

Submission  
No 261

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

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**Position:** Manager, Service Development and Government Relations  
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*...building an inclusive society*

19<sup>th</sup> February 2010

The Director  
General Purpose Standing Committee No.2  
Legislative Council  
Parliament House  
Macquarie Street  
Sydney NSW 2000

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

Thank you for providing Northcott Disability Services with the opportunity to provide a submission for the inquiry into the provision of education to students with a disability or special needs.

**About Northcott**

Northcott Disability Services was established as The NSW Society for Crippled Children in 1929 by the Rotary Club of Sydney. Northcott's purpose is to build an inclusive society. This is achieved by assisting people with disabilities to develop their skills and achieve their goals - including their potential for independence and ability to participate in their community.

Northcott supports over 8,000 people with disabilities and their families across NSW and the ACT. Northcott employs over 400 staff state-wide, providing more than 80 services from more than 30 sites and offices across NSW and the ACT. Northcott provides services to people with a broad range of disabilities including physical, intellectual, sensory, acquired and degenerative disabilities, as well as challenging behaviours. Some of the services Northcott provides include early childhood support services, accommodation, community participation programs, computer assistive technology, employment, equipment, individual and family support, recreation, respite, and specialist services. Many of Northcott's programs provide services to school-aged children and work closely with the Department of Education & Training (DET). Some of Northcott's specialist services providing services to support to the education of children with a disability include: Computer Assistive Technology Service (CATS), Paediatric Spinal Outreach Service, and Western Sydney Therapy Team.

**Introduction**

There are systemic barriers which make it very difficult for children in NSW to access education when they have a disability or special need. All children, even those with the most severe to profound disabilities, can learn. Effective teaching requires a systematic approach, adequate resources and sufficient specialist training and/or support, to enable good teaching programs to be developed. The goal should be for children to become competent individuals, able to communicate, access home, school and their community effectively and able to engage in meaningful everyday activities, as a minimum. Children need to develop competence in their reading, writing and

numeracy to enable them to participate in everyday life effectively. Good teaching can deliver these outcomes, when adequate resources, support and training are available. Many teachers try very hard to provide the specialized educational programs required; however, the current system is limited in the training and support provided.

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## TERMS OF REFERENCE

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

#### *a) Level and adequacy of funding:*

Overall, Northcott's experience is that funding is insufficient and is not allocated according to needs. Many children miss out, for instance, if they have a diagnosis of a mild intellectual disability. There is an inadequate acknowledgement of need and very limited funding for children who do not qualify for a special school or who wish to attend mainstream school. Some level of funding is available at a school level that can be accessed for teachers aide support, aids and equipment and allied health support. Some children may be able to access a teacher's aide in a mainstream setting, however this is usually only for a couple of hours each week, which is typically not nearly enough time to be beneficial for the child. The main issue is how the resources are utilised by the school to support students with disabilities. The end result for the student varies enormously. Funding needs to be sufficient for students to have their particular needs catered for in their local mainstream schools with appropriate supports.

#### *b) Nature of funding:*

i) Administrative requirements: Teachers and other school staff report frustration with the administrative requirements involved in applying for funding for their students: they often express that they would prefer not to go through DET channels to obtain funding for a specific student due to the bureaucracy and paperwork involved.

ii) Lack of effective information dissemination: There are varying levels of knowledge regarding available funding and resources for students with disabilities: the teachers, schools and regions have varying levels of understanding on what is available, and how to access it. Often teachers and support staff are unaware of a particular funding avenue or support because the information has not gotten through to them. At other times school staff have been informed by their region that there is no funding, or that funds are limited and are therefore not available to the student. On further investigation this is not always the case.

#### *c) Assistive Technology funding:*

Northcott has specific comments to make in relation to assistive technology funding, based on our experiences providing the Computer Assistive Technology Service (CATS):

- There is a memorandum of understanding between CATS, The Spastic Centre and DET that there is funding available for technology assessment costs and training for school staff. Each DET region has an allocation of funding for these which has a multi layered referral process which varies from region to region.
- Funding through this system is not guaranteed – students and their families are advised to apply; however, people working within the system can give no indication of the likelihood of success.
- As a result only a few students have access to the support of Assistive Technology. There are students whose families have the knowledge base and contacts required to access the services and who organise the assessments and can afford the cost of the assessments.

Based on the abovementioned key concerns and issues in relation to funding for students with a disability, Northcott makes the following recommendations:

**Recommendation 1:** Increase funding available for students with a disability.

**Recommendation 2:** Decrease and streamline the administrative process involved with applying for funding for a student with a disability, to enable a consistent approach to assessing and allocating funding across regions.

**Recommendation 3:** DET should provide clear and consistent information to teachers, school staff and families about the funding available to support a student's access to school and to the curriculum, and the process to apply for and access it.

## **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**

Best practice supports early intervention and prevention – providing adequate resources early on in a child's life will enable the child to develop to their full potential and will decrease the subsequent cost of support for that child. Northcott supports that funding should be based on functional capacity rather than disability. In our experiences, the functional impact of the disability is the determinate factor of level of support needed, and is currently not taken into consideration fully when levels of funding are being determined. Functional capacity as a means of assessing and allocating funding is also consistent with person-centred practice, which looks at the individual child in the context of their physical, social, emotional environment, rather than a level of severity according to a particular disability category or type. The World Health Organisation's International Classification of Functioning (ICF) would be a best practice framework for assessment and evaluation of functional improvements in a child's achievement of participation within the home, school and community environments. We would also like to note that the determination of functional capacity needs to be a collaborative process where all parties involved including DET, external support agencies such as Northcott, ADHC therapists and specialist consultants work together to determine the needs of the student. This allows input from differing perspectives, and places an emphasis on what the child needs to participate and actively learn, rather than a medically based model. This also extends to variations to the curriculum and the utilisation of learning support technologies that can provide alternative means for the child to actively participate in the classroom.

**Recommendation 4:** Allocation of funding to children with a disability should be determined by a student's functional capacity rather than their disability.

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

Northcott upholds that access to education is a *right* for all children. Northcott also supports full inclusion and integration of children with a disability into mainstream education, while also maintaining the choice of individual families to explore a range of educational options to find the suitable education model that meets the needs of their individual child.

In our experience there are not enough places in special schools or support units at mainstream schools for the number of students who require a place. Not only are

there currently insufficient special education places, often when children miss out on a place in a support unit, they are consequently offered a place in a special school, rather than offered the required inclusion support to attend mainstream class. This is at odds with the principle of least-intrusive / least-restrictive practice, which supports that people with disabilities, should be offered the least-intrusive service option relative to their needs.

A lack of sufficient special education places, and inadequate integration support for children in mainstream education, means that decisions about children's education are being made based on available places, rather than their stage of learning and development. An example is that parents may be given the option of allowing their child to "repeat" the final year at Primary School, while waiting for a place to become available at the High School, where there may be the desired support class. This is sometimes the only alternative to sending a child to a special school.

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

##### *a) General issues:*

There are no integrated support services for children with a disability. Within DET there are some special educators who provide assistance to teachers. This is usually done in a piecemeal way and strategies are not effectively integrated into a child's program. Recent changes to the School Learning Support Program included reallocation of existing teachers and some new funding of specialist support teachers in the areas of learning assistance, mental health and autism – which are welcomed. However, there appears to be no indicated changes to support for students with physical impairment, significant intellectual impairment, hearing impairment, vision impairment and/or complex needs.

Integrated support services and successful and comprehensive inclusion for children with disabilities in mainstream educational settings varies greatly depending on the school. Northcott have found that factors that impact on successful integration include:

- The student's needs
- Level of support available to the student e.g. aide, access to therapy
- School staff's awareness/education regarding special needs
- Class size
- Staff attitudes and values
- Training/education available to staff (teachers, aides etc)
- Attitudes of student's peers
- Family support/advocacy

##### *b) Planning and transition:*

The necessary consultation process to plan for a child with a disability entering school irrespective of the type of school is haphazard. When this consultation occurs it appears to depend on the commitment of the therapists, the family and on the culture of the school and not necessarily upon DET policy that this occurs, and occurs in a timely fashion. In Northcott's experience, if the planning meetings do occur the purpose of the meeting is usually to gather information about the student and to determine the level of integration support (aide time) that a student will be provided. Outside reports from professionals involved with the child and family may be tabled, if they exist. The process to determine the level of integration support is not transparent; usually the forms to be filled in are closely guarded by DET staff so the student, their

family and the support personnel attending the meeting have no access to the criteria that is currently used to determine support levels. The criteria currently used are based on a student's disability and not on their capacity to function and perform in the school environment.

*c) Class size:*

Our overall experience is that mainstream teachers usually do not have appropriate support or resources in order to be able to effectively cater for children with disability in their classroom. These teachers are already under enough stress and pressure catering for the large class sizes that exist in mainstream schools, and whilst they do the best they can to adapt the curriculum and lessons for children with disabilities, they need more support and resources from specialist teachers/resource teams to do this more effectively.

*d) Teacher's aides/support staff:*

Appropriate aide time used well, provided by suitable trained teacher's aides and support staff, has immense benefits for children with a disability in mainstream education. An aide can assist with support strategies for children whose perceived failure within school can be prevented. An aide can prepare materials suitable for the specific child and be there to prompt and help them focus when needed. Despite the benefits of this time of support, aide time is also not often sufficient to meet the child's needs.

*e) Early Intervention:*

Our experience is that early inclusion support strategies and interventions are crucial to a child's ability to learning and develop in a mainstream setting. Children with borderline needs often slip through the net and/or are not catered for; they therefore struggle in their first year of school and the gap between them and their peers widens. This is often avoidable if support strategies are put in place early during this first year. At times parents' and therapists' suggestions and strategies for these children are not put in place until the child is already struggling and unhappy at school.

*f) Curriculum development:*

i) General – Northcott supports a systematic adaptation of curriculum and curriculum supports, in order to cater for needs of children with disabilities. We recommend that DET take responsibility for developing broad curriculum supports for children with different disability types. A Centre for Inclusive Schooling could be developed and delivered via the internet, similar to that being done in Western Australia, where resources (such as cognitively simpler homework sheets) could be developed as templates for use and adaptation. The development of broad curriculum supports which adapts curriculum for children with disability types would not preclude the need for teachers and aides to make individual adaptations to the curriculum in order to support a specific students learning needs; however, it would provide a base of resources from which DET staff can use, reducing time spent by individual teachers developing specific resources.

ii) Physical Education (PE) - Students with a physical disability require that their PE Program at school to be modified to allow them to participate and function in this part of the curriculum. It appears that often these adjustments are not made and students with a physical disability are not included in the PE type of activities. The ability of children with a physical disability to participate and function at school also in part depends on the management of their musculoskeletal issues and their fitness. The DET currently does not support their students to integrate their muscle management

program into their school day such as supporting students in wheelchairs to follow a standing program or to have a period out of their wheelchair while at school. To implement these programs there needs to be DET staff allocated to support the student and the provision of the appropriate equipment: this is currently not usually available to students in regular classes.

*g) Communication support:*

All children should have access to the communication supports they need to communicate. This involves supporting development of comprehension and expression with sufficient opportunities for two-way communication. Augmentative and alternative communication should be integrated into everyday classrooms as a support to learning. Visual supports should also be used widely to facilitate learning and functional communication and as part of a positive approach to behaviour support.

*h) Modifications*

Northcott supports universal design principles in all schools rather than individual modifications according to students' needs. However, the students we see often require modifications to the school environment to allow them to access the classrooms and different areas of the school. There appears to be a commitment from the DET to do these modifications but there are many instances of the modifications not being finished as the child enters the school. When schools need building modifications it is essential for the process to be started in a timely manner. 18 months prior to the child starting school gives time for assessment of the building, a report to be completed and then the school to carry out work. If building work and suitable equipment such as hoists and slings are not completed/purchased before school starts the child cannot begin at the same time as his or her peers - which unfortunately happens at times.

Provision of accessible toilets and ramps often is done according to the Australian Standard. This standard is for adults and provides a general benchmark and does not and cannot meet many specific needs. When a small child with access difficulties needs a toilet, quite commonly a standard height "disabled" toilet will be provided, on the basis that this will provide a disabled toilet facility for the community. Meanwhile the small child will start school without a suitable toilet.

Modifications to school environments rely on other external agencies to provide the expertise and recommendations to meet the individual child's needs (i.e. occupational therapy assessments and reports). As there are inadequate therapy services, children can sit on wait-list waiting for a therapy service to make recommendations about their transition to a new school environment. This serves to further delay the preparation time available for school to make any required modifications to their school environment.

Based on the abovementioned key concerns and issues in relation to the adequacy of integrated support services for students with a disability, Northcott makes the following recommendations:

**Recommendation 5:** Decrease in class sizes to allow all children adequate teacher support and adequate curriculum adaptation to meet individual student's learning needs.

**Recommendation 6:** DET assume responsibility for the systematic development of broad curriculum supports for children with different disability types and special needs



– this could include the establishment of a Centre for Inclusive Schooling which delivers supports, resources and templates via the DET website.

**Recommendation 7:** All students with physical disabilities have the physical education curriculum adapted to ensure they can fully participate in-line with their peers.

**Recommendation 8:** Planning for building modifications required to meet a student's needs to take place at least 18 months prior to the child starting at school.

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

Northcott supports the notion that all education services and staff should have the same attitude of 'high-achievement' for all students, regardless of whether or not they have a disability. This means that all students should be supported, encouraged and motivated to achieve their full potential. This includes offering intellectually stimulating and challenging curriculum that supports ongoing learning and development. The provision of a suitable curriculum for students with an intellectual disability needs to be a collaborative process with families and therapists, and other appropriate agencies involved with the child.

### *a) Students with Intellectual Disabilities*

Northcott staff have experienced various attitudes from teachers and DET staff in relation to the application of the standard curriculum for students with intellectual disabilities. We have experienced on several occasions teachers and schools who have not translated the standard curriculum into targeted Individual Education Plan (IEP) goals for the student. The provision of IEP plans themselves vary greatly from student to student and school to school, with some students having comprehensive IEP plans whilst others may have no IEP goals set at all. Then in relation to the curriculum, we have observed the term "life skills" to be interpreted differently by teachers teaching the same student. We feel that the training and education of staff and mainstream staff in particular needs to be greater when implementing current curriculum directives such as "life skills". We also feel that the way in which the IEP process is presented to teachers needs to be reviewed to ensure greater effectiveness of this program for students.

Students with an intellectual disability are often not able to develop their skills to reach their full potential. The current emphasis on adapting the regular curriculum can mean that children are provided with superficial educational programs which give them some way to participate in activities, but which do not build up their skills effectively to enable them to become competent learners. Our experience has been that children with intellectual disabilities in special schools often appear to be engaged in inappropriate, meaningless activities for the majority of the day, for example access to activities is often limited to 'baby' toys. Some children's educational program is functionally "child-minding", rather than an effective educational program. We believe that the provision of suitable curriculum for intellectually disabled students is related to behaviour support issues. That is, insufficient intellectual stimulation for students, and the resulting boredom, often manifests itself as 'challenging' behavioural issues.

### *b) Behavioural difficulties:*

Behaviour difficulties are often caused for a variety of reasons, including sensory impairments (such as those associated with autism, where people can be hypersensitive to particular textures or sounds, or require a high level of sensory

input), communication difficulties (including both comprehension and expression), problems coping with change and social skill problems, where some children attract teasing from others. The current system is very punitive and there is little provision of positive behaviour support to address these issues. Sometimes simple strategies can assist a student's coping ability, such as visual supports for behaviour such as "first and then", visual timetables for daily routines; ways to indicate changes to routines in a predictable manner. Provision of effective behaviour specialists teachers, psychologists and other therapists, such as speech pathologists and occupational therapists, can be of great assistance to a solution-focused approach to behaviour issues.

**Recommendation 9:** All students with an intellectual disability have the standard curriculum translated into targeted Individual Education Plan (IEP) goals that supports, encourages and motivates them to achieve their full potential.

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

### *a) Therapy services:*

Support services for students with a disability are extremely limited, fragmented and poorly coordinated. Therapy to schools is provided by government (ADHC; for students with a physical disability a small amount of therapy services are provided through the NSW Department of Health), non-government organisations including Northcott, The Spastic Centre and Aspect; and through private therapists, who work on a fee for service basis. Waiting lists are lengthy, to the point where children who are referred for a service when they are under six years of age frequently wait for up to two to three years to receive a therapy service. If referred when 4 years old, by the time they receive a service, they have already started school. Many of the issues where help was needed will not have been addressed, meaning that the child's ability to access their school curriculum will have been significantly impacted.

Some of the issues which therapists are asked to consult to the NSW Department of Education on are really the responsibility of the Department of Education. For instance, where physical modifications are required to enable a child with a physical disability to access a school, DET should provide the expertise for this, rather than relying on therapists from non-government organisations to provide the information.

The fact that all therapy services are delivered by external agencies from DET causes many difficulties which severely impacts provision of services in the following ways:

- External therapists need to travel to different schools in order to see clients, this therefore takes time away from actually seeing students
- Many teachers are not used to working with therapists, therefore a lot of time is spent negotiating and developing working relationships between teacher and parent
- Due to the costs involved in having a child with a disability, many families are not able to pay for private therapy services.
- There are very lengthy waiting lists for 'free' services provided by ADHC and Health, and current Medicare rebates through an Enhanced Primary Care Plan are insufficient in terms of the amount of money parents get back, and the number of sessions allowed.
- Only a limited number of private therapists specialise in working with children with disabilities

- Often the therapy support to clients at school is provided through out of school appointments, infrequent phone contact with the student's classroom teachers, the writing of reports with recommendations but with no one to implement them and infrequent school contact and school visits.

The provision of therapy services is fragmented due to the nature of therapy services being provided by a range of different organisations (ADHC, Health, NGOs). This lack of coordination of resources is an inefficiency in the system. For example, OTs from different agencies may be visiting the same school on the same day, in relation to different students. Sharing of resources and coordinating the provision of therapy services in schools would reduce such inefficiencies in the system. For this reason, we support having a common waitlist for school-aged children needing access to therapy services (government and NGO therapy services). Such a waitlist could allocate the most appropriate service to meet need, and while also considering the most efficient allocation of therapy resources. For example, if there are 3 students in the same school or LGA needing OT assessments, one agency could be allocated to provide a service to all 3 students.

The ongoing monitoring of a student's capacity to function in the school environment also appears to be very loose. At present this is usually done at IEP meetings. Our experience is that not all students are offered IEP meetings. If the student is accessing outside professional therapy support, these professionals are rarely invited to these meetings. If the therapist that a family accesses does attend the meeting, it is usual for the family and not the DET to cover the cost of their attendance. In addition, most therapy services are designed to be targeted and goal-oriented service provision, focussing on a particular issue. This means there is a lack of access to ongoing therapy supports for students with a disability, which is particularly disruptive for those students with complex needs.

The experience of CATS (as a specialist service providing assessments, training and support for technology) is that many students and schools have restricted access to therapy services in relation to assistive technology, due to a lack of understanding of available funding. Whilst allocated funding is available for technology assessments, training and support by our CATS service, teachers, parents and other staff are often unable to utilise these services and parents are often required to fund the services themselves, or find alternate funding sources.

*b) School Counsellors:*

Our experience is that very few schools employ a full time school counsellor, and the workload for part time counsellors is overwhelming. This means they are unable to provide the support required to foster a preventative approach to conduct issues. This also reduces their ability to engage effectively with families to support them at times when additional support would assist families to implement changes required to support their children's learning and emotional needs. Moreover, in order to access ADHC services, a child must have a moderate level of intellectual disability, which must be demonstrated by a cognitive and adaptive functioning assessment. As ADHC do not have psychologists to do these assessments, once children are school-aged the only options available for families are to pay for a private psychologist or to get the school counsellor to do these assessments. Due to the part time nature of most school counsellor positions, and the overwhelming demand for these services, there is often a very long wait for these assessments to be done. This is then followed by a significant wait once the referral for therapy services is made to ADHC. This is clearly

not addressing clients' needs or providing the most effective service, considering the overwhelming evidence in support of early intervention.

Based on the abovementioned key concerns and issues in relation to access to professional support services for students with a disability, Northcott makes the following recommendations:

**Recommendation 10:** The development and maintenance of a common waitlist (per region) for school-aged children needing access to therapy services (covering referrals through government and NGO therapy services). Such a waitlist would require collaboration between a range of government and non-government services, working to allocate the most appropriate service to meet need, and while also considering the most efficient allocation of therapy resources.

**Recommendation 11:** DET should fund school based therapists to assist in meeting the basic requirements for students with disabilities, and to provide a holistic therapy service that provides systematic oversight of students' support needs and systematic training to DET staff.

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

Training is a major need, both for pre-service and ongoing professional training. Many teachers do not have any special education training or pre-service training relating to children with disabilities and complex needs. This contributes to the lack of adequate program development and inadequate ability to adapt educational programs effectively, which are evident in many classrooms.

As a provider of education services for DET staff through our CATS program, we often see the lack of funding and time that teachers have available for professional development activities. The time allocated for attendance is restricted, and in addition the budget for training activities is restrictive for staff to attend professional development activities. We feel that continuing education needs to be given more emphasis within the school sector. As discussed in point '6', whilst funding exists to access training in the use and implementation of assistive technology, it is rarely accessed.

Northcott supports that the ongoing professional training of teachers should be run in collaboration with the special education departments in tertiary institutions. This would mean that best practice developments from research could be incorporated into current practice for teachers. Some areas of ongoing training and professional development for teachers may include:

- Behaviour support
- Assistive technologies
- Augmentative communication
- Visual supports
- Inclusive Practices in Sport
- Adapting and modifying curriculum
- Mealtime support and assistance
- Manual Handling

Northcott also support the provision of concurrent training of teachers and families, where there is a need for both to develop specialized skills. Learning together can be a very powerful way for a collaborative approach to be implemented. Consistency between home and school can greatly assist the skill development of students who have complex needs.

## **Conclusion**

Northcott's experience of working within and alongside the education system is that the provision support services for students with a disability are extremely limited, fragmented, poorly coordinated and under-resourced. We support that increased funding, better coordination and allocation of resources, clearer and consistent information dissemination, systematic development of broad educational resources and supports, and collaborative and strategic partnerships across the service system, will help improve these issues and better the provision of education to students with a disability.

## **Summary of Recommendations – Attached**

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Should you require any clarification or further information on this submission please contact Liz Forsyth on (02) 9890 0153 or [liz.forsyth@northcott.com.au](mailto:liz.forsyth@northcott.com.au)

This submission has been prepared by Liz Forsyth (Manager, Service Development & Government Relations), in conjunction with Harriet Komer (Area Manager, Metropolitan-Wide Programs), and has been endorsed by Northcott's CEO Kerry Stubbs.

## Northcott Disability Services – Summary of Recommendations

**Recommendation 1:** Increase funding available for students with a disability.

**Recommendation 2:** Decrease and streamline the administrative process involved with applying for funding for a student with a disability, to enable a consistent approach to assessing and allocating funding across regions.

**Recommendation 3:** DET should provide clear and consistent information to teachers, school staff and families about the funding available to support a student's access to school and to the curriculum, and the process to apply for and access it.

**Recommendation 4:** Allocation of funding to children with a disability should be determined by a student's functional capacity rather than their disability.

**Recommendation 5:** Decrease in class sizes to allow all children adequate teacher support and adequate curriculum adaptation to meet individual student's learning needs.

**Recommendation 6:** DET assume responsibility for the systematic development of broad curriculum supports for children with different disability types and special needs – this could include the establishment of a Centre for Inclusive Schooling which delivers supports, resources and templates via the DET website.

**Recommendation 7:** All students with physical disabilities have the physical education curriculum adapted to ensure they can fully participate in-line with their peers.

**Recommendation 8:** Planning for building modifications required to meet a student's needs to take place at least 18 months prior to the child starting at school.

**Recommendation 9:** All students with an intellectual disability have the standard curriculum translated into targeted Individual Education Plan (IEP) goals that supports, encourages and motivates them to achieve their full potential.

**Recommendation 10:** The development and maintenance of a common waitlist (per region) for school-aged children needing access to therapy services (covering referrals through government and NGO therapy services). Such a waitlist would require collaboration between a range of government and non-government services, working to allocate the most appropriate service to meet need, and while also considering the most efficient allocation of therapy resources.

**Recommendation 11:** DET should fund school based therapists to assist in meeting the basic requirements for students with disabilities, and to provide a holistic therapy service that provides systematic oversight of students' support needs and systematic training to DET staff.