidelines for identification of children in need,
- ▶ resources for more therapists,
- ▶ referral mechanisms for children in non government schools,
- ▶ an up-to-date communication schedule for referral and feedback,
- ▶ dissemination of standardised 'eligibility criteria' for each facility's therapists in DoCS and Health,
- ▶ raising of awareness of Department of Education and Training's support for equipment for students with disabilities,
- ▶ establishment of an equipment pool for trials in therapy programs,
- ▶ education for all stakeholders in the importance and value of therapy, and in Current Accepted Practice for therapeutic involvement.

4 FUTURE DIRECTIONS

The Management Group has analysed the existing data and discussed the difficulties involved in cross-sectoral collaboration. It has been guided by State priorities and influenced by availability of resources.

The Management Group will now become an Implementation and Evaluation Committee with reporting responsibilities to the Ageing and Disability Department. Senior management staff from all the relevant agencies will continue to be members of the new Committee. It will appoint a part time Coordinator from amongst existing staff working in DoCS, Health or Education with school-aged children with disabilities.

The following mission, guiding principles, outcome statements and strategies are our Strategic Plan for therapy services for school-aged children with disabilities.

4.1 Mission

In South Eastern Sydney all agencies are committed to the provision of therapy services to school-aged children in an equitable, coordinated and efficient manner.

4.2 Guiding Principles

In South Eastern Sydney our principles are that:

- ▶ Given eligibility and prioritising criteria are met and therapy resources are available, **access to therapy services** be provided **regardless of educational setting**;
- ▶ That children with a disability have the **right to an education** and that therapy services are often required to **facilitate access to educational programs**;
- ▶ **Early intervention** with children with mild intellectual disability or learning difficulties may mitigate future disability;
- ▶ When therapy programs are provided in an educational context these **programs be integrated** into the student's educational program and lead to **improved student outcomes**;
- ▶ That a **family focussed individualised planning process** be the mechanism by which student **therapy needs are identified and monitored**;
- ▶ That the individualised planning process resulting in the development of appropriate student programs, and the management of the provision of therapy services across the area be **cooperative, coordinated and collaborative**;
- ▶ That the **sharing of skills and knowledge and joint training** will lead to **increased effectiveness and efficiency** of therapy services and greatly **enhanced student outcomes**.

4.3 Outcome Statements

▶ **Intake/Referral/Access**

South Eastern Sydney Area will have a process that is based on student needs identified through the individualised planning process. Pathways to each agency's intake process will be standardised, so there are no gaps and no duplication.

▶ **Funding and Resourcing**

The coordinated system will make best use of resources available through each agency and therapist numbers will be increased, initially in Health and initially in the St George and Sutherland sectors.

▶ **Education and Training**

Partner agencies will participate in joint training.

▶ **Therapy and Service Provision**

All agencies will use Current Accepted Practice guidelines in the provision of services to school-aged children.

▶ **System Monitoring**

Agencies will collaborate in data collection and analysis and a process of continual improvement.

5 KEY PERFORMANCE AREAS

5.1 Intake/Referral/Access

South Eastern Sydney Area will have a process that is based on student needs identified through the individualised planning process. Pathways to each agency's intake process will be standardised, so there are no gaps and no duplication.

| Strategies | Time Frame | Responsible | Performance Measures |
|---|--|---------------------------------------|--|
| Disseminate role statements for therapists in each agency that reflect interdependencies. | 3 months from the appointment of a Coordinator | Implementation Committee/co-ordinator | All key stakeholders Have a clear understanding of therapists' roles in different agencies. |
| Disseminate agreed eligibility criteria to access therapy services. | “ | Implementation Committee/Co-ordinator | Intake procedures for each agency are clearly documented with consistent language. |
| Publicise differential intake procedures between agencies.* | “ | Implementation Committee | Every student receiving therapy has an Individual Plan that has informed the priority of access to therapy services. |
| Develop protocols for interagency referrals. | “ | Implementation Committee | |
| Publicise protocols to community and identified referral points. | “ | Implementation Committee | |

* See Appendix 2 for proposed Procedure for Accessing Therapy Services.

5.2 Funding and Resourcing

The coordinated system will make best use of resources available through each agency and therapist numbers will be increased, initially in Health and initially in the St George and Sutherland sectors.

| Strategies | Time Frame | Responsible | Performance Measures |
|--|------------------------------------|--|---|
| Engage a part time coordinator to provide support and assist in area level planning for co-ordination of therapy services to school-aged children. | December 2000 | Executive sub-committee with support from ADD. | Planning of therapy services is coordinated and maintained. |
| Expedite recruitment processes for therapists when vacancies occur. | Ongoing | Executive sub-committee | Time between vacancy occurring and finalisation of recruitment meets best practice benchmarks for the industry. |
| Maintain therapy staffing levels. | Ongoing | Service providers | Take up rate by discipline by agency. |
| Identify equipment needs across the area and develop a plan for acquisition/replacement within available resources. | May 2000 and annually by February. | Coordinator | Plan developed and acquisitions made according to agreed priority identified. |
| Develop intersectoral plan for the support and professional development of teachers and therapists. | Annually in September. | Coordinator and Implementation Committee | Number and percentage of children by degree of need, who cannot access appropriate equipment. Plan developed |

5.3 Education and Training

Partner agencies will participate in joint training.

| Strategies | Time Frame | Responsible | Performance Measures |
|---|----------------|---|---|
| Deliver training and development based on CAP Guidelines for all relevant staff in each agency and parents. | Ongoing. | Executive sub-committee. Also needs to be liaison with AIS, CEO and NGOs. | Therapy and teaching staff competent in IP process. Increased parent awareness. Number and percentage of staff in each agency who undertake training in the period. |
| Establish and evaluate three pilot projects to demonstrate best practice in Individualised Planning using a collaborative approach. | By end of 2001 | Implementation committee/co-ordinator | Survey families about level of satisfaction with the service. Level of participation by teachers, therapists and families. |
| Staged implementation of collaborative planning. | January 2002 | Implementation committee/co-ordinator | Implementation Plan developed by January 2001. |

5.5 System Monitoring

Agencies will collaborate in data collection and analysis and a process of continual improvement.

| Strategies | Time Frame | Responsible | Performance Measures |
|--|-----------------------------------|--------------------------|---|
| <p>Organisational Structure Maintain an Implementation Committee. Appoint a part time co-ordinator.</p> | December 2000 | Implementation Committee | . |
| <p>Intake and Referral Design a database to collect information about student needs and service response.</p> | June 1999 | Data Collection Group | |
| <p>Generate data reports and use the analysis to inform ongoing system improvement.</p> | Six monthly in April and October. | Implementation Committee | Reports are available and include all schools |
| <p>Funding and Resources Collect and analyse data from each agency on staff retention and levels of unmet need.</p> | Bi-annually | Executive Sub-Committee | |
| <p>Education and Training Collect and analyse data from each agency about levels of participation by occupation.</p> | Annually in October | | |
| <p>Collect and analyse data on skills acquisition.</p> | Bi-annually | Agencies | |
| | Annually in October | | Number and percentage of staff who meet competency standards over time. |

APPENDIX 1: CURRENT RESOURCES – THERAPY SERVICES FOR SCHOOL AGED CHILDREN – SOUTH EASTERN SYDNEY 26/5/00

| | DCS Metro South East SAS | Education | NGO'S | | | |
|--|---|--|---|--|------------------------------------|--|
| | Eastern SAS | RSU Note 1 | Northcott Note 1 | Spastic Centre | Private Pract'ners | Autism Assoc. Note 1 |
| Therapists number and discipline | OT=1.5 PT=1.5 SP=1.5 | OT=.6 PT=.6 SP=1 | SA-OT=1 CATS- OT=2.4 SP=3 | OT=.02 PT=.015 SP=.01 | OT=10 PT=4 SP=17 | SP=1.5 |
| Client Categories | Children with disabilities. | Severe disability. High support needs. | SA- Phy.Dis. CATS – Any disability. Any Age | Physical disability | Clients referred by D&A centres | Children with autism |
| Eligibility Criteria | Level of intellectual functioning (IQ) 2.Or more standard deviations below average, and Functional impairment in 2 or more areas of daily living, and Disabled before 18years of age | 0-20years. Enrolled in and educational program | SA- Phys. Dis. Resulting in movement problems, 6-18yrs CATS – Very loose Any age Any Disability | CP and related disabilities School age (5-18yrs) | N.A | Diagnosis of classic autism Asperges syndrome. Autistic tendencies but causing probs in classroom. |
| Priorities | Currently under review but prev. based on need., not just support required. Also transition pt., prev seen by DCS, level of support. Activity in existence, impact on accommodation structure. | Crisis; if putting self or others at risk. If no access to other services e.g. Rural areas. | SA- Need, urgency, getting another service. CATS –waiting list unless terminal, rapid onset or court case pending. | Urgency. Need if not getting another services. | N.A | Crisis situations. E.g. family breakdown, other family members with a disability. |
| Mode of Service Delivery | Collaborative consultation. Therapy objectives integrated into IP. | Provide consultancy and Prof. Devel. to personnel implementing Educ. Programs. | SA- Serv. Agree. Cons Nwsltr. Parent Support. CATS –Centre or site based asses't consult. T&D, follow –up. Fee for serv. | Asses't/Consto student & family then to school if needed. Some block intervention. | Private consult-ation. | Assessment Training for parents or professionals. Outreach service. |

Key:-SA = School Age Program

OT=Occupational Therapists SP = Speech Pathologists

CATS = Computer Assistive Technology Services

PT = Physiotherapists

T&D = Training and Development

Note 1 shows number of therapists working for these NGOs state-wide.

Appendix 1 (Cont.) CURRENT RESOURCES – THERAPY SERVICES FOR SCHOOL AGED CHILDREN –SOUTH EASTERN SYDNEY 26/5/00

| | D&A | HOSPITALS | | | COMMUNITY HEALTH CENTRE | | | |
|----------------------------------|--|--|--|---|---|-------|--|---|
| | Kogarah and Tumbatin | Sutherland | St George | SydneyChildren's | Sylvania | Menai | Rockdale/Peakhurst/Hurstville | Royal South Syd. |
| Therapists number and discipline | D&A don't employ therapists but access them from other services. | PT=5 | PT=0.8 OT=0 SP=0 | OT=2 loc. PT=2 loc. SP=.7 loc | OT=1 SP=2.5 | | OT=.5 SP=2 PT=ONB 2 ONLY FOR SA | SP=1.5 RSSCHC SP=2 Waverley |
| Client Categories | Development disability/delay or suspected. | All inpatients | Inpatients Outpatients living in the local area with a condition related to their hospital admission. | Phys. Disability Sport injury Orthop conds Brain inj. Resp. conds (following discharge) | OT= Mild D.D., Coord Probs., specific disabilities Intell or phys disab. Not eligible to receive a service elsewhere. SP= Speech and language disorders. | | Broad client base. Anyone with a problem | Speech and language disorders. |
| Eligibility Criteria | Severe, chronic disability attrib. To intell., Or phys. Impairment or a combination of these. Manifested before 18yrs. Functional limitation in 3 or more areas of major life activity | Inpatients Outpatients living in local area | Inpatients Outpatients living in local area | Statewide tertiary. Inpatients Outpatients living in the local area. | OT= 2yrs-18yrs living in Sutherland Shire SP=0-18yrs living in Sutherland Shire | | 018yrs (14:11) Lives in St. George District | Broad. No restrictions. |
| Priorities | IDD(ID)-mod. To high support needs. 2DD(ID)- low support needs . 3 All other disability. | 1.Inpatients. Follow-up 2.Inpatients. Spec. cons. | 1.Inpatients. 2.Follow-up inpatients. 3. Spec. cons. | Child'n requiring tertiary service 1. Inpatients. 2.Follow-up inpatients. 3.Spec. cons. | OT=Under 5 years (not at school) Head injury, Physical disability SP=Under 3years Head injury, severe Hearing impairment, Cleft palate. | | Criteria used include; age, diagnosis, prognoses, severity of problem. | Under 5 year Not receiving services from elsewhere. |
| Mode of Service Delivery | Face to face assess. By paed'n psych. & soc. Wrkr. Poss, Asses. By OT, PT, SP. Interviews with parents & schls | Hospital Based | Hospital Based | Hospital Based Limited home/school visit to aid discharge. | Centre based 1:1 and group intervention parent education .Pre-school visits, School visits programming | | Multiple modes. Individual and group centre-based intervention. Parent training devel. Team teaching | Majority centre based. Drop-in assessment Some work in schools. |

Key:- D&A = Diagnostic and Assessment Services

APPENDIX 2 The Referral Process

1. Student identified as being in need of therapy.....

previously determined

by the Diagnostic and Assessment Service (Kogarah or Tumbatin)

by the school's Individualised Educational Planning (IEP) process

by the Individualised Planning (IP) process.

▶ **Already known to a therapy service – make referral.**

If not known to a therapy service then.....

▶ **Government schools - contact school counsellor for triaging.**

▶ **Non-Government schools – contact principal for nomination of appropriate person.**

2. Decision rules to be used.

Intellectual disability

Moderate to severe disability → DoCS school age services – Eastern or Southern

Mild disability → DoCS if accompanied by other disabilities, Health if mild disability alone.

Physical disability (complex and without intellectual disability)

eg. Spina Bifida, muscle diseases etc. → Health

▶ **St. George Sector**

for OT and SP

Peakhurst Community Health Centre

for PT

St. George Hospital

Southern Sector

for OT and SP

Sylvania Community Health Centre

for PT

Sutherland Hospital

Eastern Sector

for SP

Royal South Sydney CHC

Sydney Children's Hospital

Waverley CHC

for OT and PT

▶ **Sydney Children's Hospital**

Cerebral Palsy

-> Spastic Centre NSW

Functional disability e.g. Self-care, mild motor.

→ Health (as above)

Language disability

→ Health (as above)

Emotional Disturbance/Behaviour Disorder (ED/BD)

→ Health Child and Family Services

Waverley

Peakhurst

Sylvania

3. Unsure of Criteria

-> Diagnostic and Assessment Services (Old Post Office at Kogarah or Tumbatin)