

however, there is more to school guidance. Most primary schools across Australia also employ school guidance counsellors. These counsellors might also be known as developmental guidance officers, school psychologists or educational psychologists. While qualifications differ from state to state, these practitioners in primary schools perform many of the same functions. In the developmental or primary school sector, guidance counsellors serve a critical role in supporting the emotional, psychological, developmental and educational needs of an often diverse group of students. The role of a guidance counsellor primarily involves child and parent counselling, advice and advocacy for child development and disability, and psycho-educational assessment. In a school context, the core focus of a guidance counsellor's work is to investigate and provide relevant assessment and interventions to promote learning and development. However, what happens when issues arise that are out of scope of the school guidance counsellor's practice? It's simple. They refer on to general practitioners, allied health practitioners, and medical specialists.

Current referral practices

Referral to support services and practitioners external to the school is a frequent practice that is often necessary to get the right treatment and intervention for students. More often than not, guidance officers in developmental settings refer to psychologists, occupational

therapists, speech pathologists, physiotherapists, optometrists, audiologists, paediatricians (via GP referral) and community support programs. These practitioners provide schools and teachers with a greater understanding of the child, which can inform the way in which teaching is targeted to maximise learning. For example, occupational therapists might support children to participate in their learning environment by assessing their ability to function in the classroom by assessing executive function, sensory needs or posture. Speech pathologists support language and literacy development and recommend intervention or strategies that might build a child's ability to communicate and engage with the classroom curriculum program. Optometrists can assess vision and prescribe corrective lenses or vision exercises to support learning engagement. Allied health practitioners such as these are big players in the referral process when guidance counsellors make suggestions for further investigation or support, and they do an amazing job that will always remain vitally important. However, as the community embraces complementary health more and more, there appears to be anecdotal increase in the frequency at which parents are turning to other types of practitioners such as homeopaths, naturopaths and holistic counselling practitioners to help in their children's learning and development. What does this mean for the future of developmental guidance counsellors, schools, and

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the way they refer? To help answer this, an understanding of the current community and emerging academic landscape is necessary.

The emerging partnership between complementary medicine and education

Recent tightening and attempts to increase self-regulation of the complementary medicine industry has led to a greater acceptance of natural approaches to wellbeing throughout the community. Government accreditation of natural medicine programs within the higher education sector have paved the way for a new generation of complementary medicine practitioners with in-depth medical knowledge and clinical experience in providing evidence-based therapies to the public. The field of natural medicine has made significant moves away from the alternative, towards the complementary, and indeed has been accepted by many allopathic trained medical doctors (Kemper, 2008). Complementary medicine has become an academic field in which significantly more research is being conducted. In line with these changes and subsequent public acceptance, there has been an increase in the public's use of complementary therapies, particularly in relation to children's health and wellbeing, and to support learning and development (Friedman, Slayton, Allen, & Mehta, 2014; Revuelta-Iniesta et al., 2014; Salomone, Charman, McConachie, & Warreyn, 2015; Wray et al., 2014; Gottschling et al., 2014).

Complementary medicine has been used to support children with behavioural and learning difficulties

and developmental disabilities for some time, although research is catching up to provide evidence as to its efficacy (Arnold, Hurt, & Lofthouse, 2013; Akins, Krakowiak, Angkustsiri, Hertz- Picciotto, & Hansen, 2014; Brown & Patel, 2005; Sarris, Kean, Schweitzer, & Lake, 2011). A number of treatments and approaches to behavioural and learning development have emerged through the complementary medicine fields of herbal medicine, homeopathy, nutritional medicine and holistic counselling.

Parent preferences in the referral process: considerations for the future

Parents are often concerned about the development of their children and as such they seek to assist, where they can, to maximise their child's participation in school and learning experiences. Increasingly, parents are seeking the advice of naturopathic practitioners (practitioners of herbal and nutritional medicine) and homeopaths to support their children with behavioural and learning difficulties (Bull, 2009; Harrington, Rosen, Garnecho, & Patrick, 2006). Parents are often excited to explore a number of treatment options that have been found to benefit children's and young adults' learning behaviour, particularly in the areas of attention, memory and hyperactivity (Arnold, Hurt, & Lofthouse, 2013; Stonehouse et al., 2013; Pipingas, Camfield, et al., 2014; Chan, 2002; Sinn & Bryan, 2007).

Due to the perceived significant increase in the number of children being treated by complementary

interventions such as in homeopathy, naturopathy and holistic counselling practitioners, schools and developmental guidance officers will no doubt benefit by expanding their knowledge and skills in being able to advocate for parents, their children, and be able to confidently and competently refer on to appropriately qualified natural health practitioners within the Australian context. As an important current practice, school specialists like guidance officers often refer children to traditional allied health services; however, referral to complementary health practitioners is an area to be considered and formally explored both in policy and practice.

As the body of research increases and as complementary health practitioners advance in academia, schools will be better positioned to develop policies around referral to and liaison with such practitioners. This will ensure the development of strong relationships between the complementary medicine sector and school education, thus working towards the ultimate school and parental goal of maximising student learning outcomes. ■

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