Submission
No 275

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

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"The provision of education to students with a disability or special needs"

Response to inquiry by Sydney Children's Hospital

Educational systems have a responsibility to provide support to children in order to be able to meet their educational needs. This includes an expectation on school systems to be able to support and integrate a range of children's specialised needs including their physical, social, cognitive, emotional, behavioural, health and therapy needs into their program, to maximise their participation in the school setting.

Terms of Reference

1. The nature, level and adequacy of funding for the education of children with a disability.
   - Currently there is a lack of equity both between and within different education systems (i.e. public, catholic, independent schools) on the level of funding and support services provided.
   - There is inequity with respect to the disability funding categories. For example, children with a diagnosis of Autism are granted funding support, because there is an understanding that children who meet this diagnosis have a range of complex learning, behavioural and social needs. We strongly advocate for inclusion of Acquired Brain Injury as a disability funding category that includes, but is not limited to, traumatic brain injury, cerebral infection, stroke, brain tumour and epilepsy. The evidence shows that these groups typically display a range of significant language, motor, cognitive, behavioural and social deficits that impact on their potential to participate in the academic and social aspects of the school curriculum. The current system of arguing for Special Case funding for this group results in inconsistent funding outcomes.
   - There is a lack of clarity as to what the various funding programs offer and whether the distribution of these funds is equitable. The funding tool notes that students with significant learning difficulties, mild intellectual disabilities, language delays and

disorders or behavioural difficulties have funding that is 'provided for through different programs'. The funding support application process needs to be streamlined for all students with special needs.

- The current funding scale tool 'students with disabilities in regular classes funding support' is not sensitive to identifying the "real needs" of students within the context of a school and classroom environment. Specifically, the funding scale tool is not sensitive to assessing the child's functional abilities.
- The funding tool also notes that if students are already supported by the program that they do not need to re-apply, however in our experience, their funding is reviewed twice per term and the students and therapists have to continue to provide evidence that they still require the funding.

2. <u>The allocation of funding to children with special needs should also focus on a student's functioning capacity as well as their disability.</u>
   - The current funding tool is not sensitive enough to allocate funds for children who may have multiple milder special needs that do not meet any one funding criterion but accumulate into significant functional difficulties within the school environment. In addition, the tool is overly biased towards physical needs with insufficient emphasis on learning needs. There are a number of children with a range of diagnoses and special needs who fall through the funding gaps, who require a high level of support to access the curriculum (eg. specific learning disorders including dyslexia, severe speech disorder, children requiring long-term ventilation, undiagnosed conditions). We agree that funding should be allocated based on level of functional need within the school environment.
   - There is no one tool that is sensitive to assessing the functional capacity of children, however the information obtained from functional assessment tools such as the Adaptive Behaviour Assessment System II or Vineland Adaptive Behavior Scale (VABS-II) and behaviour checklists (e.g. Child Behaviour Checklist) can be used in conjunction with information from comprehensive therapy assessments to identify the student's needs within the school setting.
   - Basic cognitive (psychometric) assessments such as IQ assessments do not equate to functional performance within the classroom. For example, a child with a neurological disorder such as epilepsy or brain injury may be of average intellect, however display a range of cognitive deficits such as poor attention and executive skills, that compromise their capacity to perform to the potential indicated by their 'average' intellect.
   - A system needs to be implemented to address the gap in rural services. Children from remote geographical locations need access to relevant health professionals who can complete comprehensive therapy and function based assessments.

3. The level and adequacy of current special education places within the education system.
    - Inadequate allocation of places, particularly those students who fall within the IM range or have complex needs (for example children with borderline IQ range and behavioural difficulties)
    - There is a shortage of places for children with severe language difficulties and for children with severe dyslexia. Without intensive intervention these children cannot progress academically.
    - Due to the inadequate support in the school environment families are required to continually advocate for their child's needs.
    - Some children can incur extended periods of time of non attendance while procedures are set up.

4. The adequacy of integrated support services for children with a disability in mainstream settings.
    - Inadequate teacher's aide training and support time.
    - Minimal funding support for children with documented learning difficulties who do not have an official diagnosis such as autism.
    - Support time appears to be allocated on a set number of hours per week which does not always correlate with both the complexities of the curriculum and the child's presenting combined functional disabilities.
    - The integration system needs to be flexible. Assessment of support time needs to have the flexibility of being able to continue on an ongoing basis where functional performance is stable but can also be adjusted according to changes in the child's functional status without it causing hardship on the child and family. Applications for integration support should also be able to be submitted throughout the year, as children's needs can change quite suddenly (eg. brain tumour diagnosis).
    - Where the child's disability impacts on their playground participation, there often appears to be a focus on the disability and safety concerns which leads to further restrictions in a child's playground opportunities. A more positive framework could involve the provision of more structured playground activities or alternative opportunities for children who require supervision and support in the playground, and support to develop appropriate behaviours and social skills. The existing resources do not usually allow for such programs to be set up.
    - The system for equipment provision is inconsistently reported and often a long, time consuming process. Often this results in children being unable to access the school and/or curriculum or not being able to attend and/or resume at their choice of school.

- Technology recommendations are sought by teachers to assist children who have difficulties accessing the curriculum. These assistive technology recommendations are often then not followed through due to funding constraints or lack of training and support to use the devices.
- The environmental modification process is very challenging. The collaboration between occupational therapists (OT's) and education personnel involved is poor, however, modifications require an OT report. The advice from these OT reports is not always followed, which can lead to safety and access issues for students.
- Lack of psychosocial support for children within the education systems. Psychosocial needs of children are often not considered, including issues with social participation and resources to support students' social skills development.
- It is important to note that the introduction of appropriate teacher aide support has the potential to reduce the incidence of secondary psychological issues emerging that are associated with the child's experience of failure in the classroom and/or playground, such as low self-esteem, anxiety, depression.

5. <u>The provision of a suitable curriculum for children with challenging behaviour, intellectual disability and/or developmental disorders (such as Autism Spectrum Disorders). Current system discriminates against these children.</u>
    - Modified curriculum should be based on the results of both the cognitive and functional assessment rather than a diagnostic label.
    - Class teacher (with parent consent) should have access to a child's cognitive and therapy assessments in order to meet the child's learning needs.
    - Implementation of disciplinary measures should be consistent with a child's cognitive and developmental abilities. Consideration needs to be given to a child's level of understanding and appropriate behaviours before disciplinary measures such as suspension are imposed.
    - Support should be available throughout all hours of school attendance. This includes recess and lunch times to assist with social skills and supervision at meal times for children with complex needs (eg. Prader-Willi syndrome).

6. <u>Student and family access to professional support and services, such as speech therapy, occupational therapy, physiotherapy and school counsellors.</u>
    - There are limited numbers of therapists working in schools. Therapists within the health sector use different terminology about children with disabilities than staff in the education system. The system would benefit from common terminology to determine education goals.

- Reports are written by therapists but recommendations may not be implemented when planning for the child's educational needs. Involvement by health professionals in Learning Support teams within schools would improve coordination and planning.
- Key positions are required in schools to provide therapy services as well as positions to "bridge the gap" between health and education. There are systems established within health that already work well under this model such as the School Therapy team within South Eastern Sydney Illawarra Area Health Service.
- Positions that provide a conduit between "Education" and "Health" are essential to ensure reports written by therapists are understood by education staff.
- The current system places the burden on the child and family to 'prove' their disability by seeking outside health care professionals' assessments and opinions so they then incur additional financial costs.
- Current waiting lists for therapy assessments in the public health system are in excess of 6 months. Children with functional difficulties awaiting assessment or diagnosis should have access to support during this interim period.

7. <u>The provision of adequate training, both in terms of pre-service and ongoing professional training.</u>
   - Appropriate training for teacher's aides is necessary for a child's safety. For example, a student's Occupational Therapist is able to provide training on specific toileting procedures required for a child however is not responsible for the provision of general manual handling training for staff. Teacher aide staff need to be selected on their ability to cope with job demands, including the physical nature of the work required. This is another example where therapists employed by Education could assist.

8. <u>Any other related matters.</u>
   - Special provisions- process is not transparent or consistent. There are current issues around restriction of use of technology during exams.

This submission has been complied with information obtained from clinicians at Sydney Children's Hospital. Sydney Children's Hospital is a tertiary paediatric hospital that provides acute, rehabilitation and community services for children and their families throughout NSW.

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