

Submission
No 39

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

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The Director
General Purpose Standing Committee No. 2
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Dear Director,

I write as a parent of a special needs child. My 8 year old son has Down Syndrome and attends my local public school in Coonamble, North Western NSW. Ours is a small school of approximately 220 children with currently two special classes, (IM & MC), composite year classes as well as some straight year classes, and includes a Preschool attached to the school.

When my son started at this school, I dearly wanted him to be mainstreamed, as all the text books and specialists recommend for special children. He went through two years at Preschool, then Kindergarten and half of Year 1, before I pulled him out of his mainstream class for his own safety, both physical and emotional.

Behaviour and developmental problems are the biggest issue in our high aboriginality - low socio-economic school, affecting the entire school community. Not all children are diagnosed with intellectual or physical disability but many need more support than the school is able to provide on the current funding and teaching allocation. Just check the MySchool web site to evaluate our academic standing.

The funded support my son was getting should have been enough but his allocated carer was often diverted to attend to other problems going on in the class as is the Dept of Education ruling (The aide is to aid the class teacher not the specific child who attracted the funding). The combination of a class full of undisciplined children (from birth) many with challenging behaviours, untrained staff in the areas of collaborative learning,

challenging behaviour and how to support special needs children was beyond what my son could cope with anymore. He was constantly being disciplined for bad behaviour he was exhibiting because of confusion, frustration, and fear of embarrassment. He became withdrawn, had very challenging behaviour and was becoming more and more depressed. He hated himself, he hated school and he wasn't the happy boy I knew. Sad for a six year old child.

It isn't enough to blame the school for this disaster. It is a system problem. My son, after much paperwork each year, was allocated several hours funding. In his case, the money was there if the system worked properly. The school couldn't set aside much time for teacher training because there weren't enough casual teachers to cover her classes. The aide wasn't qualified as a teacher' aide special or even a teacher's aide but there wasn't anyone better available at the time to fill the position. A special table prescribed by DADHC Occupational Therapist took two years to arrive, because of miss-communication and staff changes in DADHC, Dept of Education allocation department and the local school. The school is constantly suffering staff changes. Executive staff rotated positions for many years so decisions, suggestions and paperwork were not implemented or followed through. Continuance is not valued. My son was and sometimes still is a wanderer but after five years attending the school the fencing has not been upgraded (the school backs on to a river). It has been announced this week that this will be improved but only the front fence (so the school entrance looks nice but kids can still run down the river???) I know every Principal/Deputy/Acting position we have had in the five years my son has attended the school has sincerely wanted to help fix our problems for us but has not been able to do so.

After leaving the mainstream Year 1 class half way through last year, my son was moved into the only place left for him; a Multi-Category class with 7 other children ranging in abilities. One trained special education teacher and one trained special aide.

In that class was:

- a) My son with speech, learning and behaviour difficulties, mild/moderate intellectual disability.
- b) A 10 year old child who is the size of an adult, she is severely intellectually disabled, suffers regular severe seizures, unable to speak with very limited communication, she is incontinent and has no protective behaviours.
- c) Another child with Down Syndrome who has never had any specialised intervention eg. Speech therapy (parents have refused), intelligible speech, behaviour problems including inappropriate touching, constant swearing, kicking and hitting.
- d) A child with Cerebral Palsy who is sometimes in a wheel chair and has behaviour issues.

e) Four other children with learning and behaviour issues.

This class only seemed to work well when several of the children were not at school; bad attendance is a big problem at our school. Though the class has only a few students, the needs of the children in the class are varied. The teacher will be dealing with one issue over here with c) while the aide is feeding or changing b) and e) will be creating havoc. Or b) will be having a seizure and the class has to be evacuated to another classroom. Or a) and c) will be running around the class hitting and kicking everything and everyone in sight. My son is no angel in the behaviour department but he certainly learnt some interesting adjectives to express himself that he certainly doesn't hear at home. At least he has been happier with more attention, less distraction and more consideration of his needs, and I know at least in the class room he is safe. The playground is another matter.

From the above example you can see that funding hasn't helped this class. They are receiving the allocation of funding recommended and this might be enough in some special classes but it is too generic. The individual needs of our school, our demographic and specific children don't seem to be taken into account. In our case, I think more specific teacher/teacher's aide training, regular support with ideas and perhaps assessment of strengths and weakness of the class from experienced special education teachers, and the occasional physical presence of an extra person in the class would help. It would probably help all classes in our school not just the ones with 'special' children.

This plan would be great but is there any experienced special education teachers available in our area. There are itinerate teachers but the workload they carry is impossible and the distance they travel unworkable. It took months for the behaviour team specialist to come to our school to assess my son. Then it was at our class teacher's discretion as to whether she listened to this specialist or not.

For some reason many teachers seem to feel that their university training makes them superior to all specialists even their peers, let alone the parents of the children who's care they have responsibility for. My sons DADHC therapists refused to come back to the school after they made suggestions for therapy/alterations to education delivery for my child and were ignored by the then class teacher. They took my son off their list and he has had no speech assessment from DADHC for over two and a half years. DADHC have their own problems with time/funding/distance/priorities and were not going to waste their time on a school that wouldn't listen.

Our school has acknowledged there are serious problems with our children and the home/school relationship. It has continued to support the Schools as Community Centres office on site. This office facilitates programs to assist children and families through childhood, supporting with preschool health and education programs as well as the essential Therapy Aide Program funded through Greater Western Area Health. The Therapy Aide program provides a trained Therapy Aide at the two Coonamble schools (Catholic & Public) two days a week to complete therapy programs with identified children under the supervision of GWAHS Therapy Professionals. GWAHS refuses to allow DADHC or other specialist's clients to be seen by the Therapy Aide because only they fund the program. Because of this my son doesn't not qualify for help through the Therapy Aide. If funding was provided from the Department of Education, the Therapy Aide Program could be expanded and provide help to the whole school community. There is enough need in this town to fund a speech and occupational therapist at our school full time. The school did fund an Occupational Therapist for six months last year but because the needs of the school are so great she was unable to make much of an impact and certainly didn't have time to see my child.

I personally have given up on my local school. I have fought, talked, written letters, attended meetings, made suggestions, complained and cried with limited results. I have even contacted the Honourable Verity Firth with no visible results. I will be moving to a bigger community some five hours from my home in the hope my son will have a better opportunity to receive the education and therapy he needs to become a worthwhile member of society. I don't want him to be totally reliant on services all his life. I want him to be able to communicate with others, live independently, and hold a paid job in which he feels appreciated and fulfilled. He will not get the skills to do that with the level of support he is currently receiving in my home town.

What happens to the children who don't have proactive parents? Who can't afford, not that I can, to move to another community. Who cares for them? My friend, the single mother of b) mentioned above has had to abandon her child this month and will be forced to give up her parental rights because she can no longer bear the load of caring for a disabled child alone. The Education System promised help, DADHC promised help, everyone promises to change the way things are but help is slow in coming. A lifetime goes by and things are just the same. The children can't wait.

Yours faithfully

Vicki Happ