

Submission
No 88

**INQUIRY INTO THE PROVISION OF EDUCATION TO
STUDENTS WITH A DISABILITY OR SPECIAL NEEDS**

Name: Name Suppressed
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Partially Confidential

11th of February 2010

To the Chair,
General Purpose Standing Committee No. 2,
Parliament house,
Macquarie Street,
Sydney NSW 2000

Dear Ms Parker MLC,

Summary:

Children with cognitive deficits that do not fit within the criteria of “disability” currently do not receive the level of support required to fully achieve their academic potential. Intellectual disability is a barrier to access to health based services and other specialised services such as mental health. Innovative approaches to overcoming these barriers are being trialled in NSW and complement already existing although inadequately resourced school based therapeutic teams. Mental health services have recognised the importance of working together with schools to improve the outcomes for children with emerging and established mental health issues. Further enhancement of the “School Links” program would greatly benefit children and the educational facilities they attend.

Acute and chronic childhood illness:

I have a personal interest in the provision of support to children undergoing treatment for cancer and who are subsequently living with permanent cognitive deficits secondary to cranial irradiation and intrathecal administration of chemotherapy. During the active treatment phase these children are frequently absent from school for long periods. Despite the provision of school services in the three tertiary children’s hospitals the end result of this is large gaps in knowledge and lack of continuity in the curriculum provided. Maintaining connectedness and reintegration with the school community and peer group is a vital step to improve the long term educational outcomes for this group. Data from the United States from longitudinal studies clearly demonstrate lower levels of school retention and progression to tertiary study as well as higher levels of life long unemployment rates in survivors of childhood cancer. Smaller studies from Australia and New Zealand support these findings.

Cognitive deficits:

The cognitive deficits resulting from treatment for cancer currently do not fit the criteria of disability. There is no provision for enhanced classroom support for those affected. The majority of childhood cancers are diagnosed in children attending primary school and early identification and intervention have profound effects on self-esteem and the willingness to engage with education. Special provisions during high school exams can be applied for and are frequently approved even if no support has been offered in the preceding years. Organisations such as “Learning Links” have developed resources to support teachers however many of the strategies that have

proven successful require intensive one to one contact which the current provisions do not allow for.

Intellectual Disability:

In my work in Transition Care for young people with chronic illness and disability I liaise closely with teachers and school counsellors working with children and young people both in mainstream schools and in Special Schools. In my role I am part of a coordinated multidisciplinary and multi agency approach to improve the health and wellbeing and educational outcomes for children and young people with intellectual disability. The provision of school based clinics attended by physicians, allied health professionals, nursing staff, representatives from Aging and Disability in Home Care and non government agencies working in the disability sector has proven an effective way to provide timely interventions and to prevent deterioration. Children with intellectual disability frequently have physical and mental/behavioural issues which impact on learning. Challenging behaviours may make it difficult to access clinic based services. Providing services to these children within the familiar school environment reduces anxiety in both the child and parent/carer enabling clinicians to more accurately diagnose and effectively treat physical and psychological issues. Services such as these are currently available only in a few select schools. This model of care and support could however easily be duplicated across Special Schools in NSW if adequate funding was provided.

Mental Health:

I also work closely with school counsellors in mainstream schools who are supporting children with mental health issues and chronic illness. There is great need for enhanced training and support for both counsellors and teachers. Strengthening the Mental Health School Link initiative would be one way to achieve this. It is estimated that between 30-40 % of all individuals with an intellectual disability will have a mental health condition as co morbidity. A significant level of support is needed for the staff at special schools to be able to complement the treatment provided by mental health professionals and to adequately support the students and their families.

I would like to thank you for the opportunity to provide comment on the provision of education to students with a disability or special needs and I would be happy to provide further information or to discuss the issues I have mentioned in further depth if this should be of assistance.

Respectfully,