Inquiry into the Education of Students with Disabilities

Yooralla Society has provided services to children with disabilities since 1918 and currently provides services, support and information to over 30,000 Victorians annually. Yooralla's disability programs include:

- School-based therapy services in specialist and mainstream schools
- Thirteen Early Childhood Intervention programs for families of children with any type of disability
- Specialist autism program expertise
- Specialised equipment support and information services
- Consultative therapy services including physiotherapy; speech pathology and occupational therapy
- Accommodation services
- In-home and facility-based respite
- Employment services
- Recreation
- Futures for Young Adults Program

Yooralla provides therapy, nursing and attendant care services to the Belmore and Glenroy specialist schools. Both are schools for children with a physical disability from prep to school leaving. Yooralla therapy services have a focus on supporting school based education services and also provide limited support for families with home based follow up and support.

In recent years, Yooralla has developed the *Outreach Service* providing therapy to over 450 students in schools of all types throughout Melbourne. The *Outreach Service* is funded on a fee for service basis with the majority of funding coming indirectly through the DE & T Program for Students with Disabilities and Impairments.
There is no funding to support home based programs and family support.

Terms of Reference

i) the criteria used to define disability and to differentiate between levels of handicap

The current system of assessment of children with disabilities for funding levels is quantitative rather than qualitative and has little allowance for children with needs that are transient, changing or atypical.

The current system of allocating funds encourages all the negative aspects of a child's disability to be emphasised to maximise the resources the child will receive when they attend school. This deficit-based model paints a picture of a child to the school that emphasises dependence and minimises developmental potential.

In this context, it is not surprising that, currently, schools' first response is to allocate an aide to the child with a disability. The school is not given an accurate picture of the student's ability or potential for development to allow them to allocate a balanced amount of funding to supports and services that would have a greater developmental focus.

A short-term intervention such as occupational therapy, designed to assist mobility or equipment such as a computer access device, may provide a very significant boost to the child's educational outcomes. In many cases, specialised equipment or an individually designed therapy program may be very cost effective but these resources and interventions tend not to be adequately considered.

In the current system, those children assessed as having minimal difficulties, will often receive little or no funding. These students would benefit greatly from funds allocated to support and train the teacher, assist the school with planning, strategies and parent support, provision of equipment, and to support transition. These services and support may make the difference between these children with lower needs being successfully integrated into mainstream school or not.
A student with mild Cerebral Palsy, receiving insufficient funding for therapy programs, may in fact have a deterioration of physical and functional skills.

ii) the accuracy with which students with disability-related needs are being assessed

Greater emphasis needs to be given to assessment, equipment and interventions that support a child's independence, enhance their access to the curriculum and improve long term educational outcomes. This could be achieved through an Individual Education Plan (IEP) process being developed as the basis for all other assessments. The IEP would precede school entry, involve the PSG, and would focus on the student's aspirations and potential and be reviewed at least every two years.

Because of the deficit based nature of the assessment tool currently used, the professionals applying for funding are forced to downplay the students' abilities and focus on their disabilities. This creates a very narrow view of what support the student requires to maximize their potential.

As funding levels directly correlate with disability levels, the natural inclination is to overstate the disability to gain the maximum amount of funding.
The assessment process can often be carried out with the assistance of professionals who have a very limited knowledge of the student at the beginning of the school year. Consequently, funding is often not available until well after the school programs should have begun for the year.

If the situation changes or a mistake is made, the funding cannot be reconsidered until the next year.

When the student is moving from one setting to another, it is important that the assessment be done at the end of the school year by the professionals who have an extensive knowledge of the student, with sufficient time to have funding available and programs in place for the beginning of the school year.
This also allows time for the new setting to train their staff and adequately prepare appropriate resources and environment.

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

To enable students with disabilities from these communities to have access to the most appropriate and beneficial programs, it is essential that the families and carers have appropriate advocacy.

It is often the case that the most appropriate program is just not available in the community and families are faced with the choice of either moving to another area or managing without the support required.

It is traditionally very difficult to recruit and retain staff in the Health and specialised teaching professions in rural and remote areas.
Staff working in rural areas require support and training which is often only available in major cities.

Yooralla is currently addressing this issue by developing a rural outreach program, using a combination of technology and direct services to support Health professionals working with people with disabilities in rural Victoria.

To adequately address the needs of culturally diverse communities, the professionals must have an understanding of the culture and the implications for service provision and intervention. There is currently no funding available to support the development of this knowledge and to train and resource staff.
Schools may need additional resources for interpreters and advocates to ensure that non-English speaking families are not disadvantaged in planning and reporting meetings.

Families from these communities are particularly disadvantaged where the School Principal is poorly informed, there is inadequate advocacy and decisions regarding funds allocation rest largely with the Principal

iv) the effectiveness and availability of early intervention programs

Establishing needs early and planning funding for appropriate programs and intervention is essential to ensure that the maximum benefit can be assured from the limited funds. Poor planning, inaccuracy of assessments and inappropriate allocation of funds will lead to poor outcomes and failure to provide the opportunity for maximum student development.

The Yooralla Society Early Childhood Intervention Programs are based on Family Centered Practice. The programs encompass continuous family support, weekly therapy and Special Education input. This level of support and coordination is not funded once the child enters the primary school system.
Family Centered Approach focuses on Inclusion of the family, assisting its inclusion into community and collaborative goal setting.

The current funding model for school aged children does not allow for support for families to seek help from the community or to have guidance and advocacy to assist them with funding allocation and dealing with the school administration. This is particularly so for families from low socioeconomic, non English speaking and Indigenous backgrounds and rural and remote areas.

In the current system, there is no funding support to providers of Early Childhood Intervention services to provide the ENQ results /assessment for the allocation of funds for the student to begin school. If the transition of students were to be supported adequately and assessments done at an appropriately early stage in the process, funding support would be required to enable this.

The question of funding responsibility for Psychological assessments must also be raised, as Yooralla does not offer this service. In the past many families have had to pay large sums to provide a Psychologist's report in order to satisfy the ENQ requirements. This is clearly not appropriate.

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

Parents must be adequately informed of available resources and options. They must be able to access adequate support to make informed decisions regarding the allocation of funds, with the power to ensure that their decisions are respected and honoured.

There are never enough funds to provide a variety of models of service delivery to disabled students as their needs change, for example, after surgery, when learning to use new piece of equipment, or when the student is moving to a new school environment.

There is strong evidence that the integrated transdisciplinary (professionals working as a team with thorough knowledge of, and input into the implementation of all goals.) approach to therapy provision to children with disabilities has more positive outcomes than isolated multidisciplinary (individual professionals working in an isolated manner with responsibility for and knowledge of goals of their discipline only) sessions. This requires all staff working with the student to have a thorough knowledge of all the goals and how to work with the student throughout their school day to achieve them.

Therapy intervention for students with disabilities in both special and mainstream school settings should be designed to allow the student maximum access to the curriculum, and achieve their maximum potential from it.

At present Mainstream Schools are not allocating funding for training staff, preparing the school environment and educating other students. For the integrated, transdisciplinary model to be effective, therapists must work consultatively with school staff to ensure best application of intervention

There is very little recognition of the value of therapists and Special Education Teachers working as consultants in schools. One to one therapy with children is of course useful, but a very inefficient use of limited funds, and does not encourage the follow up functional approach to learning that children with disabilities best respond to.

When a therapist or specially trained teacher acts as a consultant to school staff, family, Integration Aides and other members of the school community, the student benefits from his whole environment being focused towards his learning and development on a functional, immersion basis.

In theory, the PSG process is an ideal method to engage parents and all relevant professionals in key decision-making. In practice, the PSG process is only as useful as the Principal encourages it to be. The PSG process is currently far too dependent on the Principal for success.

The best PSG's are excellent. However, there are far too many schools where the PSG process is poorly executed and parents are left powerless. Schools that have a commitment to children with a disability will continue to improve their services, unfortunately those who are not well informed, will remain static or get worse.

It is vital that the system enhances the accountability of the Principal to the parent and funding body. This accountability needs to ensure that the Principal operates the PSG process according to the DE&T guidelines.

vi) the nature, extent and funding of programs that provide for full or partial learning opportunities with mainstream students.

The nature of the funding system currently does not allow sufficient flexibility for students with disabilities attending mainstream schools.

As mentioned above, the importance of an Integrated approach to therapy and support is not sufficiently recognized.

The concept of Inclusion is poorly defined and open to different interpretations from School to School.

Yooralla has a School Aged Therapy Outreach service which provides Physiotherapy, Occupational Therapy and Speech Pathology to children with disabilities in schools in the Metropolitan Area. The model of service provision is dictated by the amount of funds available and how the school chooses to allocate them.

As discussed earlier, the direct therapy service is only part of the support required for these students to maximize their potential. Staff training and support, family advocacy, training and support, and awareness programs for other students all play a vital role in the success of integration.

It is a reality that many Schools in Victoria are, at best, not encouraging families with children with disabilities to join their school community. These families are faced with the choice of traveling to a school outside their area or tolerating the poor delivery of services to their child.

One of the Specialist Schools that Yooralla provides therapy and attendant care services to has an active reverse integration program, where local schools are encouraged to send students into the school. These visits can take the form of joint classes, volunteer programs, community service programs, entertainment visits etc. These programs benefit both school communities greatly by increasing awareness, providing a range of social interactions and setting up valuable networks.

Yooralla Early Childhood Intervention Service currently run 5 Inclusion programs where children with disabilities are attending kindergarten sessions with other local children. This model has been highly successful. The Inclusion model is embraced in the true sense of the word, where all children participate at their level in all aspects of the program. Therapists provide input to ensure that all equipment and strategies are in place to enable the children with higher needs to gain as much as possible from the programs. These programs also have an extremely high level of family involvement and support.

Children with higher needs are poorly resourced when attending Mainstream Schools. The Majority of the funds available are required to pay for a full time Integration Aide while other needs are neglected. This often means that families are forced to seek their placement in a special school setting to ensure that the student receives some therapy input.

See above re consultancies and working in inclusion models

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