

# **ACIE Position Statement Therapy and Allied Health Services in Schools**



**DECEMBER 2024**



## PURPOSE

This statement articulates the position of the [Australian Coalition for Inclusive Education \(ACIE\)](#) on the role and purpose of therapy and allied health professionals and service providers in school settings.

## ACIE

ACIE is committed to promoting inclusive education that respects and upholds the human rights of all students, including those with disability.

ACIE is a national coalition of 25 not-for-profit organisations and has a combined representative membership of over 1.2 million. It brings together organisations with significant expertise in inclusive education and disability advocacy, and spans national and State and Territory based organisations, disability advocacy organisations, student and youth organisations, educators, and family and carer support organisations.

ACIE's work is guided by a human rights and evidence-based approach to inclusive education. It looks to the principles embodied in United Nations *Convention on the Rights of Persons with Disabilities (CRPD)*, which has been ratified by Australia, is binding on it under international law and is the most authoritative expression of the human rights of people with disability, including the right to inclusive education under Article 24 and General Comment No. 4 (Right to Inclusive Education).

Inclusive education in accordance with the CRPD and General Comment No.4 means the delivery of education to all students grouped by relevant age range, in general education classrooms in a way that addresses and responds to their diverse characteristics as learners, provides reasonable accommodations and supports to ensure an equitable and participatory learning experience and respects their fundamental human rights. It does not mean the delivery of education in separate, segregated, or self-contained environments or programs for students with disability, including in separate educational institutions, separate classrooms or subsections of classrooms.

The [Australian Disability Standards for Education \(2005\)](#) enacted under the *Disability Discrimination Act 1992 (Cth)*, further state that students with disability have the right to access and participate in all aspects of school-life on the same basis as their non-disabled peers.

## THE ROLE OF THERAPY AND ALLIED HEALTH SERVICES IN SCHOOLS

ACIE members recognise that therapy and allied health professionals and service providers play an important role in ensuring, through multi-disciplinary collaboration with teachers, students and families, that students with disability are successfully included in education in Australian schools. For some students, access to therapy and allied health services at schools - including physical, speech, and occupational therapy - addresses individual requirements and provides essential supports that empower them to engage fully in their learning environments and participate meaningfully alongside their peers. Therapy and allied health professionals and service providers also play an important role in building educators' understanding of universally designed strategies that foster inclusive classrooms. They support the identification and implementation of reasonable adjustments tailored to individual students, helping to remove barriers to learning and participation.

However, therapy and allied health services in school and as part of a student's education, must always be delivered in alignment with the human rights framework for inclusive education. This framework understands disability through a social and human rights model that focusses on modifying school

environments, practices, and attitudes that may be exclusionary rather than "fixing" students with disability. Importantly, the human rights framework also highlights that the provision of individual support to students with disability must be consistent with the aim of achieving inclusion, and underscores that this is not just about the presence of services but about ensuring these services actively contribute to inclusive educational experiences.

As such, ACIE members do not endorse the provision of therapy and allied health services in schools during the school day, that focus solely on improving individual skills disconnected from the educational context. Such services are more appropriately delivered outside of school hours, ensuring they do not disrupt or diminish a student's access to and participation in education and learning alongside peers.

Within schools and during the school day, therapy and allied health services should prioritise supporting educational goals and fostering participation, integrating seamlessly into meaningful, inclusive educational practices that uphold dignity and affirm human rights.

As General Comment No.4 states in its paragraph 34:

*Any support measures provided must be compliant with the goal of inclusion. Accordingly, they must be designed to strengthen opportunities for students with disabilities to participate in the classroom and in out-of-school activities alongside their peers, rather than marginalize them.*

In addition, individual services and supports should be underpinned by broader, systemic strategies that make learning environments accessible to all students. Paragraph 22 states as follows:

*The entire education system must be accessible, including buildings, information and communications tools (comprising ambient or frequency modulation assistive systems), the curriculum, educational materials, teaching methods, assessments and language and support services. The environment of students with disabilities must be designed to foster inclusion and guarantee their equality throughout their education.*

## **ACIE PRINCIPLES FOR INCLUSIVE DELIVERY OF THERAPY SERVICES IN SCHOOLS**

Therapy and allied health services delivered within schools must be consistent with the aim of achieving inclusion for students with disability by adopting the following principles:

### **1. Adopt a social and human rights model of disability**

The focus of services should be first on identifying barriers to equal access to learning and participation in the inclusive, general education environment.

### **2. Inform universal accessibility**

The initial approach should be to consider whether the barriers experienced by students with disability can be addressed through modifications that will also enhance accessibility for all. For example, therapy and allied health professionals and service providers utilising universal design approaches that aim to respond to student diversity and ensure that school environments are accessible to all students, including students with disability.

---

### 3. Ensure inclusive individual supports

Where individual supports are required, therapy and allied health professionals and service providers should ensure services are delivered in a way that:

- (a) enhances a student's ability to access and participate in the inclusive, general education environment, including by delivering therapy supports that:
  - (i) are directed to empowering the student to develop skills that maximise their agency and autonomy, build their capacity in regular classroom context and support their educational development and social inclusion;
  - (ii) do not disrupt or diminish the student's access to and participation in education and learning with their peers; and
  - (iii) integrate smoothly into the school day, avoiding disruption to the student's inclusive education;
- (b) promotes equality and mitigates the risk of stigma, by ensuring the student is not marginalised or excluded from learning opportunities or social interactions with their non-disabled peers;
- (c) does not have the effect of isolating or segregating the student, by physically removing them from the common learning environment or separating them from their non-disabled peers; and
- (d) ensures clear communication and collaboration with the student's parents/ guardians and the school. This will provide consistency and ensure each party is working towards the common focus of supporting the student.

The use of therapy and allied health funding, including government provided funding to deliver "foundational supports," must not be used to establish or maintain segregated environments in schools. Such use is inconsistent with the principles of inclusive therapy and allied health service delivery and risks perpetuating segregated models of support.

Therapy and allied health professionals and service providers should regularly evaluate services delivered to students with disability in schools to ensure they continue to support inclusive education.

---

## PRACTICAL GUIDANCE AND EXAMPLES

### Avoiding withdrawal models of support

Inclusive education and student well-being are compromised when therapy and allied health services are delivered in ways that require students with disability to be removed from regular classes and are conducted in separate areas of the school. These practices also hinder the broader school community's ability to foster a culture of inclusion.

When students with disability are withdrawn from regular classes to undertake therapy and allied health services, whether through one-to-one sessions or small groups with other students with disability, they miss valuable curriculum learning and opportunities to engage with their peers. Withdrawal models also limit opportunities for students to practice skills in authentic contexts and can cause students with disability to feel isolated or singled out, potentially leading to them feeling ‘lesser’ than their peers.

Therapy and allied health support provided in isolation also limits opportunities for educators and school staff to develop the skills needed to identify and implement effective adjustments and supports for students with disability. It limits their capacity to plan for and use strategies that remove barriers to learning, enhance access, and foster participation and inclusion for all students. It also provides fewer opportunities for peers and for the broader school community to learn how to foster inclusion. This approach perpetuates entrenched ableist attitudes by reinforcing the perception of students with disability as “others”.

## **Delivering therapy support in school time in ways that support inclusion**

There are more effective and inclusive approaches to the delivery of therapy and allied health services for students with disability than the traditional model of withdrawal for one-to-one or small group sessions involving only other students with disability.

ACIE supports a model of therapy and allied health services that not only develops the skills and capacity of students with disability but also strengthens the ability of school staff and peers to foster inclusion across all aspects of the school day. This approach emphasises the importance of embedding skill development and inclusive practices into the natural routines of classrooms and the broader school environment, ensuring that learning and participation occur within meaningful, everyday interactions.

A Multi-tiered System of Supports (**MTSS**) underpins this approach by addressing the diverse requirements of all students through three data-driven tiers of support. At Tier 1, therapy and allied health professionals and service providers work with school staff to implement proactive, universally designed strategies that benefit all students. At Tier 2, they assist in identifying and applying targeted supports for students requiring additional assistance. At Tier 3, they focus on developing and implementing individualised supports and adjustments.

## **Planning and Consulting**

A central role of therapy and allied health professionals and service providers in school settings is to enhance the access and participation of students with disability in year level learning and all school activities, including lunch time activities, excursions, camps and extra-curricular programs alongside their same-aged peers without disability.

### ***What does this look like in practice?***

- Therapy and allied health professionals and service providers participating in year level planning sessions to collaborate with educators and school staff in applying universal design principles, proactively identifying and addressing potential barriers to learning for all students.
- Therapy and allied health professionals and service providers collaborating with educators and school staff to develop and implement tailored supports and adjustments that enhance a student's physical, social or curriculum inclusion.

- Therapy and allied health professionals and service providers, in collaboration with educators, consult students with disability and their family members to identify the supports and adjustments needed to ensure full access and participation in classroom learning and all school activities on the same basis as peers without disability.

## **Building Skills of Educators and Other Relevant School Staff**

Therapy and allied health professionals and service providers play a key role in building the skills of school staff in providing inclusive learning environments and instruction for students with disability. They work with school staff to equip them with the knowledge and skills needed to ensure students with disability can access learning and all school activities on the same basis as their non-disabled peers.

### ***What does this look like in practice?***

- Therapy and allied health professionals and service providers delivering professional development and training to school staff.
- Therapy and allied health professionals and service providers collaborating with educators and other school staff to inform planning and delivery of supports.
- Therapy and allied health professionals and service providers being available to provide educators and school with guidance and information on removing barriers that prevent students with disability from accessing and participating on the same basis as peers without disability.

## **Building skills of Peers**

An essential aspect of the work of therapy and allied health professionals in school settings is supporting non-disabled peers to learn alongside, communicate effectively with, and build friendships with classmates with disability. This support is most effective when integrated into natural environments such as regular classrooms, lunchtime activities, and extracurricular programs.

### ***What does this look like in practice?***

- Therapy and allied health professionals and service providers collaborating with educators and school staff to plan for and implement opportunities for the development of personal and social capabilities.
- Therapy and allied health professionals and service providers being available to coach, model and support students during naturalistic activities and environments. E.g. Supporting students to play soccer together at lunch times, supporting students to work collaboratively on a class project.

## Building Skills of Students with Disability

Students with disability may sometimes require support to further develop their physical strength, gross and fine motor skills, communication skills and other core skills within the context of the school environment to enhance their learning and participation. With guidance of therapy and allied health professionals and service providers, incorporating skill development into regular activities promotes a more inclusive school experience and provides increased opportunities to build and practice skills in meaningful, natural contexts.

### What does this look like in practice?

- Therapy and allied health professionals and service providers assisting the student, their family and educators and school staff to identify and prioritise key areas of skill development.
- Therapy and allied health professionals and service providers collaborating with the student, their family and educators and school staff to design strategies and skill development that can be implemented within regular classrooms and school activities.
- Therapy and allied health professionals and service providers supporting educators and school staff to embed strategies and skill development within regular classroom and school activities and helping to produce/source associated resources.
- Therapy and allied health professionals and service providers regularly evaluating services delivered to students with disability, monitoring progress and providing updates and feedback through the appropriate channels.

