

Submission
No 71

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

Organisation: Australian Association of Developmental Disability Medicine Inc.

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Australian Association of Developmental Disability Medicine Inc.

ABN 61 039 294 522

Address:

**Building 1, 270 Ferntree Gully Road,
Notting Hill Victoria 3168 Phone (03) 9501 2400**

Facsimile: (03) 8575 2270 mail:

Robert.davis@med.monash.edu.au

President: Prof Nick Lennox Secretary: Dr Jacqueline Small

4 February 2010

The Director
General Purpose Standing Committee No 2
Parliament House
Macquarie Street
SYDNEY NSW 2000

4th February 2010

Dear Ms Parker MLC,

NSW Inquiry into the Provision of Education to Students with a Disability or Special Needs

This important new inquiry by NSW Parliament into the provision of education services to students with a disability, such as intellectual disability, or special needs provides an overdue opportunity to identify and address unmet needs of this special group of children. Concerns that services for school age children with disability are under funded, and that people involved in the education and support of these children may lack the skills needed for best outcomes are expressed not only in NSW, but also internationally (see eg http://www.aamr.org/content_147.cfm?navID=31). However, given the complexity of the more significant developmental disorders/disability that children may have, no single professional or agency can expect to be able to fully meet the needs of the child and their family.

Parents of children with disability often feel that they are the only informed resource for their child's educational and therapy needs. They are frustrated by how hard it is to access services recommended by specialists, especially if their child is in a mainstream setting. Establishing and maintaining interagency collaborations between organisations, eg schools and DOH/ADHC services, can be at times challenging, with bureaucratic processes determining the model of services provided, and long wait lists often delaying provision of service. Limited collaboration across agencies and between professionals may restrict the ability of schools to implement up to date strategies and to be aware of the latest knowledge or scientific advances in related areas. With the emphasis on early intervention,

there is often a substantial reduction in available services past school age, often despite complex needs remaining.

The challenges related to adaptation to a diagnosis of developmental or intellectual disability continue to confront, and potentially confound, both carer and professional well into the school years. Children not uncommonly approach school age without the parent being fully aware of the long term implications of the developmental disorder, and unaware that their child “won’t catch up”. This then fuels expectations of cure, and disappointments when this doesn’t eventuate, and demands for curative treatments. This situation arises due to a range of factors including presentation of significant disorders during school years, limited access to comprehensive diagnostic services even during the preschool years and limited allowance made for the lifelong impacts on and adjustments by parents of a child with a disability. In a culture where normalisation and inclusion dominate, there is often little opportunity to discuss significant disability that has lifelong implications.

It is widely acknowledged that diagnosis is a critical period for families and a process designed to understand the needs of the child and family in order to best advocate for and plan services. Service models need to adapt to the needs of the child and family, as it is suspected that unresolved issues related to diagnosis may underpin limited engagement with intervention, limited acceptance of professional advice and difficulties establishing realistic goals and outcomes. This is supported by a recent survey by CHW School Link project.

Recommendations;

- **Service Model**

- a) The service model must be one of multidisciplinary collaborations involving relevant agencies, including for example, Health, ADHC, as well as education with policies developed to support these efforts
- b) Service models must respond to the lifelong and complex needs of these students, eg collaborative schools clinics involving different agencies held on an ongoing basis to address issues as they arise (eg Cairnsfoot School) and be based on family centred models of care
- c) Individual education plans developed with key partners, including carers, that identify the needs of the child must be in place and inform ongoing education and management within the school, with curriculum focussed on functional abilities of the child
- d) Retention of specialised therapy services within a therapy model, but development of MOU to ensure implementation of a service model that achieves a high level of cooperation, provision of consultation/therapy services and educational support between agencies in particular with those schools with high concentrations of students with special needs
- e) That provision of and funding for support of a child in a school not be restricted by the number of children with disability already at that school.

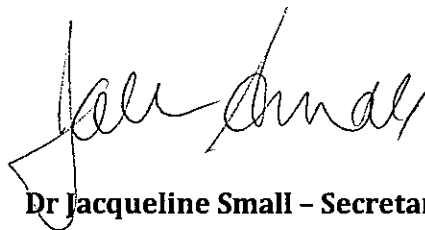
- **Service Standards**
 - a) Services must be consistent with accepted and transparent standards eg, Disability Services Act 1993
 - b) Policies that acknowledge key life stages, eg diagnosis, transition to school, transition to high school, and transition to adult services and are embedded in a family centred model of care must be developed and evident in practice
 - c) Policies related to behaviour management of students with disabilities need to be made available, in particular those that relate to restrictive practices, eg isolation of students.
 - d) Services be based on sound and good quality evidence
- **Specialised skills required**
 - a) Education of students with significant disabilities requires teachers to have specialised education expertise, knowledge of best practice in fields of communication and behaviour management, and skills in effective collaboration with other professionals and carers
 - b) Establish minimum knowledge and skills sets in relation to education of children with special needs, eg use of visuals for children with autism
- **Diagnosis and assessment**
 - a) All special schools to establish and maintain relationships with local child disability/development services in DOH
 - b) enhancement of local child development/disability Diagnostic and Assessment teams to ensure services can be provided to school age children with complex developmental needs eg challenging behaviour
- **Future planning**
 - a) Population data be collected to clearly document the needs of the child with developmental disabilities and the services provided in order to inform further planning and identification of needs.

Thank you for the opportunity to make a submission to this enquiry. We would be keen to contribute further should the opportunity arise.

Yours sincerely,



Prof Nicholas Lennox – President



Dr Jacqueline Small – Secretary

[Dr Jacqueline Small, PO Box 78 Burwood 1805 NSW, jacquels@chw.edu.au]