

Submission  
No 432

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

**Organisation:** The Royal Australasian College of Physicians, Paediatrics & Child  
Health Division

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**Position:** President

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The Royal Australasian  
College of Physicians

**Paediatrics & Child Health Division**

18 February 2010

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

Dear Sir/Madam

**Re: NSW Inquiry into the provision of education to students with a disability or special needs**

I am writing on behalf of the Paediatrics & Child Health Division of The Royal Australasian College of Physicians (RACP) in relation to the Inquiry into the provision of education to students with a disability or special needs.

The Division commends the Committee for undertaking this important Inquiry on behalf of children with disabilities and special needs and their families. I trust that the following advice assists the Committee in its deliberations and will guide its future recommendations.

**Funding**

It is recommended that there be an expansion of funding and increase in supported placements for school students with disabilities or special needs. In addition, funding for support of a child in a school should not be restricted by the number of children with disability/special needs already at the school.

Concern has arisen relating to the current diagnosis-based funding system. In particular, this leads to increasing pressure upon medical professionals by educational or other funding agencies to allocate specific diagnoses for underperforming children with the aim of qualifying for needed additional support.

It is recommended that the funding system be one that is primarily based on functional impairments, rather than diagnostic category, and that can accommodate the often complex combination of risk factors and substantial learning and functional problems that do not neatly fit into a diagnostic category, e.g. abused children and/or children in care; children with emotional and behavioural problems due to family

distress or dysfunction; and children with a variety of moderate deficits which, when grouped together, present a larger problem.

The College would support special education funding based on a child's needs rather than medical diagnosis, and would be keen to contribute further in the development of such a model.

### **Diagnosis and Assessment**

It is important that an accurate diagnosis is made as significant developmental disorders may have significant lifelong implications for health and well being. It is also important that, following identification by the school, access to paediatricians is readily available to children and their families in order to ensure that assessments are undertaken in a timely fashion.

The main focus of assessments by paediatricians and allied health professionals should be helping to understand the child. Making a diagnosis that neatly fits funding requirements may misrepresent the child's real needs and difficulties. Furthermore, the diagnosis may be a life-long burden and constraint for the child and may shape how a child is viewed and treated by others.

All special schools should establish and maintain relationships with local child disability/development services in the Department of Health. In addition, enhancement of local child development/disability Diagnostic and Assessment teams is required to ensure that services can be provided to school age children with complex developmental needs in a timely manner.

### **Service Model**

It is imperative that the proposed service model be one of multidisciplinary collaboration involving relevant agencies including Health and Education. Policies should also be developed to assist in this area. Service models must respond to the lifelong and complex needs of these students and be based on family centred model of care.

Key partners, including carers, should develop individual education plans that identify the needs of the child and that inform ongoing education and management within the school, with curriculum focussed on functional abilities of the child.

It is important to ensure that a service model is implemented that achieves a high level of cooperation, provision of consultation/therapy services and educational support between agencies, particularly for those schools with high numbers of students with special needs.

### **Standard of services**

Services must be based on sound and good quality evidence and be consistent with accepted standards and appropriate legislation. Policies relating to behaviour management of students with disabilities must also be made available.

### **Availability of specialised skills/training for teachers**

Teachers charged with educating students with significant disabilities should have specialised education experience, including knowledge of best practice in areas such

as communication and behaviour management. Minimum knowledge and skills sets in relation to education of children with special needs should be established. Skills in effective collaboration with other professionals and carers is also considered essential.

The College appreciates the role of teachers' aides in the classrooms, however it strongly believes that, for these groups of children, it is best to introduce smaller teacher-to-student ratios and the provision of qualified special educators based in schools to meet the ongoing demands.

Teachers should be provided with appropriate support themselves in order to support children with special needs.

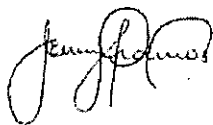
### **Provision of educational interventions**

Concerns have been raised relating to children with primary academic difficulties – particularly specific literacy disorders – who seem to be directed by school counsellors to seek medical interventions to address their needs. This can lead to the adoption of alternative and complementary strategies which may not be supported by robust scientific evidence of efficacy. This then risks placing the burden on the education system to implement strategies for which the evidence base is poor.

The importance of appropriate evidence-based educational interventions needs to be recognised and provided by educators in these cases.

Thank you for allowing the College the opportunity to provide feedback in relation to this Inquiry. Should you have any queries relating to this correspondence, please do not hesitate to contact me via the Paediatrics & Child Health Division office on Ph: (02) 9256 5409 or via email: [paed@racp.edu.au](mailto:paed@racp.edu.au)

Yours sincerely



**Dr Jenny Proimos**  
**President**  
**Paediatrics & Child Health Division**