Submission
No 263

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

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By: Mrs Justine Acar

A PERSONAL PERSPECTIVE

Dear Sirs,

My son (age 12), has quadriplegic cerebral palsy, he can not walk and has some use of 1 arm. He has a severe/profound intellectual disability. He can not talk . He wears nappies. He has myoclonic seizure epilepsy. He has auditory processing problems also. He attends Royal Institute for Deaf and Blind Students – Alice Betteridge Special School. He has no comprehension of personal safety. He also has some autistic behaviours as well though I am in the process of having this further investigated through Royal North Shore Hospital Assessment Centre.

When Stuart first started at this school hydrotherapy was offeredweekly to facilitate his body moving and to assist with minimising of physical contractures – tightening of hamstrings and other long muscle groups.

Due to changes in the schools intake policy from high needs multiply disabled children to more moderate needs disabled children - this hydrotherapy has largely been withdrawn and access to the hydrotherapy program is half of what it previously was. As a result this has been an ongoing fight with the school for the past few years, I feel no one cares or listens to us.

I don't think its right to have teachers aids running classes where teachers are sick. Also there seems to be more students per teacher than in the past – meaning less time per child in reality.

Stuart's therapy intervention services have dwindled because I feel he is getting bigger and the younger students get priority . Regular ongoing therapy service such as OT are vital to constantly reinforce to Stuart how he should stand transfer (otherwise he will forget & I will be doomed to using hoists).

I believe this makes a total farce of the whole notion of the Individual Education Program model for special education and is discrimination against providing children with the best outcomes.

What we need is a flexible model which recognises that children with significant physical and intellectual disability & their parents have choice to enable them to have the best quality of life possible.

Where academic education is not going to be a successful outcome than surely looking at realistic achievable goals such as extending usage of limbs by prevention of contractures should be prioritisation of general quality of life a holistic goal.

Other ideas to maximise quality of life for high needs - special needs children as suggestions may be to include music therapy, sensory room exposure, visits to external venues to widen social exposure/teach social skills, perhaps explore conductive education.

Good things that work well is the NSW Department Education Special Transport Service, we have had the same bus driver taking Stuart to/from school daily for the past 3 years and Stu has travelled with the same children throughout this time also. Stuart loves going on the bus.

Another really good thing this year is the beginning of the Vacation care and Before and After school care program (for adolescents with severe physical and intellectual disabilities can go to) which Stuart goes to 3 afternoons per week – and the NSW Dep Ed. Sp.Tpt. Service takes him – to the Cromhurst Special School. One of Stuart's bus mates lives close to the school so it is not out of the way for the driver. This service means that I can continue to work and collect Stuart in the late afternoon when I finish work.