REPORT OF PROCEEDINGS BEFORE

STANDING COMMITTEE ON SOCIAL ISSUES

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

CORRECTED PROOF

\---

At Sydney on Monday, 12 September 2011

\---

The Committee met at 10 a.m.

\---

PRESENT

The Hon. Niall BLAIR (Chair)

The Hon. G. Donnelly
The Hon. C. Faehrmann
The Hon. N. Maclaren-Jones
The Hon. H. Westwood

Transcript provided by Pacific Solutions

BRIAN SMYTH KING, Director of Disability Programs within the Department of Education and Communities, sworn and examined:

DEONNE MARGARET SMITH, General Manager for Access and Equity within the Department of Education and Communities, sworn and examined:

ROBYN BALE, Director of Student Achievement and Community Partnerships within the Department of Education and Communities, sworn and examined:

JOHN MASON, Executive Director of Early Childhood Education and Care within the Department of Education and Communities, affirmed and examined:

Ms SMITH: I would like to make an opening brief statement on behalf of the group.

Times of transition through the stages of education for many children and young people are exciting, sometimes challenging and often very positive. You will often hear teachers or the parents or the children themselves talk about being ready for a new change. Around 60,000 children transition from home to an early childhood setting into kindergarten in a government school and they continue transitions throughout the stages of education. Key transition points are from Years 2-3, as well as 6-7 and from high school to further training and employment.

But there are also less linear transition points for some children, young people and their families. For example, newly arrived refugees who can arrive at any time at any age and throughout the year; young people transitioning into or out of specialist settings, for example, special schools for the juvenile justice system; children or young people who experience a lot of change in their lives including where they live or who they are living with.

Families as well as children and young people go through transition processes when they move from one stage of education to another. Families are also moving from the known to the unknown. Children and young people with additional and complex needs and their families can feel particularly vulnerable at key transition times. It is extremely important for children and young people to experience the positive transition so that they are set up to be as successful as possible in their new environment.

As equally as important to the staff of our early childhood settings, schools and adult learning environments such as TAFE is to ensure that children and young people with additional and complex needs are appropriately supported so that they thrive in their new setting. There is genuinely good intent all around. We know a lot about what works and there is some excellent current examples of transition processes that really set children and young people up for success. There are also some real challenges that need to be addresses that are not quick fixes.

Some of the things as an overview that we believe make a real difference in terms of what works are quality relationships and partnerships between families, staff, the child or young person themselves; sometimes the wider community, for example, a relationship with the broader Aboriginal community is essential for a school to be able to do the best that they can for a young Aboriginal child with complex and additional needs.

Sometimes it is also important for a very good relationship and partnership with a range of government and non-government providers. Personalised approaches that are strength based we believe make a real difference. One size certainly does not fit all. We need to know the child or young person very well as a whole person, not a series of issues to overcome. Particularly we need to know their strengths, previous experiences and interests as well as additional needs, accurate information from a variety of sources, but particularly including the family, the previous setting, the child or young person themselves and information from particular government or non-government agencies that may have been supporting them. Good ongoing communication processes well before and beyond the point of transition. It is not a one-off event, this is transition day or these are three transition visits to the school. For the children with really complex needs you need to know the child and the family well before they arrive and prepare for them and continue to watch out for them and to make sure they have settled well into the education setting and that their needs are being met.

Everyone in the process needs to know their rights and responsibilities. That can be different even within a school, so students may need adjustments to the teaching process within the school but that may mean completely different things to different teachers teaching different subjects. So it is not just a matter of a couple of key people in the school knowing or the principal knowing. For a young person to be set up for success everyone needs to know about their particular needs and what it means for them as a professional to support those needs.

You need universal as well as targeted support. Good transition programs make every child and family feel welcomed and comfortable and ensure they know about their new environment. This is just as important for a child or young person with complex needs, but they need more than that. As well as that they need really targeted, individualised support.

Professional learning for our staff and support of our staff is really important. Part of that professional learning needs to be where they can get advice from the family and the children themselves about what works for them because an additional or complex need is not the same for a particular issue or disability. Every child is different and every family is different.

Some of the challenges that we face are the complexity of the support service landscape for individual children and families and across agencies and the different support that is available in different locations. So from a school's perspective or a teacher's perspective the kind of supports available in one community might be quite different to another and you need to have your head around that. Complex and additional needs can affect a very wide range of children and young people and their families for a very wide range of reasons and in a very wide range of ways. For example, being an Aboriginal person does not automatically mean that you have complex or additional needs that will affect your transition through education, but for some Aboriginal students and their families, the transition points at different stages of education are very difficult and require a real personalised approach where you get to know the child and the family very well and learn what it will take for them to be successful in a new setting.

We have to ensure that our staff are supported to cater for the diverse range of children and young people in their classes and that they understand the adjustments that they will need to make to ensure that every child in their class is taught well and included. We need access to information but also the time necessary to work in partnerships with families and children, the time necessary to get the information but to also build the relationship.

Planning processes have to be transparent and understood by all families. They have to be designed in a way that you are building in best practice across a system but equally no one size fits all because transitions for young people and children with complex needs, and their families, are very personalised and individualised. So it is finding a balance between a safety net of good practice but allowing maximum flexibility to meet individual needs.

The support systems we provide are complex and have multiple entry points. Collectively we need to empower individuals for whom we provide the service and we need to empower them with information, decision making and choice.

In education, we are working to enhance this through a stronger and well-articulated practice of learning support where the needs of the individuals are recognised, respected and supported in a planned and coordinated way. Thank you.

The Hon. Helen WESTWOOD: Thank you for your comprehensive submission and your statements. The NSW Government notes in its submission that the service landscape for students with additional needs is complex and for parents it can seem like a maze. I have to say given that it was some 30 years ago that I had that experience myself as a parent, it is I guess a little disappointing that it still is or can be a maze for parents.

Could you give the Committee a picture of the services currently available to support students and their families during transitions into and between stages of education, so specific services I would be interested in.

Mr SMYTH KING: I am happy to talk first off about the services for students with disabilities. I think the landscape has changed quite significantly in the last 30 years. I guess it brings us back to the nub of the question that you asked anyway that what somebody experienced 30 years ago it still has many of the same sorts of issues that they experience today. I think it is because the landscape for families that have children with disabilities is somewhat different now in terms of the legislative base in which we provide services, the expectations that individuals, community, parents and educators have in terms of the education experience for people.

Probably critical to all of that is where parents choose to enrol their children. In the New South Wales public school sector we have, and I can illustrate by way of a couple of key points, the complexity of what we are dealing with here. We have about 740,000 students attending 2,230 odd schools every day. Within that group of students about 90,000 of those children will have additional or complex needs in relation to their learning. They sit in 50,000 classrooms on any one day and they are being taught by 65,000 teachers or people that take the role of teachers in schools.

The way in which we get a service sector that actually has every one of those people fully understanding and embracing and knowledgeable about what is available and what is needed is really a very complex task. I guess that is the challenge we have these days in terms of where parents send their children. 80 per cent of children with disabilities are now enrolled in regular classes in regular schools. So when a child does enrol in a regular class, parents will be in the first instance required to choose whether they want a special or regular classroom setting.

Once they have made that choice then the services that will be available to them will be reflective of those choices. If you enrol in a regular class in a regular school you will be given targeted support, but if you enrol in a special class or a special school it is a different process. Parents find those quite challenging when two parents with similar sorts of children with needs choose different options and they experience a different sort of pathway. It is the number of people they come in contact with. It is the entry points with which they come into the system and it is the system having standards in place and planning processes in place that give the same experience to everybody that is a real challenge for us I think.

The Hon. Helen WESTWOOD: Following up on that, does the system allow for an assessment for the four service providers to sit down with families once that assessment has been made and then to determine a plan for that child? I understand that may change, but is there a plan then that would take them up to say the next two years and then look where the child's development is at that time and then perhaps in another two years reassess that? And is that done with relevant and appropriately qualified professionals?

Mr SMYTH KING: The answer I can provide on that front is that when I talk about up to 90,000 kids having additional needs, it was also specifically contingent upon where you live, what sort of services you come to, what sort of other additional services you may well also be accessing. For children with more significant levels of additional need, then the system has in place I think a relatively good mechanism for those sort of planning process to take place. 4.5 per cent of the students or about 35,000 students have confirmed disabilities in our system. For those children there is an annual review of their placement. There is transition planning where they come from prior to school services or between services and things that lead them from one stage of education to the next.

It is reviewed annually. It is updated. Parents are part of that process. But then again where we have challenges is where local interpretations are made of those practices and those standards and systems that we have in place to the point where some parents may well have a much better experience than other people.

Ms SMITH: We can provide a little bit more information more broadly about young people with needs or are you happy in this case to focus on disabilities and learning needs?

The Hon. Helen WESTWOOD: I am happy for some more information, more broadly than that is fine. I would also be interested in whether there is that follow up. What sort of assessment is done at those transition stages? Also once they leave the high school and go on to further education, what assessment is made and what follow up is there for those young people?

Ms BALE: Just before we go on to those other aspects, let me just touch on some of the things, some of the additional programs and services that we actually have, so you have more of a fuller picture and perhaps John might like to talk about that as well.

In my particular area of responsibility there are a number of aspects of my work that focus on those transition points of young people. Some of them are universal programs. Some of them are more targeted programs, either within the community or a particular group of children or families. We have the 100 preschools that are operated out of government schools across New South Wales. Many of our preschools also have children with disabilities or with complex needs within their preschool setting. We have 47 early intervention classes that are specifically for young children with disabilities under school age so they move into some of our early intervention class and then transition from there into a schooling setting. Children can enter those early intervention classes a few years before school entry, so it is not just the first year before school.

We also have a program called the Schools as Community Centres, which is funded under Families New South Wales. It is a program that is a prevention/early intervention initiative that is established in areas that are facing quite marked challenges of disadvantage. So we have many families that are very needy within the community and so a facilitator brings together the relevant agencies, if you like, government and non-government, and together they determine with the community what sorts of things they actually want to see for their children and families. So they work on a range of initiatives to support families with children from birth. You typically might see support of play groups, parenting programs, health, nutrition, connections with health workers and so on; then a particular focus as the children start to get closer to the schooling years. So that transition to school is a core part of their work.

Within the early childhood field we have been looking at a range of other ways that we can support specific groups, and I think about refugee families, so families that have recently arrived as refugees. We have a program that we have been piloting now for a couple of years called Beginning School Well. It is a mentoring program where we have mentors for families. So it is not just about the child, it is about the family as well, so that together they can be transitioned into an Australian context and into schooling in the Australian context as well.

So we have mentors that speak the family's language, their home language. So from the very outset we have good, strong connections with families with someone that understands them in terms of their language and also understands the context from where they have come and they can help support them into the schooling environment.

The program starts at least 6 months before school entry and covers that transition point in the early stages of kindergarten for at least one term or two terms into school, so that support does not stop as the child enters school. It continues for the family.

Also we have established a package now of extended transition to school programs because we understand that for some families transition to school does need to be over a much more extended period of time, not just an orientation program or a few sessions before school, but perhaps starting the full year before school entry, and for some families even longer than that.

So we have a range of options to help schools make those decisions locally about what is going to be the best fit for their community alongside their community.

Links to Learning is another program that I have responsibility for that supports students at the other end of their schooling, so it is funding that goes to non-government organisations to work with young people who are disengaging from their education and perhaps their family and their community, or at risk of disengaging, so the non-government organisation works with the young people, works with the schooling environment to help them reconnect with their school or transition point into other programs, work or further training and so on. So that program provides funding annually to non-government organisations. I think we have them working with about 180 secondary schools this year.

Also I have responsibility for the Low SES School Communities National Partnership, which is a program that is being worked on between the Commonwealth and the States where we have around 550 schools that will be participating in the national partnership over the life of the partnership, that comes to an end in 2015. A lot of their work is around community partnerships. We do have a lot of schools that actually implement transition programs into school or from school into further training and/or work. While it is a universal program, we do have many young people in vulnerable communities that are participating through initiatives established by the low SES national partnership.

In addition, I have a program called the Intervention Support Program. It provides funding to non-government community organisations that support babies from birth right up to 18 years of age. So the key thing is that the funding goes to the NGO. Most of the funding supports children under school age. I think around 4,500 children each year are supported through the ISP and towards the transition into school. But the program also provides funding to organisations that support young people in out of home care as well.

So I might hand over to John who has more information on early childhood.

Mr MASON: So my area of responsibility is regulating early childhood services and I am also involved in the funding of those early childhood services. In terms of regulating for early childhood services, there is about 3,500 licensed early childhood services at present.

Each of the providers of those services have a regulatory obligation to provide programs and have in place policies that assist children successfully to come into their early childhood environment and then to transition from that environment to a school setting or to another early childhood environment. I think one of the interesting challenges there is that coming into a regulated early childhood environment is often a family and child's first experience of a semi-institutional engagement and as a regulator we put some emphasis on the way in which the services are engaged with families.

In terms of the funding of early childhood services, the State has a role there as well as the Commonwealth. The State's role extends to about 1,200 of those 3,500 licensed services. The primary goal of the State's funding is I suppose access and equity. It works from the assumption that the more children, particularly those with special needs from disadvantaged backgrounds, that can be engaged in early childhood services prior to school entry, then easier will be subsequent transitions and the greater the benefits for those children.

The funding itself is directed across the range of those 1,200 services, but, as Robyn mentioned, there are also particular targeted programs. One I am responsible for is the Supporting Children with Additional Needs Program. It is about $13 million and each year it provides funding through a brokerage system to provide assistance tailored to the individual needs of children in those 1,200 State funded early childhood centres and services. It is the type of the program that can put together a package on an individual's child's needs, first of all, to ensure they are able to be enrolled in that early childhood service and then successfully participate in those programs and then transition on to school, by way of example.

The Hon. Greg DONNELLY: Thank you for your evidence. Thanks for coming along today and thanks for the great work you are doing for children and families in New South Wales.

I have some specific questions and some general questions in my time. The first general question is about your thoughts on are we doing a reasonably good job or a good job in early identification of these issues? The evidence seems to be, not just here in Australia, but elsewhere in the world, that the earlier we can get in and identify these things and put programs in place and if those programs have longevity. Just your thoughts about are we doing a reasonably good job in getting in there early and identifying some of these things?

Ms SMITH: I will start off and I am sure my colleagues have more specific examples. I completely agree with you about intervening as early as possible. From my sense when children access an early childhood setting it is often an opportunity then to identify issues early and to have things in place to support the child and the family before they even start school. It is more complex when a child comes from home to school and that is the very first step. But there are things in place very early on I think to at least identify some of the particular needs and to monitor what is going on.

Best Start is a program that has been introduced into all our schools. It is fairly new, but it provides the teacher with some early information about the child's literacy and numeracy needs and allows them to identify young people that are at risk of maybe not learning as quickly or picking up some of the expectations in kindergarten as quickly as others and to set in place specific programs to intervene and to make sure that they have the background knowledge and understanding to access the curriculum. That universal assessment very early on in kindergarten has made quite a difference to people being able to identify issues quickly and also to be able to meet and talk with families about what we can do at school and at home to make a difference.

The other thing that has happened over the last couple of years is the introduction of personalised learning plans, not just for children with disabilities but for example many of the Aboriginal students in this State have a personalised learning plan that is developed as soon as the child starts school in partnership with the family and the child and looks at their particular learning needs and what we can do at school and also at home to support those. In some cases, and probably the better cases, also looking at the child's cultural learning needs. That information is used to influence the teacher's program, best practice is that the personalised learning plan is checked on throughout the year, and certainly it would be checked on during parent teacher interviews and those sorts of formal occasions in the school and it is passed from teacher to teacher and school to school.

So my sense of that is that there are some excellent practices that we need to build on. What we need to make sure is that we share the very good practices across the State. Some schools have every child on a personalised learning plan and it has genuinely affected early intervention, in particular individual children's needs and broader supports necessary to support their learnings.

There are from my perspective other examples where the important thing that has happened is that there has been a conversation with the child, the parent and the teacher about that individual, but it has not necessarily led to a real change in the classroom practice, and in the end that is what we are after.

The Hon. Greg DONNELLY: Can I ask, you may not know the answer, in terms of going right back to play group, then preschool and kindergarten, those first two stages, play group and preschool, is there articulation going on between those two before you get to kindergarten? And if that is the case, what is your view about how successful we are at picking things up at say the play group level and then moving forward to later ages? So when they get to kindergarten you already have a body knowledge and evidence which will assist you in developing these plans.

Mr MASON: Early childhood services obviously are not mandatory. There is always a group of families who for a whole range of reasonable reasons will not or do not want to participate in those services. In New South Wales I think my understanding of the information is that there would be about 15,000 children in every year appropriately that wouldn't be participating in formal early childhood services prior to school entry. Where they do participate--

The Hon. Greg DONNELLY: Out of how many?

Mr MASON: Of about 90,000. Out of those who do participate I think there are quite strong arrangements in place to look at the developmental needs of those children working through the health system obviously, but also connected to the education system, the school system.

As I say, where there are formal settings each of those providers has set regulatory responsibility to document each child's individual needs and a regulatory responsibility to demonstrate that they have programs tailored to those needs. I think generally you would find that early childhood professionals are quite cognisant of the support services that exist around families and children that generally are willing to get them involved. So to the extent that we are able to make early childhood service universal, then we do reach out to large numbers of children in a fairly structured way.

The area that I probably could not talk about is children who are not participating in those services and of course they are engaged in other areas with the health system, for example. I do not have knowledge of that.

The Hon. Greg DONNELLY: I have just one more question. On the question of mental health issues, I am wondering would you be able to comment about that issue and whether in terms of young people coming into formal schooling, kindergarten and moving on, that we are finding young children with a growing number of mental health issues that we are having to deal with in the context of formal schooling?

Mr SMYTH KING: I am happy to take that question. We are finding children are coming into schools with more complex needs than we have probably ever had. If you are a teacher in the early years of schooling, kindergarten say to Year 2 in New South Wales, the vast majority of kids that you will be dealing with additional needs will be focussed around language and communication needs. That then comes into the school sector and of course where you might not have had prior to school interventions and things, schooling is a very sudden change for many of those young children and so what you have emerging from that where you have got communication and language issues correlated with behavioural problems and management problems that manifest themselves in things that people see as mental health issues, but in the main they are often related to the child's ability to understand communication and respond to it in a way that is meaningful for them and others.

So you have this issue of teachers I guess starting with children that have not been in a formal setting like that before. The families might not have noticed the child is in that sort of context either. You now have them in a formal learning environment versus out of an informal one. I think they are the issues that we are really dealing with most consistently in our schools both regular and special classrooms across the system.

The Hon. Greg DONNELLY: Yes. It is more the argument that we are seeing about expansion, development, extension of mental health issues among adolescents.

Mr SMYTH KING: If I can add a little bit to that. In the early years of schooling you have language and communication as being a focus of need in those first few years of schooling. What we are finding emerges very strongly after that is in the middle years of schooling, Years 3 to say Year 7, where is children that sort of have conditions that are then identified as autism spectrum disorder. It is the largest growing area of disability that we have by category that we have in the system.

Many of those young children by the time you move into the secondary school will have mental health conditions, anxieties, aggression; those sorts of more recognisable mental health conditions. What we know is that autism is a language communication disorder and there is about 78 per cent of young people with an autism diagnosis who will go on to have a mental health condition. So you are finding by far the vast majority of children that are now enrolling in our regular classes in our regular schools, particularly that do end up with a diagnosis of additional needs around autism, and the correlates between those other two areas becomes very strong in what we are seeing.

The Hon. Helen WESTWOOD: I will ask but it is going off in a tangent because regretfully Greg and I have to leave for another meeting before we return so we will not get to speak to you again.

I am interested to know in terms of the professionals that provide services to children with complex needs; is there any area where we are not able to provide the service that children need because we do not have adequately or appropriately qualified staff? Is there an area of training that we are missing out on in terms of professionals to provide services?

Mr SMYTH KING: I think across the broader service sector parents will talk regularly around young children having access to medical services such as therapy services and those sorts of things in terms of early language communication and development. I guess in the school sector, and we have made some enormous progress in recent times around this, it is about the skill and the ability of the regular classroom teacher to actually understand and respond to the needs that the children have in the classroom, if they have got those skills, rather than seeking someone else to come from outside and resolve the problem for them.

I think historically we have had a focus on assessment and diagnosis, but we have not actually been able to build on that because of the nature of where the children are and the sheer numbers of the capacity of actual frontline workers like teachers to work with the children and move them forward in terms of that personalised approach that Deonne was talking about.

Ms BALE: I was just going to pick up on what Deonne was talking about and your question about children with behavioural problems when you are entering school. It is an area where we do have from time to time school principals tell us that there seems to be an increase in the number of children that are coming into school with behavioural problems. Often it is related to the issues Brian was picking up in terms of communication and capacity to understand different scenarios.

I think more recently we have had the introduction of the Australian Early Development Index, which was a national initiative implemented for the first time I think in 2009 but which is going to be rolled out every three years from now we understand. It is a population measure. It looks at the development of young children under school age so it is actually implemented in the schooling system in the first year of school within the first six months of school. It is a checklist of 100 questions. It is broadly in the areas that are well known to early childhood professionals including social confidence, physical health and well-being, emotional maturity and so on.

What we have found with the first implementation - and it has been really encouraging that it is going to be continued - firstly, New South Wales did well in terms of children coming into school that are vulnerable, because it talks about the number of vulnerabilities children have when they come into school and what we do know from that is generally Australia's children are doing well, but New South Wales was doing particularly well with the AEDI.

But one of the things that schools have been telling us is that the information that they gather through the checklist, while it is a population measure, because it is important that children are not labelled, if you like, too early, so it is a population measure. It gives some information about their school, their community and together with Best Start, for example, it gives a broader brush approach about the children that are actually coming into the school within the classroom.

We also have very recently been talking with our senior people in regions, our school education directors, around the issue of social competence, emotional maturity and behaviour of children in the kindergarten year because it has been mentioned as an issue for school principals. So we are looking at a whole range of gathering information to help us actually explore some possible opportunities that will help our schools whether it is about greater information for our schools in that kindergarten year or greater training and support so that teachers really understand where children are coming from and the experiences that they have had prior to school and when they come into school.

One of the other things we do know is increasingly we do have children present to school for the first time without moving outside of the family environment from the time they were born through to the kindergarten year. I think the initiatives both at the State and national level to provide that universal access to preschool will really pick up on the capacity to identify children that do have additional and complex needs well before school and I think that is certainly encouraging for the future.

The Hon. Cate FAEHRMANN: Thank you all for your submissions and attending today. I found the submissions very interesting and very detailed in terms of the services and programs that you are offering. It is what I wanted to focus on if I may.

You mentioned the funding for the early childhoods. I wanted to get a sense of the funding that is available for non-government programs versus government firstly. Do you have that? So basically the funding that is going towards funding program services for non-government - particularly in relation to transition programs and services versus those that are available in the government schools. Do you have that?

Mr MASON: So in terms of the early childhood prior to school sector?

The Hon. Cate FAEHRMANN: If that is easier for you.

Mr MASON: In the early childhood sector there are funding programs from the State government going from preschool, preschool providers primarily, which is an access and equity subsidy, and to some not-for-profit long day care, and of course the Commonwealth funding programs which are much larger across the broader sector. Within the State government's funding programs, there is the primary tailored program Supporting Children with Additional Needs Program that I mentioned. It is not specifically about transition, but it can be. In so far as it is about enabling entry to early childhood settings, formal early childhood settings from families and then assisting children through those and being able to keep them there I suppose and through those settings.

Then there is another - Robyn, you might want to mention the ISP program.

Ms BALE: One of the programs that I manage, and I mentioned before, is called the Intervention Support Program knows as the ISP. It provides around $12 million annually to non-government community based organisations supporting young children with disabilities, so they must have a confirmed disability and it only goes to community not-for-profit providers. Most of the funding is for under school age from birth right to school, but we also have children in the schooling years that are supported by some of the big organisations that we fund such as Aspect for children with autism or the Royal Institute for Deaf and Blind Children. But it goes to not just the preschool providers or long day care service providers; it also goes to services such as family day care so they can provide a whole range of services for families.

It is not only about a centre based support. Some of them provide consultants to provide support within the family within the home setting because we know for some families they actually need the starting point, particularly for very young children it needs to be within the home; so it is around $12 million annually and it is all to the community based organisations.

The Hon. Cate FAEHRMANN: Often with grants and programs that are going to non-profits there is the feedback that they are competitive grants or they are for three years and they are coming up to three months into when the three year program is almost finished and they are not sure what is going on. So I suppose the question is to try and get a sense in terms of the money that is provided for the services; is there a potential weakness? I don't know. I am just trying to work out if there is. In that there are some good programs being delivered that maybe trial programs that are not continued. It does seem that there are lot of different services that are being run through a lot of non-profits and sometimes that can be really piecemeal and patchy so just seeing whether that is an issue.

Mr MASON: Just by way of scene setting, I suppose most children in formal early childhood settings are in commercial, for-profit, early childhood services and a smaller number would be in not-for-profit services. So we are thinking about the systems that run across the whole sector.

In the terms of the State government's programs though, there is opportunity for greater alignment and improvement in the way those systems or programs are administered. One of the goals of the area that I work in, regulating and funding State government early childhood services in New South Wales having been brought into education, was to bring programs like supporting the children with additional needs program, which was previously in Family and Community Services with a $13 million budget, and to bring it into the same department that administers the ISP program.

There is a formal fundamental policy review of the State government's investment in early childhood services just recently commenced. One of the goals of that review is to look at the alignment of programs and expenditure, particularly in this area where there is obviously duplication of programs and also about the way in which they are administered to make them less unnecessarily burdensome for providers to be engaged with, and come up with contractual arrangements that give more certainty or transparency about funding criteria.

The Hon. Cate FAEHRMANN: Where is that process up to in terms of getting alignment into the programs?

Mr MASON: The review? The review got under way in July and August. An independent reviewer has been appointed, Professor Deborah Brennan from the University of New South Wales. Professor Brennan has started off the review with some consultations with the sector about what they think should be done about it to reform State government funding.

The terms of reference has been established and I suppose we are at that initial investigative learning part of the review where Professor Brennan and officers that work with myself on the funding review gather information from the sector about how they think it should be done better according to the terms of reference.

The terms of reference have been published on the department's website. They are quite broad. $176 million was in last year's budget, more than that is in this year's budget. They encompass all that funding and ask the question: How should this funding be more effectively administered and delivered?

Ms BALE: I think one of the things that we do acknowledge with the different funding streams is that there are different application requirements, there are different timings, there are different accountability requirements and so on. That does create red tape for organisations. It does create confusion for families because there is also different eligibility requirements. So certainly the funding review is most welcome. We had already initiated some work to try and align things, but this will just facilitate that process much quicker and come out hopefully with a much more streamlined approach for organisations and also for families.

The Hon. Cate FAEHRMANN: An example of a program that you mentioned was the Beginning School Well for refugee families. Is there an unmet demand there for programs like that? For example, I visited a migrant resource centre recently and they were telling me about the enormous need of children transitioning into school and they had some programs that they were running. But I am particularly interested to know more about what the Department is doing there.

Ms BALE: Beginning School Well is a program that I manage. It started off as a little pilot program. What we have been doing is working in areas where there are high numbers of refugees, children and families. Essentially the program starts off with a seeding program to get the connections built within the community to perhaps put some different processes in place within the schools. What schools are telling us from their participation in the project is that they wanted to continue in the following year and they have actually embraced it themselves.

They have also started looking very differently at the population of the children that are coming into their school and actually are going deeper and delving into what their needs are and how they can support them in very different ways to what they have in the past.

Often we might have mentors, but to actually have the mentor that speaks the language of the home is very important because it helps families to feel like they belong, to help them feel like that they can say the things that are actually concerning them so that they can put things on the table. It has been a fairly small program but we are certainly building on that and it has been picked up by other particular areas within our department as well.

The Hon. Cate FAEHRMANN: So it is a pilot program. I would be interested to know how much funding is going towards that. The migrant resource centre that I spoke to was talking about some of its successful play groups that they do for example, and were saying that they had 88 families on the waiting list for that. Iraqi families particularly, there just was not the services. Are there any other programs or do you think there is a fair bit of unmet need there for programs like this for refugee young people?

Ms BALE: There are a whole range of programs. Beginning School Well is just one. I do know there are a whole lot of play groups that are out there. I don't have the numbers on those because they are managed by other government departments particularly the Family New South Wales Strategy. I do know with My School's Community Centres Program that I have responsibility for that we run play groups. We probably have 50 or 60 play groups a year. Many of them are in communities where there are large migrant populations and where there are lots of refugee children and families. They are a very positive way to bring families together because it is non-threatening. It is flexible. It is less structured. It is like a soft-entry point and a gate that opens many other doors for families.

So I cannot comment on the number of programs that are out there or actually if there is an unmet demand because I guess I have a small number. It is really when they get into the school door, but there is a large number out there beyond just the migrant centres, a whole range of organisations run them.

(Short adjournment)

The Hon. Natasha MACLAREN-JONES: I have a couple of questions. The first is in relation to the budget. How much is actually spent on the programs overall per year and how is that broken between the Federal and State funds, if you know that?

Mr MASON: Which program; school? Like the whole--

The Hon. Natasha MACLAREN-JONES: The whole if you have that.

Mr SMYTH KING: I can give you some of it. In the disability area this year we will spend $1.18 billion on special education in our schools sector. It is about 11 or close to 12 per cent of the State's education budget. The vast bulk of that money buys personnel, buys human services. That is just for the disability sector.

The Hon. Natasha MACLAREN-JONES: Including school counsellors?

Mr SMYTH KING: It includes school counsellors, special classes, special schools and the services that support kids with targeted provisions or additional needs in regular classes in regular schools.

CHAIR: If you like you can take questions on notice and provide it at a later date.

Ms SMITH: If could I just clarify, is your question generally about the budget or at transition points?

The Hon. Natasha MACLAREN-JONES: Generally about the budget and then if you want to go into the detail of transition, I am happy for you to take that on notice.

Ms SMITH: I would like to take that on notice just to make sure we get the exact figures.

The Hon. Natasha MACLAREN-JONES: That is fine. I notice in your submissions you talk about there being no New South Wales or national integrated action plan. If there was to be one implemented, what would you see the key aspects of it being?

Mr SMYTH KING: I think in terms of the education sector specifically, it really needs to focus on a concept of building a culture of learning support. We talked earlier about assessment and diagnostic provisions. Yes, they are important. But what ultimately becomes important is that everybody takes responsibility and everybody responds to their responsibility in relation to what they are actually providing or needing to provide. And for us it is very timely at this point, around building the cultures of learning support in all our schools.

As we move towards more local decision making and flexibility and resource usage and things that are critically important people must have a framework by which to operate. It must respect the rights of individuals and provide the information and the coordination of the services that are needed.

Ms BALE: If we are looking at a framework broadly though, there are some things that we know work and work well. I think the essence of it is about the relationships and where there are positive relationships you often have things that go well and go smoothly for children and also for the learning environment, whether that is the school or the before school setting. We know that when there is strong, ongoing collaboration that is a really positive attribute as well. But with all stakeholders, so whoever has an important role to play with the transition of young children or young people that there is a collaboration across stakeholders. We know that the partners are important, so they need to be identified and not just assumed that it is the parent and the child, that there might be other partners that need to be players in this.

When there is planning that takes place across the transition points, so it is not just about the transition into school or from primary school to high school, for example, but at all stages, people are aware of what planning is in place and how they can best contribute to that where there is a really strong partnership with the community. So it comes back to the relationships, if you like, and strong partnerships with the broader community and the local community where the process is respectful and takes into account the needs of all, whether it is children, young people or the families. From a school's point of view where they have a good knowledge of the child and the sorts of things that they have been doing in their prior settings, so whether that is high school being aware of the primary school or primary school being aware of the under school age setting. Then of course at the other end of schooling, that they have a good understanding and knowledge of what is going to be available for people as they transition out of school.

Where we have settings that actually do not have expectations that children or young people prepare for the setting but they also make preparations for the children and young people, so it is a two way process if you like. That feedback from children, young people and families is sought as part of that process. So they are the sorts of things that we know work well and if you are looking at some sort of framework they are the sort of elements we would want to see as well.

Mr SMYTH KING: Can I just build on that a little bit? If you want to able to describe it in a particular way, we have what could be regarded in many cases as a saw tooth of support intervention. So somebody comes into a service afresh. Nobody knows very much about them. They build up knowledge and detail and responses to that particular sort of family or individual, then when they move on to the next point it starts all over again. So you end up starting again to go through a person's educational journey.

What becomes really important in this is that it is not going to be any one professional that is going to assist and take people through that, but it is empowering the individuals themselves to be the decision makers to be responsive to the services that are available and to have the capacity to access those. So whether it be the individual themselves who is empowered and as the people get older obviously the key goal for all of us is to give people the skills, because at the end of the day the people who are going to have the most knowledge about the individual will be the individual themselves or their carers. So they come to you knowing that they have been to a whole range of other places but you do not necessarily know that. It is giving them the power or the capacity to be the decision makers in their own right. It really is embracing person centred services as opposed to service delivery provisions.

Ms SMITH: Just briefly, there is a State Plan target around ensuring that every child with a disability has a personalised learning and support plan. I think that will provide a really important opportunity for us to ensure that we also within that provide a standards framework so that the personalised planning can be as personalised as it needs to be in a sense, but that it is underpinned by principles that we know work well.

I pick up on some of the things that Robyn said about the quality of the relationship, good information sharing, a collaborative approach and within that also setting up mechanisms that ensure that there is good information sharing and good transfer of information.

I think if we can get it right, particularly in that aspect of disability that can be very complex, there will be good spinoffs for other personalised learning plans for children in out of home care and Aboriginal students. So the complexity that we are working through is ensuring that we are responsive to the needs of individuals and their families and we are responsive to the community that individuals and families are in, knowing that services from other agencies can differ depending on where you live. But we have a mechanism that has some strong underlying principles so it is not left to chance that information is passed on. Or it is not left to chance that you seek information from the family or the service provider. I think often that transition, particularly of children with complex needs, is taken very seriously and is done well.

But for me if we were to have an agreed State or national framework, it would be based on what the research tell us about the principles that make the biggest difference and how can we embed that in a system that is localised and personalised and the child and young person and family feel they have some control over.

The Hon. Natasha MACLAREN-JONES: Just picking up on a comment you said about the sharing of information, what are the current processes for sharing information and also what are some barriers that you are finding exist at the moment?

Ms SMITH: One of the current processes that I think is most successful and highly respected by families is a case management approach where a meeting is convened with all the key people, including the child if possible, and definitely an older child or young person, their family, but also the service providers that might be involved in the setting that the young person has come from and the setting that they are going to, where all the issues are put on the table and there is a joint plan about how to ensure that the young person is set up for success in their new setting with different key players taking on different responsibilities. So the parents might say: We will make sure this and this and this happens. There might be some work with an NGO that is providing a particular service to the child or family. But the school is also really explicit about the sort of things they were doing. And there is information from the child about what works for them and what has not in the past worked for them. I think that is really important.

I am interested in looking at some work in Victoria where there is more of an online process where caregivers, family members and teachers can actually provide information electronically and that goes forward. I think that the Committee might want to have a look at that. It is certainly useful in terms of general transition but in terms of children or young people with very complex and additional needs it needs to be more than that. It needs to be people that know most about the child together working out what is going to make a difference and together monitoring it. I do not think an electronic system in a sense is the only answer, but it is certainly a way of capturing information at key points and it is way of alerting people to who they need to be seeking information from. It would be interesting for us I think to explore that as a way forward.

Mr SMYTH KING: Where the relationships between the parties are not strong nor the mutual respect for each other you then face I think a serious range of challenges around the information that is available, particularly where a child or a young person with a complex range of needs has been supported or is being supported by a range of different providers. The parent is often the only person or persons that know the full range.

How and where these were disclosed and how they are shared is very important. That is a real challenge where it might be the decision of those people not to share that information. So what you are often left with is the need to re-establish a lot that information that they might already know or they do not willingly provide. I think what it really comes back to is the basis or the nature of the relationship and the quality of the relationship that people have establish with each other from the very beginning. That is a really, really tough issue because it is about attitudes, it is about values. It is about all of those sorts of things that build from the very outset.

CHAIR: Robyn, the early intervention program that you spoke about, how are children identified to go into that? The early intervention classes?

Ms BALE: We have got 47 of those. They are essentially a part of the department's special education program and children need to have a confirmed disability. So they have to have been identified, have a confirmed disability and then the process is through the placement panel at regional level. So each region has a placement panel and has applications before them and they make a determination about who will be given a place in the class.

CHAIR: The only universal system we have at the moment is the Best Start program, which is just looking at literacy and numeracy, but are we relying on then the skill of the teachers to identify other areas from there to then put the children into say a case management program?

Ms SMITH: Yes. There is a well set up expectation that schools during transition processes will seek information from the previous setting. So, for example, our high schools have transition teachers whose job it is to work closely with the primary school and to make sure that appropriate information about every child is transferred to the new setting. So that is in place.

But in terms of getting universal baseline information, definitely Best Start is probably the key process, but it focuses very much on literacy and numeracy. There are other things involved in a good transition. You will generally get at different settings information about the student's academic progress. The next setting would expect that. You do not always get the information though about other government agencies that they might be working with or NGOs that are supporting the family. That is why there needs to be, as well as a universal transition process, some real thought and planning given to the targeted transition for students that are identified with really complex needs.

CHAIR: A lot of the submissions across the board talk about strong case management, so what is the department's role in case management with individual students once they are identified?

Mr SMYTH KING: In the area of disability, and I guess I talk explicitly about that because that is the area where I work, it is about identifying children with additional needs as they come to school. I indicated earlier that we are often challenged by the numbers of young children that come into school and for the first time people outside the family are now seeing this child in a sustained context and need to identify what additional needs there are.

First and foremost, it is probably the classroom teacher being the daily manager of that child, because they have a unique relationship with the child and the family that most other government agencies do not have. It is then the supports and the structures that the classroom teacher then has access to as the needs and the issues that are emerging are dealt with.

We are currently focussing very much on building the effectiveness of learning support teams in school, so that whole schools take responsibilities for young children, particularly those at risk, and how they are managed. We have a range of programs that we have talked about that can be drawn on, but they are not always known to individuals or readily brought into the context of the classroom teacher.

CHAIR: Just in relation to the transition to Year 7, A Helping Hand, what sort of funding is provided with that or across the State?

Ms SMITH: I would need to take that one on notice as well. I am not sure.

CHAIR: That is fine. This may be another one that you may need to take on notice as well. Just in relation to data collection in relation to transition support strategies at a local level that have been implemented, any sort of data in relation to that? Again, notice?

Ms SMITH: Yes, on notice. We have got data, but I have not got it here in a form that would be useful so we would need to go back and analyse it and bring it to you.

CHAIR: That is fine.

The Hon. Cate FAEHRMANN: While we are taking things on notice, I wonder if there is some kind of chart that the department can provide that lists the services and programs that are available? I really like charts and I just wonder if - there is a lot of services and stuff in here and whether you have something. Maybe it is a part of your annual report actually, which I have not looked at, but it might be in there.

Mr SMYTH KING: Can I get clarity if it is the services we actually have some jurisdiction over or is it the services that are more broadly available, and then you have three main players, NGOs, Federal Government and State Government providers?

The Hon. Cate FAEHRMANN: The chart would be what you have jurisdiction over, but it would be great to get a broad sense of everything in terms of a chart.

But my question is going to be on juvenile justice actually and what strategies or programs are in place for young people who have had contact with the juvenile justice system to enable them to move into mainstream education again. Because we have focussed a lot on early intervention this morning and I am aware that there is a lot more. I have found the preparing of young adults for transition from school to work is actually quite an interesting area in terms of the submissions. It seemed to be an area that obviously did not seem to have as much as a focus as early intervention. I am interested in what strategies that the department is doing.

Ms SMITH: Currently there is a particular strategy that we are trialling and we have some consultants from our department working in our juvenile justice schools with the teachers, but also the students, and looking in particular at mathematics and supporting students to get a strong sense of the numeracy that they would need in the trades that they are interested in, financial literacy skills and also the sorts of numeracy skills that they would need to be able to transfer successfully back to school.

But it is done in a really practical hands-on way that is engaging and interesting for the students because part of what we need to do is work with the children and young people while they are in the juvenile justice setting to set them up successfully for their next transition.

Also our school counsellors have quite a strong role in working with young people when they are ready to transition into school, and that will be an individualised case management approach. It is really important that the school gets as much information about the young person as possible to help them to be successful. Often there are individualised plans that involve either some additional support services before the young people go straight back into school or a plan where they attend some of the lessons some of the time and then debrief about what was going on and how that worked. Some strong support around what it would take to be successful back at school, but also to move into thinking about their future employment opportunities and what is necessary at school in terms of further training to be on that track of turning your life around.

What I can do is provide some more details about specific programs, but I will need to take that on notice as well.

The Hon. Cate FAEHRMANN: There were a number of submissions that talked about the transition to work programs or community participation programs, are you able to expand a little bit on those?

Mr SMYTH KING: The community participation programs obviously relate to students with disabilities or complex needs in that sense of moving from school. Community participation programs are predominantly focussed on those young people who cannot move straight from formal education into work or vocational training or further education settings. It extends for them that opportunity to do it.

I am looking at my colleague here from TAFE New South Wales who plays a very strong role in working with those service providers. Now they are predominantly non-government service providers. They are funded through Ageing, Disability and Home Care. The people who work in those settings are probably not as skilled as classroom teachers in that they are people who have been brought into the care workforce and TAFE supplements that with a range of the provisions that it can provide in terms of vocational training.

The Hon. Cate FAEHRMANN: And transition to work?

Mr SMYTH KING: That is more vocationally orientated.

The Hon. Cate FAEHRMANN: So therefore young people with disabilities as such. Is there a gap then for young people who are in the juvenile justice system perhaps moving into vocational training in terms of assisting them with that transition?

Mr SMYTH KING: I think the landscape here is diverse in that the numbers of students that we talk about transitioning to work or community participation programs is relatively small. They are not the same population as the students or the young people who end up, unfortunately, on the juvenile justice pathway or reengagement, so the service sectors are very different.

The profile of the young person that ends up in the juvenile justice sector can be very, very different to a person who has got a disability and goes through the transition to work pathway. That can play itself out in a very different way and the challenges that you have is the engagement of the individual, the empowering of the individual. I mean it is not just engaging them in education alone, it is housing support, a whole range of other things that are very important for those young people.

Ms SMITH: Also in terms of juvenile justice, we have around 30 of our specialist settings including juvenile justice schools that are part of the national lower socioeconomic partnership. What we can provide is an analysis of their action plans and the things that they are doing particularly to support the learning of the young people in the juvenile justice setting, but also to set them up for a successful transition either back to school or into the workforce. They do access some vocational training being part of the juvenile justice system.

But I would need to take that on notice to provide some more explicit examples of what actually happens for young people in that system because it is different for almost every young person, so we would need to provide a range of the processes that are generally used and that are generally successful, rather than it is the one size.

Mr SMYTH KING: There is no one size fits all.

The Hon. Cate FAEHRMANN: That would be good to get that information. Thank you.

Ms SMITH: Also we have a colleague here from TAFE. I think if we swore her in we would have a fair bit of information about the transition points if you are interested.

CHAIR: Unfortunately, we will not have time today. We are having two more hearing days and we may be able to talk to the secretariat about coming back to provide some more information.

Ms SMITH: We can certainly provide something in writing about the role of TAFE because they have a really strong role.

CHAIR: Absolutely, and it is important. As Cate said, we have sort of focussed a bit on the early childhood this morning,

Ms SMITH: The other thing with TAFE, and I think we should provide some information about that, there were some questions earlier about if a young person moves from the school setting into TAFE or other adult learning environment, does information follow them and are there supports in place. Information does follow them and there are excellent supports in place. I think that is probably worth getting on record too so we can provide that in writing.

CHAIR: Thank you for all coming along and providing that information.

The Committee has resolved that answers to questions taken on notice be returned within 21 days. The secretariat will contact you in relation to the questions that you have taken on notice and work with you to get those answers. So once again thank you very much for your time this morning and also your submissions.

(The witnesses withdrew)

ROBERT PERRY, Murray School of Education, Charles Sturt University, sworn and examined:

Over the last almost 17 years from beginning in 1997 my partner and fellow professor at Charles Sturt University Sue Dockett and I have worked in the area of transition to school for example on a project about young people staying on in high school and movements between primary and secondary schools.

Sue apologises for not being here. She was invited to be here but she is actually in Europe at an early childhood conference running the transition to school special interest group.

Over the last few years we have particularly looked at situations which might be described as family/children with complex support needs. We have done quite a lot of work in indigenous education and indigenous transition to school. The submission that we put forward was based on a report that we just prepared looking at transition from families with complex support needs.

While that particular project was not necessarily aimed at children with complex support needs per se, more than half of the families with whom we dealt did have children with additional needs. So we made the submission on that basis.

I would like if I could to put some other information to the Committee.

CHAIR: You would like to table the document?

Mr PERRY: Yes. This is a document that our research group has put forward on general transition to school matters. Again, it is aimed specifically at young children moving into primary school; but basically trying to reconceptualise transition to school in terms of four particular aspects: Opportunities, aspirations, expectations and entitlements.

We very much work from a strength based perspective. We believe that all the people involved in transition to school have rights, have entitlements and that transition to school can be seen very much as an opportunity for a great deal of very positive work. We believe the transition to school is about building relationships. We believe that all transitions are about building relationships. That document is designed to put forward those ideas. It was created by a group of 14 leading researchers in transition to school in October last year. Their names and details and so on are in the document.

Basically this document is now being used by groups like DEEWR, other departmental organisations including the New South Wales department as a discussion document, as a way of relooking at what transition to school might be. So I present that document as information.

I think that is about all I would like to say at this stage. Thank you.

The Hon. Cate FAEHRMANN: Thank you for appearing before the Committee, professor. Unfortunately I have not had the time to read the report behind your submission. Obviously you have done an incredible amount of work in the area and have a good deal of expertise and let us see how much of that we can draw out of you in the next hour.

I have heard a lot about the principles about the best transition for students. The government department officials who appeared seemed to have the right language in that they are looking at a person centred approach. They also spoke about building relationships and collaboration and everything. I would like to tease out a little bit what does not work well I suppose and what does from your learned point of view.

Do we need to do more roles within government departments knowing that there is a far bit of change at the moment? I recognise that. What recommendations do you have to ensure that government departments are smoother? It is a very big question.

Mr PERRY: Yes, it is a big question, but let's start. I think there has been a tremendous range of developments around transition at all levels over the last, let us say, 15 years. Sue and I would probably like to claim some of the credit for that but not all of it. There has been a great deal of work going on in that way. We have worked with most of the government departments across Australia in the development of transition programs and so on.

I think one of the things that work specifically very well is relationships which were based on mutual professional and cultural respect. I think it worries me a great deal when I hear school based people or departmental people based in schools saying that they need to find out what children can do and so they need to do things like Best Start, for example, in order to find out what children can do. What worries me about that is that there people who have been living with these children and working with these children for many, many years, five years at least, but in the context of primary and secondary transitions longer than that, and so on.

We do not yet seem to have very successful ways of gaining the information from those people in a form that would be useful to the teachers in schools and to the school systems. I think that is one of the things that are really critical. There have been some attempts in other States. In Victoria, as you probably well know, there is a process of transition statements which are meant to be written jointly by the prior to school teachers and the parents to inform the primary schoolteachers. I actually have a doctoral student working at the moment on the impact of those transition statements and one of the things that seems to be coming out of her work is that in fact these transition statements are reducing the amount of interaction between the professionals because they no longer have to talk to each other.

I think that is a fairly generalised statement, and that is not the case in every particular place. But I think basically what we need to do is to get people talking to each other and that means providing them the resources to have time to do that because whenever there is a suggestion that people talk to each other, that is the answer you get: We don't have time to do that. Or we are a pre-school and our children go to 15 different schools, how can you expect us to talk to all of them? That is a real criticism. I am not suggesting it is not.

However, when we look at the situation with children with additional needs, for example, we find that we have case conferences, we have meetings with various people and things can happen that way. My argument is that every child has special needs. Every child has additional needs. And if it works for one child then it will probably work in a similar sort of way for others.

One of the things that I think has come out of this report, the report on which the submission is based, is the disjuncture that there is as children or young people move from one educational level to another. Partly that was when we did this, partly it was because there were two government departments looking at the two separate areas at the early childhood level, and we are told that the new structure will fix that up in some way. It hasn't fixed it up in other States and I think it is much more than a departmental systemic situation.

At each of the educational transition levels, and particularly at the early childhood level and the primary/secondary level, there are professional jealousies I would call them, which make these communications really difficult. I have spent the last 35 years training early childhood teachers. They train as prior to school and primary teachers. They qualify to teach in both places. They work together through their courses and so on. Yet I have seen examples of my own students, some of whom who have gone into prior to school settings and some who have gone into primary school settings and within three or four months they are saying things about each other's settings which would never have been said while they were training to be teachers. There is a professional ethos in each of those which is disrespectful and this is not helping our children.

There is also an issue I think, if I can take the primary/secondary situation, in the work that we did earlier in the Sydney region of the Department of Education we were specifically looking at that transition. We talk with the young people who are making the transition. That is one of the things that we quite pride ourselves on in terms of our research, that we have taken the time to talk to the people who were central to this whole thing. They talked about exactly the same things as the four year olds talked about in terms of wanting to have friends and needing to know what was going on and needing to know what the rules were, and all those sorts of things.

But then they added something else, which I think was really quite startling, and that is they added a fear about how they were going to be treated in the secondary school. They talked about bullying. They talked about the fears that they had. That sort of discussion the four year olds do not talk about. It still happens, but they don't talk about it.

So again I think there needs to be a great deal more impact put on finding out what the young people and the children are actually on about and actually want. With the work we are currently doing where we are following groups of Year 7, 8 and 9 young people for three years as they make decisions about whether or not they will stay on at school and what they might do when they leave and so on, they are telling us that decisions about staying on at school for them and the people - we have surveyed more broadly than this - but we are actually interviewing about 100 of these young people across the State who have declared in their first survey that they would leave school as soon as they could.

We began this survey almost precisely at the same time as the Government took the decision to raise the school leaving age, which was very inconvenient for the researchers. So the rules have changed a little bit. But these students are telling us that the reason that they will stay on at school, or indeed leave, is about relationships. It is not about curriculum nearly as much as it is about relationships, and particularly the relationships with the teachers.

The Hon. Natasha MACLAREN-JONES: Thank you very much for coming in and also for your submission. I am particularly interested in your comments in relation to the family and the family unit. You refer that the programs are more directed at the individual as opposed to looking at the family. Can you elaborate more what you mean by that?

Mr PERRY: I will certainly do it by giving you an example. One of the families we worked with over 18 months, the child was making the transition to school. It was a single mother. The family was quite extensive in the sense of age. There was a 20-year old son and then we came down until we had the five year old girl. The mother was being looked after through a case worker from FaCHSIA. The mother suffered - I have to be careful about making comments about what the mother suffered from because we in fact adopted a policy that we never ever asked the people what was wrong with them, if you like, because we were interested in the strengths they were showing.

However, this mother did tell us that she suffered depression and was on drugs for depression and was working with the case worker. The daughter had some speech difficulties and went to preschool, was not having a particularly successful preschool in terms of interaction with other children and so on. The speech difficulties were not being addressed because of shortage of speech therapists. I am sure you have been told about that many times, particularly in the bush. The family was working through the Brighter Futures program and there was advice targeted at the daughter in terms of how that might work.

So we had two sets of advice coming, one for the mother and one for the daughter. When it came time to make the decision as to whether or not this child should start school there was also advice coming from the preschool and from the school. I have always told parents that they shouldn't listen to the school because they do not know the child. That gets me into trouble with my departmental colleagues, but basically in terms of making a decision as important as to whether or not you might send your child to school now or wait for another 12 months, it helps if the people giving the advice actually know the child.

Advice was coming from all four places and it was contradictory. There was no coordination around that advice, so this was not advice that was helpful to the family. So that is the sort of thing I mean. Because there was support for the mother, there was support for the daughter, but the support wasn't coordinated and it was aimed at the individuals rather than what might be best for the family. I believe decisions about whether or not your child might go to school are made and they need to be decisions that are made for the benefit not only of the child but of the whole family.

I mean many times I have argued with people about people who are in relative poor circumstances financially where the advice might be that the child should stay in the child care centre or preschool for another year. But where indeed that happens the family simply may not eat as well as if the child went to school. I think there need to be decisions and the decisions need to be made and targeted at the family. They are the sort of things I am saying.

The Hon. Natasha MACLAREN-JONES: Just picking up from your comment in relation to sharing of information and communication, what has been your experience in relation to the current processes at the moment?

Mr PERRY: It is very uneven. You are dealing with people and some people make it work very well and other people do not. It is not inevitable, but it is not surprising that that is the case. I think the issue is again that people are simply not talking to each other. Because if we look at the primary school, the primary school knows a great deal about the children who are going into a high school. But the primary school knows them in a particular way and has developed their materials and information about the children in that sort of way. It is not necessarily the way it is going to be useful to the secondary school teachers. I think what is needed is a joining together of those. So they need to talk to each other about what will be useful and what won't be useful.

At the early childhood level many preschools and childcare centres and so on have extensive portfolios about young children. If those portfolios with the parents' permission find their way to the first year of school teacher, likely that the first year of school teacher is not going to have time even to read them and certainly not digest what those portfolios mean.

But indeed now that they have a much quicker, systematically sanctioned way of getting information they actually do not need to read them anymore. That is the way it is being perceived. So I think there really is a lot of information that is there that is not used. Similarly I do not think, probably with the possible exception of children with additional needs, parents are necessarily listened to in terms of what their children can do and cannot do. I think that is a real shame.
We all know that parents think that their child is the best thing since sliced bread. But that is the parents' job to think that. It would be a real shame if we lived in a society where parents did not think that. But teachers also have pretty good filters for those sorts of things too.

The Hon. Natasha MACLAREN-JONES: In your research have you come across a best practice model that you think would be good?

Mr PERRY: Generally?

The Hon. Natasha MACLAREN-JONES: Yes.

Mr PERRY: Generally I think in academic terms it is encompassed in that document that I just tabled. But it really it is about building relationships, building respectful relationships. What we need is for the players in the game, and there are lots of them. It is not just the child and the school, or the young person and work or whatever. There are a whole lot of other people in all of this. Those players need to have a relationship which is respectful, so if something does go wrong when your child is in Year 7 then you want to be in a situation where you can contact the teacher and say: Something is going wrong. We have to do something about that. You don't want to be contacting the teacher and saying: Hi, my name is Bob Perry. I am so and so's father and we have a problem and I would like to come and meet you. That just takes too long; that all should have happened.

I think that it is that sort of thing that is important. Of course, when we were dealing with children with additional needs then they will have other players involved. If they are lucky, they will have their speech therapist. They will have their physio. They will have other people involved as well. But one of the issues there, and this came out of this particular piece of research, is that parents do not necessarily know what the rules are.

With transition it is the same. Whenever you start a new job you need to know what the rules are. As simple as: How do I go get a cup of tea? Am I allowed to go and get a cup of tea? And in what order and whose cup am I allowed to use; that sort of thing.

Parents do not know what the rules are. A number of the parents in this study were surprised to find that the support that they had in preschool and prior to school settings just did not automatically happen when they went to school. A number of them were surprised that they could not get a place in their local special education setting, whatever it might be. They were surprised that they had to go through a reassessment of the child's capabilities in order to get support. In some cases that was really devastating for the parents.

We have a quote in here that talks about how devastating that can be when you have spent five years trying to develop the strengths of your child but you know if that child shows all those strengths in the assessment then he or she won't get support in the school. So you spend the night before trying to convince the child to do badly. That is pretty devastating stuff. We must have a better way of doing that surely.

So I think there were lots of things like that. But I think it really does come down to, and I guess some of the best practices I have seen have been where the community has played a major role in the transition programs. We have a very good example in Wollongong. It has for a number of years had a community project which has tried to raise the prestige, if you like, of starting school at the early childhood level. It is collaborative. The government departments, the independent schools, the prior to school settings, all those sorts of places get together. They run a picnic where the mayor or the general manager, whoever happens to be there, comes along and welcomes people and so on. It is just about raising the prestige. I think what that had in the development of that program is that the schools, prior to school settings and the communities have begun to talk to each other. So there are a lot of things happening like that.

I think that is probably one of the models that seem to work quite well. Some people have suggested that if we co-located all schools with preschools that would make a difference. There is no evidence of that that I can see. It is about philosophies. It is not about geography.

CHAIR: Just going on from that, that is an example of a successful community to get the transitions right. But you noted in your submission that there is a big variances in availability and accessibility for families for support in different communities. What causes the big variations in those communities? What are some of the factors making that?

Mr PERRY: A lot of it is about workforce and the availability of workforce. It is exacerbated. Almost all of the families that we worked with were living in fairly dire financial circumstances. They were not in a position to access private physiotherapy or speech therapy and so on. In the bush that may have meant that they would have to drive 100 kilometres either way to get there. They could not afford that. Sometimes Brighter Futures helps with that. There were access issues to special schools just insufficient places and so on. That comes down partly at least to workforce. As well as that, even where people did exist in the jobs to do these things they were under so much pressure and their case loads were so high that they really couldn't give the time that perhaps was necessary for people. That is one issue, I think, the workforce issues.

Other issues though were things like institutions, schools, high schools, primary schools, making decisions that seemed on the surface to be really minor but which actually had unintended consequences. I am not blaming anyone for this. No one gets up in the morning and thinks: How am I going to ruin these kids' lives? They were not doing that. One example we had was in a primary school with a family who had a disposable income left of $7 a fortnight after they paid all their bills and so forth and they were very careful with their money. The mother had been very careful about lay-bying school uniforms and those sorts of things. The school decided around about this time of the year they would change their uniform, just in a small way by putting a logo on the shirt. What this meant was that this mother had now stashed away, three quarters of the way paid, uniforms that would make her children stand out. That was the whole aim of what she was trying to do, to buy new uniforms so that they would not stand out. So she was destroyed by what looks like a really small matter. If it happened for some of us, we would probably go out and buy a new shirt. She could not do that. So there were just those little, unintended consequences that became issues.

I don't know if that comes to the nub of what you were saying.

CHAIR: One of those things you have identified, particularly with regional students, location and proximity to services as an issue.

Mr PERRY: I mean, yes. It is not only regional. They are a lot more speech therapists in Sydney than there are in Albury, but there are a lot more people too. So it is not only regional areas that cause the issue, but it is certainly exacerbated and sometimes the distances cause real issues in terms of just having the money to fill the car up with petrol.

CHAIR: You mentioned earlier about families not being aware of the support agencies available or having to work with different agencies. How do we break down the complexity of the families potentially falling through the gaps at these critical moments?

Mr PERRY: I think one of the things that is important is that transitions to school between schools, anywhere, to work, wherever, are potentially times of extra stress. To have the extra stress of having to change support services and so on at the same time is a strange issue. I am not sure that I can create even in my head the sort of notion that we might have continuous support through life in some sort of way for young people with special needs and so on.

But it seems unnecessary, particularly given now that we have got one department looking at from birth through to at least 18 or so in terms of education. It seems unnecessary that that sort of support might need to change just at the time when so many other things are changing. However, it is not just the education department. There are all sorts of other groups that are involved; both State and Federal and NGOs are involved in all of this.

That again comes back to coordination and collaboration where the focus, as we have said, the focus we think should be on the family. Not necessarily on the child, because it is within that family micro-system that the child is going to make the transition to school. I guess that is something that we have tried to break down over the years. That educational transitions are not just about a child moving or a young person moving, but there is a whole lot of other people that go with them and you want them to go with them in a positive way because that is what will make it smooth if you like.

The Hon. Helen WESTWOOD: Perhaps you have provided information already when I was not here. I was interested in your comment about workforce. I had actually asked a question along those lines of our previous witnesses from the department. I have to say I thought their answer was: No, there were not any workforce issues, and I understand from your submission that perhaps there are. I was asking: Do we have appropriately qualified professionals in the range of services that children need? Are we providing the appropriate numbers through our universities or through our other qualification programs? Do you have any comment about that?

Mr PERRY: I think in terms of schoolteachers, we have plenty of those. Whether or not they are early childhood trained in the first years of school is debatable. So is the issue, and I will be quite open that, of whether or not it is important for them to be. I do not want particularly to go down that track. I have no bias about that. It is neither here nor there.

In terms of the prior to school settings, I think we do have an issue in terms of appropriately qualified educators and I use the term educator because I think we are talking more than just the early childhood university trained teacher. Some of the real education goes on with the cook or with the assistants and so on, and I think we need to recognise that.

We clearly have subject orientated issues in secondary schools. We do not have enough mathematics teachers. Whether that is important in the context of this inquiry is again another issue. But it seems to me that it is not in the education area that we have our problems, but rather in the health area. I think this is exacerbated in areas of low socioeconomic status and areas of geographical isolation.

So I think it is not enough to have a speech therapist come once a fortnight from a regional town 100 kilometres away and turn up for one day in a particular setting. It is just not enough. In fact it is a waste of time because the continuity is not there for the child and the parent to work with. It is a bit like going to a music lesson once a fortnight and being expected to practice in between. It is much better if you only have it once a week or much better if you only have a couple of days, but that is not the situation. So it is a matter of access. The people who are out there and in the field are qualified enough. There is just not enough of them.

The Hon. Helen WESTWOOD: Just further on that, is that because we are not training enough people to fill those places? Or is it about the distribution of them or even resources? I understand with many professions, they are very much concentrated in either Sydney or in your large regional areas. Is that the problem? Or is it that we do not have enough places in our universities?

Mr PERRY: I think it is a combination of all of those things. Many people see Sydney as a better place to be and a better place to build a career. I used to think that four years ago. But I think there is an issue there. I think there are issues around the people who do choose to go into the regional areas and into the more remote areas and actually find that there is a case load that they cannot manage.

I think there is also an issue of identification. I think many children who are now designated as in need of speech or physiotherapy, or whatever, perhaps 20 years would not have been. I am not necessarily saying that was right back then. But I think there is an issue about identification and an issue about how many people we are training. But we live in a situation in the country where people can choose what they train in.

I for one cannot see a really good reason to put myself in a training program where the prospects for employment were such that I am either going to be working my butt off in the city or I am going to be working with an unmanageable caseload in the country. I think there are real issues there. Young people do not necessarily choose the thing that might be better for the common good.

The Hon. Helen WESTWOOD: Do you think the government service, whether it is education or whether it is heath, are aware of that as an issue? And if they are, have they attempted to address it to your knowledge?

Mr PERRY: I think if you asked them they would say so. I am sure they are aware of it. They must be aware of it. They have a complaints line like everyone. They must be aware of it.

Certainly the people that we have spoken to in the context of this project from health are very much aware that they cannot meet the need. They are unable to meet the need, so they are trying to meet the need through rationing. So you get the sort of circumstances like the fortnight in Cootamundra or once a fortnight in Cootamundra, you know those sorts of things. Yes, I think they are aware of it. There is really a situation where there is just not enough people. There really aren't enough people. Many of the people who might have been accessible are in private practice and doing quite well. The sort of people that we were dealing with at least cannot afford to go to those people.

The Hon. Helen WESTWOOD: I am not sure whether this is your area or not, so please tell me if it is not; I am wondering if you have done any work, or are aware of any, of that transition from high school to work and is there any research telling us how those young people are doing two years post school and even four years post school and are they catching up with their peers?

Mr PERRY: You are right. It is not my area of work. The person that you need to talk to is Professor Margaret Vickers from the University of Western Sydney. I do not know. She may or may not have made a submission to the Committee. I do not know. She along with some colleagues from Victoria has done work on that issue. I am currently working with Margaret on a project which is looking at young people's decisions to stay on at school, but she has moved on further than that.

The Hon. Cate FAEHRMANN: Professor, at the beginning you were talking about having done quite a lot of work with indigenous young people and their families. I was wondering if you could talk about some of the particular needs of indigenous young people and their families in relation to successful transitions, but also Australia wide whether there are successful or particularly noteworthy programs or services to assist with educational transition programs for indigenous young people and their families.

Mr PERRY: I think the big difference with indigenous families and indigenous communities and so on, and I have done work in New South Wales and Queensland mainly. The Queensland communities are remote communities in the Torres Strait and Cape York. The New South Wales communities run across the State, but are probably best typified by western Sydney, which is quite different from the Queensland communities. I think the same rules apply. It is about relationships. It is about trustful, respected relationships with the families, with the children and among the professionals involved and about developing those relationships as strongly as we can.

One of my Aboriginal colleagues talks about the fire stick period. She relates the story of traditional Aboriginal people carrying a fire stick with them, so that they would have a fire when they next stopped to cook a meal. She relates this by saying: That fire stick is like the culture from which we came from and we carry that with us to our new destination. One of the things that is important is that in any transition we don't abandon what we had before. We actually carry that through into what we have now.

I think in most educational transitions there is an attempt to actually change the situation and not necessarily recognise what had happened before. While it makes sense for a transition to concentrate on where you are going, it makes no sense at all, at least not to me, to ignore where you have come from. I think that that is something that we need to think about. In our work with children and young people, they all tell us that they actually want the new place to be different from the old place because it is a bit about growing up. These educational transitions we might think are about changing from one institution to another, but for children and young people it is about growing up. They were milestones in their lives.

They want them to be different, but they want to be recognised for who they are. The image of the fire stick to me is a very strong image, but it also brings out the importance of the culture in which the families live. I think that for some indigenous people it is an extremely important part of what they had.

Our research say that children and young people learn whether or not they fit in with the new institution they go into probably within the first month or two of their being there. It does not take very long. It takes a lot longer for you to retrieve the situation if you believe in yourself that you do not fit there. Lots of Aboriginal people and children too, have told me that they did not feel that they fitted within the situation.

We can interpret that in a number of different ways. Some people have interpreted that by saying: Do you mean we need to have corroborees every week? And no, we do not mean that and neither do the Aboriginal people mean that. They just simply want somewhere where their beliefs, their feelings, are actually recognised. It is not much different from having the Vietnamese community's feelings recognised and their language recognised.

One of the most exciting things I have done over the last two years is evaluate a preschool curriculum in Queensland, which was specifically written for 35 indigenous communities. The two central points of that curriculum, one is about identity and the other one is about language. This curriculum actually celebrates the fact that children come to school using another language and that language is strengthened along with the development of standard Australian English.

Indigenous people, generally speaking, want their children to be successful within the mainstream culture. They see that as the way in which you get on in the world in Australia. That is fair enough. Many of them, not all, do not want to lose the strength they have in their own culture. A number of indigenous people have talked to me about the ridiculous notion of closing the gap. Why would we want to close the gap? We do not want to be like you. There is a lot going for that.

CHAIR: I am mindful of time. Some jurisdictions have legislated to mandate individual transition plans for students with special needs. Do you think there is a role for such legislation here in New South Wales? It might not be a 30-second answer. You can take that on notice if you like.

Mr PERRY: Yes, maybe I will and I will write something for that.

CHAIR: The Committee has resolved that any answers to questions taken on notice to be returned within 21 days, so the secretariat staff will be in touch with you about providing that information within that period.

(The witness withdrew)

(Luncheon adjournment)

CHRISTINE REGAN, Senior Police Officer Council of Social Services NSW, affirmed and examined:

SYLVANA MAHMIC, Director, Pathways Early Childhood Intervention NSW Chapter, affirmed and examined:

RACHEL MERTON, Chief Executive Officer, NSW Brain Injury Association, affirmed and examined:

TARA DIAS, Policy Officer, NSW Consumer Advisory Group, affirmed and examined:

PERI O'SHEA, Chief Executive Officer, NSW Consumer Advisory Group, affirmed and examined:

Ms REGAN: I suppose we just draw your focus and your attention to a few key points in our submission. I suppose too we come from the basis of the UN convention on the rights of people with disability particularly the inclusion and also their rights to education and access to education, both special education and in the wider community as well.

We also believe that investment in early intervention and dealing with problems early is a good investment in the longer term rather than waiting till problems develop and then having to deal with problems that could have either been avoided or would be a higher cost in the longer term. I suppose too, as you would see from our submission, there are some key points and those key points for children, young people and families with disability particularly would be about accurate, timely and accessible information, meaning in many formats, meaning in understandable, meaning in easy read or plain English but also meaning in community languages for people with disability.

Person centred, as we have explained, that is the new way for people with disability. It is not just in specialist services, but it should be across the board as well, where people with disability, their families, become the experts in the type of support and their culture that they need to go forward. Their culture could mean their ethnic, religious, spiritual background but also in what sort of life they choose that reflect the kind of life that you and I would choose as people who may not identify as having a disability.

The genuine family involvement: Too often in the past for people with disabilities others have decided that they were the expert in what needed to happen to that person. We now know that a better investment in the lives of people with disability can be directed by that person and their family. And in the case of children it will very much be reliant on how the family goes, the way the family is raising that child and for young people and for young adults what choices that person might make and what life choices that reflect the life choices of other young adults.

Inclusion and planning: Of course, that will involve planning and the planning should reflect the same sorts of planning that a person without disability should have access to, which we all take for granted, but which is a huge challenge but also a huge opportunity for people with disabilities that has never been before given to them in an easy and ready way. It does involve inclusion in the community. In other words, allowing people to just get on with it, but we need to facilitate that "get on with it".

You will also notice in our submission that we included excerpts from an Aboriginal policy statement. While that was not developed specifically for education, we did particularly put it in because of its direct relevance to people and children with disability; its relevance to the fact that Aboriginal people of course have a higher incidence of disability and because Aboriginal people tend not to disclose. That means that there can be a reduced entry into support services and reduced disclosure being able to receive those support services as well.

We would like to draw your attention to that. I would also like my colleagues to just say one or two opening sentences as well. Then we would like to open of course to your comments.

Ms MAHMIC: On behalf of the Early Childhood Intervention Australia NSW Chapter, we recommend the strength based approach in the transition process for children with disabilities and their family moving from the early childhood setting to school based setting. We recommend that there is a family centred model so that families are seen as partners along with the school setting of their choice and those services work in a coordinated way to support children with disabilities throughout that transition process.

We also recommend resources and supports and that also naturally takes into account expertise of the individual who are supporting those children and families to have a smooth transition to school process. There is currently a variety of experiences in that transition to school process depending on which school setting families choose. So, for example, the Department of Education, there are some good procedures and publications that support the processes around the transition to school. However, those processes and procedures may be varied across other various educational settings where parents may choose to send their children.

Ms MERTON: At the Brain Injury Association of New South Wales we are part of a national network of brain injury associations. A lot of our work is around raising awareness of what an acquired brain injury is. I always assume there are people in the room who do not know what an acquired brain injury is. So just as a starting point, it is an injury to the brain acquired after birth and it may be traumatic in origin from falls or assaults or it may be non-traumatic following a stroke or infection or similar.

There is a spike of incidents in brain injuries in the 0-4 year olds, which is the population we are talking about today, and then the late teens particularly in young males, more inclined to take risks. So there are certainly plenty of people with an acquired brain injury within the school system. The main issue that I would like to highlight is that it is known as an invisible disability because in many cases there are no outward signs that the person has a disability at all. So it is under recognised and under diagnosed.

We have said in the submission that cognitive disabilities are not mentioned in the criteria that are used to determine the support that students need. So many students are going without the appropriate supports that they need during all of the transition phases while they are at school.

Ms DIAS: I am here on behalf of New South Wales Consumer Advisory Group. We are the peak body for mental health consumers in New South Wales. Peri is here also for her expertise and in case my voice gives out.

But when we talk about consumers of mental health services what we are really talking about is people who have an experience of mental illness. We recognise that mental illness is episodic, so not necessarily enduring for one's entire lifetime. People do recover.

We were interested in contributing to the submission because of the age groups of the 15-24, when many mental illnesses begin to emerge. Unfortunately, that is the time when people are making these huge life decisions about what they want to be when they grow up. I heard one speaker last week refer to it as: It was where the service system is weakest, where it needs to be strongest.

Ms O'SHEA: What she said. I am just a ring-in because Tara's voice might fold.

The Hon. Helen WESTWOOD: Thank you, Chair. I think any or all of you can answer this question. We have heard from both Christine's address and in NCOSS's submission what the key elements of what are successful transitions between the stages of the educational students with additional or complex needs. Can you tell us what you think are the most successful that you have seen in operation? Are there approaches that you think are more successful than others?

Ms REGAN: I suppose you would need to ask education experts. I suppose we would mostly be here talking about the principles of successful transition rather than the processes of successful transition. If you are talking about how you would measure the success of those transitions, we would say in how the person was able to integrate, how they would measure that success for themselves and what opportunities they had. In another life I sit on the anti-discrimination board. One of the issues is about employment opportunities for people with disability. In fact that is one of the second highest issues that comes before the Anti-Discrimination Board and that is about people with disability not having those access to support at critical transitions throughout education, as well as from education to employment.

I would say that that could happen at each of the stages that we are representing today starting from pre, early childhood into primary school and beyond. I would also say that the person and their family would be the best judge of the measure of success there. When we are talking about person centred we are now talking about tailoring the transitions around the needs of the person rather than having the set of responses. I would suggest that that would be the way we should be looking at in the future. You probably need some mechanisms to be able to do that because we live in a society of systems.

However we are trying to break it down because while we do have a set of diagnosis, we do know that people with disabilities are as different as you and I are and so the diagnosis helps with identifying the way in which the disability might affect the person, but it does not help with the way in which that person might determine how they might like to live their life, just like the rest of us.

I would suggest that the transitions, we should be looking at what the person hopes for, what their fears are, what their talents are, what their strengths are, and to take Sylvana's point, to use a strength based approach and then start to look at tailoring those rather than having a set of responses.

Is there anything that people would like to add to that?

Ms MAHMIC: For young children who are moving from the early childhood years to school, there are a couple of good examples, which I could take on notice for the Committee to provide you with further information where the Department of Ageing, Disability and Home Care have funded Therapy Transition to School, that is the official name of the program, where there is support for children and their families six months prior to commencing school and it goes for one year until June in the year that they start kindergarten. That program is being provided by several organisations in the metropolitan areas of New South Wales.

There could be some information there that the Committee may find of use. The advantage of that is that it captures that period slightly before school begins assisting families with information choices and all of the practicalities of commencing smooth transition, but it also captures the six months into school, so rather than saying: You have started school, term one, day one, and it is all over. Goodbye from us. There is that capacity to support six months into school.

Also just to declare that I am also a mum of a young man who has a significant disability. He is 21 years old now. I have experienced the transition to school process; the transition from a mainstream primary school to high school to support class and then recently the transition from high school to a self-directed funding package that is funded by Ageing, Disabilities and Home Care. So we have experienced a few transitions and generally what makes for a successful transition is planning and collaboration with all people who are going to be involved in that process.

Ms REGAN: And time, making sure it is done well ahead rather than at the time of transition.

The Hon. Helen WESTWOOD: Christine, you mentioned measures of success. Do we have useful measures at the various transition stages in New South Wales, do you think? Are there established and accepted measures that you think are useful?

Ms REGAN: Not that I know of. But there will be others who give evidence to this hearing that I would suggest you ask in future. Because in New South Wales we are looking at person centred through the Department of Families and Communities and Ageing, Disabilities and Home Care. We are looking at creating a new set of measures for achievement and outcomes. When those are created over the next 18 months, two years, it would be good that those become the type of outcomes, measures that were generally applicable to the types of supports and services that people with disability used regardless of who was providing them, rather than just two specialist disability supports. So that could also equally apply perhaps to education. Maybe it could apply to employment and maybe even health if we get really excited.

The Hon. Greg DONNELLY: My first question goes to the way in which the information about a person's disability is moved along over their life, starting say with the youngest person, in terms of the collection of the information, presumably in some paper form, written down notes. This is what I am going to come to, to try and identify whether there are some gaps here; then moving on say to play group, to preschool, to kindergarten and so on. Do we have any standards or any agreed practice that is actually used across the disability sector, so we actually have a collection of good information which is moving forward with the person as they get older? Or is it a little bit ad hoc? I am trying to identify if we have a good standard at the moment.

Ms REGAN: I might kick off the answer to that and I will also declare that I am the mother of a young adult now with Down syndrome. The answer is no. If only. The issue here is depending on who holds the information. So at school there could be some good information that was collected. It is not necessarily transferred from one education provider to another. Hospitals, doctors, do not necessarily transfer information from one to another or share. If you are receiving therapies and other things, they do not necessarily share information. If you are a particularly organised person with a disability, or a family of a person with disability who acts on their behalf, you might have a collection of information that you take from one to other. That does not guarantee that they actually read that information. Then you have privacy issues involved as well, particularly with the person with disability. As they grow older and into an adult they should be able to decide what information gets disclosed at point and for what purpose and to whom.

However, in childhood it makes sense that information that is useful to the supporting organisation gets transferred to that, but it is really up to the person and their family to do it. There is no system or no booklet or no information to my knowledge that gets transferred in any systematic way.

The Hon. Greg DONNELLY: So you say it really turns on the capacity and wherewithal of the parents to be conscientious enough to be collecting this information and taking it forward as the child grows older. If you have parents perhaps who do not speak English, examples like that, you may not have a good collection of this information taking place.

Ms MAHMIC: Certainly the current system does rely on parents doing a lot of that passing of information, collecting of information; that does differ in the terms of the capacity of families from culturally diverse backgrounds, from Aboriginal backgrounds. For families who are experiencing vulnerabilities and barriers already these issues multiply and make it more difficult for information to be passed on correctly. I think anecdotally what we see is that some of those more vulnerable families get channelled into less inclusive opportunities because they do not have the same skills as some other parents do in terms of advocating for their child, in terms of being very well informed and making a very well informed choice based on all of the information that is out there for families.

But parents do report to us and my personal experience is that it is up to the family to continually tell their story and it does seems like a better system should be in place rather on parents having to tell their story over and over again, not just at key transition points but at other points as well.

The Hon. Greg DONNELLY: Thank you for that. Earlier today we had some witnesses and they made a comment which I would welcome your thoughts on. I have been thinking about it in the last few hours since they made it about potential tension of trying to identify at the earliest age the disability the young person might have, perhaps a baby or infant leading into childhood, and the labelling of that person, that was the phrase used by this particular witness, with something and that label then carries them along into future.

Is there an inherent tension there of this question of identifying versus potentially labelling someone and that person having to be identified as such over time? Where I am coming from is that I always thought that the orthodoxy was to try to identify it at an early age and then use that to sort of build-up perhaps the support person.

Ms O'SHEA: The very short answer is yes, there is a problem with that. Because labels tend to then make other people think that everything might happen with one person with that label is the same as the other person and that does not fit with the person centred approach, which is what is happening with this individual.

From a mental health point of view, especially from a younger age, people are often misdiagnosed, particularly when they are young, and also diagnosed as changes, and symptoms change and person's needs change over time. So a label from a mental health point of view and probably a brain injury point of view, in particular, there is quite a fair bit of stigma attached to labels around mental illness particularly if you are adolescent. So there are some real problems with giving labels, but it just fits with what we believe is a person centred approach, which is about looking at the person and working out how we can best help that particular person rather than somebody that has that same label.

The Hon. Greg DONNELLY: But if the person centred approach is working as well as it possibly can, and there is always room for improvement, that is less of an issue, really that is what you are saying.

Ms O'SHEA: Yes.

Ms REGAN: Can I chime in? In lots of ways you need some kind of trigger to identify that this is a person who need supports or who has a disability and sometimes unfortunately you can defined by that label which means you can be limited by the label. That can happen for people with cognitive disabilities, it can happen for people with physical disabilities, it can happen for people with sensory disabilities. In other words, you have this so therefore the knowledge that we have means you cannot do so and so. So someone else is automatically cutting your choices or limiting your opportunities.

But the very fact that you might need supports sometimes does not happen unless you have a label or you have a name. So there is that tension and that is an inherent tension that we live with. For things that have a stigma attached, which unfortunately many of the disabilities still do, that is a personal thing. Also it is not the same for each disability type or even every different type of disability. So while we talk about disability as a category or as one thing, it actually isn't.

So as Peri talked about, a person with mental illness is very different from someone with quadriplegia or someone with sensory disability or even someone with Down Syndrome. Therefore they must be dealt with it in different ways.

Ms MAHMIC: Can I just comment there? Currently the system at every age level provides funding based on that label. There may be a better way than that. My personal experience is that my son was formally diagnosed with cerebral palsy when he was 15 at the paediatrician prior to that we just thought it was an intellectual disability. Had we had the diagnosis of cerebral palsy when he was in preschool years, or even at least school, there would have been a greater amount of funding and support available for him with that diagnosis from a specialist organisation. Not having had that diagnosis until the very end almost of his schooling meant to us at that stage missed opportunities that would have really supported him in the system.

The Hon. Greg DONNELLY: We are bit more enlightened these days in understanding the importance of family being involved in this whole process of understanding disability and the support required to be provided to the child or the young person. If you turn it round the other way, what are the consequences of not having the family involved? In other words, if families are not involved thoroughly and comprehensively, what are the problems that arise from that? Because if we are going to reinforce this position, if it is the case we probably need to understand that, if it is not the case and there is a view that the family does not need to be so involved, I probably should put that on the table. But I suspect that is not your position. But I am very keen to know what the flipside is of not having the family involved.

Ms MAHMIC: If we are talking person centred approach, in the early childhood intervention sector the terminology is family centred practice. Families who engage with the quality service in those early years if their child has a disability, goes through that early intervention process working with an organisation that supports them to be the experts for their child. It endorses them as the expert to their child and it supports them in ways that gives them resilience to continue being the parent of that young person for the rest of their lives. Families are there in the long run. School may be there for a number of years. Teachers may be there for a number of years. Teacher aids may be there for a number of years. But they are not there all the time.

Ms REGAN: I would also say too for children without disability the family is crucial in decision making, in unfolding, in supporting, in nurturing. For a child with a disability you multiply that impact and also nobody knows that child better and how that child responds, reacts and what their strengths are than the family. An educationist, an education professional, would be well advised to take advantage of that expertise in knowing what that child can do, what their strengths are and how they react.

Having been through the education system some years ago with my adult daughter, I was never asked that. So my daughter was simply a student who had a very recognisable disability and was processed. As a result of that one or two teachers whose names I remember, like we all have one or two teachers whose names we remember who were inspirational, only took an interest. But my daughter's interest in reading and writing happened after she left school and her best friend who has the same disability as her had no interest in reading and writing because she was never taught. Why would you learn to read and write? So my daughter taught her to read and write at the age of 36. She now knows why you would learn to read and write, because it is useful. That seems a shame when this young woman has a regular job and can do all sorts of things, but because her face looks the way it does no one took an interest. What a dreadful waste of human potential that is. That is what we are here to represent.

The Hon. Greg DONNELLY: The issues facing young people and families outside of the major population centres in New South Wales, there is perhaps a myriad of issues, but would somebody like to give a summary of what the challenges and issues are?

Ms DIAS: All the advice that we provide is informed directly by consultation, so I spoke to a number of consumers. I have been speaking to a number of young consumers in regional Australia, regional New South Wales specifically regarding transitions. The thing that I keep hearing them say is I just wanted somebody to take the time to talk to me. Talk about my options. This goes back to what Christine and Peri were talking about, a person centred approach specifically not having counsellors at schools, not having career advisors at schools. Those are the issues that I came across.

Ms MERTON: If I may add, I think we have been talking about the person centred approaches and family centred approaches; at the heart of that is flexibility and options and choice. In rural and regional areas, that is really seriously diminished compared with the options and choices we have in metropolitan areas.

The Hon. Cate FAEHRMANN: I will get to your submission, Sylvana. Particularly you used a case study about how it is sometimes common for families to be discouraged to attend some schools. You mentioned there are policies in place of course that should prevent that happening but it doesn't. Essentially that in some ways is some form of subtle, or not so subtle, discrimination. Do you have any suggestions or recommendations about what could be done to assist schools? And I suppose it is about support for schools so that they feel more encouraged to accept students with disabilities who apply to that school. I just wanted to expand a bit more on that situation and what perhaps could be done to alleviate that occurring.

Ms MAHMIC: The variety of experience really depends on which educational setting parents select. As I said, if parents select a Department of Education school there are some quite solid policies and procedures and information that are available to families. The experience of parents who select other educational options for school does vary. So if there was a recommendation out of that it would be that all school settings should have the same policies and procedures that promote the inclusion of children with disabilities in their school settings.

In regards to attitudes of school principals, school staff, other school parents, I think that area is rapidly changing as it becomes increasingly common for parents to expect that their children will be at school with other children and children with disabilities. A case in point would be children who have an autism spectrum disorder. It would be very unusual now that a parent or that another child at school would not have of heard of autism. It is fairly common now and expected that children with autism would be included in a school.

In terms of attitudes and supports within the various schools, I think that would be a little bit more complex to address quickly because I think community attitudes are changing extremely rapidly. But coming back to my original point, I think that all schools should have to have the same obligations in terms of promoting inclusion and accepting inclusion within their settings.

The Hon. Cate FAEHRMANN: All some of the schools are required to do is conform with the national Anti-Discrimination Act and State Anti-Discrimination Act. They do not have positive policies in relation to accepting people with disabilities.

Ms MAHMIC: At a parent school interview level I do not think anybody would be really talking about, unless they are an extremely well informed parent, be talking about anti-discrimination. It would have to be a feisty, well informed parent to be talking to a school at that level.

In our case study, in our submission, we expressed that the exclusion is happening in a much more subtle way. It is about suggesting that the school has not got the resources. Or the school down the road is better resourced and they have more experience and they have lots of children with disabilities in their school. Or they have a lift. So the exclusion is happening on a more subtle basis rather than not adhering to legal obligations.

The Hon. Cate FAEHRMANN: Sure. When you first gave your opening statement you mentioned services in community languages. What gaps are there? And I am assuming there may be more than just particular language gaps. What gaps are there in relation to transition services for people who speak a second language? English is not their first language.

Ms MAHMIC: The Department of Education have produced many years ago now some excellent resources on the transition to school process. It is my understanding that all of those resources - or are a significant proportion of them - were translated into a number of community languages. Where I think the issue arises in terms of families having equal access, regardless of their cultural background, I think is more in terms of the withholding of information about choices.

So it is one thing to have the information translated if it explains to you what the transition to the Department of Education school is all about, but it is another issue to translate what options are available to your child. I do not have the information with me but the Multicultural Disability Advocacy Association did some work around their beliefs that children from culturally diverse backgrounds or children from Aboriginal backgrounds or children where there are multiple difficulties that the families are experiencing tended to be directed towards more exclusive educational options rather than going to the local mainstream school.

I think it is more than just handing over some information about what the whole process is about.

A few steps before that, what options are available? For many families from culturally diverse backgrounds it would be news to understand that their child who had a disability had equal access to the local public school or the local Catholic school or local independent school because that is the way it is in this country. If they do not know that to begin with, then it is not much help actually talking about the transition to school process itself.

The Hon. Cate FAEHRMANN: A question now on acquired brain injury: Do you know the statistics in terms of young children starting school who would have an acquired brain injury?

Ms MERTON: We don't really. We have some reasonable estimates. I am happy to delve into the statistics and send you something following this meeting. We do not have a consistent and reliable way of counting incidents. So the closest proxy we would have is the number of children going through the New South Wales Brain Injury Rehabilitation Program. So if you are talking about primary school age, I can certainly get those figures for you. But it would not be definitive because it does not collect those who acquired their injury through a non-traumatic means or those children for whatever reason who do not go through that brain injury rehab program.

The Hon. Cate FAEHRMANN: Okay. What work have you done to date in terms getting cognitive disability acknowledged in the disability criteria that the Department of Education uses? I noticed that was an issue and it is.

Ms MERTON: We have not lobbied them extensively except to find out the status of things at the moment. We do intend to write a direct letter, but thought this was a good opportunity to have the issue raised. It is I guess something that we have faced in a lot of other policy areas both State and national that because of the invisibility or the under recognition of cognitive disabilities it is excluded from so many lists of criteria for so many government programs.

The Hon. Natasha MACLAREN-JONES: My questions are more in the area of mental health. Can you outline the particular needs of children with mental health issues and what you specifically need?

Ms DIAS: Just to clarify the information that we submitted was specifically around that transition period because all of our work is based on consultation so we have only consulted with people 16 years and up. So I can speak about that age bracket if you like to the best of my ability.

So around that time, I guess when you are looking at transitions from school - first to step back a bit. Mental health is such a big term. It encapsulates so many things from anxiety to depression to bipolar disorder, schizophrenia and a whole range of things in between. So I guess the needs of an individual are quite diverse. As Christine was saying before, you have the individual needs that are diverse and then the condition that may impact anyone additionally.

So what I have heard from young consumers when I have spoken to them is again that need just for someone to talk to, a caring adult who shows interest in what they want to be when they grow up and supports them along that way. And structures that also support that as well. What I have heard is that younger consumers have really good experiences in TAFE because there is quite a lot of support there. I have heard that there is counselling provided as well as tutoring and they have found that be helpful. I have heard from a few young consumers that sometimes university works out really well for an individual, sometimes it does not. Again it is tempting to generalise but I would hate to because the individual needs are so varied.

The Hon. Natasha MACLAREN-JONES: Do you find there is a lot of work or programs integrated with the Department of Health that have been successful; and if so, do you have any examples?

Ms DIAS: For young people it is an interesting thing because it seems to be in the news everywhere lately. That is because I think there is a huge lack of programs for young people. I guess the program that gets talked about most frequently is Head Space. I think a lot of people have found that to be a good model. It is quite an integrated model. It is quite an early intervention model of getting young people in the door engaged with lots of different activities and really importantly talking about mental health and trying to take some of that stigma away from mental illness, which I think is really key because one other thing that we have heard from young people is: Well, there is actually counselling at my school, but I am not going to go to the counsellor because everyone will know that there is something wrong with me then. So that is one thing.

But what I would caution about Head Space is that it is just one model, so we need things that are flexible and cater to the diversities of young people out there.

Ms O'SHEA: One of the things that a lot of young people say is that they would like someone to ask or notice that there is an issue. Tara has an example of that.

Ms DIAS: Thank you for reminding me. I guess when we are talking about mental health the other thing to remember is some people are genetically pre-dispositioned to having a mental illness, but the social environment that we live in impacts our mental health.

There was one young woman who I spoke to in Newcastle in April. I interviewed her one to one. She started telling me this story about how she had been really enjoying school. She had been a great student up until the age of 13 and then it went a bit haywire for her. When I asked her what had happened she said that she was being sexually abused at home by someone her family had let into their household, into their inner circle so to speak. What really frustrated her is that people immediately said: You are going through a hard time as a teenager. Take some pills. You are just depressed. You are just anxious.

She needed that trusting relationship where she could confide in somebody, so it was very situational. Lucky for her she got some good support later. She actually left home and lived in refuges for a while but managed to get the support to go back to school. She is an incredibly resilient woman, but I think for every woman like her there are many more who are not getting the support that they need. They are not getting that face time. They are not getting the trusting relationship with an adult who really cares for their well-being and is willing to take that time to get to what is at the root of why you are acting this way.

The Hon. Natasha MACLAREN-JONES: You have referred to the alternative learning environments, what do you mean by that?

Ms DIAS: A number of young consumers I have spoken to have said to me that they do not feel like they fit into the normal school environment. Interestingly, they said they felt quite bullied because everybody knows that I have a mental illness or mental health condition. Some of them have even said to me that they have attributed their mental illness because they felt different prior to knowing they had a mental illness but they were bullied so much they felt like they developed one.

The one that I specifically referred to in my submission and a number of them referred to - ALESCO - which is an alternative learning environment. To the best of my knowledge there are a few scattered around New South Wales. I am happy to provide more information for you at a later date. But what I have heard is that they are hard to get into, because a lot of kids who do not quite fit into the mainstream want to go there. For me it is a question of shouldn't we be making our schools have room for everyone and be accepting of everyone? So there is that tension. I would be happy to provide you with more information.

CHAIR: If I could just go back to some of the points that the Honourable Greg Donnelly was talking about, information and transfer information. One of the points, Sylvana, you made is about having to retell your story over and over again. The first question I have is where does the family start in actually obtaining the information of what services are available? I know that with my son I did not have to go through this process. If I had to I could not even tell you where I would start to gather the information. That is right across the board whether it is transition to work from secondary school. Where do we start? Families, where do they gather the information from?

Ms MAHMIC: For young children in the early childhood years who have an identified disability so we know prior to school starting, because there is the very many examples of children who are not diagnosed until they are actually at school. But for those children who have a diagnosis prior to school, if they are engaged with a generic early childhood intervention organisation, and we would be calling for the existing non-government organisations who provide those services to be properly funded so they can actually have the resources necessary to do this quality work, that they would receive that information about transition to school a long time before their child actually started school.

Pathways early childhood intervention offers a parent panel discussion each year where parents from past years, their children are already at school, from a diverse range of school options, come to the special workshop evening where they talk about their experiences of entering into the school system. So we are giving an opportunity for parents who have got children younger than their children to hear from other parents what are the benefits of mainstream, what are the benefits of a support unit, what are the benefits of a special school or an independent school of whatever nature. So they are hearing many, many years before their child goes to school about what their options are.

For those children who do not go through an early childhood intervention organisation perhaps their parents have elected to go through a private therapy service and not engage with an organisation that provides broader information then they might not get information until they make a contact with the Department of Education if that is the setting that they choose where they will meet with the consultant six months possibly prior to school, it may be less, depending on how organised the parents are.

CHAIR: What about those older years again when we go back to the mental health? Do we need to wait for the diagnosis first before we can then provide the information?

Ms DIAS: I would say not; just because anecdotally what we have heard is that it can take around 10 years for someone to accurately get a diagnosis. I think going back to what I was saying earlier, it is about promoting positive mental health, removing that stigma and building up all those protective factors that we can, first and foremost.

Ms O'SHEA: The biggest issue in the mental health sector is that there often is no intervention until crisis when you end up at the ED ward. So it is about getting more information to schools, into youth centres, into community health centres and so on. Often the younger a child is when they might have a diagnosable mental illness is usually taking some behavioural problem way before it, so it diagnoses a mental illness, so then all the wrong interventions are happening in the meantime. That often exasperates it and makes it more likely they will end up in the ED at a later date.

Ms REGAN: It depends on the type of disability because if it is a traumatic injury and then the child sustains a disability of some kind, then it could be through the health system. Then it depends on where you touch the system and how good that person is in creating links with where you need to go. So we still get people coming to the system who do not have an absolutely basic understanding of the disability support pension and other kinds of supports that people could get access to. That is very sad.

The other thing that is really, really important is that once you have a disability that is not your only problem in life. People still have problems with their housing and other issues. There are often issues to do with relationships and the family when people do not understand the impact that the disability might have on the child and on the family.

So there are many things that are being dealt with. There are many joys, and many strengths in dealing with a child with a disability but that is not the only thing that may happen. So it is very, very important that the appropriate supports and the appropriate opportunities apply at the right time. But it is still a little bit haphazard. Luckily, if you can get on to early childhood and on to the right supports and in the right schools, but there are still filters. Providing general information in schools on disability does not help those people who do not think that has anything to do with them.

In some other areas NCOSS has found, particularly through community where we have done some broad brush information provision on community care, that we have reached a huge number of people on what supports you can get should you need them. No one ever remembers it until they need it and then they have forgotten it. So I suppose it is about making sure that that information is available at critical points that you are most likely to get to.

That is the kind of points that the others are talking about now. Rather than this broad brush, in case you ever have a disability, do you know someone with a disability? Sometimes that is not so effective as the critical transition points or the critical points.

CHAIR: I know that your submission talked about a central point of information. I also thank you for being able to share us with your personal experience as well as your professional experience in this.

Just going back to the point of retelling the story, so if we need to focus on a central point for information to be made available to the families, do you have recommendations on how the family then does not need to keep retelling their story and how their information could be stored centrally and shared across the agencies?

Ms REGAN: The easy answer to that is no. But on a person centred approach, the way in which we are looking at the national disability insurance scheme and in New South Wales under the person centred approach under Stronger Together, which we are hoping will kick in from 1 July 2014, the person with the disability and/or the family depending on the person, how old the person with the disability is and their capacity to engage in that, will have a plan. That plan will belong to the person and/or the family. That means that they will be in control of it. That can be housed wherever that person wants it to be; so with them, with their family, with a chosen and preferred service provider or whatever.

Hopefully that will not mean that the person will tell their story over and over again. Some people with disability are really hoping that e-health will come in. That is somebody's health history. But for some people with disability that is an intrusion and they will decide that there are certain parts of their health history that do not need to be shared. As with anybody, there are parts that you would choose not to tell 15,000 times and there are some parts that you would choose never to share again.

So that is also a challenge. But for example in my own story, my daughter has a very long and difficult medical history that continues to become longer and more difficult in some ways. It would be really good if for every new health provider that we come across - she is 34 - and when we come across new health providers that we do not have to start from scratch. But again, there are some things that she would choose not to share and that needs to be available to her.

Ms MAHMIC: I am aware of a couple of attempts at creating an ongoing record. One example has been to use the blue book, which is a book that every child has in terms of birth to assist in their early childhood. That is an example where some work is being done to try to look at ways that perhaps the blue block could be expanded to support information around a child's disabilities so that there can be some more attempts at using an existing mainstream mechanism that would work for children with disabilities as well. But I guess what all of this demonstrates is that there currently is not a life span approach to disability in New South Wales certainly, and so that when we are looking at transition to school its early educators and the beginning of the school system and when you are looking at the next transition from primary to high school it is another group of people and then from high school to rest of life it is yet another group of people, and on and on. So there is not a lifespan approach. I think it does make sense and there is a lot of interest in the lifespan approach; that this approach is really looked at more closely for people with disabilities.

The Hon. Greg DONNELLY: I am wondering if you would expand on life span approach. It does not contradict or is it in conflict with the person centred approach? It is just like a long term perspective about the person over time.

Ms REGAN: The lifespan approach means that as a person centred you are a whole person. It does not mean that you are planning necessarily for what happens now and in the next few weeks and what supports you need. It might mean that right now that the supports you might require and the life opportunities you are working for might be what works for the next year but what we are looking for is in five years or in 10 years. That can happen when you are five. It can happen when you are 15. Or it can happen when you are 30. It can even happen when you are 45 or 60, depending on what you are looking for and future life you want.

It also does not depend on the specialist disability system. So, for example, if you were a five year old and you had a disability and you wanted to do ballet your lifespan plan might be your early intervention perhaps going into primary school or going from early childhood into primary or whatever appropriate transition might be. I am sorry if I am not quite spot on with that. And getting the educationists because at five that it is critically important, maybe some therapies as well. But also what else is in your life that is really important and making that part of your plan. So you would have that. At 15 you would have your education. What are you looking for, for your future education? What is happening afterwards? That might not be in your plan, but your plan now would be looking towards those things.

But also what do other 15 year olds do? They have some leisure and have some friends. Now as a person with a disability sadly that has to be facilitated because it might not happen naturally like it can for people who do not have extra challenges. So you might put things in place that can happen. For teenagers with mental health issues it might be a trusted adult. For people with cognitive disabilities it could be other things that support their ability to make friends and overcome some of their challenges. So it is those kinds of things.

But for people with disabilities from birth to 18 education is one of the biggest things of all of their plans and those transition points are the critical points at which things can either succeed or go wrong, which is why this inquiry is so important. But the person centred stuff and the lifespan approach is what will make it succeed because we are not just planning for this minute or this transition. We are looking at where that person may go in their future, and trying new things, so it is not set in concrete. We try something, it doesn't work for us, try something else. People with disabilities have never had that opportunity to try something to see if they like it or to see if that is their talent. It has always been everything is so expensive and so important and so difficult. You try one thing and it has to be right. We need to be able to work on strengths and talents as the others have said. And we all have strengths and talents whether or not we have disabilities.

The Hon. Greg DONNELLY: Just looking at the organisations you are associated with, they are either part of or associated with sister organisations in other States or Territories. I am just wondering from meeting with your colleagues interstate or in other Territories in Australia, does anyone say another State or Territory does this quite well or significantly better or seems to a head of the pack in managing the transition or are we in New South Wales in the middle?

Ms REGAN: I don't know. I have no information on that. I am sorry.

Ms DIAS: In mental health we always hear that Victoria does it a lot better and has been doing it better for some time but I do not have details on it.

Ms O'SHEA: We have just been to a national conference in Adelaide and the Victorian model for a lot of mental health services is very, very good compared to the rest of Australia.

The Hon. Helen WESTWOOD: I am wondering about the coordination between those programs or services that are funded by State government with those that are funded by Federal. A lot of what we have been talking about with the stages of life tends to rely on more State based resources and funding, education, health and so on. That transition then from high school into workplace or into further education would I think be a more Federally funded service. Do you have any comment about whether or not that works well? Is there any collision between State and Federal? Could we better coordinate what we do? Could our resources be better coordinated to support people with disability?

Ms MAHMIC: Yes, they could be better coordinated. Currently in New South Wales if you access a service for your child who has a disability it could be a State funded service, it could be a Federally funded service. Nationally FaCHSIA introduced the Healthy Children with Autism initiative and the Better Start initiative. Most people around the various States had no idea that was coming and that new self-directed approach to funding does have its benefits. My son is using the self-directed package. It is the best thing for him and for our family.

But for the early childhood years there was no consultation process; with the National Disability Insurance Scheme, a possibility. New South Wales is attempting to be better prepared for that compared to other States, so by 2014 any family who wants an individualised package would be able to get it. Therefore, we would be better prepared as a State for the National Disability Insurance Scheme.

But again that is another example of a national program. For those of us who are running organisations we continually have to juggle the State/Federal situation and there frankly does not seem to be coordination regarding services and funding buckets for children with disabilities. There is a lot of variability just coming back to the earlier question around Australia in terms of transition for children with disabilities going to school.

I cannot say which State is doing it better at this moment, but I would be interested if you were to find that out in terms of a consensus. But an anecdote that I can relate, the other day a mum from New Zealand emailed me. Her daughter is in high school and they wanted to move to Australia to live because dad has got a job here. Somehow or other the enquiry came to me: What's on offer for kids with a disability in the high school age group? I was scrambling and researching to try and find out because at first she thought she was coming to New South Wales. I do have a bit of expertise around New South Wales. Then she emailed to say she was going to Queensland and I recognised what the issue is: That none of us could definitely say there was any integrated approach across Australia; to me that was a problem, sending a message back to that mother saying: Sorry, currently, right now, there is no integrated approach for people with disabilities across the various States and Territories. You have to contact somebody in Queensland to find that information out. Possibly with the National Disability Insurance Scheme with the initiative that there will be a one intake referral kind of approach, that situation may be alleviated.

Ms O'SHEA: Turning that question around a little bit, in terms that it is not just about State/Federal, it is also about the silos within the ministerial portfolios within the State, we very much look at a whole of health approach. So it is not just about their mental illness but it is about housing, employment, education and so on. It is very difficult across the silos to deal with that.

The other thing with mental health is that often people who have a mental illness do not have access to ADHC funding or ADHC support because even though they often have a disability with mental illness it is not recognised. It is recognised in a different silo, which is health.

CHAIR: Thank you very much for your time; as I said earlier, not only for your professional input but also your personal stories. I think it has given us a fantastic insight as to some the issues that families are facing.

The questions that have been taken on notice the Committee has resolved that answers to those questions be returned within 21 days and the secretariat will be in contact with you on those questions that you have taken on notice to facilitate that response. Once again thank you for your time.

(The witnesses withdrew)

ELIZABETH MARY FORSYTH, Sector and Business Development Manager, Northcott Disability Services, affirmed and examined:

TERRI DONNA MEARS, Manager, Community Research Partnerships, Northcott Disability Services, affirmed and examined:

HILARY DELIA SMITH, Area Manager (Acting), Nepean, Northcott Disability Services, affirmed and examined:

CHAIR: Now would you like to nominate one of you to give an opening statement? We will try and keep to five minutes and again you do not have to repeat anything in your submission.

Ms FORSYTH: We do not feel the need to give an opening statement today. We believe what we have put in our submission is a fairly good summary of our experience in this area.

The Hon. Greg DONNELLY: Thank you, Mr Chair. I have got some questions in front of me. I will work my way down and pass it to others. You might choose to answer it with one person who might be the spokesperson.

In your view what are the key elements of successful transitions between States of educational students with additional or complex needs?

Ms FORSYTH: Big question to start with. I am happy to chime in first but the others might have something to contribute as well. I guess first and foremost it is about having the information. I know that has come up a lot already today but if families actually do not know what types of supports are available, they are not able to know how to find the information and to get the transition support that they need. And schools and education providers need to know the information about that child. They need to know what avenues of funding are out there. In terms of the transition itself, it requires early intervention or early planning. I know that with planning certainly if you are looking at things like building modifications, there is a significant time frame required to get those in place, so you are looking at 18 months to two years and with wait lists of services to provide support for transitions; again you really need to get in early because sometimes there is a year or two waiting. So getting in early, and having thorough planning that involve everyone in the transition process, so the child and the family as well as the schools or the education provider and the other transition support services such as therapy services that might be involved.

The Hon. Greg DONNELLY: With the information, would you like to elaborate on how you think we do it in New South Wales? Is there a good, consistent provision of information available generally in New South Wales or is it a bit ad hoc and inconsistent?

Ms FORSYTH: Generally speaking it is a bit haphazard and our submissions certainly point to different experiences for different families depending where they are geographically and what school they are trying to access and what knowledge those teaching staff might have.

Ms SMITH: I think another significant issue is the child's age at which the family becomes aware that they may have any issues that they need to go through any planning for. Specifically when you consider the case of children who do not have physical disabilities that are not immediately apparent and who do necessarily receive diagnosis from birth.

There is a very strong push in the sector, as you guys would all be aware having listened to other speakers today, for early intervention, but it is not necessarily met by the medical fraternity very well. So taking the example of children with autism spectrum disorders, they may wait, even if the parents raise concerns at the age of two. They may have to wait until four or four and a half before they receive a diagnosis that is adequate for the department's requirements to then be able to plan and put any supports in place for that child's entry to school. However, there is so little time left by the time the child is four or four and a half if they were about to start school the following January in order to put any of those plans in place.

The Hon. Greg DONNELLY: Just before you go on, given that autism has been raised on more than one occasion today and it seems to be an issue that is quite significant in the community. What is in your assessment the cause of this delay primarily?

Ms SMITH: In my experience, as I currently manage a diagnosis support program, which is a program specifically focussed for working with families with kids under six who have a developmental concern that they are not sure what to do about next. Our family support workers guide and support families through that process of obtaining a diagnosis, if that is what they need, and then finding the following supports.

Our experience is that very many teams who are qualified and able to provide that autism diagnosis prefer to err on the side of caution, so they will see a two year old child and think there are a few indicators there of autism, however, let's just wait and see. Come to me in a year and we will see if we can make a more definitive diagnosis. There is a real culture of fence sitting around autism diagnosis for the first couple of years after which they actually could arguably have been diagnosed.

Ms FORSYTH: I would just add to that too, it is the availability of services that can actually provide that diagnosis. So in some areas there might only be one person who is qualified to make that diagnosis and therefore wait lists and access to the services is really limited, which also affects the time frame.

Ms MEARS: In our regional areas there may be one person in town and families do not like that service provider and cannot afford to go to another town to find additional help so they wait a bit longer because they want to wait until they can get the money together to go somewhere else.

The Hon. Greg DONNELLY: In terms of other disability, be they physical disability or mental disability, are there any big gaps that Northcott has experienced where we are slow in picking up the diagnosis of disability in New South Wales; some varying examples of standout particular conditions that we seem to be slow picking up?

Ms MEARS: I suppose with a physical disability and some intellectual disabilities it can be more obvious. But if a child has a learning disability such as dyslexia or dyspraxia they can be harder to pick up as well. With some children that does not get acknowledged until they start school and so the school teachers are the first people to pick that up.

Ms SMITH: The woman who spoke earlier from the ABI New South Wales talked about hidden or invisible diagnosis and invisible disabilities; people who physically appear the same as people who do not have disabilities and therefore do not necessarily get noticed. Certainly many of the intellectual disabilities, global developmental delays, autism, other sensory disabilities, can fall into that category. Then it comes down to the parents, first of all, to see any flags: Oh, I might need to take my child to get accessed.

Then, as Liz was saying before, it is the time it then takes to get that assessment and depending on the nature of that disability and how rare or how unusual it is or how difficult it might be to diagnose and what clinicians might be required for that diagnosis, that can prolong waiting period as well.

The Hon. Greg DONNELLY: You might not be able to answer this question, but I will try it on anyway. With respect to preschool teachers in New South Wales, does any part of their training provide for the identification of disabilities? So, in other words, preschool teachers are in a sense on the lookout for issues that can then be potentially medically diagnosed and then lead to some form of treatment.

Ms FORSYTH: I would say that I am certainly not aware of the content of the training for those particular professionals so I cannot comment on that, except that we would support that all education staff, whether they are preschool or primary school or high school, have the ability or have some level of training around how they might go about identifying, but I cannot talk to the content of their training.

The Hon. Greg DONNELLY: On this issue of mental health, which has been expressed as a very broad umbrella matter, are we seeing an increase in the incidence of mental health issues for children and young people or are seeing the better diagnosis of mental health? It is one of these questions that I often sort of wonder. Is there an increase in the incidence or is there greater identification and consideration of it?

Ms FORSYTH: I would again say it is beyond the expertise of us here today.

The Hon. Helen WESTWOOD: I am hoping you did not already ask this question already, Greg. In relation to your submission you say that families are often not informed about the types of support available to their children in education. How do you think that that information could be made more accessible to families?

Ms FORSYTH: I guess our comments around access to information was really again that there is different types of information given to different families, depending on where they are, depending on which person they managed to get in contact with, what type of school it is. So we would support a system really that provided consistent information across the board whether that is someone approaching the local State school, whether they are approaching their Catholic school, whether it is their independent high school, that there is some way of having a central access to information and that everyone gets the same information.

Ms SMITH: Further to that, it would be important for that information not to necessarily be held at the local school because what we have discussed also is that people need to be starting to plan for transition into school so many months and years before their child actually enters the school system that if they are expecting that they just need to rock up to the school and have an interview with the principal, then they are misinformed.

So we need to be able to get it more broadly distributed within the community so that parents of three year olds are understanding that at this point we need to start thinking about school and we need to start finding out what information the department is going to require of us in order to make determinations around our child's placement. We are going to need to start figuring out who we need to liaise with about modifications if they are required.

So it might be going through community health centres that that information also needs to be disseminated from, local GPs, places where families with young children who have any health needs, being down to even a common cold or something quite basic so that all families are coming across this information. Places where those families come would be very important.

Someone in the prior panel was discussing the model of the parents who have already been through an educational transition who become a pal and speak to further parents who are going to go through the same things in the following years. That would be a very, very beneficial model I think to roll out more broadly across the State and again have it coordinated through community health care and other similar primary health care providers.

The Hon. Helen WESTWOOD: This was a question we asked some of our earlier witnesses, but are you familiar with either another State or even an overseas jurisdiction that actually has a model that you think we could look at here in New South Wales?

Ms FORSYTH: We heard that question too and had a little bit of a think ourselves. I guess we probably cannot give you specifics. Again, like others, we have heard generally there are some good things happening in Victoria and a couple of other I guess initiatives or arrangements in Queensland. But we probably cannot talk specifically and we might be able to take that on notice and have a bit more information back to the Committee about that.

The Hon. Helen WESTWOOD: I would be interested in that, because I note particularly around deaf education, I have heard very different approaches I mean probably because other parts of the world are not as married to the cochlear implant as we are in Australia. But I know that in other parts of the world families that are diagnosed are actually introduced to another way; they can then learn sign language of that particular nation and so on. I wondered if you were aware of other overseas jurisdictions that you think do it better than we do it here. Not just Australia, so if you do know of any other that would be great.

The Hon. Greg DONNELLY: With the experience that you have, are there any particular transition services in New South Wales that you are aware of that you think do the job pretty well? In other words, you would be quite prepared to be complimentary about them. Any standout examples where you have seen things to work pretty well?

Ms FORSYTH: I guess what we would support as good practice or good services in that area would be specific transition teams. We certainly receive funding and provide a transition to school therapy service in some areas. Some of our therapy teams work specifically with people with young children around their transition. So we would support a multi-disciplinary therapy team complemented with a social worker/case manager component. That really works at the site of transitions because sometimes the barrier to getting really good outcomes is that these services are not always based in the educational settings and sometimes you can get really good results if those services are based at the sites of transitions.

Ms MEARS: I was going to say one of our projects from Ageing, Disability and Home Care that I actually manage, it is a research project. They have actually given us money to look at therapy transition in Aboriginal communities. We are looking at therapists, all the educators, family support workers, working with families in play groups, in preschools. So hopefully at the end of next year we will have more information about that, but there is some research being carried out about those types of things.

The Hon. Helen WESTWOOD: If I could ask about transitions, do you have a view about transition into a specialist program school versus into a mainstream program or school? Have you made any observations about whether one is easier or better resourced than here?

Ms FORSYTH: We obviously support families having the choice of what education setting is going to be best for their child. Sometimes what is made easier in certain contexts is the transition from one similar provider to another; for example, from a special school in terms of a primary setting to a special school in a high school setting. That is because those providers are usually the same and it is a much smoother transition. So sometimes those transitions can be easier because they are similar environments and similar funding structures and similar systems involved.

Ms SMITH: If I can add, I think there is a difficulty with transition at the front end of school. Transition into preschool offers a whole separate set of issues but transition into school at the front end has a particular problem attached to the way that those places are allocated and the lack of information that parents are given around the allocation. So they go to their local school to make their application and they say: Look, this is my child. Here are all of their paediatric reports. These are the needs that they have. This is what I think about where they should go to school next year.

But then that application is assessed at a regional panel along with all the other applications of the region from all the other families with all the other children with disabilities who need to start school and the placements are decided at that panel, so the parents lose a lot of control over what school their child actually goes to.

Further to that, of additional concern is the fact that they may not find out until October of the prior year which school their child will be going to next year and for children who need longer term transitional support who really need to be eased into the new school and prepared for where they are going to be going over a long period, and for some children, particularly children with autism, that can be a really long period that they need to be given to get used to where they are going to go and get used to the change that is coming. Finding out three or four months in advance is just inadequate but there is no real alternative to it at this point.

The Hon. Cate FAEHRMANN: Thanks for your submission. It was really informative and I can see that a lot of effort went into getting it to us.

Quite a few submissions mentioned the problem with the late notification of when a family finds out that their child has been accepted into a school. You are saying they may be notified in October. Is there any way for parents of families to be notified any earlier? Almost everybody raised it as a serious issue. Obviously all the organisations are talking about the need for 18 months preparation and that is a real issue in terms of ensuring a smooth transition for children into school. I wonder. I am sure you have thought about it.

Ms SMITH: I am not specifically aware of anywhere that you can accelerate giving of that knowledge. I know certainly many families will ring the student services advisors and say: What is happening to my application? But if the panel has not assessed the application, the panel has not assessed the application. I am not aware of any processes for escalating it and I suppose the reason for that is because the panel sits so few times a year that if every family knew there was an escalation process they would all have their hands up for it and you would wind up exactly where you were again anyway, because everyone would want their cases assessed first.

The Hon. Cate FAEHRMANN: But if there is children needing modifications, for example, surely there could be special circumstances for those children, are there any?

Ms FORSYTH: In terms of some of our therapy services, they are often involved a couple of years beforehand, pending wait list times and referrals getting through, and might be able to start those preparations. Again that is on an individual level. It always happens with the therapist and the school. What we would support is that it would not have to be a system whereby a student had to apply for funding to get access to their local school. We would have schools that had universal access. We would have a funding at a system level that would mean every school was capable of teaching every student and there would be pockets of money for particular support needs, but that that would not be the norm. It would be fully inclusive education.

The Hon. Cate FAEHRMANN: On universal access, how many students have started the process or do have universal access? I am assuming government schools have some kind of a program where recommendations have been made and they are moving towards universal.

Ms FORSYTH: I cannot speak for every school and I certainly do not have the knowledge specifically on it, except to say that it is not just about being able to get in the front door of the school. It is about the height of the desk. It is about adapting PE programs so that a child in a wheelchair can participate just as fully as someone who does not have a mobility issue. So it is bigger thinking about access. It is access to curriculum as well as access to physical space. There is a lot of work that needs to go into that across the board.

Ms MEARS: I suppose with the universal building access, a lot of our schools are older, so they would not have been built with that in mind. With some of the new adaptations that have happened in the last few years with the extra funding that schools were provided, schools did look at some more building access. Obviously that is good for the majority of people, but then there is about 20 per cent of people where universal access does not accommodate their needs. Then we have to go in and do that individually anyway, but with older school buildings that were built in the '60s their access is not universal.

The Hon. Cate FAEHRMANN: So there are just universal access guidelines for schools, is there?

Ms MEARS: There are universal access standards for building, for school and hospital.

Ms FORSYTH: Sometimes the problem with that, particularly where you have little children, you can have something that is built to a standard but that toilet is too high for that kid to be able to access it properly or without the particular form of assistance to help them, so they might be universally accessible but not accessible to every single student.

Ms MEARS: Modifications can actually grow with the child as well, because children at the age of five are very different to children at the age of 12. So they need to have some adaptability in there as well.

The Hon. Cate FAEHRMANN: In your submission you mention that it is common, or reasonably common, for some schools to cite the unjustifiable hardship provision. Can you explain that a bit more? What is the provision? And what is the threshold I suppose?

Ms FORSYTH: If we could answer that, we might not have put it in our submission. Essentially under the disability standards for education, which are national standards through DEEWR, we actually made a submission to their review. There standards were being reviewed earlier in the year and we put in the same comment to that review process. But that really spoke to different schools being able to cite different reasons as to why they might not be able to support a student.

I know it has been raised earlier today about decisions that schools might give about not being able to accept a particular student and under those standards every school has to make what is called a reasonable adjustment for students. But under those provisions they are only expected to make that adjustment unless it is not unjustifiable hardship in terms of financial costs. Sometimes schools might say to us: We need a lift put into that school so this student can access it. That is a reasonable adjustment but that school could justifiably say that is too much money and we cannot afford that.

The problem we have with that is that there is no clarity as to that provision. It is just what the school says as to what is unjustifiable. That is not at the longevity of what that modification might mean to the capital value of the building in the long term. So they might say in relation to one student: That is too much. But it is not really expanded as to what is the threshold. That is why we say further expansion on the definition around that would be really useful.

The Hon. Cate FAEHRMANN: Without mentioning any particular schools, can you give the Committee even one example, but more if you like, of the type of things that schools have said would be unjustifiable hardship in terms of modifications?

Ms MEARS: I do not know that we have specific examples with us, but we can give you that information from some of our teams.

The Hon. Cate FAEHRMANN: It might be quite interesting.

Ms FORSYTH: I guess you could assume it is those capital works that cost a lot of money that would be the main things, but again we do not have that detail.

The Hon. Cate FAEHRMANN: I think there was at least one other submission where it seemed to be implied that some schools may have been claiming it and it was quite unnecessary for them to claim that. So I was interested to see how big the claims were.

Numbers of itinerant support teachers: I think you said that these numbers should be increased. I wanted to get an indication of how many are out there now and what would be an ideal increase.

Ms FORSYTH: I can't answer as to how many out there. I guess that would be a question to the department specifically. We put that in because we support that there are more of those types of roles out there. They really are focussed in supporting transitions and integration. We would like to see that all schools have that support. What that works out in terms of numbers of itinerant teachers I do not know, but that every school should have ongoing access to that so those resources are not rationed and spread out so thin so that they are not meaningful.

The Hon. Natasha MACLAREN-JONES: Just carrying on from what Cate had asked about, in relation to your submission you said that some of the schools had been unwilling to take on the recommendations from the therapist, was that purely relating to the more physical upgrades or was it also programs?

Ms FORSYTH: That is not just about physical buildings. It is about schools having the time and the resources to implement therapy programs in the classroom and it is about classroom teachers sometimes not having the time to be doing what they have to be doing just because of class sizes and time in the day, let alone to be taking on some additional needs of a child. There might not be funding attached to that child and there might not be a teacher's aide to support in the classroom, so it is broad.

The Hon. Natasha MACLAREN-JONES: And looking at more the actual therapy services, you said they are limited and also poorly coordinated. Can you expand on that, whether it relates to particular areas, whether it is rural and regional or is it a general a State-wide problem?

Ms MEARS: We definitely found that in rural and regional areas we have limited therapy services. Also most therapy services that are funded by ADHC have specific diagnosis attached to them as well. So if your child has a disability that fits into a definite physical disability from birth you could access one particular service and if your child had a moderate intellectual disability you could access Ageing, Disability and Home Care. But if you do not fit into either of those you fall through the cracks and then people cannot accept you because their funding says they have to accept children with that particular disability and also waiting lists are for a long time. Some of our waiting lists can be up to a year to see our services. And for Ageing, Disability and Home Care it can be the same.

Ms FORSYTH: In terms of coordination those services are provided through non-government organisations and private therapists. So there is not a universally good practice way of keeping wait lists and so sometimes school aged children might be all attending the same school and have been accessing different therapy services and you might get three OTs who end up attending the same school on the same day. When you look at the allocation of those resources was there a central way of keeping track of the therapy wait list or at least more of a broad regional basis? You could look at how many children in this area need therapy support in schools then you can allocate this particular OT or this particular resource to be attending to that need rather than having a fragmented approach whereby different people are coming into schools and no one really knows about it.

The Hon. Natasha MACLAREN-JONES: This was a question I was asking before of the department in relation to their action plan: Do you think there is a model out there that would work well at a State level or a national level that you have come across?

Ms FORSYTH: Are you meaning specifically around therapy support? I probably cannot talk specifically about a model. I am not sure if Teri or Hilary can. But what I would say is that again therapists that are available at the site of these transitions is something that does make a difference. I think Queensland has a model whereby they fund some therapy positions or involved a resource within the school settings, and so a model like that would be a good one.

Ms MEARS: I would just agree with what Liz said. I worked in the UK a long time ago.

That is what we used to do. We worked for social services but we actually worked in the special schools or worked in the mainstream schools. Social services employed us but we actually worked out in the schools. That actually worked quite well because the schools and teachers got to know you. You were based in the schools. The parents knew you. You would be at the parent/teacher nights. You would go on weekends away with the children. It worked in a much better way.

CHAIR: Following up on that, the therapists being the point of contact, and going back to also what you said about the fitting in is not just about the physical attributes of the school, to me it would make a lot of sense that, for example, an OT looks at not only for instance the PE facilities but also the types of programs, the curriculum that is delivered at the school and then works with the school on the rewriting of the curriculum to that inclusion. Is that what these transition teams would be doing with those therapists on site?

Ms MEARS: The research project that we are carrying out, that is what we are hoping to do with the teachers. To go in and talk to them about activities that they could be using with the whole class and not just actually singling out particular children because that is what sometimes makes it more difficult for teachers if the program is just for a particular child, whereas some of the programs you can work across with the whole class. If you do it that way then the children are not feeling isolated and singled out. It is not additional work because it is already built in at the beginning of the year. That is how you are going to carry out your program. I do not know if there is a need to base it within education. They just need to be at the school.

CHAIR: To get access to the school.

Ms MEARS: And as Liz was saying, if there was three different children coming in it makes much more sense if one occupational therapist is looking across the whole school at modifications or curriculum.

CHAIR: I think that would be luxury to have three OTs available to maybe go to the one school.

The other thing, I guess a lot of what you are associated with relies upon diagnosis and going back to the earlier diagnosis and the problem that seems to be progressing is the family that does not have access to any early childhood contact, for example, Greg has made points about play group and preschool and things like that, just your thoughts on universal access.

One of the other submissions that we had was about government funding to allow every child to attend preschool. In your experience would it be a useful tool to be able to help with the earlier identification if at least every child was having at least 15 hours per week in the national partnership agreement that some of the States are trying to do?

Ms FORSYTH: We would support all children having access definitely to preschool. What we have found though is for those children who do not necessarily access more formal early childhood education access supported play groups; it is one way that we are actually seeing families who have no involvement in any other particular formal early childhood services. So we run some school readiness playgroup programs, particularly in south western Sydney. For some of those families that is kind of the first contact they have around some school readiness. That is not done in a formal way in terms of an early childhood education setting, but supported play groups can be a really good informal way of building relationships with families and starting them to think about school, for those kids to learn some of those really basic school ready skills. That is sometimes the point where you can have some conversations around what are the particular needs of that child and whether or not there is an issue there and if they need any further follow up or intervention.

Ms MEARS: I think if you had 15 hours of preschool access I think at the same time you would need to make sure that the teachers and the preschool personnel are also trained and given more information on how to identify somebody who has got a delay or parents are having concerns about because I think people can go through the whole of preschool and get to school and still no one has picked up that that particular child has got a delay.

Ms SMITH: An issue related to that of how to make that identification would be training in how then to go and have those conversations with those families. We have held many calls in our diagnosis support program from early childhood workers saying: How on earth do I tell them that their child should go through for an assessment? We can provide that information, but it is not really something that we formally do. It would be great if it was done formally by a proper training program for those professionals.

CHAIR: Making sure the information to those referral services or those diagnosis services are available, the example I think you used was around community health, so having somewhere where those early childhood teachers may go to refer them would be of use.

Ms SMITH: Certainly. Not to blow our own trumpet too loudly, I think our diagnostic support program though is a brilliant example. I think it needs to grow beyond its current scope where we have one full-time equivalent per local planning area where some local planning areas are as big as New England. But, yes, I certainly think it is good to have community based workers who are then able to take the call from the childhood centre or the GP saying: Okay. I need to have this conversation with this family. Can you go on to have some further conversations with them and help them firstly process all of the emotions that have now flared up for them and get them through that part of their journey so that they can start to listen to the information that they need to take on board because it is a hell of a lot of information and the longer it takes them to be in a place to receive that information the harder it then becomes to get them into the next steps around transition.

CHAIR: I guess that is important for the families that do not have access or comparisons to be able to compare their child's development to. If they do not have any of those early childhood experiences, they may go right up to where they actually start school and then they realise it is an issue.

The Hon. Helen WESTWOOD: Back to the recommendations that you have made in your submission, I think you touched on this earlier in a question from one of the other members. Your recommendation is that there be clearer guidelines around the findings between the unjustifiable partnership and an education provider, it is not exactly what you say, but I am wondering is it reasonable to assume that some providers find that there is a way of not enrolling a student with special needs claiming unjustifiable hardship?

Ms FORSYTH: Essentially in putting forward an unjustifiable hardship for them to make the required modifications that might be required for that student, that is kind of what we are saying, but in essence it may well be true. We are not claiming that it is not true for those schools. What we are arguing is that it needs to be clearer so that we know what that actually means, so that families know what that means and so that we can see that it is justified in those situations.

The Hon. Helen WESTWOOD: So there is no dollar value put on that and the providers do not have to do any more than claim that it is an unjustifiable hardship?

Ms FORSYTH: I guess. I am not that familiar with the specific details of what they then have to prove, and I know that DEEWR is reviewing the standards at the moment and hopefully they will be putting some more guidelines around what that actually means. But in terms of the specifics I am probably not the best person to answer that one.

The Hon. Helen WESTWOOD: Is it a problem that only happens with independent schools? Are government schools able to fall to that response?

Ms FORSYTH: I don't know enough about how they apply in those contexts to answer that question.

CHAIR: You might not know the answer to this as well. I think there has been a series of questions around this terminology and I hope it is something that does get cleared up. In the response that a school may make to that request, and using that hardship as an example, does the comparison to what is available at other nearby schools become part of that model and saying: We will not enrol this child. However, the school that is on the other side of town or the next suburb may have the facilities, particularly in regional areas, is probably the question that I am asking.

Ms MEARS: I have heard of families who have said that they have gone to the school and the school has said: I think the school down the road is much better for your child. Or even children who have been in kindergarten or in Year 1 and at the end of Year 1 as the child is getting older and issues may be becoming more apparent, families have been told: You need to take your child somewhere else. This is not necessarily the Department of Education, but people have been told that.

CHAIR: I think back to my town where I grew up, two high schools, one specifically did cater for a lot of students with these needs and the other one did not. I know in that town that is where they got sent. Now, that is good in practice but I would imagine every child has their own needs and whether they can travel to the other side et cetera et cetera are all things that need to be considered. It is more an observation than a question.

Thank you very much for your time today. I also appreciate you sitting here today through the other submissions.

A number of questions that you have taken on notice the Committee have resolved that 21 days is the timeframe for those answers to be returned. The secretariat will be in contact with you. So thank you again for your submission and your time today.

(The witnesses withdrew)

(Short adjournment)

GRAEME McLEOD, Convenor, Primary Principals Association, Disability Reference Group, sworn and examined:

DESLEY JOY MORGAN, Vice President, Primary Principals Association, sworn and examined:

CHAIR: I will invite you to make an opening statement, be brief, no more than five minutes and do not repeat anything that was in your submission.

Ms MORGAN: I am happy to explain. Just briefly, our association is for the primary principals for the State government system. I am vice president. Student welfare and development is part of my portfolio and Graeme specifically looks after disabilities across the system for our association, so that is why we are both here.

I think just a couple of points we were going to talk about. One is just pointing out the number of disabilities in public schools. I am aware the department has put a submission in. But basically we have 90,000 students in our public system of which a large number are in public schools and private schools. We do quite a bit of the heavy lifting. We may be able to address some of the enrolment questions if you wanted to ask us about that.

Another thing that is a little bit different I think to other people is that we have identified a Year 2 to 3 transition point. Just explaining that, that is probably not the traditional transition point people think of, they think of entry to school and entry to high school. But what happens at that point in time is that diagnosis often happens at that time because a lot of doctors, paediatricians, psychiatrists will not identify or diagnose a child until they are developmentally around that seven to eight year old age.

So that is the point of time they are going into stage 2 curriculum, so it is harder for them. They have to write and think symbolically, use language in a different way and that is where the cracks start to appear. Also the other children becoming more socially competent and they are not. I thought I would just explain that we have put that in because that becomes a time where funding, diagnosis, treatment, intervention, larger classes kick in at that stage too because that is when classes go from 24 to 30 in the public system. So that is often an unsung transition point, if I can put it that way.

Probably obviously we would like to recommend that there is more funding put towards skilling teachers, looking at the organisation, funding for children, specialised classes, all of those things, which I am sure everyone will say, and therapy services, but really so that you understand the stress factors, particularly on families.

Then it is beyond just education. There are huge stress factors on the parents' marriage. There are stress factors on the siblings of the identified child. There are even things like rigidity of rules around accessing services, so one of the things that Graeme and I are struggling with at the moment is special transport, which is a huge budget item, but it is a huge factor for parents to run their lives completely around one child and then to be denied transport to get the child to a facility because of budget considerations, not because of the complex family needs. So that is an issue that we see that is often not picked up.

I think preschool readiness services you have probably already been alerted to. The last thing that we had, which I know is all throughout our submissions, is about the lack of liaison and coordination between agencies, government agencies and private non-government agencies and its interrelationship to the school.

The Hon. Helen WESTWOOD: Thank you. In your submission you talk about there being a lack of tracking, monitoring and review of services instead of thoughtful, consistent, long term case management. Are you finding that across the board or is that something you might find greater incidence of say in regional areas or areas where children may have more complex needs where there might be large areas of culturally or linguistically diverse families?

Mr McLEOD: I think all of the above. One of the troubles is that we have the kids off the land in our schools and we really do not know what service has been provided. There is no real case management that comes through. As it goes through the system tracking, some schools are much better than others at documentation. Like, we have got 600 small schools in our system. It might be one teacher or there might be three or four teachers with kids up to 1,000 kids.

So the consistency, that is one thing we are going to be pushing for and for our system as well. That is one of the recommendations we would make. Regional areas are so much harder I guess because of the services. Sometimes you think there is maybe more diagnosis in city because it is harder to get a diagnosis in some regional areas. I think the tracking is all the way through from primary school to high school. The department is looking at an electronic tracker, that is going to help because it will be one stop shop. That will help, but at this stage there is nothing there that is consistent across the State.

Ms MORGAN: Just adding to that, it is across the whole government sector, so it is the differences in policy in how each sector runs. For example, each health sector runs completely differently. I will give an example, dental services, sometimes when you want a bit of amusement go and check how they are delivered across each region in the health regions. That is a classic one. So these children with complex disabilities they often have a need for everything down to things like paying for dental services. You will find they are completely different. In some areas they do not provide it all.

For example, North Sydney region, now you do not ever see a community nurse which once would have done your very basic eye and vision check and referred to dental. You never see any of those services now. They are the added pressures that are not seen. These families have got everything, absolutely everything, including respite care to cope with. They never get a break. They never get a holiday. A lot of the services fade out. As soon as it is coming up they just say: You're going to school now. They will look after you. Schools never see those services again. The early intervention services, they just disappear. You are lucky if you get a report from them at all. It is just really hit and miss.

Community services: If a kid moves to a country town everyone just breathes a sigh of relief and shuts the door. Probably the school counsellor is the only one that keeps consistent information and tracks it. I really don't know of any other government department that bothers doing that, maybe it is the funding or resources to do that.

I remember many years ago one of the things I had been is a school counsellor, and I picked up a little girl coming into school with severe cerebral palsy. She had not had treatment. The kids' hospital had shut down and moved its services. Nobody tracked them. She was being treated with spinach baths by a naturopath and her limbs were wasting away. She was carried into the school without a wheelchair and we had to start from scratch. There was no handout. No medical services, no tracking of the child and you just try and cope from where you have left off. But the child should have had intensive joint therapy between the preschool and prior to school and that should never leave that child. It should be a package that follows them through.

The parents have to negotiate. Where do I get funding? Who do I go to next? They are just really dumped. One service will dump them and move on and say: You do not fit. We stop at 7 or we stop at 6. We stop at 4. We stop at 5. That is it. They never get any help from that agency again. It is a bit dismal.

The Hon. Helen WESTWOOD: You also say in your submission that many children are enrolling into kindergarten and they have been not been diagnosed. Do you find that if children have been in some other program or system, whether it is health or preschool, that they are more likely to have been diagnosed before they get to you.

Mr McLEOD: I totally agree. For example, we have a little guy whose autism really impacted him. He was full blown. Parents just thought he was different because he liked drawing trees. So when he came there was nothing. We had to get speech therapy organised, all that sort of stuff. So we were the contact for that to get it all happening. Where if they come from another early intervention service it is a coordinated approach and if they can do a hand over to school we are so far ahead because it is good information with which we are able to do informed decisions. Without that it is so hard. There are more and more kids coming through.

I think you have been told by our department, most of the kids when they were little they come in with language and communication disorders because they will not call it autism or whatever and then they get to about Year 2 to 4 and they call it autism and then becomes emotional disturbance later on. If we get it at years four to seven years of age we can do amazing things for those kids, but it is all about getting them early. I totally agree if you get the coordination.

Case management: If we get a case management approach to these kids while they are young, somebody coordinating their services, the kids would have so many skills and be ready for life so much earlier.

Ms MORGAN: Just to qualify, I was talking to one of my mums yesterday whose son has bipolar and autism, so quite an interesting little mix. I was saying to her: Look, I am coming, just remind me of the other things. She said: It is not just going to preschool or long day care, sometimes the quality of understanding at those places is pretty limited and some of the preschool teachers just have not got that experience or understanding or professional learning. I thought he came in and also another one of my children from on the grounds and I remember discussing with the parent in the December and thinking: Can you go off and get your child assessed because it is ringing alarm bells. But the hand over we got from the preschool was about this very bad, naughty boy. In fact the very bad, naughty boy was autistic who got highly anxious if he did not finish everything perfectly and would lash out.

You really have to have staff that understands the disabilities they are dealing with, not just any old service. I suppose that is one of the things we would recommend the departmental preschools because you know that those staff are getting a standard in servicing and they are coming into a system where there is a greater understanding with it.

Mr McLEOD: For example, at our school last year we had three kids enrol out of 40 with autism, couple of behaviour disorders, language disorders. That was not normal. We did not get it this year. But the impact on them, the other kids, and the stuff is phenomenal. But teachers tend to do their job. But unfortunately, especially our age group were not trained in that so we have to provide all of that. We were special educators in our past lives so we have a better understanding, but it is really hard and it impacts on other kids. You have to look at that too. But it is amazing how accepting they are and their parents are. It is a wonderful thing.

The Hon. Helen WESTWOOD: Where you do know that a child is being enrolled and they have special needs, are you able through the normal budgetary or plant processes within the Department to receive additional funding or services for that child?

Ms MORGAN: Not for the largest ones, not for say language. Any child that is seen as ADHD - often that is only a symptom of their other issues. That is not funded. A lot of them are funded, but as I said a lot paediatricians and psychiatrists will not diagnose until they are at least seven or eight. So they can be coming in with this very generic strange label. I have a little girl coming next year that can only communicate via an iPad. She is the one percentile for expressive language but two percentile, which is the bottom two per cent of kids, for receptive and so she misses out on our language class because you have to be in the bottom one per cent to go into a language class. So she will not get any funding, that is just a huge. Hopefully, we will get some hand over from a speechie. But there are just so many undiagnosed children running around.

Mr McLEOD: There is funding support available. Obviously the program where we look at the impact of the disability, the disability itself does not get the funding. It is the impact of the disability that gets the funding. Then you fill out a criteria with the parents and then it gives you sort of a number and then you put it through and somehow they factor it and the money comes back to us. But it is a usually a very small amount of money. The most I have seen is $12,000 and you think of that as $25 or $26 an hour, so it is not many hours. You have to use it wisely. Then if a child with autism needs a lot of hours in the playground a lot of that funding can get sucked by making sure they are safe in the playground without doing their learning. But it is there and we do use it wisely and we are grateful for the support we do get but it is a long process. Any of those kids that come in without the diagnosis it can be a year a year and a half before you actually get it.

The Hon. Greg DONNELLY: Thank you for coming today and giving your submission. Can you give the Committee an overview of typically how, just let's start off at kindergarten, teachers would be briefed or informed by parents enrolling their child who has a disability. How do they go about it? I presume that in most instances you are relying on that information being the primary source of detail of what you have to understand. Do they bring a medical file? Could you explain how this is typically done?

Mr McLEOD: It is not typically done. You have heard about the concept of learning support teams, which is a team that is based around looking at the needs of the kid or looking at the needs of the school. That is two different processes of the learning support team. When a kindergarten kid rolls up usually - this is what I do anyway. We always talk to the parents and then we get as much as information as we can, every report. And the parents have been through the mill usually. So we have all the reports possible. Then we will sit down with them prior to enrolment prior to them coming next year and we work out a plan. What are the behavioural needs, what are the learning needs, what are the safety needs? What other support do we need to get in? Then we will apply for support for funding support or we get further testing. Then the teacher comes in as part of that process. That is probably best practice.

In some places it might not happen because some principals or teachers do not have - in a smaller school they might not see a child with a disability for a number of years and then one rocks up and they probably do not know what to do. That is why they have to bring the support services in. But we do have a fairly good network around as well of support. But the plan is very well done in most places for the kids because you do not want a kid to fail when they come. Because if you don't do it right the first time it is hard to bring them back.

The Hon. Cate FAEHRMANN: Just building on what Helen Westwood asked before about teachers, the question is the support or extra resources in terms of skilling teachers up to deal with students with disabilities or complex needs. What is there?

Ms MORGAN: Sometimes it is hit and miss because sometimes they are quite unusual type of diagnosis. So some of our specialist facilities, some of our special schools, if you can network with them they can give some extra assistance. The department's been trialling online courses this year, for example, 11 of my staff; a couple of aids and nine teachers did an online autism course for seven weeks I think it was after school. They did a case management style, went back, how would you use it, what would you do, reported back to a tutor. That has been quite successful, but that has only started last year and this year.

When I identify who is going to take my autistic children next year, I will make sure they go off to a good one or two day course that we have already used before. We will access the online courses if we can. Really, anything you can find. You are a little bit on your own. There are not really standard courses except for those online ones.

The Hon. Cate FAEHRMANN: That is your initiative in terms of sending those teachers off?

Ms MORGAN: Absolutely. Depending on what your region provides, if they have a lot of facilities or a range of kids coming through they might put on a course or might not.

Mr McLEOD: We also bring in behaviour personnel to run courses. Like at our school for autism one of the behaviour specialists come around and do a course. There are integration people who will come and help support and do visual programs and that type of things. So we try to set it up beforehand, but in terms of is there trained development? No, there is not. With so many disabilities there are so many needs and every child with autism is different. So it is very hard. But those methods and strategies tend to be for all kids with learning difficulties or with disabilities.

The Hon. Cate FAEHRMANN: In your submission you mention that transition funding is administered by high schools, not primary schools. Can you explain what the high schools do with that funding?

Ms MORGAN: They are supposed to share. Some of them use it to run their orientation days. There is not a lot of tracking I think in terms of primaries. I have a very good relationship with our local high school. We put in a number of submissions together and run joint programs, but they are not really offering me anything. They are saying: Have you got an idea? And you can have a couple of casual days. So they are actually keeping the bulk of the money, and that is a good relationship, and waiting to see what turns up. So it is a little bit more formalised this year. They are actually having meetings between the two. But very often, sadly sometimes with high schools, but primary will have a whole package there waiting to go but nobody really want to hear about a particular child. They will wait until the child fails and then will say: Tell us a more about that child. Possibly a little bit of arrogance. I am not sure.

Mr McLEOD: In the Hunter/Central Coast where I come from we have local management groups where you have a high school with their partner primary schools. So we coordinate it very, very well. But what we do is the transition. They will send a whole team out to us and we will go through every child. I do that with all the primary schools. They go through every child, not just kids with disabilities but every child. They go through it. They will spend a couple of days. It will cost them a bit of money, but it is money well spent. But with the other high school we go to we do not do anything like that, so kids have got a better chance of failure. But State wide the high schools tend to get the money and it is a between the high schools and primary schools to work out where it goes. Our model works we have got local management groups and we have developed that very strong relationship.

The Hon. Cate FAEHRMANN: I do not know if you were here before when we were talking about the unjustifiable hardship provision that some schools lean on to perhaps reject some student's application. What are your views on that?

Ms MORGAN: We probably get a bit stroppy from the public sector because we do see that happening. We really do not refuse any child within our boundaries. It is only where there are boundaries issues that we would refuse children. I know, for example, my school is located near two special schools near an early intervention program and we are seen as autism language friendly, a couple of our parents spread the word. So we have quite a number that gravitate and enrol and I will take them. But I will also increasingly be taking enrolments from local private schools that do not want to offer - this other little girl that I mentioned that is communicating via the ipad, her mother works for a local private school. She is not going to send her own child to her own school where she is teaching. I will get that child.

Mr McLEOD: I cannot tell you the last time I heard one of my colleagues knocking a child back. I am sure it does happen because the parents would probably choose not to come to a mainstream school. We have got extremely difficult children that we have to put extensive planning in to make it work, but we do that.

The Hon. Cate FAEHRMANN: I think some of the submissions were suggesting it was non-government schools who were doing it.

The Hon. Natasha MACLAREN-JONES: To just expand on the comments you were making about developing plans for children, what role do you see the parents playing or family members playing, not just in the developing of a plan but the implementation as well?

Mr McLEOD: They know their child much better than we do. Sometimes they can be unrealistic and that is one of the hardest parts, but you have to let them go there. It is anxiety and stress because they have never had a disabled child before. I think it is imperative they are involved. The party implementation, I guess that has to be negotiated, but I always encourage parents to do as much as they can in the part of the plan.

One of the most powerful things are planning meetings. When we have our review meetings you can have laughter and tears and all sorts of things, but they are very powerful. Everyone walks away with something to do and a better understanding. Teachers and parents get a better understanding. I think it is imperative that they should be very much involved.

The Hon. Natasha MACLAREN-JONES: You talk about the Australian early development index data to be used in part of the planning for local services. I am not familiar with that. Can you explain how the information is collated and on what basis?

Ms MORGAN: It is Federal data that was collected and it is due to be collected next year again I think. It is basically a snapshot of children at that time and then it has been fed back in, I understand, to a Federal data basis looking at information like where should the service be, where should preschools of disability be, all those sort of services. I guess we would like any factual data to be fed in and used correctly from whatever source.

One of the potential statistics being thrown around at the moment is the World Health Organisations' statistics for autism and mental health and that is being applied to the New South Wales system. There are times when you get more than that or less than that. So it is really important to have accurate, valid, up-to-date New South Wales data or Australian data if you cannot get New South Wales, to inform your practice and your services and where the funding is clustered.

Mr McLEOD: The data is collected; then the teacher fills out a questionnaire on all the kid's abilities. It is very wide ranging and then they collate that. It is very powerful. They try to get a representative group from each suburb that our kids actually come from, because 40 per cent of the children in my school come from my outer zone. So they try to reflect where our kids come from on the enrolment data.

The Hon. Natasha MACLAREN-JONES: Something that has come up quite a bit today is the sharing of information. Do you have an opinion on what model or what you think would be good in relation to collating information and sharing it as children progress through the years?

Mr McLEOD: Our school counsellors do a wonderful job with that. Anything that comes in goes on their file. I cannot get access to that file because it is confidential, but it is all there. They can show and tell us what is on that file. But that is a good way of doing it. We do not track it. On my electronic database I don't know what that is there. But it is in a file. But the next stage is probably electronically done within that database.

Ms MORGAN: I probably would add one thing that would be interesting to look at is the attitude towards information by all agencies. Because whilst we above everyone else want to protect the confidentiality of the children, to actually plan for them and prepare you need that information or you are actually putting them at risk. You will find that some organisations are more concerned about the confidentiality and keeping their files private at the risk of the child and also the parents. If the parents do not want to share, then you do not get access. Really, the rights of the child should come paramount to the feelings of the parent or the feelings of the agency.

I would say that would be an interesting channel for you to explore about how other people feed that information in and whether it should be mandatory if it is required for that child to look after their future and not put it at risk.

CHAIR: Just on that, does the file that your counsellor has, let us say that the child moves to another region outside of your zone, does the file go with them to the other counsellor? And then does it go then with them to high school?

Ms MORGAN: It can. It should. Mostly they would send it on. Sometimes if it is not a particularly active file it would sit there until it was requested. But it is tracked by date of birth and name of the child. So the next counsellor just has to ring the records centre which is in Stanmore, or somewhere, and just say: Have you got a file on a certain child? And they request it and it will get sent through.

Mr McLEOD: The children you are talking about, this group with complex needs, it would be known and followed. The only trouble is when it goes to a private school or from a private school to us, it does not follow. It does not come; same with interstate. So that is one of the problems, especially with dangerous and violent kids. It can be very difficult because we do not know.

CHAIR: You might not know this, but again from the juvenile justice system maybe back into the education system or education system into the tertiary education system.

Mr McLEOD: Not to the tertiary education system, no. JJ, juvenile justice, I do not know. Our schools are actually part of that JJ network, so I think we are right with that. But not the TAFE or - it is not a bad point because when you look at so many children. Everyone with disabilities going on to further education it would be an important thing to follow because we are all the same system.

CHAIR: Can I just turn to the point you make about that other transition you talk about, Year 2 to Year 3. This is where the class sizes change and it is also where a lot of these other diagnosis come in. It is probably a little outside of what we are looking at, but I think it is impacts on it. The school starting age, going from Year 2 to Year 3, and I use my son as an example whose birthday was in January and he was six when he started school and there were kids in his class that were four and a half. That obviously would have to have an impact on that transition particularly in 2 to 3 that I imagine from primary to secondary. Any comments or thoughts on that?

Ms MORGAN: Yes. You can get 18 months difference from children in the same grade. So when it does come to that nitty gritty because there are so many things that kick in around that age. There is an enormous amount of alternative therapists out there and sometimes parent go seeking because they are pre-diagnosis they go seeking for a whole lot of information, so there is developmental this and alternative that. There is a whole lot of extra ways of managing and intervening that are put on them, in addition to just even their sheer physical size. So you have inarticulate, aggressive autistic boy who is that much older and you have them in as next door to someone who is small, weedy and un-socialised, yes, it is quite an issue at times. Because of the class ratio we are forced into going from 24 into 30 straightway. So you are adding a quarter to the class.

Mr McLEOD: The kids that I am seeing in my belief they are coming in with less skills than they used to. So there are so many more language disabilities, communication disabilities. They do not know how to write, hold a pencil, they do not know how to do so many things that we have to actually teach a lot of things that we took for granted before.

When you talk about the starter games, the four and a half year olds, when they are going through, if they are falling behind with language or a communications disability and then they hit Year 3 with all the demands, it is harder for them as well. So you spot on with what you are thinking about the young babies.

CHAIR: So in the context of what we are looking at in transitional arrangements, especially with the special needs but in the context of general, then an older starting age in general may be more beneficial for those that fall behind earlier on?

Mr McLEOD: I tend to believe five. That is from my beliefs. But some kids are ready. My daughter was reading a book at four. My son was probably not ready until eight.

Ms MORGAN: It is probably at what point they come into a service of some description. So it could be preschool or it could be long day care with a good program or it could be kindergarten. It depends probably on where they are heading in terms of readiness to sit hold a pencil, hold a conversation.

Mr McLEOD: For special classes or support classes, like an SSP, special schools or in mainstream classes where they can get in at four years of age, that is even better to start early because you can get that early intervention and get their skills up. So it goes against the other age.

CHAIR: You mentioned earlier that part of your recommendations is State access to preschool for all students. One of the other things that you talked about was rigorous case management. Can you just explain about that case management and who is it that has responsibility for that case management with the children with special needs or disabilities?

Mr McLEOD: I think schools are now getting more effective learning support teams. That is probably the way to do it but the trouble is the time it takes. Primary schoolteachers get two hours release per week. Assistant principals about the same so they have no extra time and usually one of those is the leader of the learning support team.

Effectively it takes an amount of time to get it right. If you do it right the first time it saves you a lot of time. I think it is funding or time and training and development of how to get a learning support team become more effective. That is a base level. That is what you have to do and from that up.

I know we work with our preschools. The teachers go out and visit the preschools and talk about all the kids that are coming. That is really effective because we see the problems and how they deal with things and what strategies they use.

CHAIR: Is that a consistent approach?

Mr McLEOD: Many but not all schools, no.

CHAIR: Is there time allocated for them to do that?

Mr McLEOD: No, we allocate it ourselves. Do it at night time and after school.

Ms MORGAN: There is a very limited service but it is quite effective but it is something like one person per region. I forget what their title is now. It is like an early childhood liaison officer. Because there is only one of them, the most they can do is turn up and help arrange a meeting between UN agencies. That is about it and then you take over from there.

I had a little boy with hearing problems who had a special transmitter and everything. She organised and came to the meeting and took minutes of the first meeting with the Shepherd Centre and the preschool ourselves, the assistant principal, the learning support team coordinator, but then she went away again. So there is actually people out there who do try to do it. There are just not enough of them.

Mr McLEOD: In our region too of the Central Coast, it is DOCS funded, Better Schools or better something. Someone is getting preschools talking to schools and that has been very effective for the ones who do not do it. It is providing. They do run courses, so it is probably a good model to run across the State as well.

The Hon. Cate FAEHRMANN: You said that counsellor's student records do not necessarily come from the private school system into the public school system. Is there a barrier there? I am assuming you can ask and it happens.

Ms MORGAN: No, we generally get no communication at all from the private system. When of my previous schools, I ran a hospital behaviour school, Redbank, which is a project at Westmead Hospital. We took children from any system and my teachers would train their teachers about how to manage the children. My experience would be that they would be trying as much as possible to get the child out of the system and into the public system; telling other parents: We have nothing to offer you here. Go to the other system and a total lack of interest in sharing that information, private or public.

Mr McLEOD: We do information in relation to violence and aggression. I think that is mandatory, just for safety, OH&S. We have to ask for it.

(The witnesses withdrew)

ANNE FLINT, Vice President, NSW Schools for Specific Purposes Principals' Network, Holroyd School, affirmed and examined:

JILL DEAN, President, NSW Schools for Specific Purposes Principals' Network, Glendon School, affirmed and examined:

Ms DEAN: We would like to say thank you for the opportunity to come along and first of all to present a submission and to respond to any of your questions in person to clarify things. We were pleased to see the terms of reference that were submitted both looking at the adequacy and the accessibility which allowed for some criticism and some areas to improve. But more importantly that you did request some better best practice approaches to support our students and families and I suppose that is an area where we in special education do feel we do things well with limited funding but our commitment to our students and our family looks very much at how to make things work and focus in on that positive aspect. So I hope we can share some of those things today.

The Hon. Helen WESTWOOD: Thank you for submission and appearing before us today. It certainly helps in the task ahead of us.

I would be interested to know whether or not that some of the children at your schools come to you later, not necessarily straight from preschool or from early intervention programs. Have they been in the mainstream? I understand maybe some acquire a disability, but rather kids who have not been diagnosed with a disability and then a diagnosis and then a mainstream program and then are referred to you.

Ms FLINT: I certainly have students who arrive at Holroyd school at various ages and stages in their school. My school is in south western Sydney so sometimes I am getting refugee students who have not been to school before. They turned up at their local primary school. It has become quickly evident that there are significant problems and the students are moved on to my school. I also receive students at Year 6/7 transition points. Students that have been fairly well supported in a primary setting, however, the nature of secondary schools has led the school's learning support teams to feel that a special school might be a more appropriate setting or students who have in fact moved on to a secondary class in a support class or into mainstream with support and have not succeeded and so have bounced back into a special school setting.

Ms DEAN: My school is a little bit different in that it is kindergarten to year 4, so to the age of 10. So it is a different program that is happening in Newcastle at the moment. But while we do not get to that level of that age group of student, we get quite a few who have come through, have gone into regular education, things have failed and they have moved on. Often this is around I think when parents are first looking at different schools. A lot parents say to me: I did not know this was another option. So it is often that whole inclusion movement and people's dedication to mainstream, sometimes overlooks the opportunity for parent choice and informed choice from the beginning. So sometimes the families have gone through failure before they realise that maybe there is another option.

The Hon. Helen WESTWOOD: How is that transition from a mainstream program into the special school? Are there the same sort of issues and difficulties with that transition as there are with other types of transitions say from special programs into mainstream programs?

Ms FLINT: Sometimes the students moving at those transition points when there has been difficulty in another setting may be moving straight after a resolved suspension or series of suspensions and the transition is generally emailed advice saying so and so is being enrolled in your school. It has gone through a placement panel process. I then request any information that has gone to the placement panel and I might have some written information that has gone with the access request from the previous setting.

Generally some of my staff will go to the school of where the student has been, but if they are not attending at that time it is difficult to see them in place. So sometimes that move happens at points of crisis and the transition is not managed well.

Ms DEAN: That would be the weakest point of the transition, those ones that do come from that crisis rather than the planned ones where we do have the opportunity to work with the child. But I think, as Anne said, it is often a fax that comes through that says: This child has been placed at your school. Then we use the enrolment process which is about a learning support team meeting with the parent; about looking at the other school to find out if there was a risk factor that we need to look into to make sure that we work things out so it does not happen again; those sorts of things. But transition is very weak at that point.

The Hon. Helen WESTWOOD: And in those cases do you receive additional services or funding to support those students?

Ms FLINT: No. If a student arrives in my setting and we discover needs support additional to my staffing establishment at that point I would make an application for what is known as RSSSP funding. It is some additional funding held in each region to support students with needs beyond those allocated to the school. It is short term funding. I might get funding for a term to settle a student into their new setting, but it certainly does not really help with that transition. It is more about settling a student once they have arrived.

The Hon. Helen WESTWOOD: In your submission you say that transition often works well when children are accessing early intervention services, apart from the example that we have just been discussing, what happens to children who are not accessing these services?

Ms DEAN: It is very difficult. I think that it is very similar to - we get a placement letter and we then contact the parent where we possibly can and then start: Does your child go to school, a preschool; an early intervention centre? If they do not, then we just go straight into a learning support team meeting and the parent and the family then becomes the main support for us to start working out what are the needs of the school.

At that stage we may even start at looking to trying to link them with adequate support, for case management, therapy, all of those other things that the child might need. So it is very much then that we will take on that case management role and look at that and just then start that child with whatever the program is that we have for our little new ones coming in each year.

The Hon. Helen WESTWOOD: Also in your submissions you say that successful transition relies on the good will of special schools; can you explain what you mean by this?

Ms DEAN: There is limited funding to support these children. Each year for example I get 14 new children in kindergarten coming into my school. That requires me to go to my global budget to release somebody to go - as part of our transition program we go and visit the children in their early intervention schools or their preschool program, whichever is the most convenient. We talk with the staff. We observe the children. We get an understanding of what the child's needs are and if we could actually place them for a class next year. We are not placing a child who has got huge sensitivities to auditory with a child who may just scream for whatever that reason that might be.

So it is about placing the children, putting the more complex children perhaps with my best staff so we get a good understanding of the child and giving them the best possible start. But that is done because it gives us a good steady start for that child and their family and makes the family makes a better security. But we do not have time. That has come out of our global budget to release our staff every year to do that, to call in, to do the learning support team meetings that are essential to hear the parents' perspective of the things that we might need to look at.

I think this happens not just at the early intervention stage, it again happens when we would like to transition our good success stories back out to mainstream. It might be a support class or a mainstream school. We review the child's placement every year and for the ones that are going we encourage parents to look at a less prescriptive environment.

But again it is about our staff going into that school and supporting that child at least for a day or two, talking to the teacher, explaining the best methodology for working with that particular child, what are the things they might need to look at to adjust their curriculum to meet this child's needs. That and any other follow ups, sometimes we send the teacher's aides into the classrooms as well to support. There might be health, medical care, toileting or other issues and they can help whoever is around as well. But it is all done from our own school budgets. It is not done any other way.

The Hon. Greg DONNELLY: Page 5 of your submission, you are suggesting the lack of information flow between schools can be a problem. What can be done to improve sharing information between schools and other agencies?

Ms FLINT: Sometimes it is the timing of the information. In special schools we have no input about which students are coming to our schools. That is decided at placement panel. Sometimes we are contacted by parents before we have any information about their child. That is very difficult to open that conversation with a parent about the needs of their child when perhaps we have nothing more than a student's name and their level of disability.

Ms DEAN: Following on from that, the information, the parents go to the local primary school, not to us to enrol. We have nothing to do with any of the enrolment process. So they go to their local primary school, they share their heart and tell the entire story to that school who then fills in the paperwork and submits it to the placement panel. So by the time they get to us they think we have got all the information because they have already told their story and they suddenly find, no, this information has not got to us. It is sitting in a counsellor's file. Then they need to repeat the whole thing again. Our parents are still grieving, still coming to terms with the whole disability issue that is going on. So there is that side of the flow of information that is often slow to get to us and they have to repeat the whole story again.

At the other end of the spectrum, the post-school option is one. It is about communicating, trying to know what the options are out there. Sometimes we do not even know to provide that advice, what sort of things the young adult can move into. So again it is that cross communication. How can we get that information to them. That is what I suppose we are looking at, that flow of information, that communication that is so important.

The Hon. Greg DONNELLY: So you are saying it is not done particularly efficiently and it is cumbersome basically.

Ms DEAN: Yes.

The Hon. Greg DONNELLY: You say in your submissions that schools may be unwelcoming to students with disabilities, page 2 of your submission. I am wondering in your experience why are they unwelcoming. What are the core reasons you have identified?

Ms FLINT: Families can't come to the door. If they have a child with a significant disability they cannot come to the door of a special school and say: I would like to enrol my child. The family has to go to their local primary school, front up there. Have the principal take a step back and say: There is no way we can meet the needs of your child. Let's get some information. We will start this access request process.

As Jill said the primary school will help them make application for appropriate special education service for their child. They have gone through that process of disclosure with a primary school. They then have to wait sometimes several months before they know whether they have got a place in the special school or which special school because the parents now cannot determine or request a particular one. They ask for a type of service rather than a particular school. That is distressing for parents.

The Hon. Greg DONNELLY: So until there has been a formal placement of a child in a special school, the parents in effect are dealing with the primary school network?

Ms FLINT: Yes.

The Hon. Greg DONNELLY: It is only when there is the formal placement that they start dealing with the special school.

Ms FLINT: Our region, and I am not sure if it is all regions, has an early childhood consultant officer. I think last year was involved in the placement or the gathering of kids and connecting kids and families with services of over 600 new kindergarten students across the south-west Sydney region. It is an astronomical task and she does an amazingly good job.

So in our school we will hold an open day around June and we try and get out to as many services as possible to let them know we are having this open day. Our local preschools will bring families along. There is an early intervention program in a primary school not too far from our school. They will let their families know. Some of the ADHC workers that we know, if they are working with particular families we will bring families along. We can show them our school and at least explain what type of program we offer.

But we cannot suggest to a family: You would be a great kid in our school. We can offer you a place. We cannot do that. At least we are allowing parents to make some informed choice so that they know what they are asking for. But there is also a significant number of families, particularly in western Sydney, south western Sydney, probably parts of the Hunter/Central Coast that may be new arrivals in Australia and they have slipped through everybody's net.

We have enrolled a student in early high school who had never been to school before, but had been in Australia all of her life. It was only that she went into hospital for a medical procedure on her feet that someone in the hospital said: We will place this information on to the physio that works with you at school. The mother said she does not go to school.

CHAIR: Could I clarify something in my mind? So even if a preschool child has a medical diagnosis of severe intellectual disability, they still have to front up to their local primary school and go through that process to then be referred to a specialist.

Ms DEAN: Yes. Huge hoops and so many hoops that are just really unfair on the families that they have to go through the processes. They keep asking the same questions. Who do I go to next? Have I get this straight? There are so many I suppose rigid rules: This is the way you will do it. That it does make it very, very complex for parents.

When you are talking about schools not being that welcoming, I think there is also an element of fear of the unknown. It is a whole new ball game for them. If they have had one good experience with a person with a disability, they are likely to say yes to anyone that comes. Then they suddenly find the next one may not be as easy and may be more complex. Making adjustments to the program takes time, takes skills. They don't have the skills.

I think there has been a big push that all mainstream teachers can teach all children. For many of our children with disabilities that is okay. It is just a little bit of tweaking of the program. But there are children out there who do need access to highly specialised teachers that are trained in special education. I suppose I am thinking more of our children with autism who do learn in specific ways who are impacted by their environments in so many different ways that mainstream teachers just do not feel adequate.

In some ways there is almost the reverse feeling or the devaluing of the teachers of special education who have spent many years training to understand these children. Even then, what we learn when we do our studies in special education - it is a practical application in the classroom. I never did a course that was called bodily fluids 101, yet that takes up a lot of my time of what children in our environment in that area.

So there is a lot of experience that we bring to it and add a level of expertise. I think there is a fear out there and some of that fear should be justified. Teachers want to do the best by all their children. I think without that support, without the knowledge of special education and someone in the school to help them that fear will continue.

Ms FLINT: I guess another part of that uncertainty when a parent goes to the local primary school is that they often are not going with a big package of information either. So the principal or the deputy principal in the primary school who is asked to advise about this may not have a whole range of information about that child either. If there was a really good transition from early intervention services, if students have been lucky enough to be involved, and that package of information came with the child before the child turned up on your doorstep; that would be helpful. If a principal had time to read through find out what the child's disability was, what services have they had access to in the past, if any, what other agencies are supporting the child. You can go into a meeting then with a parent with a little bit of understanding and knowledge. You know the right questions to ask and then can help guide them through that access request process until they find the right educational placement.

The Hon. Cate FAEHRMANN: Thank you for your submission and appearing today and of course for the great work you do. Can you explain how the placement panels work, are they per region?

Ms FLINT: Yes, they are. Each region runs their placement panel in a slightly different way. Where I am in south western Sydney we have a special school principal representative, a primary principal representative, a secondary principal representative, someone from the school counsellor service and various disability personnel from regional office. In western Sydney I know all my SSP colleague principals go to that placement panel and have some input.

The Hon. Cate FAEHRMANN: And they are specifically for the situation where children enrol in primary schools and they need to be placed somewhere else?

Ms FLINT: The placement panel determines special education provision whether it is placement in a support class or in a special school, access to behaviour services.

CHAIR: So both primary and secondary?

Ms FLINT: Yes, both primary and secondary. Placements panels get information quickly. For some years I have had my information about my kindergarten students coming in in term 3. That is terrific, gives me all of term 4 to make contact with families, organising orientation days where we can have the children in, have a bit of a look at them, start to figure out which children would be best placed in which classes. Other years though I have had my information about significant numbers of kindergarten students coming into a special schools, November/December. It makes it very difficult then to have that planned and coordinated approach.

Sometimes that is not the fault of the placement panel. They cannot act on information that they do not have either. So if they do not have the access requests in from other schools or other agencies early enough then they cannot determine places either. Sometimes it is around the lack of placements available. Sometimes regions are still trying to start new special classes up depending on demand. Until that has gone through and been funded and classes are started in various schools, you cannot place kids. So there is a number of factors that determines the timeliness of the advice we get.

Ms DEAN: In terms of the placement powers, the process starts where they go to the school and an online access request sheet is filled out. That is meant to be the communication that we get. This is a fairly new structure and I have found it to be fairly wishy washy information that actually comes. I think some of that is around mainstream schools inability to ask the next level of question of a parent. You know: Does your child play? They love to play. The next question is: How do they play? They sit in the sandpit and flick sand on their own. So that second question in a level of questioning gives a lot more insight from our perspective, but if they have never had the children there at that level sometimes those questions do not come out.

So what comes out can be wishy washy stuff. That really does not help us in our planning and looking at programs. We have to then go further. But these are the forms that hit the placement panel that Anne has spoken about. Then the decisions are made on that. You do not have time to read that entire document. It is quite heavy and full. Often it is the first page that gets a quick look at. What are they requesting? Are there any vacancies in that particular request? They are aligned that way.

I think there are a lot of issues around that whole placement process. Parents have already gone through great hoops, but in the long run the impact of it is not really there. It does not give us the information we need. There could be a lot quicker ways for parents just to go to directly wherever they want. Talk to people even having someone outside again. Maybe that is where I think a case manager, and whether it is an ADHC person who works with families as well as other services, can actually pull a lot of those things together without making the parents jump all of these hoops that the Education Department puts in front of them.

In the end there is just this alignment of vacancies and people and trying to get best fit that way. It is not an in depth process when you are sitting around the table and you have bundle this big you have to get through in so many hours.

The Hon. Cate FAEHRMANN: You mentioned before refugee children, or maybe it was one child, coming from the mainstream system into Holroyd, is that because of the trauma that those children have experienced or because of language difficulties that they are actually coming to Holroyd?

Ms FLINT: Students do not come to Holroyd without a diagnosed disability, if you are looking at an intellectual disability in the moderate to severe range, but you overlay that coming from a non-English speaking background, maybe no previous education, sometimes family members with no previous education and often significant trauma often with mental health issues. But it is very difficult to get mental health support for someone who has an intellectual disability.

The Hon. Cate FAEHRMANN: Are you recognising that as a merging area of need in terms of refugee children?

Ms FLINT: I have a significant number of refugee families in my school.

The Hon. Helen WESTWOOD: That would be about where you are though, would it not, south west Sydney?

Ms FLINT: Of course it is. It is the hot spot.

The Hon. Cate FAEHRMANN: In your earlier address you talked about best practice approaches and that you would hope that some of that may come out during the questioning. Did you want to talk about some of the approaches that you think are best practice that you want alert us to?

Ms DEAN: Again it is communication. The more we know about the children before they come into our setting the better. Our whole focus is about supporting the whole family. It is not just the child. It is the whole family. It is about understanding that there are other services to start linking them into, such as I said with ADHC, maybe health looking at the medical issues. I think because in a special school setting we get that close family relationship. We will just go to whatever length it will take. I have got a mother at the moment who is not too sure whether her decision to go into a support class in a mainstream is the right one. I said we will do a transition process where that child will visit the school. We will make it work so that she is comfortable in her decision.

So I think those are things that we will go to when we look at best practice because we have that relationship with the whole family I think in our special ed setting in special schools in particular. I am not saying it is not out there in the other support classes and mainstream either, but from our perspective I think - we put whatever we can into it.

We would love to see some more support around that case management that could be tied into it a little bit better. Looking how ADHC how health can fit in to all work together to go across the different departments to make it work even more so for our children. So that families are not going out there telling their story to one school which will never see them again. I just think that really devalues a whole family.

Ms FLINT: Having some additional time around getting to know those families early on would be terrific. Time for our teacher; I help PPA reps before we started talking about the two hours release from face-to-face teaching. It is inadequate when you are trying to build a picture about a young person with significant needs.

Ms DEAN: Then at the secondary end in a special school we have just two hours. We are classified as primary schools so we have just two hours release face to face compared to in a high school. If you were in a mainstream high school with a support class it is six to eight periods, significantly more. It is secondary component. We still get staffed on the primary component of two, which is about two days. The high school end up with an extra two days support from their class to cover the face to face side of it. But we are significantly disadvantaged on a primary formula particularly for our secondary students. We do not have that time to even put into it.

Ms FLINT: So the learning support team models is a great model but it is not adequately resourced with time to make if function effectively.

The Hon. Natasha MACLAREN-JONES: Thank you very much. Can you elaborate on what you see as the important components of case management?

Ms DEAN: Good relationships with the family; someone who knows all of the services and the options out there. We are very good on the education side of it. But when a parent comes to me: What is FaCHSIA funding? I have to go back and think hang on, that belongs in this bucket there. So we need someone who can bring together all of the agencies and be able to say all right this person knows all about the FaCHSIA funding they can help this particular parent. Who can tell us about health? We have got a continence nurse out there that can help your child with toileting issues. We have a dietician here who can help with the peak of response for whatever it is around our children.

So I think it is about someone who has got a handle on all of those sides. Education is only one component of that. I think once we get a good understanding of the whole child then all of the needs of the family can be met together rather than this piecemeal bit by bit by bit.

The Hon. Natasha MACLAREN-JONES: You talked about a case manager. Does responsibility rest with the school or the department or a counsellor? Where do you see the responsibility lying?

Ms FLINT: I do not think it matters. But whoever is responsible needs time to do that coordinating job. I know in past years kids coming to Holroyd School, the family had an ADHC case worker. If there was an issue that came up over the years around the family dynamics or the needs of the child or a medical issue, or whatever; I could pick up the phone. I know so and so's case work was

Mary so I would ring Mary and say: Do you know there is a bit of a problem? And Mary would get back on to it. The way ADHC works now is we make a referral about a particular issue. So and so's wheelchair, they have grown out of it. They resolve that issue and then drop off.

So the next time you contact ADHC it could be a different person. They respond to that particular issue and referral and then drop off. So the school becomes the continuous person in the family's life. That is part of the reason I think that families face great apprehension in that transition at the far end of the school too when they are moving on to post-school options service.

Ms DEAN: We are finding more of our families too are coming to us with mental health problems themselves. Then we start seeing our families falling apart. They already have got their own problems within the family and then you have this added burden of a child with a disability with some really complex needs and they do not know where that fits into the whole picture of things. Some of these children are very, very complex, even for someone who has got their head screwed and is really dedicated they are still very complex. So this adds an extra burden there too. I think I have seen far more referrals now for support for families going through ADHC to hold the family together through that crisis point.

I suppose I also see ADHC needing to have a very strong family school focus and I would imagine their resources are just as stretched as many of the others. But some of that I see is ADHC has that good liaising with the family but then they do not have that understanding of the education and all the other parameters there. So it needs to be somewhere I suppose that is the learning support team concept, if it can be brought together. But quite often, as Anne says, ADHC come on board for a particular issue and then as soon as that consulted is on they sign off and they move on again. So there is not that fluidness there either unless the child has gone right into a crisis or the family is in a crisis.

The Hon. Natasha MACLAREN-JONES: You make reference to the student service team. Can you outline the structure of that and is that only for our regional/rural areas or is it something that is State wide?

Ms DEAN: It is State wide. Each region has the same sort of resources. Our student services team, I suppose there is a hierarchy there in terms of a coordinator, in guidance counselling and then there is one in disability services or student services. There is a disability programs consultant in each of the - not regions, but the smaller sections within the regions. There might be four or five in an inch of the regions and they just have a certain patch. While they are called a consultant, basically they are a coordinator. The opportunity to get into a school and actually consult on disabilities, I would say is virtually negligible. They are more about processing the paperwork and providing advice over the phone and administration position.

But I suppose the people who are out there in terms of student services and transition; we have the early intervention person that might one across the region. There is not a lot of them, but they are out there. They predominantly support children with disabilities in mainstream settings. I have never seen them in our school. They have never been in there.

At the next level we have transition teachers who were originally in special schools to support the students going into post-school options, but that has now been broken down and their job role is also full support for students with disabilities in mainstream, about getting the right curriculum choices, and looking probably that next level up and a lot of students miss out in our special schools miss out in that transition support from them. But they are the people who - you can jump in.

Ms FLINT: The transition teachers were originally appointed to special schools to help move the students into their next environment after school; whatever that was going to be. It is now the same number of teachers. That resource has been spread across any student with a disability in any setting, so students with a disability in a mainstream classroom or a support class in a high school or in an SSP. So their role really is around advising head teacher's support in a high school about life skills, curriculum, making sure parents know how to select appropriate subjects. They may give some advice about some options beyond school but in terms of hands on support it is very minimal.

CHAIR: What is the cut off time frame for a child to enrol to go into kindergarten?

Ms FLINT: All students with or without a disability have to be enrolled by the age of 6.

CHAIR: If I am going to enrol my child in the school next year, is there a cut off by what month I need to have them enrolled by? The reason I am asking is obviously the quicker the panel reviews a case and the quicker the information it gets to you then can send out your staff to the preschool or whatever. Working backwards from that is there a cut off?

Ms DEAN: Each region have their own dates. What we try and do is ring all of the children who are looking for placement in 2012 all to one placement panel. So if someone puts their application in May it will be held over to - and our one in the Hunter/Central Coast region was done on 26 August. That is the earliest they have ever done it. It is usually in fourth term. But they have put it back to a reasonable time. It is a reasonable time for us. But for parents they are not thinking 2012 in May when they are starting to have to look. That is where they need that guidance and support. To get them thinking early about where they want to go, what are their options, what are their choices, then start the paperwork process which is quite convoluted so that the paperwork can get in on whatever the region has dedicated as their time for all the children.

Ms FLINT: If students are in a preschool or in an early intervention program those programs usually know applications by mid-year is helpful so that they do go an August or Term 3 placement panel. That gives the placement panel time to make offers.

CHAIR: So it would be an advantage if the system required that those that in those services have that information in to help you with that time frame.

Ms FLINT: It would be helpful.

Ms DEAN: And for parents too. That waiting game until that paperwork process is very stressful. We constantly get phone calls. Have you heard? Have you heard? No matter how many times you say: You will hear before me. It makes no difference. It is a very stressful time that unknown. Where is my child going to be?

Ms FLINT: We also have parents of four and a half years old who are making applications for their child hoping to get them into a placement next year and depending on the availability of places and in south-west Sydney it is very tight. They are often missing a placement in that following year and having waiting until they turn six. That is stressful as well.

CHAIR: So the other end, when they are in the system and in Year 6, again the transition to high school, is there again a time frame when we need to be looking at what high school they are going to and then that going before the panel?

Ms FLINT: That is well known though. The primary schools know when those placement panels are. Those dates are well advertised and it is within the school system. It would be more problematic I suppose for students who perhaps are in private schools and are wanting to move back. They may not know those times.

CHAIR: Again that would vary from each region.

Ms DEAN: Yes, it is up to the region to decide what date they put it together.

CHAIR: Again if I am moving between regions it might be a problem.

Ms DEAN: Yes.

CHAIR: Thank you very much for your information.

Ms FLINT: Can we ask a question? Where did this review come from?

CHAIR: The referral was made by the minister's office for education and communities. So it came from the minister's office to the Committee and here we are today.

Ms DEAN: I had just one other thing that I remembered; just a concern over the Year 6 to high school and often how we lose many our children. It is a pretty stressful time for a lot of Year 6 children moving to high school. But it is an extra vulnerable time for our students with disabilities. They have moved from an environment where that primary school is very caring and supportive and then suddenly they are in this big high school without those support structures. It is a very stressful for children with disabilities from 6 to 7 in mainstream schools.

(The witnesses withdrew)

(The Committee adjourned at 5.30pm)