

Submission
No 423

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

Organisation: Association of Doctors in Development Disability
Name: Dr Robert Leitner
Position: Chairperson
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Association of Doctors in Developmental Disability

c/- PO Box 90
Kogarah, NSW 1485

The Hon Robyn Parker MLC
Chair, General Purpose Standing Committee No. 2
Parliament House
Macquarie Street,
Sydney NSW 2000

Dear Ms Parker

Re: Provision of Education to Students with a Disability or Special Needs

Thank you for the opportunity to comment on the Inquiry into the provision of education to students with a disability or special needs.

The Association of Doctors in Developmental Disability (ADIDD) has long been concerned about the lack of speech therapy, occupational therapy and physiotherapy support for students with developmental disabilities and special needs. Our members strongly support the initiatives to improve access to professional support services as outlined in *Better Together: A new direction to make NSW Government services work better for people with a disability and their families: 2007 – 2011*.

In the current system, various government agencies including Ageing, Disability and Home Care (ADHC), NSW Health and non-government organisations are funded to provide therapy services. As a result, there is confusion in responsibilities, significant variations and frequent changes in service criteria and therapy models, increased complexity for families and teachers navigating the system, inequity of access and gaps in services.

Many parents report that the level of therapy intervention services declines dramatically once their child reaches school age. Many teachers highlight the long waiting lists for students with intellectual disabilities - in some cases for up to two years - and the lack of continuity and responsiveness of ADHC and ADHC-funded therapy services. There has developed a widespread view that therapy services for students with disabilities have deteriorated under the current funding system.

Students with developmental disabilities are likely to have a variety of educational, social and health needs during their school life. Students, families and teachers must often deal with a confusing array of professionals, therapy interventions and agencies to meet their needs. For students with complex problems an integrated multidisciplinary team approach, where the actions of diverse professionals are melded into a team, is likely to achieve better outcomes. Evidence shows that small multidisciplinary health teams provide the highest net benefit and cost effective model to improve health care and therapy services for students with developmental disabilities.

School Physical Teams for students with physical disabilities are an example of a best practice model. The potential or real impact of the Health Therapy Team intervention is compared to the scenario where such a team does not exist.

School Therapy Physical Disability Team Model

NSW Health funds a number of multidisciplinary health teams which provide support to students with physical disabilities such as cerebral palsy, muscular dystrophy and spina bifida that impact on their educational and extracurricular programs. These School Therapy Teams typically employ Occupational Therapists, Physiotherapists and Speech Pathologists who work with the student's key school contacts

such as the class and support teachers, school counsellors and learning support teams to determine functional difficulties and physical or communication barriers to accessing the curriculum.

Services are provided in the student's school environment and the multidisciplinary health team aims to improve the student's ability to carry out their roles in safely, with dignity and as independently as possible.

Improved communication between professionals and partnership working regarding access issues, equipment requirements (school furniture, toileting, kitchen facilities) and assistive technology all contribute to improved participation by students and safety during daily school routines. Teachers are able to access student-specific advice, training, in-service or support as required.

The Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals (Garling Report) highlighted the needs of adolescents, particularly with mental health problems. The benefits of early intervention and prevention to help them establish successful and independent adult lives as well as the associated cost savings to the Government is well supported by evidence. The School Therapy Teams have links to their local NSW Health Child Developmental Teams that provide paediatric clinics to address the student's health problems which interfere with their full access to the school curriculum. The Child Developmental Teams facilitate the transition of adolescents from school to adult services.

In locations where School Therapy Teams do not exist, students miss out on the advantages of an integrated multidisciplinary approach. Service provision is often discontinuous and inequitable. There is little opportunity for therapists to work efficiently as a team. Instead therapists work in isolation with little professional support and these services experience higher staff turnover. There is no formal structure for coordinated case management, case reviews/conferences, education and school liaison. Lines of communication are extremely complicated. Some families are required to access three different therapies at three different locations. The absence of a School Therapy Team negates a holistic approach and impacts upon the individualised care of students with complex needs.

In addition, there are student groups who are not able to access multidisciplinary school based support or intervention because they do not meet the criteria set by ADHC for disability support, but may meet the broader criteria of disability as defined under the Disability Services Act 1993. Students who present with a range of conditions such as communication disorders, high level cognitive deficits, medical conditions and Autistic Spectrum Disorders in various types of school settings may have access to Outpatient or Community Health Centre based intervention but experience difficulty translating gains in therapy or follow-through of recommendations due to limited communication and collaboration between therapists and school staff.

Notwithstanding the demonstrated benefits and cost-savings of coordinated and collaborative approach to the management of students with disabilities in mainstream schools and support units, there is only a limited number of NSW Health funded School Therapy Teams. There are significant demands for services and waiting lists impact on students, families/carers and schools alike.

Comparison of Service Models:

School Therapy Health Team	No School Therapy Health Team
<ul style="list-style-type: none"> ● Evidence based ● Integrated services provided in schools ● Multidisciplinary assessment and management ● Coordinated communication between therapists, school support staff, teachers, clients, families and carers ● Training for all stakeholders improves outcomes for students ● Linked to other health developmental services 	<ul style="list-style-type: none"> ● Therapists working in isolation at multiple locations operate as a barrier to access services ● Not holistic approach ● Discontinuous service ● Communication is fragmented ● Limited upskilling of therapists and school staff

Recommendations

ADIDD welcomes the opportunity to formalise a structural framework for the provision of therapy services for students with developmental disabilities. Improved coordination of therapy services and planning across agencies is vital for the optimal functioning and well-being of students and their access to the school curriculum.

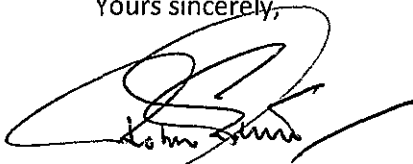
When formulating a state-wide plan, our association strongly advocates that each Area Health Service should aim for the "gold standard" of a School Therapy Team/s. The development of these teams aligns with the *NSW Service Framework for the health care of people with developmental disabilities*. This conceptual model outlines the benefits of multidisciplinary health teams and the potential for significant cost savings through early intervention, diagnosis and assessment and ongoing management of health conditions related to their disabilities.

Our association is of the view that NSW Health should be resourced or that funding be reallocated from ADHC to provide School Therapy Health Teams across the state. The provision of therapy services by NSW Health would remove a layer of complexity in the provision of therapy services to meet the health needs of students with developmental disabilities.

Given that the current arrangements are fragmented with little or no integration between services at all levels, ADIDD would also recommend that a high level joint committee is essential for Memoranda of Understanding and joint policy generation and implementation. Our association would be pleased to be involved in this process.

Please do not hesitate to contact our association should you require any further information. I can be contacted at the above address, by phone (0411 411 021) or email (R.Leitner@unsw.edu.au).

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Robert Leitner', with a large, stylized flourish extending from the end of the signature.

Dr Robert Leitner
Chairperson, ADIDD

18th February 2010