LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

Educational Services for Students with a Disability

Standing Committee on Education, Community Services and Recreation

Report No 3

December 1999

Committee membership

Ms Kerrie Tucker MLA (Chair)

Mr Wayne Berry MLA (Deputy Chair)

Mr Harold Hird MLA

Secretary: Ms Judith Henderson

Resolution of appointment

> The following general purpose standing committees be established to inquire into and report on matters referred to it by the Assembly or matters that are considered by the committee to be of concern to the community:
>
> …a Standing Committee on Education, Community Services and Recreation to examine education, schooling, training services, children's, youth and family services and sport and recreation and any other related matter.

Minutes of Proceedings, No 2, 28 April 1998, pp 15-19. Amended 25 November 1999.

Terms of reference

Inquire into and report on educational services for students with a disability with particular reference to:

- the integration of students with a disability, eligible for special schools/units, in mainstream schools;
- school organisation required to meet the educational and personal care needs of students with a disability integrated in mainstream schools;
- social and educational outcomes for students with a disability in the ACT;
- appropriateness of resources available in schools for students with a disability;
- the involvement of parents, carers and advocates in planning services and programs for students with a disability;
- the adequacy of support services for schools and families;
- interagency cooperation;
- any other related matters.

Preface

This inquiry has been an important opportunity for the Standing Committee on Education, Community Services and Recreation, Government and the community to look at how students, families, carers, teachers and therapists are managing the move to inclusive education for children with a disability. It is obviously a complex area which requires ongoing evaluation and development. There is a healthy and vigorous debate about how the educational needs of students with disabilities can best be met. We must allow that debate to continue and indeed encourage it, if we are to find solutions to the challenges presented by these students. Some students with special needs do not currently fall into the definition of disability and so do not attract support or resources. This group includes students with emotional/behaviour problems, students with learning disabilities and students with attention deficit disorder or attention deficit and hyperactivity disorder. This lack of acknowledgment is putting serious strain on the system, not to mention the students themselves and other students and their respective families.

Governments have important responsibilities in regard to members of our community who have a disability or special need. Obviously funding is one responsibility. Unfortunately the Federal Government has not acknowledged the overwhelming evidence of significant unmet need in the area thus leaving the States and Territories in an unacceptable funding situation. However, people with a disability are particularly vulnerable in our community and we have to see their support as a major priority. We cannot just respond to their unmet need by passing the buck. This inquiry has shown amongst other things a clear need for greater provision of therapy services, and for programs for students who have severe emotional and behavioural problems. The consequences of not providing these services not only create human tragedy but long term costs to our community.

Another responsibility of Government is to work with the community to evaluate current practices and to improve those practices. In many ways we are treading new ground, not only with the greater emphasis on inclusion of students with a disability in mainstream schools, but also with the development of new approaches to education of children with specific types of disability. Also not insignificant are the changes to how services are delivered, which have resulted from the reforms of the public sector.

I would like to thank those members of our community who took the trouble to make submissions to the committee in this important inquiry.

Many of them are very occupied already dealing with the reality of the system and their personal situation, either as parents, teachers or therapists. I personally would like to acknowledge the value of their contribution to our community.

I am delighted that we have been able to produce a unanimous report and I look forward to a positive response from Government.

Kerrie Tucker MLA
Chair

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Summary of recommendations

Recommendation 1

3.47. The committee recommends that the Government proceed with the development of a needs-based resourcing model for students with disabilities.

Recommendation 2

3.50. The committee recommends that the Department of Education and Community Services together with Cranleigh School urgently develop a strategy to fund the upgrade of Cranleigh School's playground.

Recommendation 3

3.55. The committee recommends that, in relation to Koomarri School, the Department of Education and Community Services include in the minor new works or capital works program for 2000-01 the provision of flat playing areas for mobile students; extension of the CALM unit playground; and easily accessible outdoor areas for students in wheelchairs.

Recommendation 4

3.57. The committee recommends that modifications be made at Koomarri School to enable students in the CALM unit to have direct access to toilet facilities.

Recommendation 5

3.66. The committee recommends that the Department of Education and Community Services investigate the establishment of a separate fund which schools could access to fund basic and essential equipment for students with disabilities.

Recommendation 6

4.10. The committee recommends that the Government review the staffing mix that is required to facilitate and support the delivery of the educational program at special schools and special units.

Recommendation 7

4.34. The committee recommends that CHADS examine ways of building more flexibility into its referral processes.

Recommendation 8

4.43. The committee recommends that the Government significantly improve the availability of therapy services to school-aged children with disabilities.

Recommendation 9

4.61. The committee recommends that the Government review the mode of delivery of therapy services to students with disabilities.

Recommendation 10

4.71. The committee recommends that the Government review the administrative arrangements for the delivery of therapy services to school-aged students with disabilities.

Recommendation 11

4.80. The committee recommends that the Department of Education and Community Services provide it with regular reports on the implementation of strategies to prevent incidents of violent behaviour at the Woden School.

Recommendation 12

4.82. The committee recommends that the Department of Education and Community Services develop a long-term strategy to provide suitable alternative educational programs for students with violent behaviours and other significant difficulties.

Recommendation 13

4.90. The committee recommends that the Department of Education and Community Services:

- ensure staff dealing with students with disabilities and challenging behaviours are trained in and implement preventative approaches to behaviour management;
- develop a strategy to manage students with disabilities whose behaviours cause serious problems at school in conjunction with relevant agencies;
- develop a protocol for responding to a situation when a child's behaviour at school threatens safety or property in consultation with relevant parties.

Recommendation 14

4.96. The committee recommends that, as a matter of urgency, the Government establish day programs for young people up to age 20 with disabilities and challenging behaviours who are not coping in the special school setting.

Recommendation 15

5.12. The committee recommends that the Department of Education and Community Services ensure that all teachers receive training in the development and evaluation of individual education plans.

Recommendation 16

5.14. The committee recommends that the Department of Education and Community Services support positive cultural change by offering some form of public recognition to schools and teachers providing best practice programs for students with disabilities.

Recommendation 17

5.36. The committee recommends that the Government, in consultation with the community, develop a whole of Government planning process for children and young people with disabilities based on the model outlined by the Community and Health Services Complaints Commissioner.

Recommendation 18

6.21. The committee recommends that the Department of Education and Community Services:

- ensure that all staff are trained to be competent in diverse settings; and
- advise the Assembly of the strategies it has put in place to ensure staff are properly trained.

Recommendation 19

6.22. The committee recommends that financial incentives be made available for teachers to upgrade their qualifications in special education.

Recommendation 20

6.37. The committee recommends that the Department of Education and Community Services work with ACT Community Care to refine the instruments used to assess satisfaction with educational programs for students with disabilities so that they provide more detail on levels of satisfaction with the educational program and programs that support the educational program such as therapy.

1. Introduction

Who are students with disabilities?

1.1. The Commonwealth defines students/children with disabilities as follows.

> Students with disabilities include the following: a student who is attending a government or non-government school who has been assessed by a person with relevant qualifications as having intellectual, sensory, physical, social/emotional or multiple impairments to a degree that satisfies the criteria for enrolment in special education services or programs provided by the government of the State or Territory in which the school or centre is located.[1]

1.2. A student whose only impairment is a specific learning difficulty or for whom remedial education or remedial support is appropriate is not included in the Commonwealth definition.

1.3. The committee understands that the term 'students with disabilities' in the ACT government school system refers to students with a range of disabilities including:

- students with moderate to severe intellectual and/or multiple disabilities;
- students with mild to moderate physical, intellectual and/or multiple disabilities;
- students with borderline to mild intellectual disability and associated significant academic deficit;
- students with a severe hearing loss who require intensive small group support;
- students with an identified communication disorder;
- students with significant sensory impairment.[2]

1.4. These students attract additional resources, although in some cases it is on a short term basis.

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[1] Department of Education, Training and Youth Affairs, *Commonwealth Programmes for Schools Quadrennial Guidelines, 1997-2000.*

[2] ACT Department of Education and Community Services, *Services to students with disabilities in ACT Government Schools—Handbook*, Focus Programs Section, ACT Department of Education and Community Services, 1998.

1.5. The Government advised that in 1999 there were 1,383 students with disabilities in government schools.

1.6. They can be broadly grouped into five categories. These include:

- students fully integrated into mainstream schools;
- students integrated into mainstream schools who use additional transition or integration support services;
- students in mainstream schools who use Learning Support Centres, Communication Disorder Centres or Hearing Impaired Units;
- students in Learning Support Units located in mainstream schools who may attend specific mainstream classes; and
- students in special schools.

1.7. In 1998-99, there were 236 full time equivalent students in non-government schools in the ACT who met the Commonwealth's definition.[3]

Who are currently not thought of as students with disabilities?

1.8. As the ACT Branch of the Australian Guidance and Counselling Association reported, there are many students with special needs who do not attract ongoing support or resources because of definitions of disability. This effectively excludes some children's special needs from being treated as disabilities but these issues have a profound effect on the child's ability to effectively learn and experience success in school.[4]

1.9. One such group of students, raised in many submissions,[5] is those with attention deficit disorder or attention deficit and hyperactivity disorder.

1.10. Another group comprises students with severe emotional/behaviour problems. The committee notes that schools and organisations, such as the Council of Parents and Citizens Associations Inc and the Australian Education Union, continue to express serious concerns about the lack of support available to schools to deal with students with severe emotional/behaviour problems. Waiting times for a place in a behaviour management unit or support from the itinerant service was reported as six to twelve months.[6]

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[3] Submission 68, p 1.
[4] Submission 56 and Minister for Education, correspondence dated 8 October 1999.
[5] For example, submissions 46, 53, 56, 58, 64, 68, 69, 70.
[6] Submission 53, p 5, Submission 55 p 4.

1.11. Yet another group comprises students with learning disabilities.

1.12. These groups of students are of concern to teachers in both the government and non-government sectors.

Current challenges in the provision of educational services for students with disabilities

1.13. Participants in the inquiry raised a number matters which are challenging those providing educational programs for students with disabilities.

1.14. There is the challenge of providing inclusive programs for students with disabilities. The demand for students with disabilities to be educated in regular settings has increased in both the government and non-government sectors.

1.15. The ACT Department of Education and Community Services has established several new units for students with disabilities following the review of special education services conducted by Robert Andrews in 1996.

1.16. The Catholic Education Office reported an increase in the number and percentage of students with disabilities enrolled in the schools it administers as well as an increase in the nature and level of individual student needs as indicated by the degree of the disabling condition.[7]

1.17. The special schools reported an increase in the number and proportion of students with high support needs enrolled. This, they claim, has an effect on the types of resourcing needed and can limit the range of programs that can be provided.[8]

1.18. An increase in students with violent and aggressive behaviour, particularly at Koomarri School and the Woden School is another challenge facing these schools. Koomarri reported that the extremely violent and disturbed behaviour exhibited by some students is having an adverse impact on educational programs and the safety of staff and students. According to the Woden School Board 46 per cent of its students have a behaviour problem as well as other disabilities.[9]

1.19. Some submissions claimed that there is also an increase in the number of students with disabilities also exhibiting psychological and psychiatric problems.[10]

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[7] Submission 45.
[8] Submissions 23, 24, 25, 44.
[9] Submission 34.
[10] For example, submissions 43, 53.

Philosophical approach

1.20. During the inquiry, the committee noted different philosophical approaches to the education of students with disabilities.

1.21. There is debate about how the educational needs of students with disabilities can be best met.

1.22. Some submissions and witnesses at public hearings advocated full inclusion, that is 'that schools should without question provide for the needs of all children in their communities'.[11] Others advocated full or partial integration of students with disabilities in mainstream settings, that is, attendance at a regular school or transfer to a less segregated setting for part of the school program. Yet others did not see integration as a possibility for some students, largely because of the nature of the students' disabilities, the level of support required, and a strong belief that the students' education and care would suffer if they were moved out of the special setting.

1.23. In discussing inclusion, Professor Shaddock told the committee that because of a lack of understanding of what inclusion really means, the discussion gets reduced to simplistic arguments about place, such as special schools versus regular schools, when it is really what happens in those places that is important. He said:

> You can really do special things in fairly unspecial places if you know what you are trying to do and there is commitment to it and you understand what it is all about.[12]

1.24. Professor Shaddock stated that he was not certain about the best way to provide educational services for students with highly complex needs such as those with severe autism or severe intellectual disability. Such students require an intense education program that would be difficult to provide in a regular setting without specialised personnel and equipment.[13]

1.25. Andrews pointed out in his *Report on the Review of Special Education in the Australian Capital Territory*:

> Special schools, and units and classes within regular schools contribute to the array of provisions needed by students with disabilities and to the development of an inclusive approach to schooling. The concept of inclusive schooling includes that a small number of students will require these segregated forms of provision.[14]

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[11] Foreman Phil, *Integration and Inclusion in Action*, Harcourt Brace, Sydney, 1996, p 12.
[12] Transcript, p 64.
[13] Transcript p 64.
[14] Andrews R J, *Report on the Review of Special Education in the Australian Capital Territory*, June 1996, p 25.

1.26. The committee was fortunate to visit a number of schools in the ACT where it observed students with disabilities being educated in a range of settings. It visited all the special schools; Turner Primary School which has the highest proportion of students with disabilities participating in the school's inclusive program; North Ainslie Primary School where it observed two students with disabilities being educated in regular classes in their neighbourhood school plus two students being educated in a special unit; Chisholm Primary School where it observed a group of students with disabilities who are included in regular classes for most of the day; and McKillop Catholic College, which includes a number of students with disabilities. The committee was impressed with the efforts of many staff, parents and students in creating environments where difference and diversity is valued and accepted.

Discrimination legislation

1.27. During the course of this inquiry concerns arose about a decision of the Administrative Appeals Tribunal in relation to Section 27 of the *Discrimination Act 1991*. That decision (Hill v Vella) essentially said that the Discrimination Act has no application in the context of special programs, in this case accommodation services for people with disabilities, that is, these people would have no right of redress. The Government responded by proposing amendments to the Act, which were passed on 7 December 1999. However, the majority of members of the committee believe that the amendments did not go far enough and people with disabilities will continue to have inadequate rights of redress, which could have serious implications for students with disabilities.

Conduct of the inquiry

1.28. On 8 October 1998, the committee resolved to conduct an inquiry into educational services for students with disabilities. Due to other pressing inquiries and the encroaching end of the school year, the committee decided to defer activating the inquiry until the new school year.

1.29. Advertisements detailing the inquiry's terms of reference and inviting input were placed in *The Canberra Times* and *The Chronicle* in February 1999. In addition, letters advising of the inquiry and inviting input were sent to organisations and individuals known to have an interest in the matter.

1.30. In response, the committee received 72 submissions and heard from 88 witnesses at hearings. A number of witnesses were heard *in camera*. A list of submissions is at Appendix 1 and a list of witnesses who gave evidence at public hearings is at Appendix 2.

1.31. The committee visited the following schools in the ACT: Malkara School, Cranleigh School, the Woden School, Koomarri School, North Ainslie

Primary School, Turner Primary School, Chisholm Primary School, and McKillop Catholic College.

1.32. The committee visited the following schools interstate: Glenallen Special School and Knox Gardens Primary School in Victoria; Giants Steps School in Tasmania; and Vern Baker School for Children with Autism and the Inala School in New South Wales.

1.33. The committee held discussions in Victoria with the Department of Education, the Department of Human Services, the Association for Children with a Disability, and Star Victoria Incorporated.

Acknowledgment

1.34. The committee wishes to thank all those who took an interest in the inquiry.

2. Current services

2.1. This chapter outlines the services available to students with disabilities at the time of the inquiry. The information is largely based on that provided in the Government submission.

Services in government schools

2.2. In 1999 students with disabilities in government schools totalled 1,383. These students accessed 1,486 services. Of these services, 343 were accessed in special schools and 1,143 in mainstream schools: 742 in primary schools; 305 in high schools and 96 in colleges. Table 1 below provides a breakup. A further 140 students received assistance through the Early Intervention Program.

Table 1 Access to services by students with disabilities.

Access to services by students with disabilities—1999				
	Primary	**High**	**College**	**Total**
Turner Primary School	92			
Learning Support Centres	344	220		564
Learning Support Units	44	11	55	110
Communication Disorder Centres and Hearing Impaired Units	26	5		31
Itinerant Teacher Program	162	51	25	238
Integration Support Program and Supplementary Support	74	18	16	108
Subtotal	742	305	96	1,143
Special Schools	172	129	42	343
TOTAL	**914**	**434**	**138**	**1,486**

Services in special schools

2.3. Services are provided in four special schools. Cranleigh School (serving the Northern District) and Malkara School (serving the Southern District) are for students from 5 to 12 years with a significant disability. Cranleigh and Malkara schools also offer early childhood programs for children aged three and four with a significant disability. The Woden School is a special school for students aged from 9 to the end of year 10 who have mild-to-moderate intellectual disability and additional special needs. Koomarri School is a special school for high school and college aged students with a moderate to profound disability.

Services for students in regular settings

2.4. Turner Primary School and Hartley Street Special School were amalgamated several years ago. Turner Primary School therefore has a significant number of students with disabilities.

2.5. Turner Early Childhood Centre provides a special preschool program within a mainstream environment for children aged 3 and 4 who have a mild-to-moderate intellectual disability. There is an outreach program for children aged 3 to 4 at Richardson Preschool and Malkara School provides an outreach program for children aged 3 to 4 at Wanniassa Hills Preschool.

2.6. Learning Support Centres for students with a borderline-to-mild intellectual disability and a significant learning deficit are located at 20 primary schools and 8 high schools.

2.7. Learning Support Units in mainstream schools are for students who qualify for a special school. In 1999, these were located at Chisholm, Garran, Macquarie and Mount Neighbour primary schools, at Wanniassa High School, Dickson College and the Woden Campus of the Canberra College.

2.8. Learning Support Units for students with Autistic Spectrum Disorder have been established at Turner Primary School, Latham Primary School and Belconnen High School. A pilot program using Applied Behaviour Analysis (ABA) operates for children with autism at North Ainslie Primary School. There was some disagreement among participants in the inquiry about whether or not students with autism needed different support from other students with disabilities. The ACT is the only State or Territory that provides specific classes, in the government system, for students with autism.[15] The fact that the Department of Education and Community Services has established separate autism-specific units indicates to the committee that the department is of the

[15] Transcript, p 244.

view that autism-specific programs better meet the educational needs of some children with autism spectrum disorder (ASD).

2.9. Units for students with a hearing impairment are located in three schools and Communication Disorder Classes in two schools. Itinerant teachers are also provided for hearing and vision impaired students.

2.10. A typing program is provided by itinerant staff for students with vision or physical impairment or significant perceptual and motor difficulties.

Support services

2.11. The Integration Support Unit located at Weston Primary School provides transition and integration support for students eligible for special schools enrolled in mainstream schools. Transition support is for students transferring to a lower level of support, for example from a special school to a mainstream school. Integration support is available for students enrolling directly into a school, who are assessed as requiring additional support.

2.12. The Integration Support Unit provides service co-ordination, professional development and other support to teachers and schools. The unit is also directly accessible to parents and community groups.

2.13. School counsellors, located in all schools work with students with disabilities and their parents or carers in assessment, monitoring and advising on educational and social development and counselling. Professional supervision and support for school counsellors is provided by four senior counsellors with special responsibility for students with disabilities.

Services in non-government schools

2.14. There are no special schools or special units in the non-government sector. However, many non-government schools have had a long tradition of integrating students with disabilities in mainstream settings.[16]

2.15. The Catholic Education Office reported that over the last five years there has been a noted increase in the total number and percentage of students with disabilities enrolled in its schools. In addition, there has been an increase in the nature and level of individual student need as indicated by the degree of the disabling condition(s).[17]

[16] For example, the Catholic Education Office, Submission 45.
[17] Submission 45, p 1.

Transport services

2.16. Buses, taxis or minibuses provide a special needs transport service for students enrolled in a special school, students who have a physical disability affecting mobility, students under 10 and enrolled in a Learning Support Centre in an out of area school, and students under 10 who attend a Hearing Impaired Unit or a Behaviour Management Centre. The transport service is also available for eligible students who attend non-government schools.

Early intervention program

2.17. An early intervention education program is provided by the Child Health and Development Service (CHADS). In 1999, the program incorporated:

- early intervention units (EIU) at Giralang, Higgins, Turner, Charnwood, Urambi, Isabella Plains, Richardson and Monash Preschools; early intervention units are staffed by a teacher and a teaching assistant and have twelve children in a class; all units offer 10.5 hours of class time per child per week;

- a language preschool, staffed by a teacher, a teaching assistant and a speech pathologist for twelve children per class;

- an autism intervention unit, which has a teacher and a teaching assistant to four children per class;

- supported integration programs for students enrolling in mainstream preschools; and

- playgroup programs for 18 month to 3 year olds.

2.18. Playgroup programs are offered at Holder. Most have a multi-disciplinary format, with therapy and teaching staff working together in the group. Some are specialised. For example, the Social Awareness and Communication Playgroup is for children suspected of having autism spectrum disorder. Home visits by the teacher are also available when appropriate.

2.19. Preschool integration programs usually involve the child attending an EIU for two sessions a week and a mainstream preschool for two sessions a week. Some of these students are supported by an assistant on a one-to-one basis for half of their mainstream preschool attendance time.

2.20. Integration programs involve a teaching assistant providing one-to-one support to a child with disabilities in mainstream preschool settings to assist with transition. Integration programs usually involve the child attending an EIU for half of the week and a mainstream setting for the other half of the week.

2.21. The early intervention program is also staffed with resource teachers to assist with assessment and identification of the long term educational needs of children with special needs and to assist with integration and inclusion programs. School counsellors are also allocated to the program to assist with the assessment of the children for suitable placement in mainstream classes at preschool, primary school, or in special schools.

3. Resourcing

Resourcing for students with disabilities in government schools

Overall funding

3.1. The Government advised that it has made a significant financial commitment to supporting students with disabilities. Although these students constitute 3.5 per cent of the overall ACT government school population, proportionally they receive around 9.4 per cent of total school funding. This figure does not include the $0.97m allocated to early intervention students.[18]

3.2. The national average of students with disabilities is 3.2 per cent of students in the population. The ACT is close to 10 per cent above the average. According to the Government a significant part of the reason for this is that there is an inflow to the ACT because of the quality of services.[19]

3.3. The estimated total cost of special education for 1999-2000 is $29.2m. Of this figure, $9.8m is for students in special schools and $19.3m for those receiving assistance in mainstream schools. The estimated average cost of providing education services for a student in a special school is $32,813 and $18,188 for those integrated in mainstream schools. The estimated average cost of a mainstream student for 1999-2000 is $7,389.[20]

3.4. The Government advised that it is not possible to compare funding or services provided by states and territories for students with disabilities due to the lack of comparable data.[21]

Resourcing to schools

3.5. The Government advised as follows.

- Resources are allocated on a needs basis. A guiding principle is that the services and support provided to each student is that required to promote the student's educational and social development and skills for independent living.

- The highest level of support is allocated to students with life threatening or high support medical needs. Other students may be allocated up to a

[18] Submission 60 p 5.
[19] ibid.
[20] ibid.
[21] ibid.

maximum allocation of 0.5 of a special teachers' assistant according to their assessed need.

- The appropriate level of support for each student is recommended by a preview panel. This support and the services provided to a student are reviewed at least once a year by the in-school review. Parents participate in both processes. [22]

3.6. The Minister also advised the following multipliers used to generate staffing points for students in special schools and learning support units.[23]

Table 2 Multipliers used to generate points for students with disabilities in special schools and learning support units

	Teacher points	Special Teachers' Assistant points
Preschool and primary	4.117	2.186
Secondary (including college)	4.828	1.411

Staffing of special schools

3.7. The points generated for Cranleigh School, Malkara School, the Woden School, Koomarri School, students with disabilities at Turner Primary School and the Learning Support Unit at the Canberra College are totalled and then redistributed in the following way.[24]

Teaching points

3.8. From the teaching points, enrolment points are allocated to each setting on the basis of:

- points for the principal at each special school;
- points for each secondary student;
- points for each primary student or full-time preschool student; and
- points for each part-time preschool student.

The total enrolment points are then subtracted from the total generated points and those remaining, which are called needs-based points are allocated on a needs basis in the following way.

[22] Submission 60, p 11.
[23] Minister for Education, correspondence dated 15 November 1999.
[24] Minister for Education, correspondence dated 15 September 1999.

3.9. Each student in a special setting is assessed against a set of resource indicators. This assessment is updated annually. The resource indicators identify the level of special program provision needed to support the student across five broad functional areas.

3.10. The resource indicators are then totalled across all settings, and each setting's needs are calculated as a percentage of the whole. This percentage is then used to calculate the share of the needs-related points.

3.11. Enrolment points and needs-related points are then totalled to determine teaching points for each setting. Twenty teaching points are equivalent to a full-time teacher.

Non-teaching points

3.12. Each of the four special schools is allocated 20 points for a bursar and a 0.5 school secretary. Turner Primary School is allocated 12 points to enable a full-time schools assistant to be available at the David Street entrance.

3.13. The total of the above site component points is subtracted from the total non-teaching points generated and the remainder, the needs-related points, are allocated as for the needs-related teacher points. Twelve non-teaching points generate a full-time special teachers' assistant.

3.14. Principals then determine the configuration of non-teaching points in their schools, for example special teachers' assistants, nurse, office staff.

Staffing of learning support units (LSU)

Non-specific LSUs

3.15. Learning support units are staffed on the basis of 1.6 teachers per high school unit and 1.1 teachers per primary unit. This allocation provides release from face-to-face teaching. Each unit is also allocated a special teachers' assistant. Enrolments in these units vary. Non-specific LSUs have a maximum enrolment of eight students.

Autism-specific units

In 1999 autism-specific LSUs had a maximum enrolment of four students with the exception of the pilot autism-specific unit at North Ainslie Primary School, which had an enrolment of two students.[25]

3.16. The Department of Education and Community Services advised that in 2000, two more autism-specific LSUs will be opened. These will have a maximum enrolment of six students and be staffed with 1.1 teachers and a special teachers' assistant.[26]

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[25] Minister for Education, correspondence dated 15 September 1999.
[26] Transcript, p 264.

3.17. The committee understands that enrolments at the pilot autism-specific unit at North Ainslie Primary School will be increased to four in 2000. A report[27] commissioned by the department on this program recommended no changes to the program's level of resourcing for 2000. It also recommended a rigorous evaluation of the program be undertaken. The committee considers that any evaluation of this program must include an assessment of the student-staff ratio required to ensure good outcomes for the students.

Counsellor support

3.18. Special schools are allocated counsellor points to provide a part-time school counsellor.

3.19. Each special class in a mainstream school is allocated one counsellor point, that is, one half day per fortnight. No extra counsellor points are allocated to a school where students with disabilities are fully integrated into mainstream[28].

Concerns about resourcing

3.20. Many schools, parents and community and professional organisations expressed dissatisfaction with the current method of allocating resources.[29]

3.21. For example, in discussing resourcing to mainstream schools, the Primary Principals' Association reported:

> The integration of students with disabilities from special settings into mainstream classes is an area where resourcing is still not transparent. … Often family access to the Minister and family lobby skills are the deciding factors in the success or otherwise of resourcing levels for students with disabilities.[30]

3.22. Koomarri School Board stated that the allocation of support to all students with disabilities should be determined using a mechanism which measures relative needs of students in a transparent and equitable manner.[31]

3.23. Special schools claimed that the basis for the allocation of resources does not take into account the increasing proportion of students with high support needs, such as those in wheelchairs, those requiring medical procedures during the day, for example, catheterisation or tube feeding, or those with extremely challenging behaviours in addition to other disabilities.

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[27] J Thompson, *Report on the Applied Behaviour Analysis (ABA) Program*, August 1999.

[28] Minister for Education, correspondence dated 15 September 1999.

[29] For example submissions 4, 8, 10, 17, 18, 23, 24, 25, 34, 35, 38, 44, 53, 56, 58, 62, 66.

[30] Submission 18.

[31] Submission 24.

3.24. Cranleigh School Board and P&C told the committee that the current level of resourcing is totally inadequate. The average class size has increased from six students in 1996 to eight students in 1999. This is markedly different from class sizes of four to six in some mainstream units for students with, the school claims, less extensive needs than Cranleigh students.[32]

3.25. Koomarri School Board reported that the profile of its student population has changed in recent years. The school is now catering for students with higher support needs than in the past with no corresponding adjustment to the staffing formula. Table 3 provides comparative information on enrolments between 1991 and 1999.

Table 3 Change in enrolment profile at Koomarri School

Type of student	**Percentage 1991**	**Percentage 1999**
students with moderate intellectual disability	54	37
students with severe intellectual disability	46	63
students in wheelchairs	11.7	22.2

3.26. The Board claimed that to meet personal care needs of students the school has had to cut programs such as work experience and independent travel training. Further, an increasing amount of education dollars is being spent on critical health care which compromises the range of educational programs able to be offered. (In 1999, 18 students required daily medication and three were fed by gastrostomy tube).[33]

3.27. Koomarri School Board expressed the following specific concerns about the current method of determining teaching and non-teaching points for special schools:

- the multiplier for non-teaching staff in secondary special schools does not take into account the additional physical demands on staff in the secondary setting when dealing with personal care needs, medical procedures, and violent behaviours of adult sized students;

- no additional staffing resources are allocated to primary students who have reached the maximum needs-based points when they transfer into the secondary system even though their needs will increase; and

- the generation multiplier has not changed over the years even though the level of disability has increased in special schools.[34]

[32] Submission 37.
[33] Submission 24.
[34] Chair, Koomarri School Board, correspondence dated 7 June 1999.

3.28. The committee sought additional information from the Minister for Education in relation to staffing levels at Koomarri. The Minister acknowledged that the level of complexity of the needs of students enrolling in special schools is increasing and that a greater proportion of students have high support needs than before. The change in the level of complexity of needs is addressed in the needs-based portion of the resource allocation. Staffing points for special schools are generated according to a special education multiplier based on the enrolment in the schools. The multiplier that generates non-teaching staff points was increased in August 1996. The multiplier that generates teaching staff has remained unchanged since 1991.[35]

[35] Minister for Education, correspondence dated 15 September 1999, 15 November 1999.

3.29. Table 4 provides a comparison of staffing and enrolments at Koomarri School between 1991 and 1999.[36]

Table 4 Comparison of enrolments and staffing at Koomarri School 1991 and 1999

	1991	**1999**
Enrolments	118	91
Teaching positions		
Principal	1	1
Level 2	4	2
Level 1	24	22.95
Non-teaching positions		
Bursar	1	1
Nurse	1	1
Janitor	1	1
School secretary	0.5	0.5
Special teachers' assistants	12	15

3.30. Table 4 illustrates that while enrolments have declined by just under 25 per cent, staffing has remained essentially unchanged. However the student profile has changed dramatically and in addition to increases in the proportion of students in wheelchairs and the proportion with severe intellectual disabilities, other factors such as the increase in the proportion of students with violent behaviours and the increase in the proportion of students who need intensive support to meet personal care and medical needs impact on the level of resources required. The committee is concerned that even though it appears that staffing levels at Koomarri School have increased between 1991 and 1999, the current level of staffing at the school is not adequate to meet the complex care and education needs of the students. As a result, the educational program of some students is suffering.

[36] Minister for Education, correspondence dated 15 September 1999.

3.31. Regular schools also claimed that they are not being resourced to adequately meet the needs of students with disabilities. [37] For example Charles Conder Primary School Board stated:

> We have found that meeting the personal care needs of students with a disability to be the most difficult area. In general the most assistance given is 0.5 of a STA. This usually means assistance with the student in the mornings. What happens after the STA has left?…It is not adequate to expect schools to reallocate scarce resources because of an enrolment that has many costly adjustments needed.[38]

3.32. The Guidance and Counselling Association submitted that the allocation of resources to students with disabilities is often at the cost of resources to the mainstream population. The requirement of cost neutral resourcing means that the pool of resources does not change. For example, in 1999, with the opening of new special units, there was no provision for an increase in counsellors. Counsellor points for these units came from the allocation to mainstream students resulting in less counsellor time for mainstream students.[39] The committee is concerned about this situation. Reports of a number of previous Assembly committee inquiries have noted and made recommendations about the importance of counselling support for students' wellbeing.

Needs-based resourcing

3.33. In 1996, the Department of Education and Community Services commissioned a review of special education. In his report Robert Andrews recommended changes to the models for resourcing the major special education support programs.[40] The Government accepted this recommendation in principle and advised the committee that it planned to investigate a needs-based resourcing model with a view to implementation for level five students in the year 2000 and for level four students in the year 2001.[41]

3.34. The committee believes that the current model for the allocation of resources is seriously flawed resulting in inequities, uncertainty and a lack of transparency.

The Victorian needs-based resourcing model

3.35. As part of the inquiry, the committee visited Victoria to gain first-hand information on the needs-based resourcing model developed and implemented in Victoria. As part of this process, the committee met with officials of the

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[37] Submissions 5, 30, 33, 35, 40, 41, 57.
[38] Submission 35.
[39] Submission 56.
[40] Andrews R J, *Report on the review of special education in the Australian Capital Territory*, June 1996.
[41] Minister for Education, correspondence dated 28 October 1998.

Victorian Education Department, visited a special school and a mainstream school which includes students with disabilities, and discussed the implementation of the model with two advocacy agencies.

3.36. The model was developed following a report by the Auditor General of Victoria that revealed huge inequities in the way mainstream schools were resourced for students with disabilities. The model was based on an extensive research project. The model was applied to new students coming into the system. No student in the education system at the time of the model's introduction was disadvantaged.

3.37. Under the model there are three stages. Firstly, in order for a school to obtain additional resources to support a student with disabilities under the Program for Students with Disabilities and Impairments, evidence that the student has a disability or impairment must be provided. This evidence must meet certain prescribed requirements. The documentation, which is collated by the principal and the parent, must demonstrate that the student meets the following criteria in one or more areas—physical disability, severe language disorder, severe emotional disorder, hearing impairment, intellectual disability, visual impairment, autism spectrum disorder.

3.38. Secondly, once it has been established that the student is eligible for the Program for Students with Disabilities and Impairments, an initial program support group is established to complete a questionnaire, which is used to determine the level of resources that will be provided to the school. The initial program support group comprises the principal (or nominee), the parent(s) or guardian, parent advocate (if requested) and departmental nominee (optional). Other personnel with relevant expertise or information are invited to join the initial program support group. Examples are medical practitioners, therapists, preschool teachers, curriculum consultants, integration teachers and Department of Human Services staff. The questionnaire rates the student's level of impairment or disability across the following areas—mobility, fine motor skills, receptive communication, expressive communication, challenging (excess) behaviour, safety, hearing, vision, self-care (toileting, eating, dressing), medical, and cognitive skills.

3.39. The additional funding that schools receive under the program is based on the level of need determined by the questionnaire, not on the type of disability as there are varying levels of need within disability types. There are six levels of funding ranging from $3,800 per year for Level 1 to $28,000 per year for Level 6. The funding is allocated to the school, not the student individually.

3.40. The third stage of the process involves the program support group in planning and monitoring the student's progress. Planning includes developing a detailed educational plan that builds on the student's existing skills and strengths and making recommendations to the principal on the resources that

will be needed to implement the plan. Resources include the support services such as aides, therapists, and teaching support. At one school that the committee visited, the additional funding was used to provide integration aides, physiotherapy, occupational therapy and teaching support. For example, one student with myotonic dystrophy (for whom the school attracted Level 3 funding of $13,420) received fortnightly physiotherapy and an integration aide for 14 hours per week. Another with an expressive language disorder (for whom the school attracted Level 2 funding) received an integration aide for nine hours per week, occupational therapy fortnightly and speech therapy weekly. This school was not buying speech pathology with funds from its global budget when the committee visited. Rather, speech pathology was provided by the Department of Education. This situation will change in the year 2000 when schools will be allocated an amount per student to buy the support services of speech pathology, psychology and social work that are currently allocated on a cluster basis.

3.41. Most people with whom the committee discussed the model in Victoria were generally supportive of it. The schools visited by the committee reported that the model gave them much greater flexibility in planning for each student with disabilities, which they believe leads to better outcomes.

3.42. However, the committee also heard concerns about the model. These related to the model not providing sufficient resources for students with language and/communication disorders and students with severe behavioural disorders, students with mild cerebral palsy and some students with autism.[42]

The development of a needs-based resourcing model in the ACT

3.43. In 1998, the Department of Education and Community Services commenced a process for deciding on a suitable model. A reference group was established to develop a process based on the Victorian model. A pilot project was completed in 1998. However, as a result of the pilot and specific concerns raised by parents, further work is being done on the adaptation of the Victorian model to the ACT.[43]

3.44. Concerns expressed to the committee about the Victorian model included:[44]

- it is a deficit model, that is, it focuses on weaknesses rather than strengths;
- it is inequitable because it is based on a system of funding which was itself demonstrated to be unfair;

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[42] Discussions in Melbourne with the Department of Education, Knox Gardens Primary School, the Association for Children with a Disability, Star Victoria Inc.
[43] Submission 60, p 6.
[44] Submissions 36, 53, 66, 71, Transcript p 79, p 90. Discussions at Cranleigh, Malkara and the Woden School, Transcript, p 244.

- it does not generate sufficient resources for students with violent and very challenging behaviours;

- it does not cover as wide a range of programs as the ACT offers, for example Victoria does not have the equivalent of learning support centres;

- it does not accommodate students with conductive hearing loss (because they are not funded through the Department of Education in Victoria);

- it will disadvantage students with communication disorders, now in communication disorder classes;

- it does not accurately identify children with autism spectrum disorder who require access to special education programs and settings;

- it shows a lack of understanding about the nature, incidence and lifelong implications of autism spectrum disorders; and

- there has not been sufficient consultation with parents and special schools.

3.45. The committee considers that these concerns are significant. However, the committee does not believe that resolution of these concerns is insurmountable. Departmental officials told the committee that it is clear that the ACT cannot pick up one model from interstate and transplant it into the ACT system. Models other than the Victorian model are also being examined in an effort to develop a needs-based assessment model that fits the ACT situation.[45]

3.46. There is much dissatisfaction with the current method of allocating resources to students with disabilities, which is perceived to be ad hoc in nature and change is clearly needed. On the basis that the concerns outlined above are resolved to the community's satisfaction, the committee supports the introduction in the ACT of a needs-based resourcing model for students with disabilities.

Recommendation 1

3.47. The committee recommends that the Government proceed with the development of a needs-based resourcing model for students with disabilities.

[45] Transcript, p 243-244.

Provision of physical resources

3.48. Some special schools reported having difficulty resourcing, from their budgets, infrastructure and equipment requirements.

3.49. When it visited the school the committee noted that the playground at Cranleigh School does not meet current safety standards and is in need of urgent upgrading. The school reported that it will have great difficulty in funding the necessary upgrade.

Recommendation 2

3.50. The committee recommends that the Department of Education and Community Services together with Cranleigh School urgently develop a strategy to fund the upgrade of Cranleigh School's playground.

3.51. Koomarri School Board also reported concerns about the provision of physical resources. For example, in a school that caters for students with moderate to severe intellectual disabilities and multiple disabilities, there are areas in the school that are not accessible to all students. Examples of this include:

- no access to the stage in the school gym/hall for students in wheelchairs;
- limited access to the playground for students in wheelchairs; and
- no access to the senior students lunch area in wet weather.[46]

3.52. Outdoor play areas at Koomarri School for both mobile and immobile students are also inadequate. There are no flat play areas for physical activities e.g. a basketball court or playing fields. The Caring Alternative Learning Model (CALM) unit playground is small and unfriendly. The committee noted that this playground contrasts starkly to the playground environment the committee saw in Sydney for a similar group of students. Further, there are no suitable outdoor spaces for students in wheelchairs to go at recess and lunchtimes. The committee observed that these students spend their recess and lunch times in the resource centre.

3.53. The Department of Education and Community Services accepted that these matters need to be addressed as part of the ongoing development of Koomarri School. However, the department told the committee that the building of a hydrotherapy pool was determined by the Board and the

[46] Submission 24.

department to be of higher priority.[47] However the concern was expressed to the committee that the Board may not have been aware that some items with a lower priority may fall off the list.[48]

3.54. The committee considers that the redevelopment of the playground to include flat playing areas and the provision of easy outdoor access for students in wheelchairs at Koomarri School should be included in the Government's next capital works or minor new works program.

Recommendation 3

3.55. The committee recommends that, in relation to Koomarri School, the Department of Education and Community Services include in the minor new works or capital works program for 2000-01 the provision of flat playing areas for mobile students; extension of the CALM unit playground; and easily accessible outdoor areas for students in wheelchairs.

3.56. Further, at Koomarri School, despite ongoing bathroom upgrades over the past few years, some classrooms for students with high support needs do not have toilet areas adjacent to them, such as the CALM unit for students with severely disruptive and very challenging behaviours and autism or acquired brain damage. This does not provide the optimal environment for assisting students to acquire independence in toileting that is often the most important goal for families. The committee considers this arrangement unsuitable. Koomarri has required a large number of modifications in recent years. The Minister advised that external access to the toilet from the CALM unit was considered a low priority by Koomarri in their 1999 request for minor new works.[49] The committee considers the school has been put in an unacceptable position when it must prioritise basic needs to this extent.

Recommendation 4

3.57. The committee recommends that modifications be made at Koomarri School to enable students in the CALM unit to have direct access to toilet facilities.

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[47] Transcript, p 256.

[48] Informal discussion with Board.

[49] Minister for Education, correspondence dated 15 November 1999.

3.58. Cranleigh School P&C and Board reported that the school has difficulty providing essential facilities such as wheelchairs, mobility aides and specialised equipment in addition to the usual resources that all schools must purchase

3.59. The Koomarri School Board questioned the appropriateness of the school needing to purchase from its educational budget essential equipment such as hoists for transfer of students from their wheelchairs to change tables and oxygen equipment for each wing of the school. The Board is of the view that this equipment is essential for the provision of a safe environment for students and staff and should be basic equipment provided by the Department of Education and Community Services.

3.60. This will also become a problem for the budgets of mainstream schools as more students with severe disabilities are included.

3.61. The National Federation of Blind Citizens Australia, ACT Branch reported that there is inadequate access to assistive technology through the Department of Education and Community Services for blind students and their teachers. Parents, they claim, often need to buy the equipment for their children.[50]

3.62. The committee notes that, in Victoria, schools can apply to a special capital fund for funds for specialist equipment. Often the equipment goes with the student to a new school, for example, from primary school to high school.

3.63. ACT schools have access to the Commonwealth Targeted and National Priority Funding for Equipment program. In 1999, $88,929 was provided to the Department of Education and Community Services under this program. A total of 43 applications were received from 35 schools and 15 applications received funding. Five of these received full funding and ten part funding. Almost 45 per cent of the funds ($39,980) was allocated to fund equipment for eleven of the successful applications. In 1998, $17,695 was shared among ten successful applicants for equipment. In 1997, $43, 166 was shared among ten successful applicants for equipment.[51] Clearly, it is difficult to determine in advance the additional Commonwealth funds which will be available. This must create difficulties for schools in assessing the possible level of Commonwealth support that will be available.

3.64. The Minister advised that some schools who expressed concern to the committee about the cost of equipment did not apply for Commonwealth funding[52]. The committee suggests that the Government conduct an analysis as

[50] Submission 47.
[51] Minister for Education, correspondence dated 15 November 1999.
[52] Minister for Education, correspondence dated 15 November 1999.

to why schools do not apply. Further in each year not all applications for equipment were successful.

3.65. It is the committee's view that additional funds are needed for equipment for students with disabilities. Given the uncertainty with Commonwealth funds available for this purpose there needs to a separate fund established by the Department of Education and Community Services, to guarantee this essential aspect of service delivery.

Recommendation 5

3.66. The committee recommends that the Department of Education and Community Services investigate the establishment of a separate fund which schools could access to fund basic and essential equipment for students with disabilities.

Resourcing for students with disabilities in non-government schools

3.67. Non-government schools are funded through a range of means, such as government grants, tuition fees and fundraising. In 1998-99, around $78m in grants were distributed to non-government schools in the ACT, comprising $54m contributed by the Commonwealth and $24m contributed by the Territory.[53] Included in these grants is an amount for students with disabilities.

3.68. The Government advised that the number of students with disabilities enrolling in independent and Catholic schools is increasing. In 1998-99 there were 236 students with disabilities in non-government schools. There were 117 across nine of the 13 independent schools and 119 in schools administered by the Catholic Education Office.[54]

3.69. The Catholic Education Office, the Catholic Primary Principals' Association and the Association of Parents and Friends of ACT Schools all claimed that despite considerable increases in funding provided by the ACT Government, funding for students with disabilities in non-government schools is not adequate. In their view additional funding is needed to include children with disabilities effectively.

[53] Department of Education and Community Services, *Annual Report 1998-99*, Vol 1 p 55.
[54] Minister for Education, correspondence dated 8 October 1999.

3.70. There are two programs of financial assistance to assist non-government schools with students with disabilities—one funded by the Commonwealth and the other by the ACT Government.[55]

3.71. There are per capita grants and targeted program grants for non-government schools for services for students with disabilities.

3.72. These grants complement the other funding received by non-government schools such as grants and parental fees.

Per capita grants for students with disabilities

3.73. There is a Commonwealth Government per capita grant for students with disabilities and a Territory per capita grant for students with disabilities.

3.74. To be eligible for this funding a student must meet the Commonwealth definition of disability. This requires that the student has been assessed by a person with relevant qualifications as having intellectual, sensory, physical, social/emotional or multiple impairments to a degree that satisfies the criteria for enrolment in special education services or programs provided by the government of the State or Territory.[56]

3.75. For both per capita grants, students with disabilities are allocated to the highest per capita funding rate-category 12. Schools are paid the difference between the funding category of the school and category 12.

3.76. The Territory paid a total of $59,558 in 1998-99 in per capita grants for students with disabilities in non-government schools.[57]

3.77. Commonwealth funding is paid under the Special Learning Needs, Special Education-School Support per capita component. The Commonwealth paid a total of $207,153 in 1998-99 in per capita grants for students with disabilities in non-government schools.[58]

Targeted program grants for students with disabilities

Commonwealth Government program grants for students with disabilities

3.78. The Commonwealth provides a fixed component under the Special Learning Needs, Special Education-School Support Program. Under this program in 1998-99 the Commonwealth provided a total of $591,350 to non-government schools in the ACT. This was made up of $573,950 to the Catholic Education Office and $17,400 to the Association of Independent Schools.[59]

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[55] Transcript, p 51.
[56] Commonwealth Programmes for Schools Quadrennial Administrative Guidelines 1997-2000.
[57] Minister for Education, correspondence dated 8 October 1999.
[58] ibid.
[59] Minister for Education, correspondence dated 8 October 1999

3.79. Funding may also be provided under the Commonwealth Special Learning Needs, Special Education—non-Government Centre Support Program to support services for students with disabilities in non-government schools. Under this program, grants totalling $375,100 were paid to a number of non-government organisations for services available to students with disabilities in both the government and non-government school sectors.[60]

ACT Government program grants for students with disabilities

3.80. In 1997-98 the Territory introduced an additional grant, totalling $200,000 for students with disabilities. This grant is paid to the Association of Independent Schools of the ACT and the Catholic Education Office. Funds are distributed to the two organisations on the basis of total student enrolment.[61]

3.81. In the 1998-99 budget, the Government increased this grant by $100,000 in respect of the school year 1999 and will increase the grant by a further $100,000 in each of the following three school years, so that the grant will total $600,000 in 2002. In 1998-99 this grant totalled $250,000.[62]

Total funding to non-government schools for students with disabilities

3.82. Analysis of this information shows that in 1998-99, the total specific government funding to the non-government sector for students with disabilities was on average approximately $4,695 per student. Based on current enrolments, this figure will increase by approximately $420 per year per student until the year 2002 as a result of the ACT Government's commitment to additional funding to the sector. In addition some funds, which could not be dissected, are allocated to students in non-government schools under the Commonwealth Special Learning Needs, Special Education—non-Government Centre Support Program.

3.83. The Association of Parents and Friends of ACT Schools pointed out that in 1999-2000, the average estimated cost of educating the 1, 063 students with disabilities that are integrated into mainstream government schools is $18,188 per student.[63]

3.84. It is difficult to compare this with the cost of educating a student with disabilities in a non-government school, as the full information is not available. However in terms of the additional funding provided to non-government schools, the committee considers that such funding would not allow these schools to support students with disabilities with medium to high support needs. The average amount of $4,695 per student would barely pay the salary of 0.25 of a special teachers' assistant.

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[60] ibid.
[61] ibid.
[62] ibid.
[63] Submission 68.

4. Support services for students with disabilities

4.1. Support services for students with disabilities comprise a range of educational and health services, including special teachers' assistants, therapists, nurses, itinerant teachers, therapy aides and curriculum support.

The mix of support services

4.2. The most common support available to students with disabilities in ACT government schools is special teachers' assistants. Special schools also have a nurse. Some therapy services are also available and these are discussed separately.

4.3. The question of the appropriate mix of support services was raised, particularly by special schools.

4.4. Koomarri School Board argued for a more adaptive model to the staffing profile to meet the needs of students at a particular time. They pointed out that schools need to be able to adapt year by year to the changing profile of student needs. They said:

> This year it might mean 20 teachers and the others are therapists; the year after it might mean more therapists and fewer teachers. It needs to be able to be a dynamic model to meet the rapidly changing profile. The old model of a teacher and a teachers' assistant in a class room type arrangement, a teacher up the front, has never worked in special education.[64]

4.5. However, Koomarri School Board stressed that any changes to the staffing mix must not result in what it called a consultant teacher model. There must always be a suitably qualified, experienced teacher for each class.[65]

4.6. Assisting students with personal care needs such as toileting and feeding is part of the role of the staff at special schools. It was put to the committee that staff other than highly trained teachers could be undertaking such duties. This again raises the matter of the appropriate mix of staff to meet the needs of students at the time.[66]

4.7. The Australian Education Union also told the committee that there is a need to look at a different model. They suggested that with the number and the degree of multiple and profoundly disabled students, an education model that has built into it other professionals and para-professionals to support the education program may be more appropriate. The AEU representative went on to say:

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[64] Transcript, p 115.
[65] Transcript, p 128.
[66] Transcript, p 121.

> Now, that is a fairly contentious issue, certainly amongst the education profession, but I think it is very difficult if all you are really given is a group of teachers and a group of teachers' assistants. What you need is another group of people to facilitate the delivery of an educational program. That is the group that is currently missing, particularly at Koomarri School.[67]

4.8. During its discussions with schools and advocacy agencies in Victoria, the committee noted that the Victorian needs-based resourcing model allows for significant flexibility in the mix of support staff. While, when the model was first introduced, there was a tendency for many more schools to use funds for teacher aides rather than equipment, teachers and paramedics, this is being redressed through professional training in curriculum planning.[68]

4.9. It is clear that there are no simple solutions to meeting the support needs. Providing support in the form of a special teachers' assistant or providing more special teachers' assistants does not necessarily offer the appropriate support to meet the needs of a student with disabilities. A flexible approach that provides for a mix of skills and expertise is needed.

Recommendation 6

4.10. The committee recommends that the Government review the staffing mix that is required to facilitate and support the delivery of the educational program at special schools and special units.

Therapy services

4.11. Therapy services are seen as vital to the development of most students with disabilities. While the Department of Education and Community Services acknowledged that access to therapy for students with disabilities is very important, it stressed that its needs assessment model is really focussed on the educational needs of the children rather than health needs. Therapy needs are a separate but related question.[69] The committee understands this position is taken because of the funding arrangements. The committee does not believe that separating therapy and education is in the best interests of students with disabilities. In reviewing educational services for students with disabilities, therapy services that assist a child's development and thereby support a child's education must be considered.

4.12. Therapy services to school-aged children with disabilities are provided by either the Disability Program or the Child Health and Development Service

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[67] Transcript, p 4.
[68] Ministerial Advisory Committee: Students with Disabilities SA, *Effective funding for children and students with disabilities—issues and Realities,* March 1997, p 137.
[69] Transcript, p 248.

(CHADS). The Disability Program provides therapy services to school-aged children with disabilities who are enrolled in special schools. CHADS provides services to children with disabilities aged up to 12 years enrolled in mainstream schools and to children below school age, except those enrolled in special schools.

4.13. The Disability Program adopts a holistic approach to the provision of therapy services, that is therapy is provided to the individual in a variety of settings, for example the home, the school, the respite service. In that sense the Disability Program does not serve the school but rather the individual in different settings. However, for school-aged children the school is an important setting and to a large extent the services are provided in the school. This involves therapists delivering individual therapy in the classroom, delivering therapy in a group setting, developing information for parents and teachers, or providing training programs for school staff.[70]

4.14. CHADS adopts a family-centred practice model. Parents are asked to participate in the care of their children and in developing the long-term plans and outcomes. The aim is to assist children to participate to their fullest ability in their community. Individual therapy is given outside the school, however CHADS is available to help schools structure the physical and learning environment to best meet the needs of students. [71]

4.15. Concerns about therapy services were raised by a high proportion of participants.[72] These concerns centred on:

- the availability of therapy services;
- the form of delivery; and
- confusion about service pathways.

Availability of therapy services

4.16. Many parents and school staff commented on the shortage of therapy services for school-aged children with disabilities. In fact the committee heard no evidence from the community that therapy services are adequate, whichever provider is used. In 1998-99 CHADS provided 29,054 occasions of service. This compares with 32,076 in 1997-98 and 26,356 in 1996-97.[73] These services include therapy services.

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[70] Transcript, p 226-229.
[71] Transcript, p 248.
[72] For example submissions 6, 13, 16, 18, 23, 24, 25, 28, 29, 31, 32, 34, 36, 37, 39, 42, 44, 45, 49, 51, 52, 53, 54, 55, 56, 61, 63, 66, 67.
[73] Department of Education and Community Services, Annual reports.

4.17. The Minister provided a breakdown of the approximate number of occasions of service[74] provided by CHADS to primary school-aged students with disabilities and primary teachers. These services include individual and group therapy, consultations with teachers on matters such as advice about equipment, advice and demonstration of specific techniques that best suit the child in terms of the disability, inservice and professional development programs for staff.

Table 5 Approximate number of occasions of service provided to primary school-aged students and primary teachers

	1997-98	**1998-99**
Individual and group therapy services	11,000	10,000
Consultations with teachers on specific students	3,000	3,500
Services specifically for teaching staff in primary schools	100	150
Total	14,100	13,650

4.18. The special schools and Turner Primary School, a school with a large proportion of students with disabilities, were particularly critical of the shortage of therapy services.

4.19. Turner Primary Board reported that at the end of Term 1 1999, the only therapy services provided in the school in 1999 had been speech pathology provided by CHADS to the two units for students with autism. Turner Primary has the largest component of special education students in the ACT.

4.20. Koomarri School Board and Koomarri P&C[75] reported that they are extremely concerned about the severe shortage of speech pathology,

[74] An occasion of service is any activity that provides a service to an individual, group or community about developmental health. Occasions of service to an individual may include assessments, intervention, consultations with families and other providers of services to individuals. Occasions of service may be delivered at CHADS sites, by telephone, in school, in community locations, or in clients' homes. (Department of Education and Community Services Annual Report 1998-99, Volume 2, p101.)

[75] Submissions 23, 24.

physiotherapy and occupational therapy able to be offered by their provider, the Disability Program.

4.21. In its submission, the Board stated that 84 students require speech pathology. At the end of week 7 Term 1 1999, the speech pathologist had attended for 36 hours. This 36 hours included non-student contact time to prepare instructional material such as visual aids. During the balance of time the speech pathologist worked with three students on mealtime programs and three groups of students. There were no students receiving individual speech therapy.

4.22. The Board also stated that 27 students require regular physiotherapy and regular occupational therapy.

4.23. At the end of week 7 Term 1 1999, physiotherapists had attended for 18 hours, which amounted to less than one hour per student over the seven-week period. However, in reality many students had received no physiotherapy as some students have such critical needs.

4.24. In relation to occupational therapy, at the end of week 7 Term 1, occupational therapists had attended for 25 hours. Again this amounted to less than one hour per student if equally distributed. However since some students have a very high priority many students receive no occupational therapy.

4.25. When the committee visited the school in August 1999, there had been no change to the availability of therapy services.

4.26. At this time the committee also noted no changes had occurred in the availability of therapy services at the other special schools. In fact, at two of the special schools the situation had worsened.[76]

4.27. This situation contrasts markedly with the availability and intensity of therapy services in special schools in Victoria. The committee visited a special school in Victoria with an enrolment of 121 students with a physical disability and also requiring a health service. At this school the staff includes 28 teachers, 18 aides, 3.5 occupational therapists, 3.5 physiotherapists, 2.9 speech therapists, 5.8 therapy aides and a number of disability support workers who assist with feeding, toileting and other personal care needs.[77]

4.28. The committee notes that the Disability Program of ACT Community Care is funded to employ 2.5 physiotherapists, three speech pathologists and three occupational therapists to provide therapy services to people with disabilities of all ages and advise their families, teachers and carers. Included in the workload of these therapists are any therapy services provided to clients attending the four special schools, namely, Malkara, Cranleigh, Koomarri and

[76] Informal discussions at Cranleigh School and the Woden School.
[77] Glenallen School.

the Woden School.[78] In 1999, these four schools had a total enrolment of 301 students.[79]

4.29. ACT Community Care, of which the Disability Program is a part, advised the committee that the low ratio of therapists to people in need of therapy results in significant lapses in time between therapists' assessments and interventions. Moreover, the program does not have the information systems needed to capture and retrieve any significant quantitative data on the amounts and types of services and unmet need. Semi-structured interviews of therapists about the nature and extent of unmet need revealed many dimensions of unmet need in occupational therapy, speech pathology, psychology and social work.[80]

4.30. The issue of equitable distribution of therapy services was also raised. Turner Board considers that the decision process about the provision of therapy services needs revising to ensure that services are provided equitably and to those most in need. Only students at the two units for students with autism have received therapy at school in 1998 and 1999.

4.31. One submission asserted that parent advocacy for their own child is a way for children with autism spectrum disorder to receive some of the scarce occupational therapy and physiotherapy services. Children whose parents do not advocate receive a reduced level of service.[81]

4.32. Another matter of concern to the Turner Board is the practice of requests to CHADS for therapy only being accepted from a parent. For some parents this is very difficult to do because they may lack confidence with the language or with following the procedures. The Board claimed that this results in students with substantial needs not receiving support. The Board advised that the school, with the permission of parents, would be willing to activate requests on behalf of parents.[82]

4.33. The committee raised this matter with the Department of Education and Community Services who advised that the Privacy Act and confidentiality requirements preclude CHADS from accepting referrals from schools.[83] This contrasts with the process adopted by the Disability Program that will accept referrals from schools so long as the individual client and their family know about it.[84] The committee gained the impression that some families may not be aware of the services available from CHADS and therefore their children are missing out.

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[78] Disability Program, M*eeting the Challenge*, September 1999, Transcript, p 227.
[79] Submission 60, Attachment A.
[80] Chief Executive, ACT Community Care, correspondence received on 19 October 1999.
[81] Submission 66.
[82] Submission 55.
[83] Transcript, p 30.
[84] Transcript, p 240.

Recommendation 7

4.34. The committee recommends that CHADS examine ways of building more flexibility into its referral processes.

4.35. Several parents told the committee that the only way to ensure their child receives some therapy is to engage private therapists.[85] Some parents were reluctant to do this because, although they were desperate for their child to receive more therapy, they had the impression that if they did so they would be denied access to the government provided services. The committee sought clarification about this situation. The Minister for Health and Community Care advised that families may combine some of the Disability Program's services and private therapy services although there are problems inherent in this practice due to blurring of clinical accountability.[86] The Minister for Education advised that in the past it had been the practice of CHADS therapists to discontinue or not offer services to clients if they were accessing the same type of therapy for the same condition from an external provider. CHADS conducted a review of the ethical and practice guidelines of the professional therapist associations and found no information in writing that expressly forbids dual servicing. However Speech Pathology Australia (SPA) has guidelines that strongly discourage dual servicing. SPA recommends that dual servicing only be allowed if parents have consented to this practice and that parents give permission for full and frank sharing of information between providers. CHADS has revised its policy on dual servicing and now, while not generally supporting it, will allow it, if after advised of all the potential management difficulties and differences, the parent wishes to access two providers.[87]

4.36. The committee is concerned that the two service providers have a different approach to dual servicing. It is unfortunate that some parents are put in the position of feeling they need to seek private therapy due to their concerns about inadequate provision.

4.37. The Catholic Education Office (CEO) told the committee that it would like a more formal arrangement with CHADS. The independent school system has a significant percentage of students with special needs. The CEO has, over the last few years, been informed about in-services that CHADS offers. However it would like more detailed information on the range of services provided by CHADS and a more formal agreement about how its schools could access CHADS services.[88]

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[85] Confidential evidence 17 June 1999.
[86] Minister for Health and Community Care, correspondence dated 21 August 1999.
[87] Minister for Education, correspondence dated 15 September 1999.
[88] Transcript, p 54.

4.38. The issue of provision of therapy services for secondary-school age children in non-government schools also needs clarifying. In discussions at McKillop Catholic College the committee was told that the College has been unable to access government-funded therapy services for children of secondary school age.

4.39. While the committee acknowledges that no matter what level of therapy services is provided some will be of the view that more is needed, the committee considers that therapy services, for a great many school-aged children, are inadequate.

4.40. The Department of Education and Community Services and ACT Community Care advised that the ACT has difficulty recruiting therapists, particularly speech pathologists.[89] Others contended that another reason for the shortage is that working with students with disabilities is not attractive to some therapists, especially younger professionals who often do not stay long.[90] These factors certainly contribute to the availability of therapy services.

4.41. The Department of Education and Community Services told the committee that the total level of resources is another factor limiting therapy services.[91]

4.42. While acknowledging there are budgetary and other constraints, the committee is most concerned that such a large number of children with disabilities in both government and non-government schools are receiving minimal or no therapy services. The committee believes that this situation must not continue and urges the Government to develop strategies to ensure equitable access and to significantly improve the availability and intensity of therapy services to school-aged children with disabilities.

Recommendation 8

4.43. The committee recommends that the Government significantly improve the availability of therapy services to school-aged children with disabilities.

Form of delivery of therapy services

4.44. The committee noted that schools and the Community and Health Services Complaints Commissioner have the impression that most therapy services are delivered through a consultancy model, whereby the therapist is

[89] Transcript, p 27.
[90] Discussions with staff at Cranleigh school.
[91] Transcript, p 26.

employed to provide advice to teachers and parents about how to implement therapy regimes rather than to provide one-to-one support.[92]

4.45. CHADS provides a consultancy service to schools about how to best include children with disabilities in mainstream settings.[93] In general, it provides individual therapy in a clinic-based setting rather than at a school.

4.46. Several submissions and witnesses including school staff and parent organisations expressed dissatisfaction with this form of delivery.[94]

4.47. In relation to CHADS, Turner School Board stated:

> The method of delivery of specialist therapy services to schools does not meet the school's needs in assisting the students. The school would like a hands on approach, for example, a physiotherapist to come into the class rooms and observe the children and give advice on the correct specialist furniture or equipment a child may need and any modifications or adjustments in the organisation of the room which may help a child's learning.
>
> CHADS has in the past come and delivered inservice programs to staff after school on how to incorporate different therapies into the classroom program. While staff have appreciated their efforts, the effectiveness of this method, advising about non-specific students at the end of a teaching day, in an area for which teachers make no claims to be qualified or have particular experience, needs to be examined and evaluated. Relying on teaching staff to provide programs of support outside their area of expertise and training is not only unfair it may be detrimental to the child if not properly executed. If therapists could demonstrate with children and provide follow up support and evaluation, school staff would feel more confident in trying to maintain therapy programs with students.[95]

4.48. The Primary Principal's Association argued that the consultancy approach where teachers are expected to deliver specialist services such as speech therapy is most unsatisfactory. It raises a number of issues in terms of professional development, training and competence to deliver programs.[96]

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[92] Submissions 18, 23, 32, 53, 55.
[93] Transcript, p 250-251.
[94] Submissions 18, 23, 53, 55.
[95] Submission 55, p 3.
[96] Submission 18, p 2.

4.49. The Department of Education and Community Services told the committee that it is definitely not the role of teachers to deliver therapy programs.[97] The committee would not expect that to be their role, however there is strong evidence that teachers perceive there is an expectation that they must take an active part in providing therapy support to children with disabilities. This situation needs clarifying as a matter of urgency.

4.50. Schools also indicated that they would like CHADS to provide therapy to children in the school setting. The department claimed that it is disruptive to the educational program to withdraw students from the classroom for therapy.[98] It also told the committee if parents want to take their children out of school for therapy they can make appointments within school hours.[99]

4.51. The Primary Principals' Association, was not of the view that withdrawing a student for therapy would be detrimental to the student. Students receive individual attention in a range of areas at various times and schools are accepting of this principle..[100] Further, on its visits to schools, the committee observed students who were withdrawn from the class group to receive individual or small group attention from specialist staff for short periods.

4.52. The Disability Program also provides limited individual and group therapy for students in the special school setting. ACT Community Care advised the committee that when therapy services are provided at school, they may be delivered individually to the client and/or in groups, and/or via consultative partnerships with teachers. Because of the current low ratio of therapists to students in need, the therapists deliver most services via group work, and consultative partnerships with teachers, teachers' assistants and parents/guardians.[101]

4.53. However, as ACT Community Care reported, young people with severe disabilities (such as autism spectrum disorder), find it very difficult to participate in group activities. Therapists, therefore need to spend time addressing the causes of the students' low motivation. Group work for speech pathology also requires the attendance of a speech pathologist and an occupational therapist. This is frequently difficult to arrange due to workload issues.[102]

4.54. In terms of optimising therapeutic outcomes, ACT Community Care reported that therapists need to demonstrate how to carry out a therapeutic program to all those involved in the client's life. If for example, a physiotherapist's case-load was not so large she/he could intensively model to

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[97] Transcript, p 253.
[98] Transcript, p 27.
[99] Transcript, p 250.
[100] Transcript, p 94.
[101] Chief Executive, ACT Community Care, correspondence received on 19 October 1999.
[102] Chief Executive, ACT Community Care, correspondence received on 19 October 1999.

teachers, teachers' assistants and parents/guardians, how to conduct a stretching program, that will prevent a young person from needing splints. This training would then allow the therapists to provide more services to clients.[103]

4.55. Koomarri P&C and Malkara Board and P&C expressed dissatisfaction with the current model for delivering therapy services.[104] Koomarri School has negotiated to use some teaching points to employ a speech pathologist.[105] Malkara School indicated a preference for employing therapists rather than needing to rely on the service being delivered by the Disability Program.

4.56. During visits to schools the view was expressed that because therapy services in special schools are delivered by the Disability Program, individual schools and the Department of Education and Community Services have no control over the determination of the work priorities of therapists.

4.57. There are other models for the delivery of therapy services to students with disabilities.

4.58. The committee observed special and mainstream programs for students with disabilities in Victoria[106] and Tasmania where education and therapy are integrated. Transdisciplinary teams comprising teachers, therapists, therapy aides and special teachers' aides all work together to deliver the educational program, which for some students includes specific therapies. In some instances a student may be withdrawn from the class to receive therapy.

4.59. At present therapy services provided to school-aged children with disabilities in the ACT are delivered by therapists who are part of a professional team that has inbuilt support and supervisory structures. Any changes in the form of delivery for therapy services need to ensure adequate professional structures are in place and that therapists are not professionally isolated. The interstate schools observed by the committee that employ therapists employed a team of therapists and have such structures in place.

4.60. The committee received a significant amount of evidence supporting changes to the way therapy services are delivered to students with disabilities. Schools and parents who participated in the inquiry are supportive of an integrated model.

Recommendation 9

4.61. The committee recommends that the Government review the mode of delivery of therapy services to students with disabilities.

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[103] Chief Executive, ACT Community Care, correspondence received on 19 October 1999.
[104] Submission 23, p 3, discussions with the Malkara Board and P&C.
[105] Discussions with Board during a visit to the school.
[106] Glenallen School, Victoria; Knox Gardens Primary School, Victoria; Giant Steps, Tasmania (a non-government school for students with autism).

Confusion about service pathways

4.62. CHADS provides therapy services to children from birth to 12 years on a parent referral basis.[107] CHADS also provides a consultancy service to mainstream schools.[108]

4.63. The Disability Program provides therapy services to students with an assessed mild, moderate or profound intellectual disability who are in special schools or are over 12 years of age on a parent or school referral basis.[109]

4.64. The Community and Health Services Complaints Commissioner reported that parents are confused about which clients are serviced by CHADS and which by the Disability Program. Parents find no logic in the arrangement whereby CHADS services students in mainstream schools and the Disability Program those in special schools.[110]

4.65. Difficulties were reported at the time of transition from CHADS (often at age three) to the Disability Program when there is sometimes not a satisfactory handover.

4.66. Further confusion arises because the two providers operate under different service delivery models. CHADS uses a family and clinic-based model, while the Disability Program uses a school and residence-based model.

4.67. As more students with disabilities are included in regular schools it is likely that confusion about service pathways will increase. If CHADS' role is to service students in mainstream settings its case-load could increase and that of the Disability Program decrease.

4.68. The Community and Health Services Complaints Commissioner suggested that, with proper consultation, consideration should be given to expanding the role of CHADS beyond the age of 12 to the age of 18, to achieve better continuity and simpler service pathways. This would obviously have resource implications that would need to be negotiated with ACT Community Care.

4.69. Yet another consideration would be individual packaging. The committee acknowledges the value of any system that empowers families to make their own decisions about support services for their school-aged children with disabilities.

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[107] ACT Department of Education and Community Services, *Services to students with disabilities—guidelines and mandatory procedures for ACT government schools.*
[108] Submission 55.
[109] ACT Department of Education and Community Services, *Services to students with disabilities—guidelines and mandatory procedures for ACT government schools.*
[110] Submission 32, p 13.

4.70. It is clear that there is dissatisfaction with the fragmented nature of the delivery of therapy services to school-aged children with disabilities. The committee considers that a review of the administrative arrangements for the delivery of therapy services to school-aged children with disabilities is needed. Any review should include an examination of the option of a single service provider.

Recommendation 10

4.71. The committee recommends that the Government review the administrative arrangements for the delivery of therapy services to school-aged students with disabilities.

Support for students with challenging behaviours

4.72. The committee was told that there is a growing number of students both in mainstream and special settings who have behaviours that are very challenging and that this group is not adequately supported.

4.73. The Australian Education Union reported that members are increasingly reporting difficulties in dealing with students in all school settings with severe social and emotional disturbance. Increasingly AEU members are also reporting cases of severe psychiatric problems amongst students.[111]

4.74. Mainstream schools are experiencing long waiting times for support from the behaviour management services such as the behaviour management units or itinerant behaviour management teachers.[112] Special schools do not have access to these programs.

The Woden School

4.75. The Woden School Board advised that 46 per cent of its students have a behaviour problem and 25 per cent have a behaviour problem as their main disability.[113] The committee notes that similar concerns were expressed to the former Standing Committee on Social Policy during its inquiry into the prevention of violence in schools in 1996.

4.76. The Minister advised that during the first three terms of 1999, there were 11 suspensions from the Woden School for 'physical abuse of others (staff or

[111] Submission 53, p 4.
[112] Submission 53, p 5.
[113] Submission 34.

student), assault, fighting, bullying, any deliberate act which results in bodily harm to others'.[114]

4.77. Doubts were expressed to the committee about whether many of the students enrolled at the Woden School meet the eligibility criteria of mild to moderate intellectual disability.[115] In at least one case the school requested additional resources to assist it to cope with one student. During the period the student was enrolled at the school, three days per week of additional assistance, in the form of a special teachers' assistant, was provided by the department. It took some time for the request for assistance to be actioned.[116] This particular student seriously assaulted another student, highlighting the need for the department to be totally diligent and not allow budget pressures to put at risk the safety of staff and students.

4.78. There have been a number of other extremely serious incidents at the school as a result of the enrolment of students with violent behaviours who do not meet the criteria for placement on the basis of intellectual disability.

4.79. The imposition of these inappropriate placements on the Woden School community was unacceptable to the committee. The committee called an urgent meeting with the Department of Education and Community Services to discuss the matter. At this meeting the department acknowledged that action needed to be taken to review the student profile. The department advised that it had found more suitable education programs for some of the students with violent behaviours and that it would review the enrolment processes for the school with changes to be implemented from the beginning of the 2000 school year. Some longer-term strategies have also been put in place. These include some changes to the school review process and a review of some procedures at the school. The committee will monitor the impact of these strategies.

Recommendation 11

4.80. The committee recommends that the Department of Education and Community Services provide it with regular reports on the implementation of strategies to prevent incidents of violent behaviour at the Woden School.

4.81. The question of the long-term placement in a suitable educational program for students with violent behaviours who do not meet the criteria for placement at the Woden School on the basis of their intellectual disability, but

[114] Minister for Education, correspondence dated 15 November 1999.
[115] Discussions with the Woden School Board, 12 August 1999.
[116] Minister for Education, correspondence dated 15 November 1999.

who have significant other difficulties that preclude placement in other settings, must be addressed.

Recommendation 12

4.82. The committee recommends that the Department of Education and Community Services develop a long-term strategy to provide suitable alternative educational programs for students with violent behaviours and other significant difficulties.

Koomarri School

4.83. Koomarri Board reported that the extremely violent and disturbed behaviours exhibited by some students is having an adverse impact on education programs and the safety of other students and staff, largely because there is inadequate support for this group of students.[117]

4.84. In his submission, the Community and Health Services Commissioner expressed serious concerns about the lack of support for students with disabilities and challenging behaviours.

4.85. The Commissioner reported that parents of older children with behavioural problems fear constantly the suspension of their child from the education system, for example some people with children with autism are frequently called to pick up their children from school because of incidents involving behaviours.

4.86. The Commissioner is of the view that schools should not be constantly calling on parents to deal with the child when behaviours create a problem. The committee noted that the Vern Barnett School for Children with Autism has procedures in place which mean that students are not sent home but the behaviours are dealt with at school. These are largely preventative and include addressing the triggers of the behaviours on an individual basis, intensive training for staff and involvement of parents in the development of strategies to address any such behaviours.

4.87. The consequence of the education or health system not taking responsibility for this group of very high needs children is that parents, and particularly mothers, who lack the backup and resources which the school has, are left to cope by themselves.

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[117] Submission 24 p 3.

4.88. While acknowledging that parents need to be advised that there is a problem, the committee agrees with the Commissioner that the education system needs to take responsibility for the care of the child during school hours. The committee acknowledges that in some circumstances it may not be appropriate that the care of a student with violent behaviours is provided at the school. Specialist support from other avenues, such as, the Disability Program, private providers where necessary and the Mental Health Service where relevant, must also be available. Additional resources may need to be found.[118]

4.89. The Commissioner suggested that a protocol be developed for responding to a situation when a child's disruptive behaviour at school threatens the safety of himself/herself and/or staff and property. This approach would prevent the child being sent home to his/her parent, with no forward planning for what is going to happen next. The protocol would detail what should happen in the immediate, short and medium term (say, 3 months). This period would be used to determine longer-term arrangements, subject to periodic reviews.[119] The committee considers that such a protocol is a sound suggestion that would assist schools and parents.

Recommendation 13

4.90. The committee recommends that the Department of Education and Community Services:

- **ensure staff dealing with students with disabilities and challenging behaviours are trained in and implement preventative approaches to behaviour management;**

- **develop a strategy to manage students with disabilities whose behaviours cause serious problems at school in conjunction with relevant agencies;**

- **develop a protocol for responding to a situation when a child's behaviour at school threatens safety or property in consultation with relevant parties.**

Alternative day programs for school-aged young people with disabilities

4.91. There is a small group of students with disabilities and challenging behaviours who unlike most do not remain at the special school until they are 20 years of age because they cannot fit into the school system or the school cannot cope with them. The Community and Health Services Complaints

[118] Submission 32 p 11.
[119] Submission 32, p 11.

Commissioner cited three particular cases where this had occurred.[120] The committee heard from three other parents of students aged almost 16 who expected the same thing to happen to their adolescent boys.[121] The committee was told that these young people spend most of their time at home because there are no suitable day programs for them.[122]

4.92. The Community and Health Services Commissioner is of the view that such young people need a day program which has some educational value and offers tailor-made training to overcome behavioural and other problems preventing them from accessing community life. The current resources of the school system, in terms of numbers and the type and depth of expertise available in the ACT are insufficient to cope with the needs of these young people.[123]

4.93. The committee concurs with the Community and Health Services Complaints Commissioner that ongoing education is the right of school-age young people, in this case young people up to age 20.

4.94. The questions then arise as to which agency should take responsibility for developing and delivering programs for this group, whether they should be delivered under the umbrella of a more generic program or stand alone, and how such programs should be funded. According to the Community and Health Services Complaints Commissioner, the demarcation issue would be of less importance if funding is allocated to the young person and there is the support of a case manager.

4.95. The committee considers that there is an urgent need for the Government to provide suitable day programs for this group of young people. The programs should focus on assistance with basic communication, managing emotions and behaviours, fundamental personal care skills, and include a formal education component.

Recommendation 14

4.96. The committee recommends that, as a matter of urgency, the Government establish day programs for young people up to age 20 with disabilities and challenging behaviours who are not coping in the special school setting.

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[120] Submission 32, p 14.
[121] Confidential evidence.
[122] Confidential evidence.
[123] Submission 32, p 14.

Respite care

4.97. Dissatisfaction with the availability of respite care services was raised in a number of submissions.[124] These submissions have been made available to the Standing Committee on Health and Community Care's inquiry into respite care services.

Support for school-aged children with dual or multiple disabilities

4.98. Several participants in the inquiry raised the issue of inadequate support for young people with multiple disabilities, especially intellectual disability and mental illness. It was claimed that support for young people with intellectual and psychiatric disabilities is either non-existent or only available after very long waiting times.[125]

4.99. This matter has been raised in several previous inquiries and it is of deep concern to the committee that it continues to be an issue.

Interagency co-operation

4.100. Students with disabilities are often clients of several agencies, each of which operates separately. Interagency co-operation is required because as one submission put it 'services for families in our position are fragmented through the bureaucracy'.[126]

4.101. The committee received mixed views about the effectiveness of interagency co-operation. Some submissions and witnesses at public hearings expressed very positive views,[127] while others were critical to varying degrees.[128]

4.102. Cranleigh School Board and P&C advised that generally parents act as facilitators to co-ordinate the sharing of information across the various parties dealing with their child.[129] This places an additional, unnecessary burden on already overloaded parents. Further, some parents are not skilled at this kind of co-ordination, which can result in their children receiving less than optimal services.

4.103. The Australian Education Union (AEU) claimed that there are critical gaps in the co-operation between the various agencies that provide services to students with disabilities. As a result of resource constraints, these agencies are

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[124] Submissions 23, 24, 25, 29, 52, 55, 62.
[125] For example, submissions 34, 53.
[126] Submission 11.
[127] For example Submissions 2, 3, 14.
[128] For example Submissions 1, 11, 24, 25, 28, 34, 37, 48, 49, 52, 62, 66.
[129] Submission 37.

having difficulty meeting the needs of students and schools and consequently schools are often taking on the role of case manager. The AEU believes that the role of teachers is to contribute as part of a team that co-ordinates the various services, not to act as case managers.[130]

4.104. Others also asserted resource constraints have affected the effectiveness of interagency co-operation. For example, one submission reported that the valiant efforts of a general practitioner trying to coordinate services for a school-aged client, who is participating in the ACT Care Plus trial, are constantly frustrated. When approaches are made to services the usual response is there is no funding or 'your client does not fit our criteria'.[131]

4.105. Another asserted that the lack of inter- and intra-agency co-operation results in a lowering of standards and facilitates a culture of buck passing or shifting of responsibility with people 'falling through the cracks'.[132]

4.106. ACROD maintained that guidelines for funding often work against agencies interlinking.[133]

4.107. ACROD and a number of other organisations reported that cutbacks to staff in agencies supporting people with disabilities mean that there is limited time to develop linkages with other agencies.

4.108. Cranleigh School expressed the view that the current shortcomings will not be resolved by attempts at greater interagency liaison and co-operation. The submission asserted that organisational policy alone cannot deliver the services. What is needed is sufficient staff of the right kind.[134]

4.109. While funding arrangements and resource levels are major issues that mitigate against effective interagency co-operation, there are a number of other ways in which interagency co-operation could be improved.

4.110. Children and young people with disabilities and their families usually need to access services from a range of disciplines, such as medical services, therapy services and educational services. Some parents were critical of the requirement to fill in a series of forms each time they approached a different agency for assistance. They find this time consuming and repetitive. One suggested that a co-ordinated data base be established, which includes all the information relevant to each child and family, and into which new information could be added.[135]

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[130] Submission 53.
[131] Submission 48.
[132] Submission 66.
[133] Submission 62.
[134] Submission 52.
[135] Submission 11.

4.111. The Department of Education and Community Services advised that it is examining ways to provide schools with more information about students, while also ensuring privacy provisions are maintained. A new case management system is to be introduced in the Children's, Youth and Family Services Bureau where a single data base and common case manager will be established for all Bureau clients. The department is also examining the possibility of using a system called 'Looking after families' in the substitute care area. This is a system for documenting information which can be shared such as the child's development, and his/her education and health plans.[136]

4.112. These initiatives have the potential to greatly improve communication and co-operation between service providers for children with disabilities and their families within the Department of Education and Community Services. However, the problem of interagency communication and cooperation between government and non-government agencies remains.

4.113. The Community Paediatrician told the committee that there is a need to greatly improve how agencies and professionals work together in a multi-disciplinary way. She indicated that while there will be discussions about case plans including commitments from parents, there is an extreme reluctance to examine how a child's problems, such as behaviour, are going to affect the child and his/her functioning in life. There is usually no discussion about the likely impacts of the child's problem on his/her functioning at school and no plan to deal with these likely impacts.[137]

4.114. In relation to case conferences, the committee was told that their usefulness depends on the skill of the person chairing them. They can be very useful and they can also be damaging.[138] There is a need to ensure that people running case conferences have a high level of skills in that area.

4.115. The availability of relevant information about the services for children and young people with disabilities can be improved. One group reported that many parents do not know what programs are available, what services exist or how to obtain access to them.[139]

4.116. The committee found it difficult to access information about services for students with disabilities. There is no co-ordinated approach. For example, the Department of Education and Community Services' Internet site has some information. The ACT Community Care site provides contact details for the Disability Program, but no specific information on therapy services, for example. A person accessing the site would not know from the information provided that the Disability Program provides therapy services.

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[136] Transcript p 309.
[137] Transcript p 280.
[138] Transcript p 281.
[139] Submission 66.

4.117. The Department of Education and Community Services provided copies of information brochures available to parents. The brochure *Programs for Students with Disabilities* provides no information on therapy services even though some are provided by CHADS, a part of the department.

4.118. The committee believes that a more co-ordinated approach to information provision is needed. Parents would be assisted if there was a list of services and programs available, which included eligibility and access criteria.

4.119. Cranleigh School Board and P&C suggested that special schools and units, if provided with information on services could act as an information distribution point for families. There would also be many other suitable distribution points.

4.120. The committee found differing views about the effectiveness of interagency co-operation, depending on personal experience. Many of those critical of the effectiveness of interagency co-operation suggested systemic changes. These included more effective use of technology to ensure that agencies have access to relevant information and that parents do not need to be constantly repeating the information; examination of how to improve multi-disciplinary work; better training for staff managing case conferences; and more effective ways of distributing information.

5. Planning of services and individual programs

5.1. Within the government school system, the committee examined two levels of planning for educational services for students with disabilities, the individual level and the system level. At both these levels the committee believes that planning must include an assessment of both educational and health needs of students.

Individual plans

5.2. At the individual level, the Department of Education and Community Services advised that educational planning is an integral part of all services for students with disabilities and that the following planning takes place.[140]

Individual education plans (IEP)

5.3. Individual education plans (IEP) are required for all students in special settings, students on the Integration Support Program receiving two or more days support per week from a Special Teachers' Assistant and students with high level support needs on other support programs.[141] Each IEP is developed by a panel comprising parents, teachers, support staff, sometimes therapists and, if appropriate, the student. The plan is a concise written statement which describes the student's current level of functioning and sets both long and short term educational objectives for the student. It identifies the resources, determines the strategies and assigns the responsibilities required to reach those objectives. It provides a framework for evaluating educational outcomes and provides an ongoing record to ensure continuity in programming.[142]

5.4. Many parents expressed satisfaction with the system of individual education plans.[143] As one submission noted: 'No one knows better than the parent of a student with disabilities exactly what stimulus will cause a reaction in that student. For this reason it is essential that parents play an active role in the design and implementation of their child's school program and curriculum.'[144] Another said 'because the learning goals can be focussed on life skills (such as eating and talking) a combined teaching effort at school and home is essential for the student's progress'.[145] The staff at this special school was reported as excelling at managing the home/school teaching environment.

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[140] Submission 60, p 10.
[141] ACT Department of Education and Community Services, *Services to students with disabilities in ACT Government Schools—Handbook*, Focus Programs Section, ACT Department of Education and Community Services, 1998, p 7.2.
[142] Submission 60, p 10.
[143] For example submissions 9, 14, 38, 50, 61.
[144] Submission 49 p 2.
[145] Submission 37, p 3.

5.5. There are other parents, particularly of older students who are not satisfied with the individual planning process. Some claim that there is no measure of outcomes and therefore reporting is superficial.[146]

5.6. Action for Autism reported that a lack of expert support for students with Autism Spectrum Disorder in the ACT means that the team developing the IEP lacks essential input. Without ASD specific expertise the planning group cannot usefully delineate resources, assign responsibilities or develop a framework for evaluating educational outcomes for the student.[147]

5.7. Action for Autism also advised the committee that parents report that IEPs often show a poor understanding of the student. IEPs may contain conceptual goals that the student has no chance of achieving in the time.

5.8. Advocacy ACTion told the committee that the variability in the usefulness of the IEP comes down to differences in approach and commitment among individual schools and individual teachers.[148] Some are doing it very well while in other cases the IEP is superficial.

5.9. The Koomarri Board is of the view that the school is unable to adequately implement each student's IEP because of a lack of therapy services, inadequate staffing arrangements and limited financial resources.[149]

5.10. Not withstanding that a lack of specific expertise and lack of support are some of the possible reasons why there is some dissatisfaction with the individual planning process, the committee believes that lack of training can be a significant reason.

5.11. Participation in training on the development of IEPs will not only improve the skill levels of teachers but also contribute to a cultural change, which the committee was told is necessary in some schools.

Recommendation 15

5.12. The committee recommends that the Department of Education and Community Services ensure that all teachers receive training in the development and evaluation of individual education plans.

5.13. Apart from ensuring that all teachers receive training in the development and evaluation of individual educational plans, the recognition of schools offering best practice in programming for students with disabilities will also help with cultural change.

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[146] For example Submission 1, 24, 39, 42.
[147] Submission 28, p 7.
[148] Transcript, p 200.
[149] Submission 24.

Recommendation 16

5.14. The committee recommends that the Department of Education and Community Services support positive cultural change by offering some form of public recognition to schools and teachers providing best practice programs for students with disabilities.

Curriculum plans

5.15. A curriculum plan is developed for all students with disabilities in Learning Support or Communication Disorder Classes, in Hearing Impaired Units, in the Itinerant Teacher Program and in the Integration Support Program. For these groups, the planning team comprises parents, classroom teachers, learning support teachers and year co-ordinators, the principal (or delegate) and itinerant teacher. The team may also include the school counsellor, therapists and representatives from other agencies. The purpose of a curriculum plan is to support student access to and participation in a broad and balanced curriculum. The plan documents the objectives across each key learning area for the student, the teaching and classroom management objectives to be employed and the additional support to be given to the student and/or teacher.[150]

Transition plans

5.16. The department also advised that individual transition plans are formulated to facilitate the progress of students moving from school into the workforce or to independent living.

5.17. Koomarri School Board reported similar difficulties in adequately implementing transition plans as it has in implementing IEPs.[151]

In-school review

5.18. Annual in-school reviews are part of the planning process for students with disabilities. A formal in-school review is required at least once a year for all students in special settings, the Integration Support Program, learning support centres, communication disorder classes, hearing impaired units and itinerant teacher programs for hearing or vision impairment or typing. Parents participate in the review. A parent or teacher may request an in-school review at any time.[152]

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[150] Submission 60, p 10.
[151] Submission 24.
[152] ACT Department of Education and Community Services, *Services to students with disabilities in ACT Government Schools—Handbook*, Focus Programs Section, ACT Department of Education and Community Services, 1998, p 81.

5.19. The purpose of an in-school review is to evaluate the student's educational program and recommend future service provision based on the student's educational and developmental progress and needs.

5.20. Parents can appeal against the outcome of an in-school review to a system review, chaired by staff from Student Participation Section. Parents are similarly entitled to appeal the outcome of a system review to a review by the Director, Schools. Detailed requirements are specified for student records, including preschool files, student record folders, counsellor files and itinerant teacher files. These records are integral to the educational planning and reviews of student progress.

System-wide planning

5.21. System-wide planning, in this report, refers to the planning required to meet the ongoing needs of children and young people as they move through and out of the school system. It includes planning for educational services as well as allied health services, which must accompany educational services, and post-school programs.

5.22. The committee heard from a number of parents and organisations that are very concerned about the lack of long-term planning, both in terms of school and post school services.[153]

School programs

5.23. A group of parents with children with autism reported that decisions about the school where children would be placed are often left to last minute, for example the week before school starts.[154]

5.24. Advocacy ACTion advised that placement decisions are often not made in a timely manner. A family may have no concrete knowledge about placement, support and programming for their child by the time school is due to start for the year.[155]

5.25. The AEU told the committee that modifications to school buildings are often not done until some time after a student with disabilities enrols.[156] Other submissions also reported specific examples where modifications to toilets had not been made before students enrolled. For example, at a high school it was known that a year 6 student would be transferring to the school in year 7 and would require access to shower and toilet facilities but modifications were not completed until second term.[157] Similarly at a college a toilet that was to be

[153] For example submissions 11, 21, 29, 39, 42, 53; Transcript p 188.
[154] Transcript p 155.
[155] Submission 39, p 3.
[156] Transcript p 14.
[157] Submission 53, p 3.

ready for a student with disabilities on the first day of term one, was not ready until several weeks later. The parent asked 'how many of the other students have to wait that long for the use of a toilet?'[158]

Post school programs

5.26. The issue of planning for post school programs for students with disabilities is of concern to many parents, schools and service providers.[159]

5.27. Planning for post school programs is not well developed.

5.28. In July 1999, the Department of Health and Community Care released *Strategic Plan for Disability Services 1999* which provides a framework for policy, planning and purchasing of disability services by the Department of Health and Community Care. The plan is to be reviewed after three years.

5.29. The Minister for Health and Community Care advised the committee that the plan acknowledged that school leavers with disabilities are one of the groups most likely to demonstrate unmet need for support services. A number of strategies have been included in the plan that will promote effective planning and response to the support needs of school leavers. These are:

> Develop a forecast of demand for disability services over the next 20 years, including information on children with disabilities in early intervention services and the school system. Use the forecast to identify future resource needs and allocation.
>
> Research and establish innovative and timely ways to minimise the negative impact of disability on individuals.
>
> Establish needs assessment and service access systems which take into account family circumstances and a wide range of support options.
>
> Establish communication and planning protocols (between relevant policy, purchaser and agencies) where appropriate.[160]

5.30. The Minister advised that these strategies will improve communication, enable coordinated planning and response, and provide developmentally focussed assistance to young people during their transition to adult life.

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[158] Submission 26.
[159] Submissions 6, 11, 23, 24, 29,32.
[160] Minister for Health and Community Care, correspondence dated 21 August 1999.

The need for system-wide planning

5.31. The Community and Health Services Complaints Commissioner and the Office of the Community Advocate told the committee that, while individuals in the sector have recognised the need to plan, there is as yet no planned programmatic response ready to meet the needs of the number of children coming through the system.

5.32. According to the Community and Health Services Complaints Commissioner a lack of forward planning has resulted in:

- parents having to fight continually for services, resulting in tension between service providers and parents, and exhaustion and uncertainty on the part of parents;
- a 'squeaky wheel' syndrome which enables those who protest the loudest to secure the most services;
- an uneven distribution of resources, with very high needs clients missing out while others who are less disabled receive services because they are easier to cater for;
- withdrawal of services at very short notice because of the level of difficulty of the client, without any plan in place for alternative services; and
- crisis management, where the provider is continually responding to emergencies.[161]

5.33. The Community and Health Services Complaints Commissioner advised that there is an urgent need to for a whole-of-government planning process to be put in place. Such a process needs to involve, at a minimum, the health and education portfolios. The Commissioner suggested that a plan include:

- an accurate assessment of the number of severely disabled children with complex care needs coming through the system, and an analysis of their likely needs for funding purposes;
- provision for the appointment of a case manager (funded jointly by Health and Education) for children diagnosed with a disability characterised by complex care needs (needing one or more services in addition to education, such as speech pathology, physiotherapy, occupational therapy, social work, respite care) as soon as a client was diagnosed with a disability at the high needs end of the spectrum;

[161] Submission 32, p 6.

- provision for the development of individual 3-5 year plans for these people, reviewable annually; and

- provision for more innovative funding mechanisms that allow for longer term planning.[162]

5.34. The committee acknowledges that the Department of Health and Community Care has recently taken some action to plan for the future for students with disabilities exiting the school system.

5.35. However, the committee received compelling evidence about the need for a whole-of-government planning process for services for children and young people with disabilities, to ensure some certainty with funding, and to ensure that appropriate services are in place when needed.

Recommendation 17

5.36. The committee recommends that the Government, in consultation with the community, develop a whole of Government planning process for children and young people with disabilities based on the model outlined by the Community and Health Services Complaints Commissioner.

[162] Submission 32, p 8.

6. Social and educational outcomes for students with disabilities

6.1. The evidence suggests that, the social and educational outcomes for students with disabilities in the ACT are variable and depend on the resources (both human and physical) of parents and schools and a number of other factors.

6.2. The ACT Branch of the Guidance and Counselling Association submitted that integration can be advantageous if the resources are available to support the child otherwise there can be disadvantages. It cited the example of a child with Asperger's syndrome who needs a specific program to learn appropriate language and/or social skills otherwise the mainstream experience could be extremely stressful resulting in major behavioural difficulties and lack of success.[163]

6.3. Submissions from the Koomarri School Board, the Woden School Board, the Cranleigh School Board and P&C, the Turner School Board and Farrer Primary School provided several other examples.

6.4. Apart from resources, the committee identified several factors in the delivery of educational services for students with disabilities that would lead to improvement in their educational and social outcomes.

The importance of therapy

6.5. The issue of therapy support has been largely covered in a previous chapter. However, in relation to educational and social outcomes, the committee believes that the provision of therapy cannot be separated from the education program. The committee has received strong evidence supporting the view that for most students with disabilities therapy is crucial in ensuring their best educational outcomes. Therapy should be an integral part of the approach to planning and delivering educational services for students with disabilities.

6.6. It is the committee's view that the educational and social outcomes for students with disabilities will be enhanced with the adoption of a more integrated approach to therapy and education services. However this will be almost impossible to achieve without additional therapy resources for the special schools.

[163] Submission 56.

Staff training

6.7. The training teachers and teachers' assistants receive is most important in ensuring that students with disabilities reach their educational potential.

6.8. The ACT Department of Education and Community Services, unlike the NSW Department of Education and Training, still employs teachers who may have no formal, pre-service preparation for teaching students with disabilities. In the ACT special education qualifications are desirable not mandatory.[164]

6.9. Professor Shaddock of the University of Canberra pointed out that nowadays all teachers need a thorough grounding in ways of teaching in increasingly heterogeneous schools and classrooms. In recognition of the need to prepare teachers to work with more complex students and following pressure and support from the NSW Department of Education, in 1998, the university introduced a compulsory subject in special education for all teacher education students. The university acknowledges that much more pre-service preparation is necessary if teachers are to feel and be competent in meeting the educational needs of students with disabilities.[165]

6.10. In 1998, the University of Canberra also introduced an optional six subject major in inclusive education for teacher education students. This major, is proving very popular however it can only focus on the more frequently occurring learning and developmental difficulties and disabilities. Sufficient attention cannot be given to more complex developmental delays and disorders, such as autism spectrum disorder.

6.11. According to the University of Canberra and many other people who had input into the inquiry,[166] the appropriate preparation of teachers is an even more critical issue when their students have complex needs.

6.12. Ensuring new graduates are equipped with the necessary competencies to feel confident in diverse settings is one way of ensuring quality outcomes for students with disabilities. However, since very few new graduates are offered employment immediately upon graduation, training also needs to be directed at teachers already employed in the system.

6.13. Teachers and teachers' assistants currently employed have access to professional development through centrally-run courses offered through the Staff Development Section or the Integration Support Unit and through school-based courses offered by the Integration Support Unit.[167]

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[164] Minister for Education, correspondence dated 15 September 1999.
[165] Submission 59.
[166] For example submissions 1, 7, 8, 14, 16, 17, 18, 20, 21, 28, 30, 31, 33, 34, 38, 39, 41, 42, 43, 44, 54, 63, 65, 66, 67, 72.
[167] Minister for Education, correspondence dated 15 September 1999.

6.14. In 1998, the Professional Development Section offered nine courses. Only four courses proceeded. A total of 46 staff took advantage of these courses. No specialised professional development courses relating to students with disabilities were scheduled for 1999.[168]

6.15. The Integration Support Unit offered five centrally-run courses in 1998 and six in 1999. In addition in 1998-99, the Integration Support Unit offered six courses at the request of individual schools or clusters.[169]

6.16. Professor Shaddock maintained that if school students with special needs are to receive an appropriate education, a more systematic approach is needed to improving current teachers' knowledge and skills through inservice and professional development.[170]

6.17. The University of Canberra believes that there are opportunities for the development of a more collaborative approach to professional development between it and the department

6.18. Formerly, the University of Canberra also offered a Graduate Diploma in Special Education in which students who already had their initial teaching qualification and some classroom experience, specialised in one of four areas—behavioural disorders; developmental disabilities; learning difficulties; or resource/consultancy.

6.19. The viability of this course has been affected by the introduction of fees for post graduate courses, the unavailability of paid leave or other financial support for ACT teachers undertaking the course, and the ACT Department of Education and Community Services' policy to no longer require resource teachers to hold the formal qualifications they once gained through the Graduate Diploma in Special Education.

6.20. After examining the professional development opportunities available for teachers and teachers' assistants to assist them in dealing with students with disabilities, the committee concurs with the views of Professor Shaddock that a more systematic approach to professional development is required.

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[168] Minister for Education, correspondence dated 15 September 1999.
[169] ibid.
[170] Submission 55.

Recommendation 18

6.21. The committee recommends that the Department of Education and Community Services:

- **ensure that all staff are trained to be competent in diverse settings; and**
- **advise the Assembly of the strategies it has put in place to ensure staff are properly trained.**

Recommendation 19

6.22. The committee recommends that financial incentives be made available for teachers to upgrade their qualifications in special education.

Quality assurance

6.23. A number of participants expressed concerns about the evaluation and monitoring of school practices in relation to students with disabilities. In this context ACROD cited a series of examples where schools had not complied with the ACT Department of Education and Community Services' policy *Services to Students with Disabilities Policy and Procedures*.[171]

6.24. Others expressed concerns about the measurement of social and educational outcomes and wide variations in the standard and level of reporting outcomes to parents.[172]

6.25. Every five years all ACT government schools are required to participate in the quality assurance process known as school development. School development aims to promote school improvement and future planning.

6.26. The process brings together perspectives of members from within and outside the school community. A centrally determined framework and system parameters guide the school development process. The process includes a school report that provides educational direction for the school and identifies strategies for improvement of learning outcomes.[173]

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[171] Submission 62.
[172] For example Submissions 28, 31, 39, 42.
[173] Department of Education and Community Services Internet site, *School Development in ACT Government Schools.*

6.27. In 1999, all special schools were required to participate in school development. The committee was told that as part of this process parents were surveyed. Of the 350 surveys that were distributed, 275 were returned and of those returned, 97 per cent expressed satisfaction with the service they received.[174]

6.28. The committee acknowledges that this is a high level of satisfaction. However, a number of serious concerns were expressed to the committee about the availability of therapy services, the appropriateness of the staffing mix at some special schools, the mix of students at the Woden School, and the impact of students with challenging behaviours on the educational program at some special schools.

6.29. Further, there are many students with disabilities included in regular school settings. These students and their parents participate in their school's school development process when that takes place. The committee does not believe that the school development process can provide sufficient detailed information about satisfaction levels for students with disabilities.

6.30. In addition to the five yearly school development process, all students with disabilities who receive additional resourcing have an annual in-school review.

6.31. Given the concerns outlined above, the committee considers some aspects of the school development and in-school review processes should be improved to ensure more detailed information is available about school practices and the availability of services that may affect social and educational outcomes for students.

6.32. For example, the committee was surprised to learn that despite special schools putting forward suggestions for the inclusion of questions about therapy in the school development surveys of special schools, none were included [175]and nor was the matter addressed in any other way.

6.33. The committee is aware that the Department of Education and Community Services does not provide therapy to students in special schools. However, since therapy is such an important aspect of the support required by many students with disabilities, the committee considers that there must be some regular evaluation of how well therapy services are supporting the educational programs in any school setting. The Minister for Health and Community Care has acknowledged the need for a holistic approach to the delivery of services for people with disabilities.[176]

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[174] Transcript p 294.
[175] Transcript p 288.
[176] Minister for Health and Community Care, correspondence dated 21 August 1999.

6.34. Another issue relates to the school development process not being finely tuned enough to pick up deficiencies in the implementation of behaviour management policies in some special settings—an issue that the Department of Education and Community Services acknowledged.[177]

6.35. Another matter for consideration raised by an expert in the field of child welfare is the need to include issues such as the quality of interactions between staff and students and supervision practices in reviews. This was mentioned in the broader context of the need for a national accreditation system for providers of foster care or residential care for troubled young people, but was seen as equally important for schools including students with disabilities.[178]

6.36. The committee believes that in order to determine areas where social and educational outcomes for students with disabilities could be improved the methodology needs to allow for more detailed information on how educational programs are delivered and supported.

Recommendation 20

6.37. The committee recommends that the Department of Education and Community Services work with ACT Community Care to refine the instruments used to assess satisfaction with educational programs for students with disabilities so that they provide more detail on levels of satisfaction with the educational program and programs that support the educational program such as therapy.

The teaching of braille

6.38. The National Federation of Blind Citizens of Australia, ACT Branch expressed concern about a tendency to encourage children who could benefit from braille to rely on either audio cassette or computer speech as the primary means for accessing information and reading and writing. The Federation claimed that such reliance can have disastrous outcomes for the development of literacy skills of blind students.[179]

6.39. The committee raised these concerns with the Department of Education and Community Services and was assured that the teaching of braille is current policy.[180]

Kerrie Tucker MLA, Chair
15 December 1999

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[177] Confidential evidence.
[178] Transcript p 328.
[179] Submission 47.
[180] Transcript p 302.

Appendix 1 List of submissions

1	Mrs Shirley White
2	G O'Donnell
3	Barnardos Australia (Canberra)
4	Mrs Mirella Sadkowsky
5	Ainslie Primary School Board
6	Helen Motbey
7	Ngunnawal Primary School
8	Palmerston District School
9	Mr and Mrs D Robinson
10	Farrer Primary School
11	Confidential
12	Jan Bell
13	Mr Stephen and Mrs Sue Ferris
14	Kaleen Primary School Parent Support Group
15	Audrey Guy
16	Janet Hope
17	Special Needs Staff & Special Teachers Assistants, Melba High School
18	ACT Primary Principals' Association
19	Autism Association ACT Inc
20	The Australian Association of Special Education Inc., ACT Chapter
21	Confidential
22	Mrs Rose Vilardi
23	Koomarri School P&C Association Inc

24 Koomarri School Board

25 Australian Education Union ACT, Koomarri School Sub Branch

26 Confidential

27 The Canberra College

28 Action for Autism

29 Confidential

30 Lyons Primary School Board

31 ACT Down Syndrome Association

32 Community & Health Services Complaints Commissioner, ACT

33 Latham Primary School

34 The Woden School Board

35 Charles Conder Primary School Board

36 Robyn Elphinstone

37 Cranleigh School P & C Association

38 Karen Connaughton

39 ADVOCACY ACTion

40 Yarralumla Primary School Board

41 Fadden Primary School Board

42 Confidential

43 Chisholm Primary School Board

44 Malkara Special School Board

45 Catholic Education Office

46 Catholic Primary Principals' Association

47 Robert Altamore, National Federation of Blind Citizens Australia, ACT Branch

48 Confidential

49 DM & SL Zanker

50 Confidential

51 Confidential

52 Cranleigh School

53 Mr Clive Haggar, Australian Education Union

54 Ms Melinda Charlesworth, Speech Pathology Australia

55 School Board, Turner Primary School

56 Aust Guidance and Counselling Assoc

57 School Board, Garran Primary

58 ACT Council of Parents & Citizens Assoc Inc

59 Professor Tony Shaddock, University of Canberra

60 ACT Government

61 Kathryn Kerr and Margus Karilaid

62 ACROD, ACT Division

63 Evatt Primary School Board

64 David and Tora Bennett

65 Melrose High School Board

66 Dr Andrew Brien

67 Office of the Community Advocate

68 Association of Parents and Friends of ACT Schools

69 Canberra & Queanbeyan Attention Deficit Disorder (ADD) Support Group Inc

70 Specific Learning Difficulties Association (SPELD) ACT Inc

71 Mrs Hazel Marchant

72 Epilepsy Association of NSW

Appendix 2 Witnesses at public hearings

15 April 1999

For the Australian Education Union

Mr Clive Haggar, President

Ms Fiona MacGregor, Professional Officer

29 April 1999

For the ACT Department of Education and Community Services

Mr Bill Stefaniak, Minister

Ms Fran Hinton, Chief Executive

Ms Narelle Hargreaves, Director Schools

Mr Gerry Cullen, Director Schools

Mrs Pauline Brown, Manager CHADS

For the Health and Community Services Complaints Commissioner

Mr Ken Patterson, Commissioner

Ms Margaret Palmer, Assessments Officer

For the Catholic Education Office

Mr Mark Hogan, Deputy Director

Mr Michael Traynor, Coordinator, Special Needs Education Services

13 May 1999

For the University of Canberra

Professor Tony Shaddock

For ADVOCACY ACTion

Ms Cate Thompson, Manager

Ms Bernadette Wilson

Ms Cheryl Pattrick

For the Primary Principals' Association

Mr John Griffin, President

Ms Helen Cant, Secretary

Ms Judy Bull

For the National Federation of Blind Citizens Australia ACT Branch

Mr Robert Altamore, President

Ms Laurie Grovenor, Secretary

20 May 1999

For Koomarri Board and P&C

Mr Phillip Kirk, Board Chair

Mrs Helen Motbey, Board Member

Mr Glenn Cocking, P&C Chair

Mr Peter Crawford, Member of Board and P&C

For Early Childhood Intervention ACT Inc

Ms Christine Kallir Preece, President

For the Association of Parents and Friends of ACT Schools

Mrs Maureen Sellwood, President

Mr Jim Collins

Mr Ed Roots

Mrs Caroline Simmonds

Mrs Margaret Leggett

As parents with children with disabilities

Dr Andrew Brien

Mr Marijan Rupcic

10 June 1999

For Action for Autism

Mr Robert Buckley, Secretary

For ACROD ACT Inc

Mr Peter Bray, Chairperson

Ms Katrina Tucker, Member

Mrs June Ashmore, Member

For the Catholic Primary Principals' Association

Mr Dennis Sleigh

Ms Elizabeth Moroney

For Sharing Places

Ms Annamaree Reisch

Ms Phyl Crawford

Mrs Anne Cain

5 August 1999

For Advocacy ACTion

Ms Cate Thompson

9 September 1999

For Malkara School Board

Mr Greg Walker, Chair

For Malkara P&C Association

Mr Keith Bradley AM, President

For the National Council on Intellectual Disability

Mr Paul Cain, Policy Project Officer

16 September 1999

For ACT Community Care

Ms Lynne Grayson, Director, Disability Program

Ms Penny Hayman, Regional Manager, ACT Community Care Disability Program

For the ACT Department of Health and Community Care

Mr Maartin van der Kleij, Manager, Community Services Purchasing Unit

Ms Helen Bedford, Senior Policy Officer

For the ACT Department of Education and Community Services

Mr Bill Stefaniak MLA, Minister for Education

Ms Fran Hinton, Chief Executive

Mr Michael White, Executive Director, Education and Training

Ms Louise Blue, Manager, Student Participation

Mrs Pauline Brown, Manager CHADS

30 September 1999

For the ACT Department of Education and Community Services

Mr Michael White, Executive Director, Education and Training

Ms Louise Blue, Manager, Student Participation

Mr Rob McConchie, Director Schools

As an individual

Dr Sue Packer, Community Paediatrician

For Koomarri School Board

Mr Phillip Kirk, Board Chair

11 October 1999

For the Richmond Fellowship

Mr Wilf Rath, Executive Director

As an individual

Dr Howard Bath

In addition the committee held *in camera* hearings on 17 June 1999, 5 August 1999, 9 September 1999, 30 September 1999, 11 October 1999.

Appendix 3 Acronyms

ASD	Autism Spectrum Disorder
CALM	Caring Alternative Learning Model
CHADS	Child Health and Development Service
EIU	Early Intervention Unit
IEP	Individual Education Plan
LSU	Learning support unit
P&C	Parents and Citizens Association