

# Submission to the

## Inquiry into the Education of Students with Disabilities

### by Royal Blind Society of New South Wales

#### Background

The Child and Family Services section of Royal Blind Society has been providing services to children with vision impairment and their families for over fifty years. The section currently services children from birth to school leaving age and their families across NSW and the ACT from our base in Sydney. Services are generally home and community based and are provided by two interdisciplinary teams, early childhood intervention and school-aged support services. These teams are in turn supported by other sections of Royal Blind Society such as adaptive technology consultancy and training, braille teaching, Vision Assist centres (for low vision assessment), employment services, library and alternate format production. Royal Blind Society services approximately 750 children and young people per year. The Child and Family Services section has a budget of approximately \$1,000,000 of which approximately \$420,000 is contributed from the Commonwealth Special Education Program (administered by the state Department of Education and Training).

Vision impairment is a low incidence disability in children and young people. Survey data, based on self-reporting rather than clinical assessments, indicate that in 1993, approximately 18% of the Australian population had one or more disabilities and that 9% of these had a vision impairment (Australian Bureau of Statistics, 1993). For persons less than 15 years of age, 0.4% of the total Australian population was estimated to have a vision impairment. The following table is an application of ABS percentages to the NSW population with ages relevant to the population serviced by Child and Family Services.

TABLE 1: Estimated numbers of NSW children with a vision impairment

Age Group	NSW Population	0.4% of population
0-4 years	439,290	1,757
5-14 years	872,598	3,490
15-19 years	422,728	1,690
Total	1,734,616	6,938

For students with an educationally significant vision impairment as a group, vision ranges from total sight loss to an upper limit of 6/18 visual acuity or 20

degrees visual field. The term "low vision" is commonly used interchangeably with "vision impaired". In an educational context, the term "blind" generally refers to those students whose preferred reading medium is braille, whereas those whose preferred reading medium is print may be referred to as "vision impaired". A small group of students may use a combination of print and braille.

In addition to low incidence, the population of students with vision impairment is characterised by heterogeneity due to factors such as age of onset (ie acquired versus present from birth), level of vision, aetiology and presence or absence of additional disabilities. There has been a shift away from ocular impairment to brain damage as the major cause of vision impairment with a consequent increased likelihood of other concomitant disabilities such as cerebral palsy, intellectual disability and autism. This shift in the causes of vision impairment has major implications for service provision and for the competencies required by educators and other professionals supporting these students. Even where children do not indicate additional disabilities, vision impairment can have negative impacts across many developmental domains, including literacy and numeracy acquisition.

At the early intervention level in NSW services are generally provided by non-government organisations with families accessing a mix of generic and specialist services. Most children attend their local child care centre or preschool with varying supports available.

At the school level students with vision impairment are educated in a range of settings from local mainstream classes to special classes/units and schools, dependent on their profile of abilities/needs. They attend schools in the state education system, the systemic Catholic system or the independent sector.

The unique educational and developmental needs of students with vision impairment are generally addressed by a co-operative effort of regular and special educators with possible support from specialist providers such as orientation and mobility instructors, therapists, adaptive technology consultants etc. Students generally receive support from itinerant support teachers who may originate from the state education system, the systemic Catholic education system or the Royal Institute for Deaf and Blind Children which serves independent schools on request. In the mainstream setting the regular curriculum provides the basis for the student's education. The role of the itinerant support teacher (IST-V) is to ensure access to the regular curriculum and the development of skills for independence and includes:

- Adaptation of the learning environment
- Adaptation of teaching and learning approaches
- Adaptation of the regular curricula
- Provision of accessible format materials; and

- Delivery of the Expanded Core Curriculum ie the disability-specific areas of study which are often required for students with vision impairment but are not common to their sighted peers eg braille, orientation and mobility, independent living skills, use of adaptive technology

Where students are educated in special classes/schools the IST-V supports the Individual Education Plan (IEP) developed by the classroom special educator with similar strategies to those elaborated above.

At the tertiary level students are supported by Disability Officers at both TAFE and university.

The objectives of this submission are to:

- Highlight the particular areas of concern for students with vision impairment in NSW and the ACT
- Propose a whole-of-government approach to improve education and training opportunities for students with a vision impairment
- Propose a stronger partnership model across government and non-government sectors to meet the individual, and frequently complex, needs of students with vision impairment across all levels and sectors of education
- Propose the adoption of National Standards for the Education of Students with Vision Impairment
- Propose the establishment of a national database of students who are blind and vision impaired

As well as outlining general areas of concern, the submission will particularly address items (a) iii), iv), v) and vii) of the Terms of Reference, viz:

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

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

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

*vii) teacher training and professional development*

## **General Areas of Concern**

There are a number of general areas of concern:

- Poor literacy and numeracy acquisition of students who are blind and vision impaired including those with good underlying cognitive ability. The lack of literacy and numeracy skills can limit the access of people with vision impairment to educational, employment, housing, transport and leisure

opportunities. Literacy and numeracy acquisition in students with vision impairment was the focus of a research project funded by DETYA in 2001. The final report of this study has not yet been made available although it was anticipated that it would be completed before the end of June 2001. The discussion paper which was distributed by DETYA as the basis for the consultation ( Appendix A) examined nine issues for students - Reading and Writing, Numeracy, The Braille Code and Teaching Standards, Appropriate Literacy Media for Students with Low Vision, Curriculum Access, Tactile Graphics, Technology, Assessment and Benchmarking and Parents as Partners. It also looked at three areas in relation to policy development - Professional Preparation, Specialist Teachers and Resource Provision and Australian Level Data. The committee is directed to this document as it provides a very useful summary of the background literature, the issues, the barriers to learning for students with vision impairment and effective and practical approaches.

- Many families report disappointment with how the education system meets their expectations for their child with a vision impairment. In the 1999 report of a joint research project of Royal Blind Society and Royal Institute for Deaf and Blind Children *The needs of children and young people (0 to 19 years) with vision impairment in NSW and ACT*, the researcher concluded “Overall, parents and students were disappointed....The effort by schools was not systematic and sustained over time. It relied too heavily on the efforts of a particular caring individual teacher rather than the school system solidly backing a student’s need. Thus there was variation in students’ experiences over the years.”(p.65) The report goes on to elaborate on areas of particular concern to families both in relation to classroom and itinerant teachers. One of the areas of particular concern was the timely production of alternative format materials such as large print, braille and audio. The issues surrounding this have been comprehensively covered in the submission to the inquiry from the National Information and Library Service (NILS).
- Lack of availability in both local and specialist libraries of an appropriate range of taped, large print and braille books for enrichment/leisure reading. There are also barriers to access eg in NSW students from the Catholic system cannot access such reading matter from the state system library.
- Students in Catholic and independent schools outside the Sydney metropolitan area do not have access to an itinerant teacher service thus limiting family choice, particularly for the student who is blind and needs considerable support hours. In NSW there are no agreements between the systems such that the state itinerant teacher in a rural/regional area could additionally service students in the Catholic and independent systems.
- Even within the metropolitan area of Sydney the fact that there are three systems of itinerant support is potentially wasteful of resources. There can

be unnecessary professional time spent in travelling and teachers with particular expertise such as advanced braille skills cannot be utilised across the three sectors. Because of the district model within state education it is even uncommon for teachers with particular expertise to work in another state district, however close.

- The role of the Itinerant Support Teacher (Vision) is extremely broad, both from the perspective of the competencies required of the teacher and the time available to cover these areas with the student. Itinerant teachers have a range of pre-service and ongoing professional development opportunities (see **vii**) below). However many, particularly those in rural and remote areas, have inadequate professional preparation and development. Caseloads are area based and consist of a mix of ages/grades (K to 12) and needs (low vision to blind, with and without additional disabilities). Because of this variable caseload many teachers infrequently confront a student with particular needs eg to learn braille or particular braille codes, to learn use of particular adaptive technology or software. They are therefore lacking in knowledge/experience and are unable to adequately meet critical student need. In addition, it is difficult for the support teacher to meet the differing educational needs of the whole age range from early childhood to the subject specialisation of the final years of schooling.
- There are particular concerns around the adequacy of generalist itinerant support teachers teaching students orientation and mobility skills. There is a particular “duty of care” in this area as it relates to the student’s mobility around the entire school environment. Where students have received inadequate or unskilled instruction there is potential for serious accidents and possible litigation in terms of breach of duty of care. In NSW there are trained mobility instructors available through the Guide Dog Association. However, it would appear that schools in the state education system are actively discouraged from using this additional and more expert resource and itinerant teachers encouraged to assume this role amongst the many others they are required to fulfil.
- There are similar issues in relation to the teaching of activities of daily living/independence skills although the safety/duty of care issues are not quite so prominent. Many itinerant teachers assume responsibility for these areas without appropriate expertise. In NSW Child and Family Services of Royal Blind Society has occupational therapists with expertise in this area. With more effective partnerships between the school systems and the non-government sector better client outcomes could be achieved and resources maximised.
- Many students with vision impairment report experiences of teasing and bullying in schools, with families reporting that many schools do not have appropriate management strategies. Teasing and bullying detract from

students' ability to avail themselves of the both the formal aspects of schooling and the informal aspects such as socialising in the playground.

- Adults with vision impairment are not taking part in all aspects of our society in proportion to their presence in the population. In particular their participation in the workforce and in the post-school education system is lower than the general population. Transition to tertiary study, employment or other post-school options is at present haphazard and non-systematic with an over-reliance on family resources and the skills/goodwill of individual school staff. In NSW there are three potential personnel to become involved in transition – the Itinerant Support Teacher-Vision, the school Careers Advisor and the Support Teacher-Transition. Some students appear to fall between the gaps, with each of these staff feeling it is the responsibility of the other to support the transition of the student with vision impairment. Because these students frequently require support to develop necessary independence skills over and above the regular curriculum, there is a need to develop a systematic, co-ordinated framework to facilitate transition from school to the range of post school options. The 2000 report from the Australian National Training Authority, *Bridging Pathways, the Blueprint for Implementation* outlines a number of strategies to increase the participation of people with a disability in vocational education and training. If implemented across the vocational education and training and the university sectors there would be clearer links and pathways between schools, support agencies and education/training providers and employers.

## **Specific Terms of Reference**

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

- Non – government agencies are affected by the cost of interpreter/translation services.
- Families from rural and remote areas experience difficulty in access to and continuity of specialist educational and other support services. For example, there is a tendency for new graduate therapists to take up positions in rural/regional centres with a view to a return to the city as soon as possible. As a result families and students are being provided with services by professionals with limited knowledge and experience and are continually having to re-establish themselves with new professionals. Similarly, because of the difficulty of attracting specialist trained and experienced teaching staff to these areas, the Itinerant Support Teacher is frequently a generalist teacher with no specific background in vision impairment. The lack of appropriate services leads to families needing to travel considerable distances to specialist services involving financial,

emotional and physical strain. A full array of educational placement options is frequently unavailable in rural areas.

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

There is powerful new evidence from neuroscience that the early years of development from conception to age six, particularly for the first three years, set the base for competence and coping skills that will affect learning, behaviour and health throughout life for all children. The evidence is clear that good early childhood development programs that involve parents or other primary caregivers of young children can influence how they relate to and care for children in the home and can vastly improve child outcomes. There has also been a considerable body of research supporting the efficacy of early programs/intervention in enhancing child, parent and family functioning for children with disabilities/delays and their families.

Early childhood intervention is now conceptualized as including children's learning opportunities, parenting supports and family/community supports provided in a family-centred manner. Quality programs should therefore include a rich array of child, parent and family supports. Children with vision impairment require specialised intervention since they have specific needs related to the impact of blindness/low vision on development eg in the areas of mobility, fine motor development (essential for the later acquisition of braille and keyboard skills as well as daily living skills), self-help, social and play skills. Their families also have particular needs related to blindness/low vision eg information about their child's particular vision condition, general information about blindness/vision impairment, information on how to promote their child's development, information regarding educational needs and educational expectations, emotional support and guidance and advocacy and assistance in accessing resources.

Staff in generic early childhood programs designed for all young children or generic early childhood intervention programs targeting children with a range of disabilities/delays are usually unfamiliar with the particular needs/ intervention strategies for children with vision impairment. Specialised early childhood intervention is provided in NSW and the ACT by only two agencies, Royal Blind Society and Royal Institute for Deaf and Blind Children, both non-government, not-for-profit organisations. Only Royal Blind Society (RBS) provides services to children and their families outside the metropolitan area of Sydney. RBS has found that it has not been practicable to regionalise services because of the low incidence and scattered population of children and the consequent need to deploy resources flexibly across the state according to the current referral pattern. This means that there are considerable travel costs both direct (fares, accommodation) and indirect (professional time spent in travel) to provide services to rural and regional children. These costs limit the ability of the organisation to provide equitable services across geographical areas. Resource constraints (see v) below) limit the frequency of service to all early intervention

clients in direct child- focussed interventions, family support strategies such as family camps and the purchase of specialised toys and equipment.

There are a number of other issues in relation to access to early intervention services. These include:

- The lack in NSW of a **system** of early childhood intervention – the current situation is that services are delivered by a mosaic of government and non-government agencies with no single department or agency having overall responsibility. There is a co-ordination program auspiced by the Department of Ageing, Disability and Home Care which has had some success in creating area and local networks. As a result of this fragmentation, families sometimes have difficulty locating services – this can be particularly true for families with fewer personal resources or those of non- English speaking background
- Delayed referrals by the medical community
- Lack of understanding and support for early intervention by some members of the medical community
- Lack of knowledge by the medical community of early intervention resources – families are vulnerable to the information and attitudes of their treating doctor
- Lack of a universal screening process and a register of children with vision impairment

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

- Lack of reliable recurrent funding limits the capacity of agencies to adequately meet student need. The Child and Family Services section of Royal Blind Society currently only receives funding from the Special Education Program of the Commonwealth Department of Education, Science and Training. In the current calendar year this funding amounts to approximately 40% of overall expenditure with the remainder being raised in the charitable sector. In addition the current government funding is only annual – there is no surety of continued levels of funding and the application and accountability processes are time-consuming. With major agencies with steady high levels of referrals triennial funding with reporting by exception would be appropriate.
- In NSW funding for disability services is largely sourced from the Department of Ageing, Disability and Home Care. Funding applications are on a regional model with no recognition of the role of state-wide providers. The funding application process is extraordinarily unwieldy and time consuming – for example, a recent funding round necessitated the completion of 22 extensive applications for a service which is currently staffed by two workers.
- There needs to be consideration of funding applications being made uniform across the different funding bodies – this would ease the administrative burden, particularly on small agencies, and release scarce and valuable resources to direct client service.



- There are limited funds available for the provision of adaptive technology to students. Schools are frequently unable to purchase recommended hardware and software because of funding constraints. In addition, students who require specialised equipment at home for the completion of homework, for broad reading etc are often unable to acquire it through schemes for the provision of aids to people with disabilities and are forced to approach service clubs etc if there are insufficient family resources.
- There are insufficient funds for the provision of alternate formats such that students with vision impairment have equal access to print materials as their sighted peers.
- The fact that many children with vision impairment also have additional disabilities means that many of these students have additional equipment needs such as wheelchairs, mobility aids, continence aids etc. These costs often fall back to families whose income potential may be limited by the need for one parent(usually the mother) to stay at home to care for the child with a disability. Schemes which assist families have limited funds and the Carers' Allowance does not usually cover the extra costs of disability.

### **vii) Teacher training and professional development**

There are two areas of concern in relation to students with vision impairment:

- the training/professional development of regular classroom teachers
- the training/professional development of itinerant support teachers

Most classroom teachers lack knowledge and experience of students with vision impairment because of their low incidence. This can lead to lack of confidence/competence to meet their needs, as well as possible low expectations of student performance relative to sighted peers. Given the increasing numbers of students with disabilities included in local schools all undergraduate teacher training should include a unit of study in special education. When a classroom teacher is to have a student with a vision impairment in their class, specific training opportunities should be made available. Training should also be extended to classroom aides as appropriate to their role.

The training/ongoing professional development of specialist itinerant teachers is critical to the outcomes for students with vision impairment. The role of the specialist teacher is multi-faceted and changing and involves:

- a foundation in regular education
- techniques for curriculum adaptation; and
- skills to deliver the expanded core curriculum

Specific knowledge bases are required for the disability-specific “expanded core curriculum” viz:

- braille and specific braille codes
- orientation and mobility

- adaptive technology
- independence skills
- use of low vision aids
- social skills
- the needs of students with multiple disabilities

At present much of the support to students with a vision impairment is provided by untrained staff. To address this, specialist teacher education courses need to be widely available and accessible, with flexible options for course delivery. In addition, there needs to be consideration at the national level of current systems of credentialling. After initial training teachers benefit from continuing opportunities for information exchange and networking, particularly to address areas of continual change such as adaptive technology.

In addition, specialist courses are required for health professionals such as occupational therapists who are part of interdisciplinary teams.

## **Recommendations**

### **A whole-of-government approach to improve education and training opportunities for students with a vision impairment**

There is a pressing need to improve the co-ordination of educational and other support services for students with a disability, recognising that the effective education of students with a disability frequently involves a range of providers. At each stage of the life cycle of people with a disability there is a complexity of services which can be confusing for consumers and their families and potentially wasteful of resources. There needs to be improved mechanisms for the co-ordination of services such as education, health, transport, employment and income support to maximise outcomes for people with a disability. This co-ordination is particularly critical at times of transition such as from pre-school to school and school to tertiary education/training or employment.

### **A stronger partnership model across government and non-government sectors to meet the individual, and frequently complex, needs of students with vision impairment across all levels and sectors of education**

For high quality education to all students with vision impairment there must be a co-ordinated system of effective, cost efficient services which acknowledges the particular expertise/resources of different agencies and professionals. This perspective requires administrators, classroom and specialist teachers, parents, students and other service providers (such as in NSW Guide Dog Association, Royal Blind Society and Royal Institute for Deaf and Blind Children, community therapy teams etc) to consider the services that are delivered as one co-ordinated system with all resources available to each student when needed. As the needs of students change throughout their education, the aim should be to

afford the student the maximum opportunity to succeed by allowing access to the best of what **all** systems have to meet the individual needs of the student at that time. This may involve the development of broad formal service agreements between relevant government departments and non-government agencies with specific contracts developed around individual education/family service plans.

### **The adoption of National Standards for the Education of Students with Vision Impairment**

The Heads of Educational Services group, a special interest group of the South Pacific Educators in Vision Impairment (SPEVI) has produced a booklet (Appendix B) which presents:

- National principles that, in their view, must guide the education and related services provision for all students who are blind or vision impaired
- A statement of minimum standards for the education of students with vision impairment against which service providers might measure the quality and comprehensiveness of service performance

It is recommended that this document form the basis of a national set of standards and goals and an action plan to achieve these goals. Particular note should be taken of the standards in relation to professional preparation.

### **The establishment of a national database of students who are blind and vision impaired**

Little national data currently exists in relation to students with vision impairment so there is no empirical base for planning and policy development. A comprehensive database of student information would provide a foundation. Such a database is in the process of being established in New Zealand. " Its purpose is to:

- Identify the needs of learners who are blind or vision impaired;
- Identify the resources available to learners to meet their needs;
- Identify the gap in resourcing, i.e., resources that are required but not currently available;
- Determine how learners are accessing the regular curriculum;
- Determine how well learners who are blind or vision impaired are achieving;
- Determine the effectiveness of services and programmes;
- Identify patterns and trends;
- Provide a basis for research and policy development;and
- Develop a comprehensive knowledge about what it is that learners who are blind or vision impaired need to support them in their development and education."(Nagel,G. (2001). *State of Education for Learners who are Blind and Vision Impaired in Aotearoa New Zealand : Report to the Heads of Educational Services*, pages 11 to 12)

These same goals could be achieved by a similar Australian initiative.

## **Conclusion**

There are a number of issues in relation to the education of students with vision impairment which require planned, systematic responses at the national and state levels to achieve positive outcomes for this student group. Improved educational outcomes at the early childhood and school levels are the basis for increased participation in vocational education and training and employment as well as broader aspects of community life. This is in line with the current Commonwealth Government's Welfare Reform agenda which has identified the need for a change in approach to supporting people with a disability from one of dependency to a focus on capacity and increased participation.