

**Submission
No 132**

**INQUIRY INTO STUDENTS WITH A DISABILITY OR
SPECIAL NEEDS IN NEW SOUTH WALES SCHOOLS**

Organisation: The Royal Australasian College of Physicians

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**RACP submission to the inquiry into the
provision of education to students with a
disability or special needs in government
and non-government schools in New
South Wales**

February 2017

Inquiry into the provision of education to students with a disability or special needs in government and non-government schools in New South Wales

ToR1:

Information on programs and initiatives that improve access to education for students with disability or special needs (can include programs that improve access for all students with specific reference to students with disability or special needs). Please include any data that you have that might illustrate your information

While the Royal Australasian RACP of Physicians (RACP) supports the NSW Department of Education's policy, *Every Student Every School*, our Fellows report that the policy allowing a child to be enrolled in their local public school regardless of their support needs has not always been well implemented.

In one reported case, a student with very high physical needs enrolled at a school which was not prepared and equipped to provide the necessary support for this student. The school did not have any previous experience with students who had such high physical support needs. The staff had not received appropriate training on providing gastrostomy feeds, tracheostomy or ventilators for example, nor was appropriate infrastructure such as hoisting equipment available at the school.

In another case, a special school had unexpectedly been told to accommodate a wide range of dependent physically impaired children and children with some physical abilities but severe conditions resulting in behavioural issues, such as severe autism. A paediatrician personally witnessed two incidents in that school that had the potential to cause great harm due to the collocation of children with different physical abilities and severe behavioural issues in one playground.

While the RACP is aware that some special support schools have physically separate playground areas to respond to the diverse needs of their students and to mitigate the risk of harmful incidents, we recommend that schools routinely explore triggers to challenging behaviour and implement positive practices, only separating students as a last resort. The RACP strongly believes that a positive approach towards behavioural problems is paramount to better understanding and addressing challenging behaviour, and ensuring each child is safely included in their community, school and playground. The RACP is aware that many special schools have not only addressed the physical environment of their school but also developed staff skills in communication with children and identifying precipitants to challenging behaviours.

Interagency and multidisciplinary school based clinics involving school staff, disability services and health professionals, especially paediatricians and psychiatrists, is another way of supporting schools to address challenging behaviour. This innovative, collaborative model of care brings closer together those services involved in supporting children and families and can provide specific advice and support to school staff who manage children with special support needs or challenging behaviour.

Some of the children seen at such clinics have been physically violent and injured staff and other students or are at risk of suspension. This clinic model expedites diagnosis and treatment of physical and mental health conditions, facilitates access by school staff to expert health practitioners such as psychologists, and ensures seamless service delivery across school, health care, respite services and family life.

These school based clinics have been very well received by families of children with disabilities as well as school staff and provide a great model for extending such clinics to other schools and

regions¹. The RACP recommends that the NSW Department of Education consider rolling out interagency, multidisciplinary school based clinics throughout NSW.

ToR 2:

Details on how the programs/initiatives identified at (1) have impacted on the work of schools or the experience of students with disability or special needs and their families

The RACP would like to highlight that children with medical needs are often inadequately supported in the school setting in NSW. For example, Fellows report that children with spina bifida who require intermittent bladder catheterisation for urinary retention often face difficulty in provision and training for an aide to assist with this at school. As a result, parents often attend school several times per day to do this, which has impacts on both the child and family from a psychosocial and socioeconomic point of view.

Another area of concern to the RACP is children with type 1 diabetes (all of whom require insulin) whose enrolment seems to be putting unnecessary stress and pressure on schools. While some of our members are already involved in training and educating teachers in their local schools on how to support children with type 1 diabetes, the RACP recommends that state wide training on how to support students with medical conditions such as diabetes in schools should be developed by the NSW Department of Education and NSW Health. Paediatricians would be well placed to assist in developing training for school staff, especially for those in rural and regional areas.

Paediatricians have heard anecdotally of incidents where children with type 1 diabetes testing their blood glucose level (BGL) have been requested by their teacher not to do so in the classroom. If the BGL is low, some of these children are then required to walk to the school's office to treat the low BGL, risking an even lower BGL by walking. The RACP believes that allowances for extra food intake, insulin injections and toilet visits should be provided as needed to all children with medical conditions such as type 1 diabetes.

The RACP understands that students can ask for such extra allowances, especially during exams, but not all students and their families may be aware of this. We therefore recommend that the NSW Department of Education ensures that information about extra allowances is better disseminated to staff, students and their families. The RACP may be able to assist in dissemination of this type of information to paediatricians and other medical specialists.

While the RACP is aware of the NSW Department of Education developing individual health care plans to meet the specific health care needs of students in NSW public schools, we recommend that teachers and staff are trained to understand how to efficiently implement such plans in their teaching practice. As mentioned above, we believe that interagency clinics could assist schools and teaching staff to develop individual health care plans in more complex cases, or whenever the school needs further advice on the health care needs of one of their students. The RACP believes appropriately supporting students with medical conditions will maximise their learning and this should be the premise of individual health care planning at NSW schools.

ToR 3:

Details of impacts/changes to activities in your area as a result of the implementation of *Every Student Every School*

The RACP has concerns regarding the NSW Department of Education's assisted school travel program policy on transport options to and from school for children with disabilities in support units or at special schools. The policy seems to suggest that if a child is sufficiently mobile they can catch public transport to school, which may not be the most appropriate means of transport for a child with disability. Without any other transport options available, families often need to ferry their child with

¹ Metro-Regional Intellectual Disability Network Schoolkit website. Available at <http://schoolkit.org.au> (accessed 9 February 2017)

disabilities significant distances to and from school every day, placing unnecessary burden of care on families and carers.

Accessible and affordable transport is key in enabling students with a disability to attend school, and we recommend the NSW Department of Education consider how appropriate transport options can be made available for children with disabilities. Further, the NSW Department of Education could consider extending the eligibility criteria for access to the assisted school travel program, reducing the burden on families, or consider placing a child with disabilities in a school closer to home.

The RACP is further concerned that the legal obligations under the Disability Standards for Education (DSE) to ensure that every student is able to participate in the curriculum on the same basis as their peers may be inconsistently implemented across schools in NSW.

In one reported case, a student attending high school needed a specific set up of computer technology to participate in the curriculum, as the student is non-verbal and has a severe dyspraxic dystonic generalised motor disorder (including limited speech). The high school asked the student to supply his own technology support instead of the school assisting in providing some or all of it.

While the RACP is not aware of the reasons for this decision, we recommend schools and staff be provided with clear guidance on which necessary adjustments are expected to be provided by schools and which reasonable adjustments are expected to be provided by the students and their families themselves.

ToR 4:

Information on programs/services or resources specifically targeting students with disability or special needs in regional areas

The RACP would like to highlight two health services supporting students with disability or special needs in NSW.

Firstly, the Kids Rehab Children's Hospital Westmead service which runs amongst other services a School Readiness group aimed at improving the capacity of children with an acquired brain injury (ABI) to participate in a classroom setting, the particular focus of this group is to improve cognitive function.

Secondly, the Sydney Children's Hospital Network Paediatric Rehabilitation Departments (kids Rehab and Rehab2kids) together with the NSW Department of Education are running a project at present called "*Bridging the Gap*" which aims to smooth the process of transition from hospital back to school after a new diagnosis with significant disability requiring inpatient rehabilitation. This project has the potential to provide a future framework to facilitate communication and clear strategies to ensure appropriate ongoing interventions and review of a student with a new disability in NSW schools. The project includes consumer engagement with clinicians, educator and families in rural, regional and metro NSW.

ToR 5:

Any other related issues or information (including information relating to the Inquiry Terms of Reference not covered elsewhere)

While the RACP supports the *Every school Every student* policy, we are concerned that many children and their families still report experiencing some form of difficulty when trying to access education for their child.

While the RACP acknowledges the NSW Department of Education's continued effort in providing information and intensive training regarding a child's additional support needs, anecdotal evidence

seems to suggest that there is still variability amongst the professionals working directly with the child, especially in rural and regional NSW. The RACP recommends that the NSW Department of Education continues to work with health professionals such as interagency clinics on how to better and more consistently support students with disability and special support needs in all schools in NSW.

Paediatricians and other medical specialists remain keen to work closely with the NSW Department of Education and school staff, to improve care, health and wellbeing for children with disabilities and health conditions. The RACP recognises that close and effective collaboration across sectors is in the best interest of vulnerable children and their families.