

STANDING COMMITTEE ON SOCIAL ISSUES

Inquiry into transition support for students with additional or complex needs and their families

SUPPLEMENTARY QUESTIONS

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1. In your view, what are the key elements of successful transitions between stages of education for students with additional or complex needs?
 - Long term planning
 - Communication between teachers requiring a little time support
 - Communication between specialists/ therapists and school staff
 - Practical and funded therapy programs addressing specific needs – efficient if on site delivery
 - Access to teacher aide time for playground and some class time
 - Communication with parents and carers
2. What are the main barriers to seamless transitions between different stages of education?
 - Different age cut off points for services – funding needed specifically for interagency liaison as well as a mandatory need to liaise with other services
 - Extra therapy and educational services needed at each stage to “boost” the child to the next level
3. The NSW Government submission mentions (p. 9) that the National Partnership Agreement on Early Childhood Education aims to provide universal access to early childhood education for at least 15 hours a week by 2013. What does universal access mean? What are the barriers to universal access?
 - Universal access should mean that each child, regardless of their disability, location and capacity of parents to pay and transport their child should have access to pre-school education
 - Parents of these children suffer from greater stressors both socially and financially. It is easier to stay at home and care for a disabled child then to fill out numerous forms to receive services, struggle to another setting as well as care for other siblings, struggle to various agencies and therapies and live a normal life. Attending a pre-school should be local and cheap with understanding and skilled professionals at the preschool.
4. In your submission you refer to artificial limits imposed on casework by agencies (p. 3). Can you provide examples of what you mean by this, and how it impacts on students and their families?
 - There are different definitions of early intervention services within the community and health settings. These can also differ across the state e.g. dependent on the service or health region near where a child lives. Organisations and services stretch their funding and often use age or school entry as a way of cutting down waiting lists, shifting parents to private providers, or allocating a scarce resource. Speech therapy, mental health and dental services in particular have inconsistent ages for diagnosis, referral and therapy.
5. How does the availability and accessibility of therapy services impact on effective transitions for students with disabilities or other additional needs?

- As stated above: Parents of these children suffer from greater stressors both socially and financially. Parents often have to keep proving the level and disability of their child for different agencies e.g. Centrelink, health, non government agencies, health department, schools. They have to fill out numerous forms to receive services, struggle to another setting as well as care for other siblings, struggle to various agencies and therapies and try to provide some normality as well as run a home.
 - Therapy services are often extremely limited, difficult to obtain, consultancy based and limited in time/ advice given to students/ schools and parents. Where therapy services are direct service based extremely positive outcomes can be achieved eg health services currently provided to students in classes with Physical Disabilities. Services are stretched and most often because of this limited service to individuals results in poor outcomes for many.
6. The Department of Ageing, Disability and Home Care emphasises moving toward a person-centred approach to providing services for people with disabilities. How does this work in primary schools?
 - This would depend on the person giving the support and the amount of service available – if this means “dumping” responsibility onto the school as the new agency without specialist support for the teacher and the parent then this is irresponsible. A case based approach can be most effective but this has to be backed up by adequate resourcing. If this mean an individual advocate and support person for the child that will assist the parent and coordinate agencies, this could be very effective.
 7. What particular issues do children and families from culturally and linguistically diverse backgrounds face?
 - Parents from some cultures will either not recognise or not wish to understand and address some disabilities – a child and the school could go unsupported for many years
 - Some of these parents can be frightened of agencies and authority figures e.g. refugee parents
 - There are limited linguistic and specialist services available and not every school would know these services exist e.g. Transcultural Mental Health service based at Cumberland Hospital
 8. What particular issues do Aboriginal children and families face?
 - Some of these parents can be suspicious of schools / health services and authority figures and require a community atmosphere and often family members or elders as additional support people in order to access appointments, therapy and programs
 - For some aboriginal communities, English is a second language. ESL (English Second Language) support is required in addition to other services, traditional speech and intellectual assessments can be inaccurate as they based on Standard English. Similarly speech and language therapy may be ineffective as it does not relate to the language and cultural background of the child
 9. The NSW Government submission notes (p. 5) that there is no national or state wide integrated action plan for children with additional or complex support needs. If such an action plan were to be developed, what key areas would it address?
 - Mandatory sharing of information between services, without parent consent if it is for the benefit of the child

- Birth to 18 years age planning and entitlements - clearly set out with automatic delivery of funding to parents with a requirement to notify of changes or a confirmation statement by parents every 3-5 years
- Additional transition funding for services to allow for liaison and planning
- Advocate and advisory service for parents that coordinates and case manages, not just a consultancy service that tells parents what to do but providing practical help
- Therapy services located in schools and direct service delivery available