

Chapter 4

Dealing with Disabilities

4.1 This chapter addresses pedagogical issues in dealing with students with disabilities: a matter which the committee received much information on from submissions, witnesses and teachers at schools visited by the committee. From the evidence, and from observations, the committee concludes that while there are deficiencies in the ways in which schools and systems are dealing with the challenges of providing quality programs for students with disabilities, it is clear that most states and territories are either implementing new policies or programs in disabilities education or are in the process of conducting reviews.

4.2 The committee heard evidence in Canberra that problems relating to the way schools dealt with disabilities need to be put into a context of how well schools dealt with diversity. It was claimed that schools are not coping particularly well with any kind of diversity, including social disadvantage suffered by particular groups.¹

4.3 The committee notes, however, that its broadly sympathetic view of the way in which systems and schools are dealing with their responsibilities to students with disabilities is not shared by some parents. While many children may appear contented, and making progress, there are many who are not. No one with any experience in any aspect of dealing with students with disabilities would be unaware of the personal stress which parents suffer, a strain which becomes more severe and prolonged for parents of children with severe disabilities, particularly autism and different types of intellectual disability. Catering for individual difference is fairly easily managed with most children, but in dealing with different forms of disability in the classroom, accommodation to individual needs becomes far more difficult, especially in the mainstream school where most of these children are. The acute, and understandable, concern that parents have for their children under these circumstances usually puts them in a wary and critical frame of mind in their dealings with school administrators. Many submissions reflect this attitude.

Early intervention and diagnosis of disabilities

4.4 The first test of quality in the provision of educational services to students with disabilities is that of early diagnosis, and the subsequent identification of timely and appropriate remedies. Without this there can be no early intervention so necessary to arrest the onset of conditions like autism or sensory and other physiological defects which can be ameliorated by early medical treatment. The committee received evidence of the fragmented and uncertain provision of diagnostic services. This was most obviously the case with children whose condition did not warrant medical diagnosis so much as psychological examination. Diagnosis of physical disability was

1 Professor Anthony Shaddock, *Hansard*, Canberra, 11 September 2002, p. 583–84

commonly done soon after birth, or even before birth. The committee noted the extension of scanning programs in all states. However, conditions like autism are liable to be diagnosed only once a child reaches school age, if then. Children with conditions like dyslexia and other learning disabilities might wait longer. There appear to be two main opportunities to screen for disabilities: the first in infancy; and the second in pre-school or early primary school. One witness told the committee that it was important to resource and support families during periods of transition when they may be leaving one service and commencing in another. An example of transition may be when a child is leaving a pre-school early intervention program and commencing full-time schooling.²

4.5 The committee heard that most research shows that effective early childhood intervention happens in services that are family centred, multi-dimensional and community based. It is considered important that early intervention programs include therapy, education and family support needs. If services are available under one roof, with independent continuous case management, parents could be provided with the most appropriate services with minimum delay. This ideal arrangement is difficult to find. Services are segmented as a result of differing departmental priorities and there is usually a lack of coordination between different services. The result is confusion for many parents, and an inability of the agency involved to offer an equitable level of service to parents living in remote areas.³

4.6 The Australian Education Union pointed out in its submission that while there do not appear to be any particular problems associated with identification and appropriate early intervention as far as schooling is concerned, problems are likely to occur where pre-school education is not properly coordinated with schools. There is also a likely inadequacy in identifying late developing disabilities which do not emerge until adolescence. The danger is that links between school, specialist education and medical services are likely to be less well established in the secondary years than in the pre-school years.⁴

4.7 Relevant to the process of early intervention is the committee's observation of an instance of dysfunctionality in government services in Victoria. Responsibility for pre-school education in that state is taken by the Department of Human Services, and gives rise to some misgivings about the reliability of early identification of learning disabilities. This anachronism has survived remarkably intact despite the upheavals which have characterised the administration of government services in Victoria in recent times. Although the committee was given assurances about the high level of cooperation and coordination between that department and the Department of Education and Training in the identification and diagnosis of early childhood

2 Mrs Marguerite Clark, *Hansard*, Hobart, 3 September 2002, p. 347

3 *ibid.*, p. 346

4 Submission No. 198, Australian Education Union, p. 7

disabilities, the committee is not persuaded that this arrangement is in the best interests of children, whether suffering disabilities or not.⁵

Teachers and counsellors in the early identification process

4.8 While a high degree of specialised skill may be needed in some areas of diagnosis, a number of witnesses claimed that teachers should be capable of identifying problems, especially specific learning problems. The committee asked one witness about the appropriateness of teachers carrying out screening to detect disabilities in the early intervention phase at the beginning of kindergarten, with testing of gross and fine motor skills and language problems, where there might be indications of a potential learning disability. The response was that:

Teachers can definitely screen for those. I think that the trouble at the moment is that school counsellors often are not trained enough in specific learning difficulties themselves to do the assessments and parents have no choice but to go to private educational psychologists. So the onus and the financial burden rest with the parents in that situation. I think that teachers definitely could be trained to do screening.⁶

4.9 Asked whether teachers could not be trained to undertake preliminary diagnosis as part of an undergraduate course, an academic witness responded:

We take the view that there are certain things that all teachers ought to be able to do, and they are not the things that psychologists do. There are classroom identification strategies that every primary school teacher ought to know and particularly every kindergarten teacher ought to know. They are quite simple things, not hard to do. They just need commonsense and a good educational mind. As a result of those you can make a pretty good guess that it is worth this child having further assessment at this point. That is what we want.⁷

4.10 A similar view to those expressed above came from a school counsellor who told the committee that teachers had to become diagnosticians in the sense that they had to be observant about deficiencies in the capabilities of students and of likely disabilities. It was not necessary for teachers to hazard a more complicated diagnosis. This was the task of the specialist:

In general, we find that teachers are very aware when a child is achieving at a different rate or a different level in their classroom. There are some who are not as good at picking it up, but in general teachers are fairly aware. But they may not know why a child is behaving like that. They might say, ‘This

5 Ms Susan Tait, General Manager, Students and Community, Department of Education and Training, Victoria, *Hansard*, Melbourne, 13 August 2002, p. 304

6 Mrs Karen de Mar, Australian Federation of SPELD Associations, *Hansard*, Sydney, 2 July 2002, p. 64

7 Dr Paul Whiting, Australian Federation of SPELD Associations, *Hansard*, Sydney, 2 July 2002, p. 64

child isn't achieving as well as his classmates. He doesn't seem to understand what's going on in the class. He can't follow the directions.' That is where we see people from our organisation as having a role in helping the teacher to tease out what it is. Is it, for instance, that the child is not understanding language very well and therefore they are not following directions because they do not understand the language, or is it because they have an intellectual disability and they are not following directions because they really have no comprehension of what the directions entail? That is not really a job for the teacher, and we discourage teachers from doing it in some ways. Otherwise, we have teachers saying, 'I want you to see little Johnny; he's autistic,' or, 'We want you to see Mary; she's ADHD,' and making diagnoses with no training to do so. As psychologists, we try to dissuade people from making those diagnoses but encourage them to say, 'This child's different. These are the behaviours I'm observing. Can you help?'⁸

4.11 A number of submissions received by the committee referred to identification of specific disabilities, and the problems related to delays in this process. The committee would make the point that while such expectations of teachers are by no means unreasonable, they rely on teachers having good basic training with follow-up professional development which both extends their skills and provides opportunity to reflect on their classroom experience. Even then, identifying various conditions of disability can be problematic, and expert assistance is required. Elsewhere in this report the committee recommends a greatly increased commitment to professional development in which training in early diagnostic skills should be given high priority.

Diagnosis of autism

4.12 Autism is singled out in this report for particular mention because the full extent of its impact is only now being recognised. Details of diagnosis are given later in this chapter. As the evidence shows, education systems are almost totally unprepared to deal with either its early diagnosis or its treatment. Specialist knowledge and experience in 're-programming' severe autism sufferers to the point where they benefit from mainstream schooling is very limited.

4.13 Perhaps the saddest representations to come to the committee were those from parents of autistic children. Action for Autism asserted that there was strong evidence that intensive and autism specific early intervention programs designed to treat and rehabilitate children with autism have been shown to be effective and have lasting results. Unfortunately, few Australian children with autism can gain access to effective early intervention. The required intensive treatment is not provided by the health, disability or education sectors. In the mental health sector it is not available to pre-adolescent people. The point was made that:

8 Mrs Lyn Booth, Australian Guidance and Counselling Association (NSW), *Hansard*, Sydney, 3 July 2002, p. 100

By the time developmental delays and behavioural challenges in a child with autism reach crisis level it is too late. Intervention for older children with autism is extremely difficult and may be prohibitively expensive. Research shows most Australian children with autism have significant levels of psychopathology (anxiety, depression and psychosis) that often remains undiagnosed and untreated. Children with autism are among the worst affected by mental illness.⁹

4.14 The committee was told that children with autism need early and intensive autism-specific behavioural intervention to prepare them for school. This is needed to teach them the basics of communication: to hear language and to speak. Autistic children need to be taught to learn through imitation of behaviour, which they are otherwise incapable of. In most cases this training is unavailable because there are few autism-specific trained teachers. Most children with this condition have access only to generic programs intended for children with an intellectual disability.¹⁰

Diagnosis of sensory impairment

4.15 Early diagnosis of sensory impairments is also essential for long-term learning advantage. Some problems can be identified before a child is born, or soon after. Unfortunately, this procedure is only now becoming routine, even though the technology for early diagnosis has existed for several years. This is a public health issue with a strong bearing on education outcomes. The committee was told of developments in the early identification of deafness, and notes that delays in treatment result in years of distress for some children and their families:

We now have the technology to screen every baby's hearing before they leave hospital. It is a very easy, simple test. In some of the states in America where it has been introduced and in some European countries we are finding amazingly exciting developments of children screened for hearing before they leave hospital, diagnosed in the first couple of months of life and then parents making decisions regarding communication method, cochlear implant or hearing aids. All the research is showing that, if children are diagnosed by the time they are six months old and receive appropriate early intervention, those children can enter school with language which is within the normal range—it might be at the lower end of normal, but it is within the normal range.

In our present situation in Victoria, children's hearing loss is not usually diagnosed until about 14 months of age, so there is an enormous gap. In Victoria, if your baby is known to be at risk for hearing loss—for instance, if there is deafness in the family or if you have been exposed to viruses known to cause deafness during pregnancy—your baby can be tested in the

9 Submission No. 147, Action for Autism, p. 2

10 *ibid.*

first couple of days, but that is not picking up many of our children, because most children who are born deaf are not born deaf due to known factors.¹¹

4.16 In the case of deaf children, the committee was told that there was strong evidence to show that delays in diagnosis, which average 14 months in Victoria for severe and profound hearing loss, delay entry into early intervention. Children with hearing problems gain an average of only 6 months progress each year, leaving them 14 months behind their learning peers in language development with the gap widening all the time.¹² Research in the United States has shown that babies diagnosed within 6 months of birth develop significantly better language skills than those diagnosed after this time.¹³ It is now increasingly common for babies born in European countries to undergo neonatal hearing screening, while the United States recently mandated universal neonatal screening.¹⁴ The committee notes that trials are being conducted in some Australian states, and that New South Wales has recommended that the procedure becomes routine.¹⁵

Recommendation 7

The committee recommends that, subject to assessment under Australian trials currently being conducted, routine screening of the hearing of all Australian newborn children should be adopted.

4.17 Problems associated with poor diagnosis of deafness are particularly acute for indigenous children. Indigenous communities, along with other socio-economically disadvantaged groups, suffer a high incidence of otitis media, a severe middle ear infection. While early diagnosis is crucial to identify the onset of the condition in the very young child or baby, ongoing screening as the child develops is also crucial to contain otitis media-related deafness, the most widespread disability afflicting indigenous communities.¹⁶

4.18 The Deafness Forum of Australia (ACT), in its submission, advised that in cases where the otitis media cycle has commenced, it could be necessary to screen at least three times a year. The Forum recommended that regular screening of hearing should be re-introduced into schools, in addition to the introduction of mandatory neonatal screening. Screening could also be coordinated with the provision of community health or immunisation programs.¹⁷

11 Mrs Marilyn Dan, Australian Association of Teachers of the Deaf (Vic), *Hansard*, Melbourne, 13 August 2002, p. 294

12 Submission No.110, Australian Association of Teachers of the Deaf (Victoria), p. 5

13 *ibid.*, p. 5

14 Submission No. 37, Deafness Forum of Australia (ACT), p. 9

15 Mr Brian Smyth King, Director, Disability Programs, NSW Department of Education and Training, *Hansard*, Sydney, 3 July 2002, p. 191

16 Submission No. 37, *op cit.*, p. 12

17 *ibid.*, p. 11

4.19 In recent years, many state governments have been winding back routine screening for sensory impairment, with the emphasis now being on ‘user pays’ services. The Australian Guidance Counselling Association reported:

Local community health centres have traditionally had nurses based in schools or visiting schools who do early school screening, so every child in kindergarten gets a hearing test, a vision test and a very brief language assessment done. That has been progressively dismantled. They are now saying, ‘If you think a child’s got a problem, you can refer them to the nurse.’ So we are putting onto teachers the need to become diagnosticians and to say, ‘I think this kid’s got a hearing problem,’ ‘I think this kid’s got a vision problem,’ or ‘I think this kid’s got a language problem.’ I think teachers have enough to do without becoming medicos as well.¹⁸

Mr Brian Smyth King, Director of Disability Programs, New South Wales Department of Education and Training, told the committee that the department took the view that universal screening was not a sufficiently targeted use of resources, while referral was.¹⁹

4.20 Nevertheless, the committee accepts the argument that early intervention is crucial, for example in the case of conductive hearing loss, and considers that there are grave consequences and huge long-term costs to the community in the failure to identify evolving sensory impairments in school-age children. The committee therefore considers that the feasibility of re-introducing screening for sensory impairment should be evaluated in the interests of identifying all afflicted children, and especially the disadvantaged, who might not otherwise be identified.

Recommendation 8

The committee recommends that MCEETYA should examine options to re-introduce some form of regular screening for sensory impairment for school and pre-school age children, either within schools or as part of community health and immunisation programs.

Diagnosis of attention deficit hyperactive disorder

4.21 The committee received few submissions on the subject of attention deficit hyperactive disorder (ADHD), but one typical submission claimed that the current system of early identification of ADHD, which is in the hands of advisory teachers and counsellors, is ‘failing our children miserably.’²⁰ It was claimed that some teachers and counsellors assert that they do not believe in ADHD and many professionals were said to blame the mothers of children with ADHD. On the matter

18 Ms Lyn Booth, President, *Hansard*, Sydney, 3 July 2002, p. 93

19 *ibid.*, p. 103

20 Submission No. 137, North Queensland Attention Deficit Disorder Support Group, p. 2

of early diagnosis the submission from the North Queensland Attention Deficit Disorder Support Group had this to say:

There are no early intervention programs for children with ADD and associated learning disabilities. Mothers and support groups have been advocating for early intervention programs as these programs have the potential to curb the drop out rate and under-achievement of children within the education system. As previously stated, parents have had to fight every inch of the way to have their children assessed and advocated strongly to have access to programs which may assist their children. Often current programs do not meet the needs of children with ADD.²¹

Problems of managing disability

Autism

4.22 Disorders on the autism spectrum result from atypical neurological functioning. Autism impairs social interaction, and impairs communication to the extent that many children with autism have little or no functional language. As indicated earlier, the committee heard serious and convincing evidence of the neglect by schools and education authorities of students suffering from autism. This is partly explained by the quite dramatic increase in the rate of diagnosis, which has increased four or five times over the past decade. There is no evidence that this is the sole cause of the alarming increase.²² The current reported incidence of autism is conservatively put at 27 per 10,000, with some studies putting the figure as high as 93 per 10,000. The estimated number of children in New South Wales suffering from autism ranges from 5 000 to 15,000.²³ Over the whole of Australia between 0.6 per cent and 1 per cent of children are affected by autism or a related disorder.

4.23 The difficulty for parents in obtaining more support for children suffering from autism was quite fully explained to the committee, and this advice needs to be reported in some detail. One parent, in describing his dealings with government agencies had the following comment to make in relation to autism:

I think part of it comes down to the fact that nobody takes responsibility for it. I have written to the health minister and to the Minister for Family and Community Services, and both quite clearly point the finger at each other. Family and Community Services regard autism as being a disability with very low numbers, so it is probably easier to not provide for their needs. But the needs of these children are not that unique; there are children with other conditions that are not on the spectrum who have some similar needs. Quite a number of disabilities share characteristics—things like Angelman syndrome and fragile X, which used to be part of autism until we found out the cause of fragile X and the genetic conditions for it. A number of children

21 *ibid.*

22 Submission No. 147, Action for Autism, p. 1

23 Submission No. 166, Autism Association of NSW, p. 2

with Down syndrome have autistic characteristics and lots of children with epilepsy have autistic symptoms, but generally it is not reported because the epilepsy seems to dominate in the diagnosis. If you get into an educational setting, the thing that is stopping them from learning is probably their autistic characteristics.²⁴

4.24 It was also claimed that autism is not widely reported. It is not mentioned in the ABS statistics. Children with autism are grouped with those suffering from an intellectual disability, with the assumption that there is little that can be done about it. As the evidence continued:

Basically, it has fallen through the gaps because people have believed that it is not that big a number and is not important, and because the families are often so weighed down by looking after a child that they are not politically active and they really do not have a support network that is effective. There is a huge variance in opinion amongst the families and parents about what should be done. Most of the research is relatively new and the older families have not really picked up on that. All of those sorts of issues mean that it is really an emerging area and the services do not really exist at this stage.²⁵

4.25 The committee visited the Western Autistic School in Melbourne to find out more about this disability. The role of the school is to develop social and communications skills which in non-sufferers are learned through imitation and response. At this school even the most basic tasks are taught through repetition. Autistic students think in pictorial terms. Sufferers of Asperger Syndrome, at the high function end of the autism spectrum, develop extensive and elaborate 'filing systems' in order to anticipate social responses, and are liable to panic if they cannot make the right connection between situation and response. The committee also heard that:

In the case of students with autism spectrum disorders, you have a student who is completely literal, for example, who takes everything literally and who does not understand all the nuances of social body language and that kind of thing. They are going to get into an awful lot of trouble at school. They are often targets for bullying and teasing which, in turn, can cause them to act out and to get very distressed. They may have sensory overload, and that is something that is often overlooked or not understood at all. So a child in a playground who cannot cope with the noise and maybe the light will lash out. He will immediately then come to the attention of the behaviour support people, who do not understand why he is behaving the way he is behaving—assuming he is a difficult student, he is noncompliant and he is aggressive. It is usually boys, so that is why it is fairly safe to say 'he'; it is a 4:1 ratio.²⁶

24 Mr Robert Buckley, Action for Autism, *Hansard*, Canberra, 11 September 2002, p. 618

25 *ibid.*

26 Dr Jaqueline Roberts, Autism Association of NSW, *Hansard*, Sydney, 3 July 2002, p. 135

4.26 Perhaps the most telling example of the failure of school authorities to deal with autism was given in evidence in Canberra by a parent who reported that if his son had received early assistance when he needed it he would probably be functioning at a level where he could attend high school.²⁷ This witness continued:

The evidence that we have had presented to us—and that is now in a court case in the Discrimination Tribunal in the ACT—is that children who are given early intervention while they are young have a significantly higher probability of developing normal language. A large number of children with autism do not speak or do not speak effectively. Their language may consist of phrases of one or two words and relatively small vocabularies in some instances. Most psychologists will tell you that if they do not develop natural or flowing language by the time they are eight they are unlikely to develop it at all. So you need to get in and make sure that these children develop those kinds of skills early.

What we are talking about is intensive behavioural intervention, which is a psychological treatment. It needs to be given for a significant amount of time. Research suggests that less than 28 hours a week will not produce a significant effect. With over 30 hours a week, nearly half the children are able to function in mainstream classes from then on without additional support. So there is a huge difference, a divide, for the children who get that kind of intervention. This kind of intervention is not available in the public system in Australia and there are virtually no people who know who to do it in Australia. Anybody here who knows how to do it has been trained in America or Norway—or one of the Scandinavian countries.

4.27 The committee is greatly concerned that in many cases such students are not being educated in appropriate settings because schools and school systems lack the specialised skills to deal with their problems. It should not be open to states and territories to turn their backs on their responsibilities to deal with difficult cases, as the committee has heard has been done.

4.28 Inexperienced or untrained teachers will usually attempt to deal with non-compliance or aggression without understanding the reasons for it. Few people have any understanding of communication difficulties faced by sufferers of autism:

In severe cases you can have situations where people fall foul of the law and end up in the judicial system because of the characteristics of autism. For example, a young man was picked up recently. He had had problems at home and he was riding the trains, which was a particular obsession for him. He had been on the trains for five days when the railway police picked him up. Obviously by that stage he was looking pretty dishevelled. They asked him if he had any needles in his bag, thinking he was a drug addict. He had a sewing kit, so he said yes, he did. Of course they searched him and found

27 Mr Robert Buckley, *op cit.*, p. 617

the sewing kit and then roughed him up because he had given them cheek. He literally responded to their question.²⁸

4.29 The committee regards the lack of knowledge among education professionals generally about the characteristics of autism as a matter of serious concern. Such ignorance adds to the difficulties faced by afflicted students in their grappling with school life and social adjustment, and adds greatly to the frustration of teachers and school administrators. Autism awareness should be addressed through relevant theoretical and practical components of teacher education. If the numbers of diagnosed autistic students in schools is increasing, this commitment will be necessary if schooling is to make a difference to the lives of these students.

Sensory impairment

4.30 Of the total number of students with disabilities, those suffering from some form of sensory impairment alone make up only a small percentage of the total. In some respects the difficulties faced by students with sensory impairment alone appear to be more straight-forward; being of a different order from the greater majority of students who have some form of intellectual disorder. This is because the issue for these students and their parents is more often than not to do with resources. The particular difficulty lies with the diminishing human resources: specialist teachers proficient in skills and knowledge who are the link between the student and worldly success. The complaint of parents, the main source of their frustration, appears to be the reluctance of governments to make decisions which would alleviate, over time, the pressures placed on the diminishing numbers of specialist teachers.

Deafness and hearing impairment

4.31 The small numbers of deaf students present a challenge to school authorities on how best to manage their education given the expense of maintaining proper services for them. A submission from the Traralgon Deaf Facility in Victoria explained that fluctuating demand for places at Lilliard Road Primary School, where the Facility is located, and the Traralgon Secondary College, which has some appropriate facilities and staff, put the future of the deaf program in jeopardy. The two schools have put in a submission to the Department of Education and Training for accreditation as a prep to year 12 deaf facility and to allow them to draw in students from a wider area of Gippsland to ensure the viability of the facility.²⁹ The submission explains that under current arrangement, students in the secondary years are disadvantaged as a result of the more limited resources available to them. For instance, there is no secondary school in Gippsland where deaf students can use Auslan as their first language. The educational advantages of a prep to year 12 facility are obvious, but as the submission concludes, the problem remains of funding transport to the school for those who live considerable distances away. Most children

28 Dr Jacqueline Roberts, op cit., p. 140

29 Submission No. 73, Mrs Suzanne Harrison, Traralgon Deaf Facility, pp. 2–3

(and their parents) in rural areas are disadvantaged by the lack of a public transport network, and those with disabilities have an additional handicap.

4.32 The committee received evidence from a number of quarters expressing concern about the neglect of Auslan by education systems. The submission from the Australian Association for the Deaf gave typical expression to misgivings about prevailing teaching methods:

AAD has grave concerns about the pedagogical approach being taken in providing an oral education on a large scale with only minimal inclusion of sign language, or with sign language provided as a kind of last resort when the child “fails” in the oral system. Research and anecdotal evidence has shown that such an approach can be detrimental psychologically, cognitively and educationally and is even more so at current resourcing levels.³⁰

4.33 Not all the evidence about hearing disabilities was bad news. The committee received a submission from representatives of parents of children attending the Bendigo Deaf Facility, which they claim as the leading a model of a deaf facility in Victoria. It is the only deaf facility in rural Victoria that covers both primary and secondary schooling to year 12 and extends across three campuses, each being a mainstream school. Parents attribute its success to the excellent cooperation between the schools, the school councils and the community:

At Kennington Primary School there is an outstanding Auslan–English Bilingual program in which some of the Key Learning Areas are taught in Auslan. This program provides both our deaf and hearing students an understanding of the curriculum through Auslan. Auslan is also taught by deaf adults as a LOTE subject at Kennington Primary School and at Golden Square Secondary College. External assessment of the Auslan program is currently being undertaken by La Trobe University.

Our deaf students are involved in all aspects of the primary school and the two secondary colleges. With the introduction of Auslan to the facility, they are achieving at a higher level academically and socially than before. They are now performing at CSF levels appropriate to their grade levels. This has not occurred before. The deaf students at Bendigo Senior Secondary College have access to the widest range of VCE subjects and to the excellent On-Line Technology which the college offers. The outcomes of our deaf students are proof that this system gives our deaf children the best opportunities to successfully gain employment and contribute to society.³¹

4.34 Nonetheless, parents did express some concerns. They anticipate funding cuts by way of an increase in the staff–student ratio. This occurred previously in relation to the Visiting Teacher Service, with adverse results, for without good support students

30 Submission No. 83, Australian Association of the Deaf, p. 3

31 Submission No. 91, Mrs Lorraine Morton, p. 1

become 'extreme underachievers'. Also at risk, the submission suggests, are professional development days and resource funding.³²

4.35 Another concern is the perennial rural problem of isolation and the cost and duration of travel. Children at the Bendigo Deaf Centre come from across north western Victoria. The closure of a hostel, presumably for the reason of cost, has resulted in children travelling each day from distant parts. Instances were cited in the submission of the effect on individual families:

A family works a farm three hours away from Bendigo. When the hostel closed they bought a second house in Bendigo. During the week dad works the farm while the rest of the family live in Bendigo. Another family works a farm one and a half hours from Bendigo. When the hostel closed they bought a unit in Bendigo. During the week their son lives at the unit and is looked after by one of the deaf Auslan instructors.

There are other children who live out of Bendigo whose parents drive them to school at the deaf facility. All of these children have homework they are required to do. With the travelling time they are exhausted even before they reach their homes. To have to face homework on top of that is a mammoth task. How much easier it would have been for each of these families if the hostel had been kept open.³³

4.36 Indigenous children in remote areas have been the recipients of targeted programs to address the prevalence of deafness resulting from the high incidence of otitis media. Western Australia, for instance, has two programs which deliver initiatives for children up to the age of 8. These involve research, production of teaching resources and guideline development, screening, referral and medical intervention, family and community counselling, intensive tuition and teacher training initiatives.³⁴ The Northern Territory also provides a range of services designed to address the particular problems of disability in remote communities.³⁵ Queensland does not at present target conditions affecting indigenous communities, such as otitis media related conditions or the effects of foetal alcohol syndrome, but assesses according to state-wide disability standards.³⁶

4.37 In addition to the problems of community isolation experienced by the deaf in rural and regional areas, the cultural appropriateness of service provision was an issue for the deaf in indigenous communities. One submission remarked how deaf

32 *ibid.*

33 *ibid.*, p. 2

34 The programs are: the Western Australian Conductive Hearing Loss/Otitis Media Strategy and the National Indigenous English Literacy and Numeracy Strategy for Conductive Hearing Loss. See Submission no. 244, WA Government, p. 17

35 Submission No. 222, Northern Territory Department of Employment, Education and Training p. 7

36 Submission No. 20, Mr Trent Wheeley, p. 1

indigenous people may have particular needs in the learning of Auslan, as they often use their own sign languages.³⁷ The South Australian Government confirmed that cultural difference also limits deaf indigenous access to regular high quality services, appropriate programs, multi-agency and or community support teams.³⁸

Blindness and vision impairment

4.38 Vision impairment has been described as a ‘low incidence’ disability in children and young people. In 1993, approximately 18 per cent of the population had one or more disabilities, and of these about 9 per cent had some degree of vision impairment.³⁹ There are believed to be some 3,000 children of school age with a visual disability. The committee was informed that the population of children who require specialised educational services because of vision impairment is highly diverse.⁴⁰ For some children, vision impairment is their only disability, but for a large proportion of students, vision impairment will only be one of several disabilities, including intellectual, emotional and physical, that will affect their learning. There has been a shift away from ocular impairment to brain damage as the major cause of vision impairment, and a consequent likelihood that other disabilities, like cerebral palsy, intellectual impairment and autism, will be associated with vision impairment. The committee was told that the major reason for this was that babies are increasingly surviving the experience of extreme premature birth, and that some of these babies have multiple disabilities.⁴¹

4.39 The committee noted a number of general areas of concern expressed by advocacy and parent groups. First, there is a concern about the acquisition of literacy and numeracy skills, which are often quite low among students with good underlying cognitive ability. Second, there is a serious lack of appropriate tape, large print and braille material. Third, many students, particularly those living outside metropolitan districts, have very limited access to itinerant specialist teachers.

4.40 It is generally accepted that as much as 80 per cent of learning is acquired through vision.⁴² Visually impaired students can excel in many of the same activities as their sighted peers and are able to do most things that other students do, but they need to do them in a different way. Most visually impaired students have some residual vision, and can be taught to use magnifiers. Research by the Department of Education, Training and Youth Affairs (now the Department of Education, Science and Training) has highlighted successful practice in high achievement levels attained

37 Submission No. 37, op. cit.,

38 Submission No. 238, South Australian Government, p. 11

39 Submission No. 101, Royal Blind Society, p. 3

40 Submission No. 99, Royal Institute for Deaf and Blind Children, p. 7

41 Mr John Berryman, Chief Executive, Royal Institute for Deaf and Blind Children, *Hansard*, Sydney, 2 July 2002, p. 26

42 Palmer, C., in *Literacy, Numeracy and Students with Disabilities*, Department of Education, Training and Youth Affairs (DETYA) Discussion Paper, 2001, p. 47

in literacy and numeracy for visually impaired students. A collaborative approach to learning, with activities aimed at maximising student experience has been shown to be successful, supported by a sympathetic school ethos and appropriate facilities and physical environment.⁴³

4.41 'Best practice' is often the exception rather than the norm. A 1999 project undertaken by the Royal Blind Society and Royal Institute for Deaf and Blind Students showed that parents and students were disappointed with the way schools met their expectations. The efforts of schools were neither systematic nor sustained, and relied too heavily on the efforts of particularly caring individual teachers.⁴⁴

4.42 The shortage of appropriate learning materials in the various media used by the visually impaired has been a continuing source of anxiety to parents, students and schools.

Information, even at Preschool level is becoming more visual and State testing programs are placing an increased emphasis on viewing. In regular settings, there is a heavy reliance on pictures and diagrams. This makes the task of presenting class materials to vision impaired students even more complex. Students must be specifically taught how to scan, interpret and respond to tactile graphics. Tactile graphics instruction should be introduced at an early age, along with instruction in literacy and numeracy. There is a need for research into tactile graphics acquisition and the development of teaching materials and a set of Guidelines for the production of tactile graphics. Specific funding needs to be allocated to this area.⁴⁵

4.43 The committee received evidence in a number of submissions about the increasing problems associated with the teaching of braille. Braille is a key to literacy and central to numeracy for many blind people, including children who have lost their sight early in life and adults who have become blind later in life. Properly instructed, and with sufficient brailled material, a blind child will acquire a degree of literacy comparable to a sighted child. A blind person without skill in braille is functionally illiterate.⁴⁶

Our students are at significant educational risk due to inadequate funding for specialist support staff, technology and the production of materials in alternative formats (eg. Braille, large print, audio). Students who are blind or who have low vision need specialist instruction from trained teachers of the vision impaired in literacy and numeracy. Without this their levels of literacy and numeracy will not be adequate for survival in life so is not acceptable.⁴⁷

43 *ibid.*, pp. 50–55

44 Submission No. 101, Royal Blind Society, p. 4

45 Submission No. 89, South Pacific Educators in Vision Impairment (SPEVI), p. 11

46 Submission No. 55, Blind Citizens Australia, p. 6

47 Submission No. 89, *op. cit.*, p. 11

4.44 There are three main areas of concern in regard to braille. The first has to do with the shortage of people trained to produce material in braille; the second is with the increasing lack of familiarity with braille as a medium among teachers of the visually impaired; and the third problem is with the shortage of material produced and the high cost of producing it. The effect of the last problem is particularly noticeable in universities and will be covered in chapter six.

4.45 For a number of reasons, even specialist teachers of the visually impaired are now less likely to be trained to teach braille. The committee received evidence from the National Information Library Service of the very limited opportunities available to acquire skills to produce braille, large print and e-text. Typically, training was done 'on-the-job', with the Australian Braille Association conducting the demanding accreditation process. While software existed to make English text transcription relatively straightforward, maths, sciences, music and languages other than English required extensive knowledge of relevant braille codes. The demands on braille transcribing university level texts is such that they need exposure to the subject matter at university level in order to undertake the transcriptions.⁴⁸ Recruitment of appropriately trained staff is a problem for not-for-profit organisations like the Royal Blind Society, which cannot offer competitive salaries.

Physical disabilities

4.46 Almost four per cent of the Australian population have physical disabilities.⁴⁹ The committee received surprisingly little evidence on the incidence of or educational implications for children with disabilities that constrain mobility. Perhaps this is due to the level of recognition and attention this area of disability has received over recent decades. The Physical Disabilities Council of Australia submitted that over half those with a disability have a physical disability. Physical impairment was the sole impairment for thirty per cent of people with disabilities. A further twenty seven per cent had a physical impairment in conjunction with other impairments.⁵⁰

4.47 The resources usually available to adapt the school environment to student's individual needs range from minor planning considerations to building modifications. Taking students' mobility needs into account when making room allocations and careful planning for excursions can avoid many problems. Occupational therapists, physiotherapists or speech pathologists can prescribe a range of adaptive equipment. Mobility equipment available includes ramps, lifts and transfer equipment to assist the student's mobility around the school grounds. In the classroom and playground there are also a range of equipment specifically designed for children with motor impairment or similar disabilities.⁵¹

48 Submission No. 174, National Information Library Service, p. 8

49 Submission No. 112, Physical Disabilities Council of Australia, p. 3

50 *ibid.*

51 *Physical As Anything: Collaborative Support for Students with Physical Disabilities and Medical Conditions*, NSW Department of School Education, 1996

Chronic Fatigue Syndrome (ME–CFS)

4.48 Myalgic Encephalomyelitis, or Chronic Fatigue Syndrome as it is commonly known, is a neurological illness closely related to Parkinson’s Disease and Multiple Sclerosis. There is currently no cure or diagnostic test for the disease, despite its incidence being between 1 and 5 per cent of the population.⁵²

4.49 The symptoms of CFS include: persistent profound exhaustion, post-exertional fatigue, cognitive impairment, sleep disturbance, muscle and joint pain, headaches, digestive disorders, sensory dysfunction, flu-like feelings, mild fevers, sore throat, irritability, sensitivity to foods and chemicals, painful lymph nodes, heart palpitations, disturbance of balance and night sweats.⁵³

4.50 CFS affects the frequency and duration of a student’s school attendance, the volume of work they can undertake and the speed with which they are able to learn. Specifically the neuro-cognitive symptoms impact short term memory, concentration, and the ability to find words or do simple calculations. Sufferers commonly refer to these symptoms as ‘brain fog’.⁵⁴

4.51 One submission pointed out, that unlike some readily identified and accepted disabilities, the onus is on the parent to negotiate with the school for assistance. The submission contends:

...this is inherently discriminating against the student and their family—there is a power imbalance in this system and a conflict of interest for the school. Schools are not required up-front to provide guidelines for parents on how they can go about securing accommodations for their child...the entire system is ad-hoc...it is not in their [the school’s] interest to be transparent and open about the possible accommodations that could be made available to various students. Accommodations naturally create more work and schools are stretched...Well-educated parents stand a better chance of arguing their case.⁵⁵

4.52 This illness is recognised by the World Health Organisation, the US National Institute of Health, and the Australian National Health and Medical Research Council. Despite this fact the definition of disability under the Disability Act makes classifying CFS a disability difficult on the grounds of the huge variation in severity and, particularly, the unknown duration of symptoms.⁵⁶ The inadequacy of the community’s and many medical practitioners’ information on this illness exacerbates

52 Submission No. 194, Mrs Dorothy Morris, p. 6

53 Submission No. 210, ME/Chronic Fatigue Syndrome Association of Australia, p. 1

54 Submission No. 82, ME/CFS Society (SA) Inc., p. 3

55 *ibid.*, 3

56 Submission No. 210, *op. cit.*, pp. 1–2; 10A

the difficulties students have in obtaining assistance needed to complete their schooling.⁵⁷

4.53 Several strategies to assist students with CFS were suggested by submissions to this inquiry. Of fundamental importance to their educational outcomes is the attitude of teachers. If a teacher is sufficiently informed and aware of the limitations of these students, they can adjust their expectations of a student's performance. Accommodation can be made in assignment deadlines, and cutting out unnecessary or extraneous commitments like PE or standing for school assemblies. Whereas for some disabilities simply increasing the amount of time given for an exam may be adequate, for students with CFS a better approach is to spread the exam over two sessions. One of the most important contributions a teacher can make to a student with CFS is to treat them with respect and their illness as credible. This will pay huge dividends in building a student's self-esteem and confidence, as well as in how other children relate to the student. The provision of a beanbag and a quiet room to rest, taped lessons or a laptop computer can also enhance educational outcomes. A school-appointed advocate for the student can assist in negotiating special arrangements.⁵⁸

Learning disabilities

4.54 The detection of learning disabilities and the determination of appropriate teaching strategies were issues raised by many people who gave evidence to the inquiry. The push by some advocates for access to specific funded support, and an unwillingness on the part of education authorities to define this sub-group of students has made the definition of a 'learning disability' as distinct from a 'learning difficulty' a vexed issue over recent years.

4.55 The qualities which the Australian Federation of SPELD Associations (AUSPELD) defines as being characteristic of learning disability (which it terms Specific Learning Difficulties) are those which:

- are considered to be intrinsic to the individual;
- can cause a person to learn differently;
- are not linked to intellectual impairment (except incidentally);
- may coincidentally exist with problems in self-regulatory behaviours, social perception and social interaction;
- are life-long; and
- result in difficulty accessing the curriculum unless identified early and educational adjustments appropriate to individual need are provided, to prevent failure.⁵⁹

57 *ibid.*, p. 3

58 *ibid.*, pp. 3-4; Submission No. 82, *op. cit.*, pp. 2-3

59 Submission No. 200, AUSPELD, p. 2

4.56 A learning disability is a disability for the purposes of the Disability Discrimination Act. Typically, state education departments provide for students with learning disabilities under umbrella programs designed to assist students with learning difficulties. These students are not eligible for specific Commonwealth or state disability funding even though some states define the term for other purposes. State education departments, however, have the discretion to use Commonwealth funds, made available under the Strategic Assistance for Improving Student Outcomes (SAISO) program, towards students with learning disabilities.

4.57 The New South Wales Department of Education provides support for students with learning disabilities through its learning difficulties program. This program is available to those students within the normal range of intelligence but who are not achieving at a level expected for their age and stage of development, and whose difficulties may be experienced across the span of school life.⁶⁰ The department does not distinguish between learning difficulties and learning disabilities:

At this point in time, the New South Wales Department of Education and Training in the school sector does not distinguish between learning difficulties and learning disabilities. We would contend that the students that have dyslexia and the sorts of things that you are talking about are well and truly supported through the Learning Difficulties Program.⁶¹

4.58 Similarly, the Department of Education and Training, Victoria, listed a number of programs designed to support students who may be experiencing difficulties with their learning but who are not eligible for disability support. These include: the literacy coordination program; the reading recovery program; and, the managed improved information pathways priority program.⁶²

4.59 Education Queensland defines students with learning disabilities as: ‘one small group of students with learning difficulties who, because of the neurological basis of these difficulties, have persistent long term problems and high support needs in one or more areas of literacy, numeracy and learning how to learn’. These students do not have generalised intellectual impairments but rather demonstrate idiosyncratic learning styles that are determined by the nature of their specific disorders and inhibit their learning at school.⁶³ In response to a question about whether every student in a Queensland school who had a learning disability would have it diagnosed an Education Queensland officer advised that they would have been able to access a learning support teacher to work with them to develop a program that was suitable for that student.⁶⁴

60 Jenkinson, J., *Special Education: A Matter of Choice*, Australian Education Review No. 46, ACER, 2001, p. 52

61 Mr Brian Smyth-King, *Hansard*, Sydney, 3 July 2002, p. 192

62 Ms Susan Tait, *Hansard*, Melbourne, 13 August 2002, p. 306

63 Submission No. 213, Education Queensland, p. 3

64 Mr Michael Walsh, *Hansard*, Brisbane, 6 September 2002, p. 509

4.60 When asked the same question, the Tasmanian Department of Education responded:

I would not be confident that every student in that situation was well catered for but certainly, with the number of guidance officers and special education teachers we have who have that understanding and background, I would be confident that most of those students would be picked up and strategies would be provided to their teachers in their classroom.⁶⁵

4.61 Under the Tasmanian system, students with learning disabilities may receive district support. The committee noted that of all the state education departments appearing before the committee, the Tasmanian department was the only one to acknowledge that for some students with learning disabilities, compensatory strategies may be more appropriate than remedial tuition:

I would say that there are students who, for example, have more difficulty than others in learning to read. For those students, programs like Reading Recovery or the sporting program that we have in place or some of the other specialist interventions work very well. Often those students can then learn to read and proceed through the school system without any further difficulty. However, I believe that there is a subset of students—and we have certainly talked about those students in publications that the department has put out and in some of the programs we run—who probably do have auditory visual cognitive processing difficulties that really mean processing of print is almost impossible for them to do. For those students, you probably do have to look at compensatory strategies because they will simply never be able to process the printed word no matter how much intervention you provide for them. Those students certainly do exist but they are a small subset of the larger group of students who have difficulty with literacy.⁶⁶

4.62 Other states may also provide for students with learning disabilities under programs designed to address the needs of students who are having difficulty learning. For example, in Western Australia programs such as *Making the Difference* focus on students who are experiencing difficulties learning.⁶⁷ While in South Australia students with learning disabilities are assisted through the use of learning difficulty support teams:

It has picked up a range of young people. It has not picked up students with learning disabilities as such, like dyslexia; however, we do have a learning difficulty support team which operates right across the state and they work very closely with schools in a training and development model. Schools negotiate for a customised service in training and development in the area of

65 Ms Alison Jacob, *Hansard*, Hobart, 3 September 2002, p. 388

66 *ibid.*, p. 387

67 Submission No. 244, Department of Education, Western Australia, p. 12

learning difficulties. Whilst they are not inside that language and communication definition, it is not that they are without any service.⁶⁸

4.63 Dr Paul Whiting of AUSPELD told the committee that by not distinguishing between the two conditions, education departments were failing students with learning disabilities. He explained:

The difficulty [of the present approach] is that it conflates difficulties in learning that are produced by extrinsic factors—that is, things like poor schooling, absence from school, emotional problems and sensory problems—with intrinsic factors such as dyslexia when we know there are biochemical and physiological differences between people who are dyslexic and people who have no reading problems. So the issue of definition is important from our point of view because the treatment implications will be different depending on how you define the problem.⁶⁹

4.64 The evidence from those witnesses advocating on behalf of students with learning disabilities, or from people who themselves had a learning disability, left the committee in little doubt about the failure of schools in this area. Dr Whiting cited the plight of one student:

I have recently been looking at a young chap who is 14 years of age. He has a reading level of grade 2 and a spelling level of grade 1. He has been assessed as dyslexic by a private psychologist. He has had three years of remedial teaching at that psychologist's clinic. He has had a support teacher for learning difficulties in school, and he has attended an intensive reading class in school. He has had every provision that the government system can provide. At 14 he is in a school for behaviour disordered children and has been told that, at the end of this year, he can leave because there is nothing more the system can do for him. His parents will tell you that he is not behaviour disordered at all; he is a delightful child. I certainly did not find him at all difficult to deal with. He is behaviour disordered because he has finally refused to do things that nobody has enabled him to do—namely, to read, write and spell. When they ask him to do it, he just says no. So he is oppositional defiant and in a school for behaviour disordered kids. And where is he going? What is his chance in life in the future?⁷⁰

4.65 And from the President of the Australian Learning Disability Association:

Another issue that our organisation would like to stress is that in the compulsory school sector, in Tasmania at least, learning disability is not recognised, (meaning) that children, particularly with a learning disability,

68 Ms Patricia Winter, Disability and Professional Services, SA Department of Education and Children's Services, *Hansard*, Adelaide, 3 Hobart 2002, p. 559

69 Dr Paul Whiting, *Hansard*, Sydney, 2 July 2002, p. 53

70 *ibid.*, p. 57

are falling through the net... We are hearing only the stories of a very few survivors who have managed to negotiate a very difficult system. The stories our organisation has heard have only been of those who have survived. We are not hearing the stories of all the people and all the students who have found it too difficult to survive within the system and then have had to pull out because it had simply become too difficult for them.⁷¹

4.66 The committee heard conflicting evidence about appropriate support for students with learning disabilities. Some advocates argued that a learning disability may not be corrected by the standard methods of remedial intervention, such as reading recovery programs.⁷² Such advocates argue that there is ‘a lack of awareness and understanding’ of the real nature of learning disability in the education sector. The Australian Learning Disability Association advised:

A fact with learning disability is that because it is a neurological impairment and a functional disability, a person’s functional learning abilities are impaired. You can provide—and I have heard this from about 100 students probably and others that I have talked to all around the country—as many remedial classes and exercises as you like and you will only move a person’s skill a small amount upwards; there needs to be some compensatory strategies.⁷³

4.67 Referring to the university sector, which better addresses the needs of those with learning disabilities, it was explained to the committee that technological assistance could be used in primary and secondary schools:

... some of the great successes we have had at the University of Tasmania involve providing access to information for a person with a learning disability who cannot do as you or I can do: look at a lecture, listen to a lecture and take good notes at the same time—it is impossible. We provide them with peer notes in an electronic format so they can sit down in front of a computer, which are in the schools, with a speech synthesis program. They can read the information visually and hear it as the computer is saying it at the same time. This takes care of just about all of the language-affected people with learning disabilities. Again, it is that thing about appropriate access to information.⁷⁴

4.68 Other witnesses supported the use of remedial programs. When asked about their appropriateness, Dr van Kraayenoord replied:

71 Mr David Pearce, *Hansard*, Hobart, 3 September, 2002, p. 359

72 For a history of the debate see C. van Kraayenoord and J. Elkins ‘Learning Difficulties in Regular Classrooms’, Chapter 5 in A. Ashman and J. Elkins (eds), *Educating Children with Special Needs*, 3rd edn, Prentice Hall, 1998. See Mr Michael Spurr, Australian League of Disability Associations, *Hansard*, 3 September 2002, p. 334 for an advocate’s view.

73 Mr Michael Spurr, *Hansard*, Hobart, 3 September 2002, p. 335

74 *ibid.*

I am not sure that I fully concur with the statement that these children need a completely different diet or series of programs. I believe that many of the instructional practices that we know about that have been well researched do equally well for children with learning difficulties and learning disabilities as for normally achieving children.⁷⁵

4.69 A mother of a dyslexic child gave the following positive account about the use of remedial support for her son:

I then went to a friend of mine who taught in this field and whom I had spoken to and she said, 'Bring him to me and I'll work with him.' She taught him to read in a couple of months. She had the specialist training to know what to do. By this stage he was running away from school. He could not cope because his teacher was saying, 'Write neatly. Stay in at lunchtime and write out your spelling list a hundred times because you can't do it properly. You can't copy off the board correctly.' There are all of these other issues that are going on at the same time. You spend your time keeping the kid's head above water so that they can survive in the school. But once you find some specialist support, once you find somebody who understands, it makes it much easier. His life changed when we found this other woman to help him. She supported him. She told him he was bright. In the end his IQ test is up in the gifted and talented range but he was just not showing that at school.⁷⁶

4.70 The committee notes the obvious need for schools to provide support for students with learning disabilities through the use of assistive technology, remedial tuition and teacher aide support, depending on individual circumstances. The committee also notes that learning disabilities need to be seen in the much wider context of learning difficulties. The proportion of students in this cohort is very large, and their interests should not be overlooked in any attempt to assist those whose learning disability arises from a neurological condition which puts them in a recognised disability category. Students with learning difficulties, as distinct from those with learning disabilities, are also educationally disadvantaged. The cause may arise from many circumstances, but is most likely to be poor socio-economic circumstances or serious family disruption. The UNICEF report on comparative school performance, referred to in chapter four, adds weight to the committee's concern. Many students with mild disabilities who do not qualify for support under state disability programs, are also educationally disadvantaged. The committee would not like to see funding directed towards students with learning disabilities at the expense of students with learning difficulties.

75 Dr Christina van Kraayenoord, University of Queensland, *Hansard*, Brisbane, 6 September 2002, p. 459

76 Ms Kerry Mitchell, SPELD NSW, *Hansard*, Sydney, 2 July 2002, p. 66

Scotopic Sensitivity

4.71 Scotopic Sensitivity Syndrome is a visual-perceptual problem that occurs in some people with learning/reading disorders, autism, and other developmental disorders. People with Scotopic Sensitivity/Irlen Syndrome experience 'perceptual stress', which can lead to a variety of perceptual distortions when reading or viewing their environment. It is triggered by one or more components of light, such as its source, luminance, intensity, luminance, wavelength or colour.⁷⁷ A submission argued that the New South Wales education system had failed to meet the needs of one student with this disorder. As one witness with Scotopic Sensitivity wrote:

When I was diagnosed it validated that I was not stupid only struggling to learn within my limited capabilities due to my disability, finally I believed the same education system that had failed me could assist.

I was wrong. The severity of such symptoms are only classified by the Board of Education as a learning "DIFFICULTY" and all the school is required to do to assist is present me with one blue overlay to place over my work. This is insufficient.⁷⁸

Attention Deficit Hyperactivity Disorder

4.72 Attention Deficit Hyperactivity Disorder (ADHD), or Attention Deficit Disorder (ADD), is recognised under the Disability Discrimination Act as a disability, but like a number of similar impairments is not recognised by most state and territory education departments as requiring special funding. It is estimated that between 2.3 per cent and 6 per cent of the population suffer ADD to a significant extent. Around half of the childhood sufferers of this problem have associated disabilities, which entitles them to special assistance.⁷⁹

4.73 The committee was informed that children in Queensland with ADHD were not well looked after by the education system. In general, teachers do not have a sound understanding of learning difficulties and it is largely left to parents to insist on school assessments of the needs of their children with ADHD. The policy of appraisal was not working in the interests of ADHD students. Submissions to the committee on this disability were few, but one from the North Queensland Attention Deficit Disorder Support Group was quite emphatic:

Many mothers report very negative experiences when dealing with teachers concerning their child's ADD and or learning disability. Many professionals blame the mothers of children with ADD and almost everyone

77 Edelson, M. Centre for Study of Autism, Salem, Oregon, <http://www.autism.org/irlen.html>, (accessed: 18 November 2002)

78 Submission No. 2, Ms Olivia Baczynskyj, p. 2

79 Submission No. 137, North Queensland Attention Deficit Disorder Support Group, p. 1

has an opinion on ADD, even though they will tell you they do not know much about it.⁸⁰

Neurofibromatosis

4.74 Neurofibromatosis (NF) is a name given to two distinct genetic disorders which primarily affect the nervous system. The most common of these (NF1) occurs in 3,000–4,000 live births and in the majority of cases the disorder is regarded as mild. The committee noted from the submission from the Neurofibromatosis Association that the physical and intellectual complications of this disorder are highly variable and cover a wide scope of behaviour. In some cases the physical symptoms of the disorder do not result in any learning difficulty, though this does not seem to be the norm.⁸¹

4.75 The physical manifestations of NF include curvature of the spine, an enlarged head, a liability to bone fractures, optic tumors, impairment of gross and, or, fine motor skills, and lumps involving groups of nerves. Children with these conditions can experience learning disabilities and the physical manifestations of NF can result in the social isolation of children with this condition. Some children with NF1 may also be diagnosed as having Attention Deficit Disorder, and may be disruptive in class. The submission from the Neurofibromatosis Association instanced case study experiences of a number of families in finding sympathetic and accommodating schools for their children. The committee notes the similarity of these stories across all disability areas. The submission from the Neurofibromatosis Association described the experience of a family whose three year old child suffering from NF1 was refused enrolment at pre-school because the school had already filled its quota of special needs children. The submission stated:

... a child may have no learning disabilities but may have educational restrictions imposed on them simply because a school is aware of the diagnosis of NF. A quandary for many parents of young children with NF, who does not present with any obvious learning disability problem at a young age, is the concern that by disclosing to the child's school the fact that the child has NF and therefore may have such a disability, will in some respects be self fulfilling. The concern is that the child's education will suffer because of the disclosure and the assumptions that may then be made about the child's abilities, irrespective of whether any actual learning disability is found to exist.⁸²

4.76 The committee regards such arbitrary decisions as likely to result from ignorance and a failure in many cases of community-based organisations to act in the interests of the community. Such attitudes provoke the demand for more central supervision of local operations, which would not necessarily result in an improvement to services.

80 *ibid.*

81 Submission No. 154, Neurofibromatosis Association of Australia, pp. 2–3

82 *ibid.*, pp. 5–6

Transition to work or further study

4.77 While the opportunities available for students with disabilities to access higher education are generally good, there is a serious concern about the limited opportunity for students with disabilities to find employment after leaving school. In its submission the Australia National Training Authority wrote that nearly one-fifth of the working age population with a disability left school before they turned 15.⁸³ This suggests that schools are failing this group. Data shows that student with high support needs are being squeezed out of Commonwealth employment support programs into state and territory day activity programs. This lamentable situation, as it is described in one submission, is often analogous to ‘child minding.’⁸⁴

4.78 Professor Parmenter submitted that one of the factors impeding the effective transition from school to work or higher study, is the highly structured support given to students in school. This resulted in students having to make few decisions for themselves and made them less independent. His observation was supported by a number of submissions, including that from the University of Sydney:

The University of Sydney’s experience is that students within the school sector often provided with intensive staffing support that does not encourage independent management of their condition. The lack of experience in the independent management of their disability and study may result in significant difficulties in the University environment.⁸⁵

4.79 Professor Parmenter argued that in the post-secondary sector, the focus of control shifts to the student; the student is required to negotiate their own support network. As an example he described how students with disabilities would take several consecutive TAFE courses with little planning as to their expected employment outcome. A further recommendation in the submission was that the transition planning process should start early in the student’s secondary school life, with decision making skills built into individual transition planning processes. In this way, students are encouraged to become increasingly responsible for initiating their own support networks.⁸⁶

4.80 Research has indicated that students in schools with well-structured work experience program have better employment outcomes, post school.⁸⁷ The committee was told that in New South Wales there was an unfortunate gap in the support base for young adults attempting to access skills to make them workplace ready:⁸⁸

83 Submission No. 192, Australia National Training Authority, p. 9

84 Submission No. 240, Professor Trevor Parmenter, p. 3

85 Submission No. 207, University of Sydney, p. 2

86 Professor Trevor Parmenter, op. cit., p. 3

87 *ibid.*, p. 4

88 Mrs Sandra Johnston, Royal Blind Society, *Hansard*, Sydney, 2 July 2002, p. 28

The current focus for my son at this time is to gain skills to make him workplace ready, and this has projected us into a whole new realm of discovery which requires a strong constitution and an exceptional sense of humour. There is apparently a yawning gap in the support base for young adults attempting to access skills to make them workplace ready.

When we made inquiries to ascertain where the responsibility for assistance for accessing workplace training lay, we became very quickly aware that at this point in time there appears to be no protocol in place to effectively address this issue. After consultation with all the key people who we had perceived would be a part of this process, we were amazed to discover that, in fact, nobody within the department was willing to take responsibility for such issues.

When it came down to it, it was a whole new area for the careers adviser at the school: he had never been in a situation where he had to place a child who had a disability in a workplace for a short period of time.⁸⁹

4.81 A literature review of the transitional arrangements existing between schools and the community for students with disabilities, concluded that students, parents, schools, communities and various departmental agencies needed to work as a partnership to improve the experience and post-school outcomes of students with disabilities.⁹⁰

4.82 Both the Australian National Training Authority and the Enterprise and Career Education Foundation also identified a need for greater collaboration across all levels of government and non-government agencies. Both agencies were advocates for early intervention strategies. The Enterprise and Career Education Foundation argued for the involvement of disability employment agencies in the transition planning for students with disabilities. It was argued that these agencies have close involvement with industry and understand employer expectations. The foundation argued for better collaboration between the Commonwealth Department of Family and Community Services, Department of Education Science and Training and state governments to expand the jurisdiction of employment agencies to include the school sector.

4.83 The Enterprise and Career Education Foundation stressed the importance of linking VET teachers with special education or disability support teachers in the school system as part of an individual's transition planning. Unfortunately, the submission acknowledged that in reality this rarely happens.

4.84 The committee regrets that it was unable to give more attention to the transition of students with disabilities into the workforce. Although only a handful of submissions addressed this issue, the committee was left with the strong impression

89 *ibid.*, p. 31

90 Riches, V., 'A Review of Transition from School to Community for Students with Disabilities in NSW', *Journal of Intellectual and Developmental Disability*, 21, 1996, p. 71

that schools need to invest much more effort into helping students prepare for this change. This issue warrants an inquiry of its own.

Recommendation 9

The committee recommends that the transition of students with disabilities from school to further study, employment and lifelong learning should be the subject of further inquiry.