

10 October 2011

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

SUPPLEMENTARY QUESTIONS:

1. The NSW Government submission states that 'transition could be strengthened if processes were established to enable the sharing of relevant information for all children and young people across educational settings' (p.7). How do processes for sharing information across educational settings currently work? What are the barriers to improving these processes?

Northcott's experience is that current processes for sharing information across educational settings do not necessarily work to support good transitions for students with a disability. Different educational providers, in different educational settings, have varied requirements in terms of the paperwork and processes associated with transitioning students. The different information requirements at the point of transfer from one *type* of education provider to another (for example, from a public school to a catholic school), are a barrier to sharing information and supporting well-informed and well-planned transitions. A consistent information requirement across all settings and providers would help improve information sharing and support better transition planning.

The difficulties with information sharing across settings is particularly relevant for students with a disability transitioning out of high school, where there is limited information that is shared across settings because the nature of the setting is vastly different. That is, post-school programs (ADHC funded) operate as a completely different system to the school system (governed by Federal/State departments of education); this is a barrier to sharing information as they are seen and operate as two distinctly separate systems. At this transition stage students are also shifting from a child/youth service system to an adult service system, which also serves as a barrier to good information sharing.

Northcott's experience is that Itinerant Support Teachers (Transition/Integration) are often the key to sharing information across educational settings, particularly in relation to high-school leavers. They hold information about the student and often have established relationships with the family; they also have the information about the different systems, resources, processes and paperwork associated with different educational settings. However, the number and availability of these roles is limited. Further expansion of Itinerant Support Teachers and availability of these positions across all educational settings would work to improve information sharing.

As an external service provider to the education system, Northcott's experience, particularly with therapy staff supporting a child's transition, is that sharing of information to/from therapy and other such support staff is sometimes limited. For example, therapists may not receive sufficient notice about an upcoming transition meeting they should be attending; they may experience difficulties in getting in contact with school staff to share relevant information about a child – often having to leave

T: 02 9890 0100 **F:** 02 9683 2827 **E:** nc@northcott.com.au **W:** www.northcott.com.au messages with the office, resulting in subsequent delays in returning calls; as a result it can take weeks to organise a suitable time for appointments with teaching staff, which can compromise the timeliness of transition planning and supports.

Some of the families Northcott supports have also reported some difficulties in transferring from one school to the next (whether a transition from primary to high school, or a transfer from a local school to a specialist behavioural school). Transfer forms can be lost, or there can be a period of to-ing and froing where the new school won't accept forms if the old school hasn't completed them properly; this leaves the child and family 'in limbo' until the paperwork can be sorted out. Until this is finalised, Northcott's experience is that there is a lack of ownership of the case – at times the old school is reluctant to maintain responsibility for the student as they've left the school, and the new school isn't yet seen as responsible for the student either as they haven't completed intake. These types of situations could easily be improved by ensuring that local school staff are aware of what information is required from them on the forms, and a policy which clearly outlines which school has carriage and primary responsibility for the transfer, and who maintains responsibility for the student while the transfer occurs.

2. In your submission you say that schools' efforts to consult with families are often 'haphazard' (p.6). How could they be improved?

Northcott understands that there is a clear policy around consultation with families, but our experience is that adherence to this policy is haphazard. At times, these processes have to be driven by the family and/or the service provider (such as Northcott), to ensure sufficient meetings about transition planning take place. In addition, even when school are consulting with families, there can be additional difficulties in this process, particularly for families from culturally and linguistically diverse backgrounds in understanding information and participating in school meetings. Northcott's experience is that linerant Support Teachers and family support services (such as Northcott) provide families with support they need to access and understand information from schools about transition processes.

Improvements to schools' efforts to consult with families could be improved in the following way:

- Accountability measures for schools to adhere to the consultation requirements outlined in existing education policy documents.
- Planned, regular meetings between parents and school staff in the lead up to the transition point. These meetings could happen on a bimonthly or quarterly basis over the 12 to 18 month transition planning period, with increasing frequency as the transition point approaches. If these meetings were planned for at the beginning of the transition process, the agenda could involve any updates on modifications or support in the classroom for the child from the school's perspective, and the parents could update the school on any changes in the child's functional ability, equipment needs etc.
- Collaboration framework to support ongoing regular parent/teacher communication which
 includes two-way communication between staff and parents; feedback from the school about
 how the child is settling in; respect for parental expertise and knowledge of how to best support
 the child; regular meetings with school staff, therapists and family at least once per term for the
 first two years after a transition.
- Information needs to be provided *early* for families, and in ways that they can understand, including plain English and translated into community languages.
- Greater consistency in transition procedures and processes, transition resourcing and funding.
- Additional Itinerant Support Teachers and family support services available to support families in understanding the school's transition process and in participating in transition meetings with school staff.

3. In your submission you make the point that the availability of therapy services is limited in many areas (p.6). What is the role of these services in facilitating transitions for students with disabilities? How do limitations in access to these services impact on students and their families?

Therapy services are crucial in planning and supporting transitions for students with disabilities. Therapy services provide the family and school with information and support about equipment needs, manual handling, building modifications, functional abilities of the child, communication, adaptations and access to curriculum. Specifically, therapy services can provide a multidisciplinary assessment for a child prior to starting school, which will advise on the child's specific support needs regarding classroom set-up (equipment and communication), curriculum modification and functional activities (such as toileting, eating and drinking). Throughout the transition process, therapy staff also act as a valuable consultation point for teachers, providing advice and support for the student's transition into the new educational environment. Therapy services are also important in terms of supporting a child to prepare for school; for example, Northcott's therapy services offer group programs for intensive preparation for school, which focus on supporting the child to developing core 'school readiness' skills (such as fine motor skills etc.).

As Northcott highlighted in our original submission, there are insufficient therapy services to meet the need of children with a disability throughout NSW; this limited access means that there can be a long wait for therapy services, even when a child is referred early. The implication of this is that although some children may be referred to a therapy service before they start school, due to the length of time they spend on the waitlist, they might not receive a service before they actually start school; if they do receive a service, it might not commence enough time in advance before the child starts school to make a well planned and facilitated transition. This can also mean that therapists may have limited time to provide the intensive transition support that might be required for some students. In addition, for those children who need technology and equipment to support their access to the school environment and/or curriculum, sufficient time is required to conduct an assessment, complete applications for funding and purchase these items. Limited access to therapy services means that children may have already started school before funding applications can completed and approved, meaning these important supports are not in place for the child upon commencing in the school setting.

The limited availability and set eligibility criteria for therapy services also means some children (pending diagnosis and location) are not eligible for government funded therapy services. This is particularly relevant for children who do not have a formal diagnosed disability, have borderline / mild developmental delays or learning difficulties. In these situations, families must pay for therapy services themselves, however not all families can afford the out-of-pocket expenses of private therapy services. For these children who might already have learning or development difficulties, missing out on access to these services means that once a child starts school, they do not progress at the same level as other students, and get further behind in school and learning development.

If a child and family cannot access therapy services to plan for and support transition into/between education, the child may not be able to physically access the school and may be limited in participating in classroom activities and the curriculum. In addition, they may have difficulty communicating their needs and interacting with others, which can in turn often lead to behavioural issues. The school staff may also not be fully prepared and capable of providing assistance with functional activities such as toileting, eating and drinking, without support and advice from therapy services.

4. What could be done to improve the transition to post-school programs for students with significant disabilities?

Northcott believes that there are many things that could be done to improve the transition to postschool programs for students with significant disabilities, including:

Flexibility in eligibility criteria and access to programs, including:

- Extend eligibility to apply to access post-school programs until age 25
- Earlier availability of access to funding to enable program to start as soon as the student finishes school (not waiting until next calendar year as for current post-school options programs).
- Earlier access to post-school funding (currently students have to be 17 years to apply for ADHC post-school options funding, and some students have disengaged from school by this time).
- Ability to access post-school services (and funding) on part-time basis while still attending school. Just as there is the ability to start TAFE study and trade learning in Years 11 and 12, so could a transition to post school programs begin in these years.
- As access into post-school programs is driven by Itinerant Support Teachers (Transition), and as they provide an invaluable support to families around post-school options, there needs to be more of these roles available to adequately support all students through this transition.
- While the information about post-school options may be well outlined, it is hard to navigate. The system is very complex, the range of options post-school are varied, and the process to access these is complex and can be confusing, especially for families from culturally and linguistically diverse backgrounds. Families need more access to support to help them navigate post-school options and the change in systems at this time; therefore, Northcott supports increased availability of family support services accessible to families during this transition period. Increased numbers of Itinerant Support Teachers would also help families during this time.
- Earlier transitioning planning for high-school leavers, starting in years 9 and 10; for example, QLD and USA have systems that support transition planning starting at age 14 years, which allows sufficient time to for school and families to plan effective transition processes, undertake work experience, engage in relevant skills training etc.
- Earlier access to information and education on school leaver options and the ability to trial these programs. In particular, information sessions for families, and education for students in Year 10, on the different post school programs would be worthwhile, and then the ability for students to begin sampling these programs in their senior high school years, even for just a few hours a fortnight. This needs to be supported by additional funding to post-school option providers to support these students while they trial different program options.
- The Department of Education could create a list of service providers and what programs they offer (that is, Community Participation, Transition to Work, Disability Employment Services), similar to the way in which they list schools and their contact details on their website. This would remove any concerns about bias in regards to transition teachers and service providers, and also give students and parents a great starting point for looking at post school options.

5. What particular issues do students with mental health issues face?

Northcott's experience is that students with mental health issues can fall through gaps in the system, as they are often not eligible to receive disability support services and have difficulties getting appropriate and timely support from limited youth mental health services. For some students with mental health issues, the rigidity and inflexibility of some school policies and environments do not provide the most opportune and appropriate learning environment. In these situations, the school environment can overwhelm a student with mental health issues, resulting in them 'acting out' and their behaviour being categorised as a 'behaviour management' issue. Rather than focussing on accessing support for mental health issues, the response is often targeted at behaviour management strategies and responses, including in some situations these students being placed in an 'Emotionally Disturbed' class; a title which can be labelling and stigmatising for the student.

Northcott's experience, particularly with high school students, is that many students with mental health issues disengage from school because their condition is exacerbated in school environment. The student's disengagement from school results in further social isolation, and often the additional family stress as a result of the student staying at home can lead to a further deterioration in the student's mental health condition and situations of family breakdown. Moreover, for those young people with

mental health issues who disengage from school prior to age 17 years, they currently do not meet eligibility to access post-school options funding through ADHC.

Northcott's experience with the young people with mental health issues we support, is that upon leaving school, some of these students are often not TAFE or job ready and can have difficulty accesses mainstream community facilities because they need support to do so (for example, they need their parents to provide transport as anxiety interferes with their ability to use public transport). For these students, provided they have remained in school until age 17 years, the only option is post-school day program funding through ADHC (the support needs of which means they usually only qualify for Transition to Work (TTW) Funding). TTW is only offered as a group program as there is no individual TTW funding model. However, for some students a group based program is not the most appropriate given their mental health condition and/or support needs, and access to more individualised models of service is required.

Based on these particular issues, Northcott support that students with mental health issues need flexible options for accessing post-school funding, they need access to individualised models of service/ support, and earlier access to support (prior to leaving school).

6. In your submission you recommend the use of Transition Teams for students with disabilities who are making transitions (p.12). Can you explain how this would work?

Northcott believes that educational transitions could be better supported with the use of specific Transition Teams – these teams should consist of therapists (Speech, Occupational Therapy and Physiotherapy) and Social Workers, working with children with a disability that may be making a transition into/between education stages. Working on a regional level, the teams would target children in the local area who are making transitions in the next 12-24 months; pending the support needs of the student, these teams would commence transition planning no later than 6 months before the transition point, ideally at 12 months prior, and at least 18 months for those students who will require building modifications to access the education provider. The transition teams would also provide a continuation of transition support services (and advice/support for teaching staff) for 6-12 months post-transition.

The focus of these teams would be to provide a timely transition support service resulting in higher preparedness for the child, family and school, for the transition into/between education. The teams would work closely with the Itinerant Support (Transition/Integration) teachers, and other school staff. The transition teams would coordinate regular transition meetings with all people involved with the student, to openly discuss transition planning, school readiness and progress with transition supports (e.g. equipment/modifications/resources etc.). These meetings would increase in frequency leading up to the transition point. In addition to transition supports to students, these transition teams could also provide support to schools in terms of training and professional development – for example, training for school staff on identifying and supporting children with disabilities, and on working with therapy staff.

Northcott supports that these transition teams would be most effective if they were located within schools (i.e. at the site of transitions), where they would be better placed to assist the children and families in terms of transition planning, as well as the monitoring of the child's progress with the transition into the start the school year and their initial 6-12months in the new educational setting. Providing services at the sites of transitions (in school settings) would not only enable a more effective and streamlined transition for students, this model would also aid in the development of relationships between therapy and school staff. Better collaborative relationships between therapy and school staff will enable better transition planning and coordination, and thereby a better educational transition for students.

7. 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?

Northcott supports the recommendation for a state-wide, or even national, integrated plan for children with additional or complex support needs. Particularly in relation to transitions and support in education, Northcott sees the following key areas should be included in such a plan:

- Funding
 - Equitable access to funding (regardless of geography, setting, education provider, type of disability etc.)
 - o Consistent definition of disability / criteria for accessing support
 - Consistency in funding processes and paperwork
- Resources / supports
 - o Universal access to educational environments and curriculum
 - o Therapy supports located within education settings
 - Expansion of Itinerant Support Teachers
 - Family support services to help families navigate and transition through the system
- Information
 - o Consistency in information and information requirements
 - o Accessibility and availability of information
- Partnerships
 - o Best-practice framework for collaboration between teaching staff and therapists
 - Standards regarding involvement of all stakeholders (families and service providers) in transition process
 - Framework for family-school partnerships
- Training
 - At all educations settings and for all types of education providers in terms of:
 - identifying a student with disability, and
 - how to support their needs in the classroom setting (including processes for accessing additional resources and services).