

## **SUBMISSION TO THE INQUIRY INTO THE EDUCATION OF STUDENTS WITH DISABILITIES**

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The Special Needs Education Network (SNEN) is a peak body representing special needs consumer groups in South Australia. Some of the groups that provide members for our committee are: Parent Advocacy Inc, Parents of the Hearing Impaired, Friends of the Brain Injured, Spina Bifida/Hydrocephalus Association, Autism Association, Attention Disorders Association of SA, SPELD (Specific Learning Difficulties Association), the South Australian Association of State School Organisations and the South Australian Association of School Parent Clubs.

SNEN works to enable students with special needs achieve their full potential in education, and to ensure that they are given every opportunity to do so in the least restrictive environment.

### **Response to Terms of Reference**

**(1)**

**(a) i) the criteria used to define disability and to differentiate between levels of handicap:**

SNEN believes that, in terms of funding, it is inaccurate, divisive and unfair to determine funding on the basis of diagnosed handicap or disability.

Under diagnosis-based systems of funding and provision of services, there are always children who, although diagnosed with a disability that attracts very high levels of supplementary funding, achieve higher levels of education and personal actualization than those diagnosed with a disability that attracts a much lower input of services.

This categorisation by diagnosis also puts children in pre-determined “boxes”, rather than looking at exactly what the child needs to access the school curriculum.

Criteria used for this kind of categorisation create division between families of children with disabilities. Competition arises because families ‘win’ funding and support through ‘proving’ that their child is more handicapped than someone else’s. The definition should be about the needs of the student for equity of access, not what box they fit in to.

SNEN believes that, instead of diagnosis-based access to services, services should be determined by the levels of outcome and achievement of individuals, and be provided on the basis of functional rather than diagnostic assessment.

For example, a child who has reached the age for entry to Junior Primary but who does not have the basic skills necessary for a successful entry to

the first grade/reception, would firstly attract a functional assessment, and then services based on this assessment.

A child who has completed primary school, for example, and who is not reading at grade level would attract functional assessment, and services based on that assessment, whatever medical diagnosis the child may or may not have. (The medical diagnosis would, of course, be part of the consideration for the assessment and provision of services, but would not form the basis for provision of services.)

This system enables services to be provided to any child, regardless of diagnosis or absence of diagnosis.

*In summary, services should be determined by the levels of outcome and achievement of individuals, and be provided on the basis of functional rather than diagnostic assessment.*

## **ii) the accuracy with which students' disability related needs are being assessed**

Continued restructuring within education has pushed towards very generalist special education, with 'mainstreaming' wherever possible, and a corresponding lack of leadership in specific areas of special need.

This lack of specialists within education services has led to assessments and provision of services being made by individuals who lack knowledge in the required area.

The extent of the effects of 'invisible' disabilities such as learning disorders, hearing disorders, behaviour disorders and so on, are underestimated by generalist managers and supervisors.

## **iii) the particular needs of students with disabilities from low socio-economic, non-English speaking and Indigenous backgrounds and from rural and remote areas**

Parents and families from low socio-economic, non-English speaking and Indigenous backgrounds often lack the knowledge and skills to access the system. The education system in general is not that parent friendly and is certainly not particularly accessible to parents from these groups.

Indigenous children suffer the highest levels of undiagnosed and untreated conductive hearing losses and as such their education suffers.

Students from rural and remote areas do not have appropriate access to audiologists, speech pathologists, psychologists and teachers of the deaf as the metropolitan counterparts.

Parents in remote areas have to post hearing aids to the city areas for repair, which means the child with hearing loss must wait for varying lengths of time without hearing aids for amplification.

## **iv) the effectiveness and availability of early intervention programs**

Early Intervention Programs are effective if accessed when a concern is first noticed. Unfortunately waiting lists, for example for paediatricians in public health services can take up to 5 months, pathology tests another 2

months, then further referral another 3 months. The waiting list time for therapy can be another 3-5 months.

In the meantime the child may have started in an early education environment without recognition of his or her problems, and without support.

Services to support the management of children's behaviour within the home are few and far between. Short-term support (when available) is usually 6-12 weeks. Long-term in-home support is not available. Because of mismanagement at home, the child may bring secondary behaviour problems with him or her to school, as well as the problems defined by the primary diagnosis.

**v) access to and adequacy of funding and support in both the public and private sectors**

The funding and level of support provided should be the same irrespective of school placement. Negotiations about per capita funding between the sectors will always be there but "disability funding" should be provided based on the level of need, not the sector in which the student is placed.

**vii) teacher training and professional development**

Teachers are facing increased pressure in a more inclusive school environment where they may have multiple students with significant additional needs. Yet the teacher training courses have very little special needs education information in the course work. Teachers are not provided with sufficient information about disabilities, the effect of the disability on learning and behaviour and how to manage those effects in the classroom. A recent general teacher-training course in South Australia included just one lecture on disabilities and disorders! This lecture made a 30 second reference to Attention Deficit Hyperactivity Disorder, which affects 2 to 3 students per classroom, and if mishandled can cause mayhem, and loss of learning time for the child with the disorder and the rest of the class as well.

Training is needed for child-care and pre-school teachers in early intervention programs. There are programs, for example, which can help overcome the phonological deficit of children with a Specific Learning Difficulty and thereby reduce literacy problems further on in school.

Teachers need release time to enable them to attend professional development and to access specialists in the education of children with disabilities, disorders and difficulties.

**(b) what the proper role of the Commonwealth and states and territories should be in supporting the education of students with disabilities**

The DDA is very clear that students with disabilities are legally entitled to equal access to the curriculum as their non-disabled peers. This is not the case for many students and the definition of what constitutes equal access has yet to be tested.

Equal access must also be about social inclusion and the provision of skills for life.

The proper role for the Commonwealth would be best served by the creation of a bill of rights, or similar, that would define the rights of all children to equal access to and reasonable outcomes from education.

It is the place of the Commonwealth to define the minimum standards for the education of children with disabilities and to be able to enforce those standards.

It is the place of the states to reach those standards as a matter of course, and to exceed them whenever possible.