

Submission  
No 527

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

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**Date received:** 26/02/2010

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## **Briefing Note re Diagnosis-based Special needs funding in Education**

As a paediatrician who specialises in the care of children with problematic development, learning and behaviour, the current diagnosis based funding system causes me great concern. *The major reasons for this are;*

### **1. It discriminates against the “Diagnostically Homeless”.**

I use this term to capture a group of kids with significant functional problems, who don't neatly fit into one of the extremely limited number of Education System categories (Autistic Spectrum Disorder, Intellectual Impairment etc). These children frequently have special needs of equal or greater degree, yet are unable to access equivalent extra funding. For example;

- Abused Children/ Children in Care; these children have, more often than not, complex learning, emotional and communication difficulties.
- “Combination Kids”; a variety of moderate deficits adds up to a big problem
  - eg hyperactive / impulsive/ poor concentration/ impaired language
  - eg borderline IQ/ behavioural problems
  - eg defiance/ aggression/ poor social skills
- Emotional & behavioural problems due to family distress or dysfunction

### **2. It creates pressure to make diagnoses of lifetime significance in situations where the diagnosis doesn't fit ( eg “the diagnostically homeless”) , or in borderline or “grey” cases (eg a child with a few quirks is diagnosed with ASD).**

A diagnosis can be a very useful thing.....as long as it's accurate. An inappropriate diagnosis can lead to compartmentalised thinking, overlooking of important causes (eg family distress), misguided treatment, and potentially affect a growing child's self-concept. A diagnosis of ASD becomes permanent, it is extremely difficult to reverse. Negative perceptions, falsely lowered expectations, and stereotyped reactions of others can shape how a child is viewed and treated. An inappropriate diagnostic label can become a self-fulfilling prophecy.

The pressure is on parents and teachers, who recognise a child's level of need. This pressure is transmitted to paediatricians, who also wish to help that child, with the accompanying statement – “We can't help Johnny without a diagnosis”.

From observations in my practice, I believe that ASD symptoms are sometimes over-reported by parents and teachers who are aware of the funding system. Doctor-shopping for a diagnosis is also not infrequent. Relationships between paediatricians and school staff have become adversarial over this issue, when we should be on the same side (the side of the child)!

I wish to be very clear, however, that the true reason for this risky situation is NOT rorting of the system. It is the system itself that is the driver.

### **3. There are delays while waiting for paediatric assessments.**

There is currently a workforce shortage of paediatricians who specialize in child developmental & behaviour. Waiting times for assessments are already long, and the situation is worsening. Thus, a child who is struggling can be left in limbo, awaiting an appointment, long after they have been identified by the school as in need of extra help.

#### ***How might the system be improved ?***

I believe it is time that a funding model that depended, first and foremost, on level of need, was instituted. School-based verification that is not dependent on a diagnosis should be instituted. The response should be appropriate to the nature of the impairments and proportional to their severity.

Formal diagnoses, if appropriate, could certainly inform the process, but should not serve a gate-keeping function. The main focus of assessments by paediatricians and allied health professionals ( eg speech pathologists, occupational therapists etc) should be helping to understand the child, rather than ticking a box that determines access to funding.

The opinions expressed above are my own. I am confident, however, that my paediatric colleagues working in the field of child development & behaviour would concur.

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October 30<sup>th</sup> 2009