

Submission
No 78

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

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

SUBMISSION

The Inquiry is requesting submissions from the public that address some or all of the following terms of reference. You are invited to detail your views, examples and recommendations for improvement in the spaces provided (*copy additional forms if more space is required*):

NB: Not all terms of reference need be addressed.

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

Funding for students with emotional and behaviour disabilities in the school system is often inadequate at the time of earliest intervention when chances of change and long-term success are at their greatest.

During early learning stages of learning a child may only have a few hours a week additional adult behaviour and learning support. Early support usually determines whether a student is set on a pathway of success or failure in the school system. If funding support is inadequate, a child who does not understand the cultural context of the school and has poor self-regulation skills can quickly fail to connect with learning. The child can easily become marginalised from learning, demonised because of their challenging behaviour and be set up in a pattern of feeling rejected by the school and the education system. These children then settle into a pattern of dysfunctional relationships with peers, teachers and the system.

The lack of access and equity in accessing special placements across the state means that some students may wait long periods for specialist behaviour intervention and this support may come well into their primary schooling, when they are already well down the path of disengagement from education. The cost of supporting a disengaged adolescent in alternative education settings after years of school failure, is far greater than the cost of more adequate funding for effective early intervention in the early school years.

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.

Funding for students with disabilities is currently based on the child's primary disability with no consideration given for students with multiple support needs. For instance a child with an intellectual disability, a mental health condition and challenging behaviour is funded on their primary disability only, that is, the disability that most affects their quality of life and learning.

The funding available may be totally inadequate for the child's actual support needs. For instance if a student is placed in a support class based on their primary disability there is no additional support available to meet their additional, learning or behaviour needs. Children should be individually assessed on a case by case basis and support given based on the child's needs. It may be necessary to provide additional staffing in support classes, above establishment, to individually support children with multiple, complex learning needs.

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

Some regions in NSW have long waiting lists for places in Behaviour support classes. There is inequity of access to these places across the state. In our region, some students spend long periods out of school or on suspension, while awaiting placement, further disengaging and disadvantaging them. The process of creating additional ED classes should be much more streamlined. Where regions have programs with waiting lists, for several years of 20 or more students, it should be a much easier process to create additional classes just as it is with the establishment of mainstream classes.

Also, there is a requirement that all students in ED/BD classes must have a clinical diagnosis. Waiting lists for mental health services in our area are also considerable. So regardless of their behaviour, students whose parents refuse or are too disorganised to organise assessment, may not receive adequate support. The students continue to be unsupported and to fail, spending increasing periods of time out of the school setting. Access to clinical services within the school setting would be invaluable. If the DET had its own team of clinical psychologists who could observe and diagnosis children within the school setting, early intervention would be easier and much more effective.

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

At present the level of success in achieving cooperation, consultation and communication between government and non-government agencies is dependent on successful relationships between individual schools, services and officers. As with the guidelines for Learning Support Teams, there should be draft guidelines for how individual cases are managed so that the protocols for funding, the sharing of information and responsibilities are clearly defined.

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

I have been the Head Teacher of a unit for conduct disordered students for 10 years. It is a specialised setting designed around best practice techniques for conduct disordered students. Since 2002 we have had great success in students achieving a standard School Certificate in Partnership with Sydney Distance Education High School (SDEHS). Our staff offers behaviour and learning support to students, while SDEHS staff provide curriculum and academic support. This has been a very productive partnership. We are also now enrolling many of our Year students in TVET courses. Our students are enrolled con-currently between their home school, the Unit and SDEHS.

Because the Unit is attached to a high school, located 7 kilometres away, we do not receive the same access to funding and resources as an identically sized SSP. For example, clerical support, library support, access to "Laptops for Learning" for our 14 Stage 5 students, and other important technology such as computer networking and Interactive Whiteboards.

Our student population is highly socio-economically disadvantaged group and student homelessness is common yet we have no access to PSFP funding because this is calculated on the character of our base school. Over the past three years, our levels of funding have been diminishing making it difficult to provide the latest technology and learning resources and to maintain individual support for our students.

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

In our local area, conduct disordered (CD) students are highly disadvantaged in terms of their access to clinical services. These health services tend to favour young people with internalising emotional and behaviour issues and neglect young people with externalising behaviours because it takes time to connect and work with these young people. Young people with CDs may be exhibiting all the symptoms of a mental illness however they often do not see a psychiatrist because they refuse to attend a setting which is unfamiliar.

More access to clinical supports in specialist settings such as a psychiatric nurse who could build a relationship with these young people in the school setting is vital. This would facilitate further referral to mental health services.

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

The behaviour management components of most teacher training degrees and on-going professional development programs for experienced teachers are inadequate. Most teachers are ill-prepared to manage the most difficult students.

With an aging teaching population in our region, there is also a critical need for practical on-the-job-training for younger teachers who wish to work in ED/BD settings. These settings are only as good as the knowledge and skills of the teachers working in them. Simply completing tertiary study in behaviour management can not equip young teachers for the personal challenge of working with troubled young people with highly oppositional behaviour. Any pre-placement training for ED/BD teachers should involve a lengthy internship allowing these young teachers to work with successful, experienced practitioners in an ED/BD setting. This would allow young teachers to see best practice modelled, to practice these skills with mentoring support and to hone their knowledge and their management skills especially in highly stressful situations.

8. Any other related matters.

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Date: 7/2/2010

(Please tick)

<input type="checkbox"/> Parent	<input type="checkbox"/> Principal
<input type="checkbox"/> Teacher	<input checked="" type="checkbox"/> Head Teacher

If you are making a submission on behalf of an organisation, please indicate who has authorised it, for example, the executive committee, president or chairperson.

Organisation:

Authorised by: