Supplementary questions for witnesses

1. **In your submission you recommend that a lifespan approach be adopted for children and young people within the education system, with a particular emphasis on education transition points.
How do you think this could best be achieved? Who should be responsible for such an approach?**

The lifespan approach is a concept discussed on pgs 22-23 of Ageing, Disability and Home Care's (ADHC) plan *Stronger Together, A new direction for disability services in NSW 2006-2016*. The Commission indicated in its submission that it considers this to be an ideal approach to the needs of children with a disability in the education system. This approach recognises that children with a disability are likely to have specific requirements for support and preventive interventions corresponding to their developmental stage and major transition milestones.

ADHC indicates that the pre-school years require a focus on "early detection and outreach to families to enable a successful transition to school", and that as young people leave school a key objective is to "ensure their life and vocational skills are optimally developed for as independent life as possible" (ADHC: 2010: 22). As highlighted in its submission, the Commission has a current focus on the middle years of childhood, which have been recognised as a period that has received insufficient attention from government. It is also important to recognise that as adults people with a disability may have different needs at various stages of life, for example as they age and any carer such as a parent also ages, including for appropriate aged care options and facilities.

It is considered that ADHC has the key role in leading and promoting this approach, but that it is one that should be understood and adopted by all government and non-government agencies that provide services and assistance to people with a disability. It is particularly important for staff in schools to understand and apply this approach. In order to do so they require a good understanding of the way that disability impacts on children, particularly in regard to significant developmental stages. Having a disability could for example represent a barrier to language acquisition in early childhood, or a smooth transition through puberty. Staff in the school system also require good access to child health and development professionals, both internal and external to the education sector, who can provide services to children or refer them appropriately.

As major developmental stages corresponds with key educational transitions, such as the transition to primary school, from primary to secondary school and from secondary school to further options, it would be logical and consistent to apply a lifespan approach through a focus on each of the key educational transitions. The Commission has argued that this should involve reviewing a child's education and service plan at each educational transition point. The development and review of these plans should involve a range of appropriate professionals, including those with expertise in child development, and wherever possible engage people who have ongoing relationships with the child or young person.

For further advice on applying a lifespan approach, the Commission suggests that the Committee consult directly with ADHC in this regard.

2. **In your submission you mention the difficulties that parents face in enrolling children at schools, including accessing information to help decide whether to send their child to a mainstream or special school. How do you think this information could be made more accessible?**

This issue of access to information by parents and children at educational transition points was identified in recent research by Dockett et al (2011), published in their report on children's transition to school from families with complex support needs. It was also raised by Witness M, a young person with a disability the Commission consulted with to obtain information about her experience of educational transitions, prior to attending the Committee hearing. This young person attended the hearing with the Commissioner, and is identified as Witness M to protect her privacy.

The Commission considers that information should be provided to parents and children in a consistent fashion and in a range of ways by both government and non-government schools, early childhood education and care (ECEC) services and other government agencies, such as FACS (which includes ADHC). Information about transition to early childhood education and care services and to primary school targeting parents should be made available on the internet by the Department of Education and Communities (DEC) (who now has responsibility for this sector) and in hard copy at ECEC services, schools, health centres and other community facilities and family centres, particularly those that cater to children with a disability.

Information about the other educational transitions should be targeted to both parents and children, with an increasing expectation that many young people will be undertaking some planning on their own behalf at the point of transition from school. Information should be provided well prior to the various educational transition points and in plain English. Where possible information should be translated into key community languages.

Information should cover matters beyond enrolment and choice of school, and include details about the services and supports that are available to children with a disability and how to obtain them, and identify accessible contact people within the school for telephone contact. These contact people should be available to meet with parents if desired, as some parents in the research conducted by Dockett et al expressed a preference for speaking to an authoritative/ knowledgeable person directly about the needs of their child and having questions answered. This should include parents having the option of approaching staff at special schools directly for information.

In addition it is suggested that parents and young people be able to access an appropriate helpline. This could occur through existing services such as Parentline NSW and the Kids Helpline, or through the creation of a helpline specifically designed to respond to questions about access to services and support for children and young people with a disability within the education system, particularly in regard to educational transitions. If existing helplines were to be used, this would involve ensuring that they had the capacity to deal with these queries, and that they were promoted to parents and children. In addition, a website could be developed in NSW such as the ACT's Parentlink. This site provides easily accessible and up-to-date information about parenting issues and family support systems in the community. This is similar to the concept of a central access point for information discussed in response to question 4.

Education providers should consider parents as experts about their child's disability, and thus are an important information resource for the education provider. Furthermore parental support for the child at school, and a good relationship between the school and the parent, are important for the child's success in an educational environment. The education provider should be seeking to establish and strengthen these relationships by positive contact with the parents and child at key transition points, particularly enrolment at primary school.

Information should be provided as proactively as possible by schools and other agencies. It is strongly suggested that communication occur between professionals that would facilitate the transfer of information about the needs of children between educational services, and that services contact parents prior to the child's educational transition to inform them of the services available for their child and how they can access them. This should occur in regard to transition from ECEC services to primary school, from primary to secondary school and from secondary school to TAFE and university. It should also occur when children change schools, including if they transfer from the government to the non-government education sector. In addition, staff who have contact with a child with a disability, for example staff at ECEC services, should communicate directly with parents prior to their transition to primary school about services that may be available to them at school, and assist by acting as a point of liaison with the school, wherever possible.

In her communications with the Commission, Witness M made it clear that she and other students with a disability had transitioned to university without receiving any information about the services and assistance available to them as a student with a disability at university. This was the case even though she was recognised as having a disability in her final years at school. It is suggested that DEC undertake to formally write to students transitioning to further education, and that ADHC write to young people and their parents who are likely to require support upon leaving school, to inform them of the services available to them and how to access these. In addition it is suggested that tertiary education providers such as TAFEs and universities be invited to schools to discuss what services are available directly with young people with a disability. Alternatively, young people with a disability could visit the tertiary provider with an advocate from the school to receive an orientation to services.

In addition as part of the individual plan that the Commission believes should be developed for each child in the education system with a disability that affects their functioning, and/or detracts from their educational and social outcomes, information should be provided to parents and children about services available to them. Planning, including planning undertaken as part of a child with a disability's transition to primary school, should not just be about considering whether an alternative curriculum is required, but about what services need to be in place for the child.

It is noted that DEC primary schools are meant to be undertaking transition planning for entry to primary school for children with a disability, as set out in the DEC Guideline, *Transition to school for children with special needs*. However there is limited information as to how this is being monitored and it is strongly recommended that systems be put in place to monitor performance against this and other relevant departmental policies and guidelines that focus on enrolment, planning and transitions.

3. How fare in advance should transition planning start, and how long after a child has transitioned should transition support continue?

It is likely to take at least two years to prepare for critical transitions. The time needed will most likely vary on the basis of how extensive and complex the support needs of the child are, with transition planning for children requiring higher levels of support likely to take longer. However each child with a disability should have a current education plan that is regularly reviewed and updated and transition issues should be addressed as part of this.

In regard to transition from school, both DEC and ADHC run transition to work programs. ADHC's program targets young people with a disability (moderate to high needs) to assist them to gain employment after finishing school, however in order to access it young people must have completed Year 12 and have to undergo an eligibility assessment. While the Commission does not have detailed knowledge of the operation of these programs, the importance of good coordination between DEC and ADHC in assisting young people with high needs in transitioning from school is self-evident. Waiting until a young person has completed year 12 to access ADHC's program is not ideal as there will inevitably be a gap where a young person is not involved in any activity. For children with high support needs, it is suggested that transition planning should commence in the year prior to the child's final year at school, and involve both ADHC and DEC. If a child is best suited to a vocational educational and training pathway, engagement in appropriate courses would need to occur at an early stage.

For example, the United States' *Disabilities Education Act Amendment 1997,* which mandates provision of transition services to children with a disability, requires planning for the transition from school to begin at age 14 (or younger if determined appropriate). Planning is to involve the preparation of a statement of needed transition services, including a statement of interagency responsibilities or any needed linkages.

S 10 of *the Education (Additional Support for Learning) (Scotland) Act 2004*, mandates the review of Coordinated Support Plans for children with a disability 12 months after development, and subsequently every 12 months from the date of the review until the plan is complete or no longer required. If the transition plan commenced prior to or at the time of the commencement of each school year, as would be logical, transition planning for the year ahead would start in advance of or early in each school year, and involve planning for the needs of the child in the year ahead. The way in which transition planning is mandated in this Act is considered a model that could be adopted in NSW.

In addition s13 of the Scottish Act referred to above requires that appropriate information about the child's support needs be provided to relevant agencies, 6 months before the date on which the child, for whose education the authority is responsible, is expected to cease receiving school education. This information is only to be provided, in the case of a child, with the consent of the child's parents and in the case of a young person, with the young person's consent or that of their parents if the young person lacks the capacity to consent. This indicates that transition planning in Scotland is meant to take place at least 6 months prior to a child completing school. This provision is also relevant to supplementary question 4 dealing with information sharing between agencies.

The Commission noted in its submission that NSW has no comparable legislation in regard to transition planning.

4. **It is clear that access to information and information sharing are major issues faced by families in regard to transitions. Do you have any thoughts as to how these issues could be addressed? What are your thoughts on a central access point to information?**

The first part of this question is dealt with in the responses to question 2 and question 3 above. In addition to what has been said above, it is important to recognise that information sharing between agencies about children and the nature of any disability must take into account the need for the consent of parents and children and the protection of privacy. The provisions in the s13 of the Scottish Act, referred to above, demonstrate how this can be achieved.

In regard to the second part of this question, the suggestion that a central access point for information be created is considered to have merit. This access point could provide easy access to all of the information that parents and children with a disability might require about the ECEC and education systems, including enrolment options, support available and eligibility, and what they can expect during educational transitions. Currently there is no central access point for this information, which is spread across the websites of government agencies such as DEC and FACS, and is not easy to access. Such a portal should provide access to information on the full range of educational transitions being considered by the Committee.

However in order for information to be as accessible as possible, a central access point will not be sufficient on its own, and access in a range of ways and formats will continue to be required. It is important to recognise that not all parents and children will have access to or be skilled in obtaining information via the internet. They may also face a range of barriers to accessing and understanding information in written form, including limitations arising from an intellectual disability or brain injury, low levels of literacy or English language ability. The capacity to obtain information verbally from service providers, who can also act as support people and advocates, will remain an ongoing requirement.