

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

Organisation: Australian Guidance and Counselling Association (AGCA) NSW
Chapter

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Date received: 29/03/2010

Inquiry into the provision of education to students with a disability or special needs

Response provided by the Australian Guidance and Counselling Association (AGCA) NSW Chapter

1. The nature, level and adequacy of funding for the education of children with a disability.

In NSW funding is provided directly to some students who qualify on the basis of certain defined disabilities, either by provision of support classes, specialist itinerant teacher support, or funding support to assist with integration into mainstream classes. All other students currently receive support via their classroom teachers and an allocation of Support Teacher Learning Assistance (STLA) to each school under the Learning Assistance Program (LAP). LAP funding was introduced by amalgamating the previous Support Teacher Learning Difficulties (STLD) program and projected funding for students with "mild" disabilities such as mild intellectual delay, mild language disorder. The LAP program also caters for all students with any form of learning difficulty. Some groups covered by the LAP program are defined as disabilities under relevant federal and state legislation (e.g. Attention Deficit Hyperactivity Disorder [ADHD]), but are not recognised by education departments as a disability therefore preventing access to individual funding support for students with severe functional impairments.

There are clear equity considerations such as students with mild sensory neural hearing loss being eligible to access specialised itinerant teacher support services while students with ADHD may receive some support via the generic LAP program only if they have additional learning difficulties. Even within the hearing loss category the use of sensori-neural hearing loss as the standard for disability often discriminates against those students who may have chronic hearing loss due to the conductive problems. These students may well have identical functional deficits but cannot easily access itinerant teacher support.

Most schools would argue that the LAP program is **severely under funded**. Many epidemiological studies suggest a prevalence rate for learning difficulties/disabilities ranging from a minimum of 10% to a more common figure of 15-20%. On this basis a primary school of 400 students would have a potential pool of 80 students requiring extra assistance. Many of these schools would have an STLA allocation of 0.2 or 1 teacher day per week to help in the development of individualised learning support plans. Many high schools of up to 1000 students have STLA allocations of 0.3 or 0.4, 1.5-2 teacher days to support 150-200 students with specific learning needs.

There is currently a trial of the proposed "School Learning Support Program" which would amalgamate numerous specialist positions into one school based position of a School Learning Support Teacher (SLST) to service a diverse range of students currently supported by many specialist positions. The proposed allocation to schools would be based on a school's student population and a Student Learning Needs Index (SLNI) which incorporates prevalence based funding for autism and differential funding for behaviour disorders which

are to be allocated based on socioeconomic status as behaviour and conduct disorders are said to be more prevalent in lower SES areas. The rationale for this amalgamation is the reduction in paperwork and red tape with the school having the flexibility to support students in need on the basis of school based decision making.

The SLST program does not provide any extra funding but simply collapses many existing programs either wholly or in part and places these funds within a program where a SLST will take on a role formerly performed by six to eight specialists. There is the potential for this expertise to be lost in the proposed generic SLST model. Students with sensory disabilities, physical disabilities, significant intellectual disabilities and complex special needs requiring significant funding support retain individual funding if integrated into mainstream classes.

There has been rapid growth in the diagnosis of Autism Spectrum Disorders with variable population prevalence's being proposed. The reasons for this trend are the subject of much debate within the research literature. A concern about the use of prevalence figures to allocate funds for autism would be the transparency and rationale for the selection of an appropriate prevalence rate. Also as the prevalence has clearly been rising the issue of future net increases in this portion of any formula would be a concern. While the need to identify individuals needing extra support can be onerous it is certainly one method of indicating increased numbers of students needing support at school. Likewise the division of a fixed budget for students with disruptive behaviour disorders does not necessarily improve the current situation where demand for Support Teachers Behaviour far outstrips available resources. Simply placing the responsibility on the school's Learning Assistance Team and the school's SLST to manage students with a diverse range of support needs changes the focus of responsibility but does not necessarily improve an already unmet demand for support.

While some students are eligible for consideration of placement in specialised support classes many parents will elect to keep their child in a mainstream setting. This right to inclusion has been supported over many years. However, a consequence has been the drift in special class populations to more students with multiple support needs and an increase in students displaying challenging behaviours in special education support classes. This leads to parents being reluctant to pursue placement in a support class even when the much more highly differentiated curriculum possible in such a class may be very suitable for their child.

Much more flexible staffing, reduced student/teacher and student/SLST ratios in support classes need to take account of students with multiple and/or complex disabilities to provide adequate support structures.

- 2 Best practice approaches in determining the allocation of funding to children with a disability, particularly whether allocation should be focused on a student's functioning capacity rather than their disability.**

The funding support program for students being integrated into mainstream classes has a functional profiling component in determining the level of assistance the student receives. As previously noted this process only occurs after a "disability" of a specific degree has been verified. Students may have functional profiles similar or more challenging than students with a defined disability but because of the use of circumscribed definitions of disability they are unable to present a functional profile for support.

The method of arriving at the allocated funding support is also problematic. While "the formula" was developed by the University of Newcastle following a review of special education support by David Macrae, the allocation is not transparent. Many schools have had the experience of submitting identical profiles for students and receiving variable allocations due to unknown factors.

A student's functional skills are clearly the most equitable way of allocating support funds however the method of arriving at a support level clearly needs to be transparent and there are clearly equity issues when some students can access funding support because their disability is "recognised" while other students with equal or greater assessed need are relegated to the generic LAP program.

3 The level and adequacy of current special education places within the education system.

This question is at one level best answered by the demand for placements at relevant "clearing houses" for applications to support classes. There may well be an unmet need due to the previously noted drift in support clientele. Many parents who may otherwise elect to pursue placement in a support class may not have pursued this option due to concerns about the class composition if students with challenging behaviours are enrolled in the nearest suitable class without changes in teacher/student and SLSO/student ratios that reflect the often multiple and increasingly complex needs of students in support classes.

Students with disruptive behaviour disorders are a particular group where special education places may be inadequate. Recent amendment of Part 5A of the Education Act 1990 allowing the Director General to direct where a student with a documented history of violence enrolls is prima facie an indication of the growing population of students presenting with severe disruptive behaviour disorders in mainstream schools who often fail to engage with the specialist programs offered .

4 The adequacy of integrated support services for children with a disability in mainstream settings, such as school classrooms.

See responses to Q.1 & 2.

5 The provision of a suitable curriculum for intellectually disabled and conduct disordered students.

Many classroom teachers believe that they do not have adequate skills to provide a significantly individualised and differentiated curriculum for intellectually disabled students within a regular class because of time constraints and a lack of relevant curriculum planning skills. The needs of conduct disordered students in mainstream classes are in part currently addressed via access to specialist itinerant support teachers (behaviour) [ISTB]. The huge demand for ISTB services indicates that classroom teachers often feel that they are not sufficiently skilled to meet the needs of these students without additional and timely support of teachers with specialist skills.

6. Student and family access to professional support and services, such as speech therapy, occupational therapy, physiotherapy and school counsellors.

Speech therapy, occupational therapy and physiotherapy services are generally provided by the department of Health. Most community health centres have access to the services of speech pathologists and occupational therapists, while physiotherapists would less frequently be found in community health settings. Waiting periods for assessment by a speech pathologist or occupational therapist are commonly over 6 months and depending on local demand can be up to 12 months. Priority is appropriately often given to preschool or younger children as early intervention for any identified difficulties is best practice. Young children may be offered therapy if required but older children when assessed are not able to be seen for therapy due to the high demand for services. Children may be offered short term group programs, home programs designed by therapists and school based programs to address needs. In many instances these programs are far less intensive than the needs indicated in assessments.

Families unwilling to wait for assessment via the Department of Health with available resources will often elect to pursue assessment/treatment via private practitioners.

One group that can access speech pathology, occupational therapy and physiotherapy services are students with physical disabilities. The Spastic Centre offers services to children with cerebral palsy and the Northcott Society offers services to children with a range of physical disabilities. These groups often are involved in the support and transition of these students into school. They may or may not remain involved with families once their identified clients start in school. At the transition to school The Schools Therapy Team (consisting of Occupational Therapist, Speech pathologist and physiotherapist) may become involved in an assessment of needs and advice school staff regarding appropriate accommodations necessary for individual students as long as they have a clearly identified physical disability. Students in both mainstream and support classes can be assisted. Unfortunately the Schools Therapy Team is unable to provide any individual therapy and they have very high case loads. (e.g. The team of three therapists based St George Hospital services all eligible students in the St George and Sutherland local government areas.)

Various therapists attached to specialist rehabilitation and brain injury programs at Westmead and Sydney Children's Hospitals may consult with schools regarding patients that are supported by their respective specialist programs.

All schools in NSW have access to school based school counsellors. In other states the role of the NSW school counsellors is variously performed school counsellors, guidance officers, and school psychologists. In some states the role covered by school counsellors is split between school based and office based staff. NSW school counsellors have all trained as teachers, have a successful history of teacher experience, have relevant undergraduate degrees with a major in psychology, and have been individually selected to undergo post graduate training in counselling/psychology. The vast majority subsequently become registered as psychologists after a period of supervision. Some other states do not require postgraduate training to the same standard for all positions that subsume the role of a school counsellor in NSW, while other states have essentially the same standards but slightly different roles (e.g. School Psychologists in Western Australia)

Counsellors are allocated to schools based a formula incorporating school numbers, specific learning profile of a school, and special education needs. The most consistent finding of numerous reviews of counselling services in NSW is that schools highly value their school counsellor allocation but seek more frequent service. While counsellor numbers have increased in the long term the Vinson Review of public education indicated the need for increased counsellor training (as counsellors due to their experience are generally older than the teaching workforce) and the need to address career paths to retain experienced counsellors.

7 The provision of adequate teacher training, both in terms of pre-service and ongoing professional training.

As noted in the reply to question 5 experienced teachers do not believe that there professional training adequately equips them to meet the needs of students who require significant accommodations and differentiation of the curriculum. Many new scheme teachers report that they have had minimal exposure to courses that address the needs of students with significant or high support needs.

Both pre-service and ongoing teacher professional learning need to offer increased opportunities to develop the skills and competencies necessary to support students that will require specific assistance to cater for their learning and or behavioural needs.

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