

**INQUIRY INTO TRANSITION SUPPORT FOR STUDENTS
WITH ADDITIONAL OR COMPLEX NEEDS AND THEIR
FAMILIES**

Name: Name suppressed

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Partially Confidential

12 August 2011

Attention: The Director
Social Issues Committee
Legislative Council
Parliament House
Macquarie Street
SYDNEY NSW 2000

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

Dear Committee Members,

By way of introduction I am the parent of a child with Autism Spectrum Disorder (ASD), . We live in a regional area of NSW. Throughout his Infants and Primary schooling, was enrolled in special education settings as well as substantial integration into the mainstream system. Currently he undertakes his Secondary education via Dubbo School of Distance Education (DSODE) with me supervising and supporting the facilitation of this. I have worked as a Support Officer and Teachers' Aide over the last ten years in the private and public education sectors with children who have a range of special needs. My interests in the field of disability have led to my current studies in a Bachelor of Disability and Community Rehabilitation through Flinders University, South Australia. I have significant personal and professional investment/interest in the matters pertaining to this inquiry, and feel I am fortunate to have a multi-faceted perspective gained through my experiences as a parent, staff member, university student and future service provider.

I wish to express my gratitude and appreciation for the committee's attention and concern regarding issues relating to the education of children with special or complex needs and their families. I believe that the inquiry and its subsequent outcomes may have far-reaching implications, not just for children with disabilities and their families, but for Australian society in general.

Within the Inquiry's outline of Terms of Reference, I wish to submit some points for consideration:

1. The adequacy and accessibility of appropriate support for children and their families:

- For many children with a disability, a multi-disciplinary approach is ideal, incorporating interventions, therapies, supports and expertise from various fields. Currently, the weight of the responsibility for building and maintaining success for children with special needs within the school environment is placed upon school staff. Generally, staff may lack the experience, knowledge, or specialised skills required to support a young individual with complex needs. A lack of understanding within staff coupled with inadequate or non-existent availability of resources from which to draw upon can jeopardise the educational success of children with special needs. A collaborative approach facilitated by experts from different disciplines would be effective, however this seldom occurs. Constraints (financial, time, logistical and cultural) prevent a multi-disciplinary approach from being facilitated and exercised.
- Many people with a disability are more likely to experience co-morbid mental health conditions such as depression or anxiety. This is an added complication to the process of supporting an individual within the school system. Presently, although most schools have a counsellor or at least access to one, this does not necessarily equate to the implementation of vital supports such as Cognitive Behavioural Therapy (CBT) for example. Constraints such as the availability times of a counsellor or the specialised skills that he or she may hold can affect the potential well-being and success of a student with special needs. If specialised treatment is sought outside of the school system (for example with a psychologist or psychiatrist), at times there is a degree of unwillingness displayed by staff, or logistical difficulties which prevent consultation or advice being sought, valued and successfully implemented within the educational environment.
- Funding issues and frameworks within school environments can potentially create situations where staff objectives centre upon an individual reaching a point of minimal or no funded supports instead of maintaining a long-term program with person-centred goals. While any progress gained by an individual with a disability is indeed a recognisable positive, at times supports or funding is lowered or withdrawn entirely because an individual is deemed to be coping with school demands (academic and social). The irony of this is that any progress or equilibrium reached by such a student is often built upon a foundation of funded supports which have been provided and which ultimately need to continue. Removal or lowering of supports often occurs within a systemic atmosphere that emphasises the limitations of funding over the extent and range of children with special needs. There is substantial, concentrated effort devoted towards the division of restricted resources/funding among children with special needs rather than schools operating within a framework that enables the more beneficial stance of ascertaining, accessing, providing and maintaining

what each individual child requires. In summary, demand is usually significantly higher than supply and this has implications for the type, amount and longevity of supports that are put in place for children with special needs.

- Availability and provision of infrastructure is crucial to the educational success of students with special needs. In the same way that society now perceives ramps and rails in schools as necessary adjustments for people with a physical disability, more thought and consideration needs to occur regarding supports for children with intellectual disability, neurological disorders, sensory issues or mental health conditions. Prevention is better (and easier) than cure. Provision of rooms dedicated for the purposes of “winding down” or escaping overwhelming stimuli could combat the phenomenon of “over-saturation”. In a school setting it can be complicated and difficult to find an appropriate space that a student can retreat to in order to maintain an inner balance. Available spaces (Principal’s office, in-school suspension rooms, time-out rooms) may have negative connotations or stigma attached to them, defeating the purpose and perpetuating misconceptions in staff/peers relating to the child.

2. Best Practice approaches to ensure seamless and streamlined assistance during transitions

As briefly discussed within the first term of reference, Best Practice models for supporting children with special needs would ideally incorporate two major elements; a collaborative multi-disciplinary team and a person-centred approach. These two concepts are highly inter-related.

In my experience as a parent and as a staff member, there is often insufficient opportunity or scope to support students with special needs from the basis of a coordinated, cooperative team consisting of appropriate professionals who offer varying yet vital expertise/insights necessary for supporting an individual with complex needs. Significant, rather than intermittent or minimal involvement from specialists including Behavioural Interventionists, Occupational Therapists, Psychologists, Psychiatrists, Speech Therapists or Inclusion Officers would ensure better quality support for students. Similarly, a multi-disciplinary approach would alleviate the undue pressure and responsibilities that school staff often experience due to no formal training or experience with essential supports, strategies and therapies that lie outside of the teaching domain. For a student with a disability to succeed within the school system, there needs to be an improved process for formulating relevant, meaningful and beneficial individual education/transition plans which encompass crucial insight/therapies from human-service professionals as well as teaching staff.

A multi-disciplinary Learning Support Team would enable a more person-centred approach to be implemented with greater effectiveness. Within such

an approach, the needs, goals, strengths and weaknesses of an individual can be identified and consequently addressed or utilised. Although school staff members are primarily involved with the education of children, the fact remains that there is considerable overlap between areas such as mental or physical health, communication and sensory needs. When it comes to a child with complex issues, each aspect of functioning can impact another. A person-centred approach would focus on the individual and the many ways that a condition or disability may impact the student's ability to experience learning, enjoyment and social success at school. Once needs/goals are identified a multi-disciplinary team could more effectively establish the methodology of addressing weaknesses or deficits and assign/delegate responsibilities accordingly. Currently the weight of this responsibility falls on teaching staff that are usually under-equipped or under-resourced. Funding frameworks and lack of readily available resources also impede the possibility of a person-centred approach being fully utilised. These constraints usually result in a "backwards" approach. That is, a Learning Support Team considers what they "have in stock" to support a child, rather than examining the child's specific needs and proceeding to formulate a consistent, adequate, holistic resource pool which will address all specific areas of need.

Any other related matters

- The Education sector definitely has policies and procedures in place which on paper support the ideals expressed in this submission. However, in my experience these policies often do not transfer to the classroom, playground or meeting room. Further investigation of the constraints which prevent this from happening needs to occur.
- The Disability Standards for Education give a good outline of acceptable practices. The Education sector needs to consider the scope of what "necessary adjustments" entails, particularly in the light of children with disabilities that are intellectual, mental-health related, neurological or not physically visible.
- Misconceptions, prejudice and misunderstandings surrounding disability still occur within school staff at times. Continual or further training and education for staff would be beneficial.
- Just as schools have welfare policies, individualised and structured school staff/peer value systems relating to how children with a disability are viewed, treated and included would be advantageous. This would provide a sound framework from which all staff can operate, and any deviation from this would be noticed and addressed. In the same way that OHS policies are held and followed with considerable regard and familiarity, an individual school policy which aligns with the Disability Standards for Education might promote self-reflection, general awareness, inclusion and accountability.

- Although the education sector stresses that suspension for students with special needs and resulting behavioural issues is not designed as a punitive measure, the stigma and negative connotations attached to suspension by peers and staff can defeat its purpose. Anxiety and depression can be exacerbated by long suspensions, which are up to 20 days, or a calendar month away from school. Other alternatives should be investigated. Preventative measures need to be implemented before a situation calls for long suspension. A simple ABC analysis of a serious, negative behaviour (with the Antecedent, Behaviour and Consequence of an incident or event being carefully considered), often illustrates that suspension actually serves to reinforce /exacerbate undesirable behaviours and negative self-concepts rather than combat them.
- Society has a major focus on early-intervention for children with a disability, which usually encompasses a holistic, multi-disciplinary, intensive approach. This is indeed extremely important. We need to be mindful that this degree of attention sometimes needs to continue throughout the lifespan. Early-intervention generally ceases at six to eight years of age.
- Flexibility and innovation allows for Learning Outcomes to be achieved by individualised means for a child with special or complex needs. Constraints such as lack of expertise, knowledge, staff availability or staff to student ratios can influence the degree of flexibility or innovation which is able to be exercised.
- Older children with a disability who are nearing the transition to “life after school” would benefit from a multi-disciplinary team who implemented a flexible program which instilled life skills and a range of opportunities for social role valorisation (SRV). SRV enables a person to aim for and fulfil valued roles within society – employment, volunteering, relationship roles etc. Agencies which support employment for people with a disability do not cater for school-aged children. Although part-time employment is enjoyed by many typical teens almost as a rite of passage, adolescents with a disability do not gain from the many positives of this experience or “natural” transition.
- Respite services are often inadequate. Families still make significant and regular sacrifices in order to support a child with complex needs. A multi-disciplinary approach could include inter-agency communication so that families can access respite. For instance, a student with Downs Syndrome who is in Year 12 (but not sitting HSC exams) may require planned supports so that the weight of responsibility for how he or she spends exam times does not fall on family members.
- I fully acknowledge that some of the issues raised in this submission do not currently lie within the realm of responsibilities of the education

sector, and by no means am I suggesting that “schools or teachers need to look after everything”. Cooperation and collaboration across a range of different government departments could ensure that Best Practice models of support become a reality.

Thank you for your time and the valuable opportunity to submit considerations for this much needed Parliamentary Inquiry. As a parent who has navigated throughout the education maze, I recognise and appreciate that raising and educating a child with a disability is a difficult yet achievable task. I would be more than happy to clarify, expand or further illustrate any of the points raised in this submission. Any request to do so would be honoured with my full enthusiasm. I do not object to my submission being a matter of public record; however I do request that my personal details remain confidential.

Yours faithfully,