

**INQUIRY INTO TRANSITION SUPPORT FOR STUDENTS  
WITH ADDITIONAL OR COMPLEX NEEDS AND THEIR  
FAMILIES**

**Organisation:** NSW Primary Principals' Association

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## **NSW Primary Principals Association Submission to Enquiry into transition report for students with additional complex needs and their families**

**The NSW Primary Principals Association represents 1800 principals of primary, central and special education from public schools in NSW. As such it represents 70% of students and their families.**

NSW public primary schools are founded on a strong set of values about inclusion, acceptance, diversity and community. Most principals believe that their school is enriched by the presence of a diversity of children, including those with disability. Difficulties and issues that arise are related to practical matters such as staffing, resourcing and setting priorities. They do not usually arise because of resistance or reluctance to accept the presence of children with disability. We are confident that schools are good at recognizing and embracing difference, including difference associated with disability. Primary schools believe that we all learn from each other, and that the educational experience of all children can be immeasurably enhanced by the presence of a diversity of children.

Teachers are now more likely to have children with additional and complex needs in their classrooms than twenty years ago as a result of government policies of inclusion and also because there appears to be a higher incidence of such children in the population at large.... DEST data show that the percentage of students with disabilities in the primary level of education has increased steadily, doubling between 1995 and 2006 (Angus et al, 2007: 37-8, 39) The Australian Primary Principals Association research report concluded that 50% of Australia's primary classrooms could contain more than five children with highly specialized needs. This includes students with disabilities as well as other children with teacher-identified learning difficulties or exhibiting highly disruptive behaviour (Angus et al: 47).

The NSW Primary Principals Association is committed to meeting the needs of this expanding population of students with disabilities.

There are two widely recognised transition points for students into schools. These are entry into Kindergarten, and entry into Secondary Schooling. Less recognised, but also crucial, is the transition between Year 2 and Year 3.

Principals recognize their pivotal role in managing decisions and actions regarding enrolment, placement and support for children with disability. This involves principals not only in a considerable time commitment, but in complex decision processes which must take account of the child's history, the available evidence, the outcomes of consultation and liaison with parents and other stakeholders, the capacity of the school, the position of staff, the effects of actions on the school's existing population and ongoing supervision of students and monitoring of progress.

Consultation with parents, in particular can sometimes be difficult and demanding, because of issues

such as a parent's own educational background or learning needs, language difficulties and in some cases strong philosophical views held by parents about the child's entitlement to mainstream education in a school of choice. Some parents approach the consultation with the view that their child must be enrolled in a mainstream school at all costs. Parents, caregivers and associates have a responsibility to provide accurate and comprehensive information about children including the behavioural and learning consequences of disability. Not all parents engage openly in what should be a two-way process conducted in the interests of the child, and this can leave schools dealing with issues that were not anticipated in the enrolment and placement process.

Principals are faced, in the enrolment and placement process, not only with meeting the needs of the child, but also finding appropriate staff capacity and resourcing, and spreading the load of special needs across the school. Principals are expected to manage the development of Individual Learning Plans for each child, which can be a complex and extended process involving gaining access to special expertise within and outside the school.

In addition to responsibilities for these individual students and families it is important to recognise the obligation also owed to other students and their families. Many schools face circumstances in which they are simply unable to meet the entitlements of all the children in their care. Despite continuing expansion in the budget devoted to meeting the needs of children with disability, the budget remains well short of what is required to meet the needs of all children and as a result schools and education systems regularly make difficult and painful resourcing decisions. While the needs of students with disability are high priorities in this process, they are not the only needs to be considered.

Funding agencies should ensure that if schools are expected to take on children experiencing a wide range of disability, learning difficulty and behavioural problems, that resourcing is available to ensure that schools can deliver on community expectations for the learning of these children. This, also, is not always the outcome.

These children and their families have a need for long term planning and co-ordinated lifelong support.

There is a pressing need to continue and procure further therapy services to support student in throughout transition points. The range of services needed for children includes: Occupational therapy, speech, physiotherapy, psycho-social and medical. Carers and families require sustained and long term support for: parenting skills, respite planning and services, training for their role as educational partner. Many parents need the necessary information, support and opportunities to participate as partners in planning their child's transition and educational future.

Currently there is a lack of tracking, monitoring and review of services. Instead of thoughtful, consistent and long term case management, there are a number of poor practices by agencies. These include: short term interventions; transfer of cases to another agency or school without documentation/ meetings/ plans/ strategies; artificial limits on casework created by the agency; refusal to engage with the school as the child has reached an age limit or geographic boundary; caseload too great for need.

In particular there is a general lack of consistency in the quantity and quality of services offered across the state. This includes Non Government Organisations (NGOs) and government services. There is an urgent need to revisit the Memorandums of Understandings (MOUs) between agencies and departments to ensure that there is a long term safety nets for children and parents. Money needs to be spent on actual services to children and parents, not on bureaucratic procedures.

It is also important to track and review the services given by NGOs to ensure that part of their services include meaningful, realistic and helpful transition.

A structure of rigorous case management needs to be developed. Underpinning a case management model requires: clear goals and actions that are funded and realistic, long term plans, collaborative planning between agencies and families, parameters around withdrawal from cases, accountability and review mechanisms.

There needs to be greater advocacy for families with children with special needs, especially in low SES areas or if the family does not speak English. There does not seem to be help out there for families who know that their child has a problem, especially if they are unable to afford private consultations with health professionals. Waiting lists for doctors, speech, etc are very long and there is no help for the families to access services. Families often do not have the knowledge or skills to access the services.

There needs to be training for family doctors in recognising children with additional needs and speaking to parents about this. In addition there is a need for training on the process of assisting parents to gain support for their child. The family doctor would be one of the people with whom most families have regular contact.

There should be enhanced and meaningful communication between Health and other agencies in order to offer advocacy and assistance to families to see doctors and get support.

The district nurse, school nurse, baby health centre model offered great opportunity for these people to recognise problems and assist parents to get help. Local community based services need to be funded and accessible to all, and not rely on regional models e.g. reintroduce the health screening process by the district nurses in preschools and schools, where it has been lost.

There are lacks of placements available for children – especially in the areas of autism and language disorders. Even if the child does qualify for a place in a special class or for respite services or for therapy services, there are often no vacancies or practitioners available. This results in many students who qualify for special classes or services needing to be supported in mainstream classes without appropriate intervention.

There are numerous difficulties for students who “don’t fit the boxes”. Many children have complex needs that don’t fit the exact category for funding or services. There is often a legalistic or technical approach by agencies and guidelines that deny services to children and families, rather than looking at

individual needs. Support should be based around need (long term and crisis) rather than classification and diagnosis.

There is a particular need to fund and procure appropriate technology to enable total inclusion for students. At the moment funding support rules preclude purchasing physical resources and can only be spent on staffing. E.g. Primary students are supposed to use old technology note takers that can't connect to a printer or USB. These children may need to access and be trained to use specialised technology and software from an early age, own this technology, take it from one setting to another, and train staff and carers to use this technology.

### **Early Childhood Transition**

There is an issue of equity between government (DEC) preschools and private preschools. Private and community preschools are able to access more support for students prior to school.

If a child was already receiving support prior to school the support should transition to school with them (no matter what type of prior to school setting they are coming from).

Department of Education and Community (DEC) Early Intervention preschools should be continued, funded and expanded as this would ensure consistent and accountable quality of education, early development of productive partnerships with parents and good transition to kindergarten.

There needs to be a reintroduction of funding for schools to support the transition of students from preschool to kindergarten. This could facilitate a range of strategies such as professional learning, direct services to student, parent training and liaison.

A major issue is when students come to DEC schools after being in a prior to school setting / preschool where they have had full time support and then do not qualify to receive any support in kindergarten. This is very difficult to explain to families and is very difficult for teachers to meet the child's needs in a mainstream Kindergarten class without support.

Many students enrol kindergarten with undiagnosed and unrecognised special needs. A lengthy process then needs to start to gain the required support for the child and schools do not have the necessary resources or personnel to meet the child's needs. This makes transition unsatisfactory for the child, their family and the school. Unfunded and unsupported students often greatly impact on the class and the school. Schools are often required to support the child from school funds until funding documentation is complete and funds are sent to school. This time lag between the student enrolling at school and the school receiving the money is often several months.

Often at this time there is a concurrent total or speedy withdrawal of services from agencies.

The ideal situation is that students would have had intervention and support for their needs before they get to school and then the support and funding would transition to school with them. This will only happen if there is more community and health support for families from neonatal time to the time that students enter school. Continued advocacy for families is required.

Australian Early Development Index data should be used to plan local services.

There is a need to fund more specialist early learning practitioners to support the child's transition to school and work very closely with families. Currently there is only one person in this position per region. This is not enough for the amount of students they have to deal with and have a limited role in direct service. Retention and increased funding to support complex students as in the DEC Early School Support Program (ESSP) where K-2 IM students are supported in mainstream classes. An increase in similar schemes to ESSP would greatly assist students and their families in transition to school.

There needs to be access to a school counsellor for preschool students to conduct assessments and provide support and recommendations throughout the transition process.

### **Transition between Year Two and Three**

Currently there is a sudden increase in class sizes between a recommended 1:24 in Year two, and 1:30 in Year three. Concurrently there are greater curriculum and social demands placed upon children at this time.

Developmental delays for students at this time become problematic and obvious. Often health and other services are withdrawn at this time despite the increasing demands for a child to be more verbal, interactive, and able to problem solve. The gap between the children and their classmates becomes highly visible, leading to distress and anxiety for both the children and their parents.

Counselling, planning, training and specific therapy services are needed at this time.

### **Transition from Year 6 into Secondary Schooling**

This transition point represents both a developmental shift from childhood into adolescence at the same time as shifting to a more independent setting.

There is a need for funded support to provide specific parent training around adolescence and secondary schooling.

Currently transition funding is administered by high schools, not primary schools despite their lack of knowledge of individual student needs and appropriate strategies. Approaches taken are inconsistent and not always based on a good understanding or relationship with the child and family. There needs to

be minimal state standards developed to ensure that planning, timely and detailed handovers, individual and community support occurs.

Individual students need to be tracked and projected needs and funding identified and attached prior to a crisis or transition point.

There is a lack of alternate settings for children with high support needs in high schools.

## **References**

Angus, M., Olney, H. and Ainley, J. (2007). *In the balance: The future of Australia's primary schools*. Kaleen, ACT: Australian Primary Principals Association.

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