

AUSTRALIAN GUIDANCE AND COUNSELLING  
ASSOCIATION  
NSW CHAPTER

RESPONSE TO THE SENATE EMPLOYMENT,  
WORKPLACE RELATIONS AND EDUCATION  
REFERENCES COMMITTEE

INQUIRY ON THE EDUCATION OF STUDENTS WITH  
DISABILITIES

AUSTRALIAN GUIDANCE AND COUNSELLING ASSOCIATION NSW CHAPTER  
RESPONSE TO THE SENATE INQUIRY ON THE EDUCATION OF STUDENTS  
WITH DISABILITIES

The Australian Guidance and Counselling Association, NSW Chapter, represents about 400 school counsellors and guidance officers across all sectors of schooling in NSW. They are affiliated with the National Australian Guidance and Counselling Association across Australia. Most members are registered psychologists who have teaching qualifications and experience, as well as specialist qualifications in school counselling and educational psychology. Apart from the Australian Association of Special Educators (AASE) the AGCA represents the largest single group of school personnel with specific expertise in the education of students with disabilities.

We welcome the opportunity offered by the Senate Employment, Workplace Relations and Education References Committee to respond to the Inquiry into the Education of Students with Disabilities. Our response should reflect the view of counsellors and psychologists from public, private and Catholic systemic schools but no representative was available from private schools at our committee meeting when this inquiry was being discussed. Views presented are therefore representative of counsellors from public and Catholic systemic schools from metropolitan Sydney and environs.

This response compiled by Lynn Booth, President AGCA NSW, on behalf of the  
Australian Guidance and Counselling Association, NSW Chapter

Lynn Booth  
34A Third Ave  
Epping NSW 2121  
Ph/fax 02 9868 2197  
Email [lynnbooth@comcen.com.au](mailto:lynnbooth@comcen.com.au)

## SUMMARY

- The AGCA feel that definitions of disability, especially cognitive disability, are adequately defined by the normative data of their assessments. Levels of disability are less easily defined and decisions are often questioned by office personnel in an effort to conserve the insufficient amount of funding.
- Criteria for assessing disability should include a component related to the needs of the student
- Health related assessment and therapy services through Area Health and Ageing, Disability and Home Care are insufficient to meet the needs of families in some parts of NSW
- We urgently need additional health services to identify and support Indigenous, NESB, low socio-economic and rural students who have disabilities.
- Consideration needs to be given to supporting full access and the full inclusion of students, especially those with a physical disability, as required under the DDA.
- Funding support is difficult to access and is inadequate to meet the real needs of students with disabilities.
- Support for assessment and therapy through Area Health or DADHC is inadequate and can be inequitable across districts.
- Within the Catholic system the balance of the current funding arrangements for students with disabilities is unfair and is becoming an increasing burden.
- We put the view that full inclusion of all students with disabilities requires considerably more resourcing and specific, professional development, including pre and post service training, than any system is currently able to provide. This makes full compliance with the DDA problematic.
- Resource demands for educating students with disabilities, particularly in an inclusive setting, outstrip the funding provided through Commonwealth SWD programs.
- Resources for students with behavioural disturbance in a mainstream setting are inadequate
- Suggestions from the 1996 NSW McRae report should be incorporated into the Senate inquiry.
- We suggest that consideration be given to funding disabilities which are currently not supported through Commonwealth programs, but which require early intervention and a great deal of teacher time and expertise.

## RESPONSES TO TERMS OF REFERENCE

1) Inquire into the education of students with disabilities, including learning disabilities, throughout all levels and sectors of education with particular reference to:

a) **whether current policies and programs for students with disabilities are adequate to meet their education needs, including but not limited to:**

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

There is a perception that criteria in the NSW state system change from year to year. Counsellors who are psychologists feel that a clear diagnosis is presented but this is often queried by special education personnel involved in funding decisions.

There is a perception that district offices encourage overly strict definitions of disability and need so that quite disabled students are represented as being less needy than they really are. This appears to be related to too little available funding

The current guidelines for determining levels of need are too strict. For instance, a student with a mild intellectual disability in a regular class placement may receive little or no funding support. The level of disability and need are defined, but funding does not follow.

In the Catholic systemic schools criteria reflect state criteria for funding purposes. This is mandated.

- The AGCA feel that definitions of disability, especially cognitive disability, are adequately defined by the normative data of their assessments. Levels of disability are less easily defined and decisions are often questioned by office personnel in an effort to conserve the insufficient amount of funding.

ii) **The accuracy with which student's disability related needs are being assessed**

The current DET NSW documents related to assessing needs are quite explicit about explaining, defining and quantifying the needs of students with disabilities. However, even within what appear to be very strict definitions, different districts may assess disability differently. In particular, there is a tendency to look at the "major" disability and to ignore associated disabilities in students with multiple disabilities.

The NSW DET documents also tend to underestimate the impact of an intellectual disability on the needs of a student. It is possible for a student with a mild intellectual disability (IQ below 70, 1 in 100 students would score lower) included in a mainstream class, to be categorised as needing no additional support or funding.

School counsellors are uniquely placed to assess both intellectual functioning and educational needs. They are based in schools in the NSW departmental system and have training in assessment and special education theory. Their expertise is often undermined by bureaucracy without similar, wide training.

Not all Catholic schools have access to educational psychologists. Some systems have to pay for private assessments for their students, or arrange for the parents to seek private assessment. We note with regret that many metropolitan Community Health Centres will not assess students for cognitive development once they have begun school and that parents from low socio-economic areas are being badly disadvantaged by this decision. It is an anomaly in the Health system that wealthy metropolitan areas appear to be able to provide assessment and treatment for a wide range of disabilities for all ages of students, while poorer areas cannot/will not see school age students for language or cognitive assessments.

Accessing diagnostic assessment through non-profit organisations such as the Autism Association may cost more than \$400. Their expertise is highly valued across all systems but the costs are greater than many families can pay and most schools have no budget for this type of service.

There is an over-reliance on the scores of tests with no reference to the functional needs of the student. McRae (1996) states “the crux of the problem rests squarely on the current funding arrangements still based primarily on categorisation by type and level of disability, poor proxies for educational need and decidedly blunt instruments for resource allocation...still based on formula funding...rather than the actual needs of students in an educational setting”.

Assessment of needs is hampered by lack of appropriate, free assessment services especially when children are of school age. The current move to cut universal kindergarten screening will make this worse. Local Community Health Centres in western Sydney now rarely see school aged children for assessment or therapy.

- Criteria for assessing disability should include a component related to the needs of the student
- Health related assessment and therapy services through Area Health and Ageing, Disability and Home Care are insufficient to meet the needs of families in some parts of NSW

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

**Low socio-economic:** Particular difficulties are brought about by the lack of free, local diagnostic assessment and treatment. There are also a number of factors relating directly to the home situation such as lower educational levels in the home, no financial access to remedial lessons or therapies, lack of therapy support, different expectations of learning and aspirations, comparatively poorer schools, lack of resources.

There are also particular difficulties associated with high turnover of staff in teaching, police, DOCS and Health in lower socio-economic areas. Staff also tend to be more inexperienced in these areas.

**NESB** Cultural reactions including shame, denial of disability, expectation that a student will improve if only he/she is properly taught even when there is a cognitive

or sensory disability, lack of support systems in the family's network, difficulties in knowing of and accessing support, costs of obtaining translating services to assist with informing the family of the nature, extent and treatment of the child's disability, and difficulties with parental understanding of how to help at home.

**Indigenous** Particular difficulties because of poorer health generally, higher perinatal mortality, higher incidence of hearing problems, higher incidence of glaucoma causing vision impairment, lower socio-economic levels for many families, families which are sometimes reluctant to become involved in school, difficulties in assisting their children with remedial measures and therapy if there is illiteracy in family and family reactions to culturally inappropriate interventions.

**Rural and remote** AGCA committee members available to answer this inquiry are mostly metropolitan. However, we do have school counsellors in remote areas.

The major problem for rural/remote is access to any assessment or therapy services at all, meaning students are not identified and therefore not funded as students with disabilities. Students in the government system are better served than those in non government systems, as school counsellors are available for assessment and planning. For further investigation students often need to travel to services such as Royal Far West Childrens' Homes or Dalwood, both in Sydney, for assessment of disabilities. Children in non government schools do not usually access these services.

There is also a difficulty in that different health centres have their own policies and priorities so students are treated differently in different geographical areas, both in the metropolitan area and in rural/remote areas.

Schools are required to comply with theDDA. However, across all systems there are insufficient funds, insufficient access to diagnostic and therapeutic support and insufficient knowledge on the parent's part to seek early identification and support.

- We urgently need additional health services to identify and support Indigenous, NESB, low socio-economic and rural students who have disabilities.
- Consideration needs to be given to supporting full access and the full inclusion of students, especially those with a physical disability, as required under the DDA.

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

Entry to such programs requires early identification of disability. This does not always happen, especially in areas of high migrant intake where knowledge of our medical and support systems is limited. In our poorer socio-economic areas most students with cognitive disabilities are identified after school entry. By the time students are identified it is usually too late for enrolment in early intervention classes.

Early intervention services are very limited in quantity. Good early intervention is provided through DET Early Intervention classes but students are usually limited to two or three mornings a week in the program where places are limited and highly sought after. Placement virtually needs to be booked at about age 3. This program is

a model and should be followed by schools in providing service in the first few years of school.

Some pre-schools in Sydney have access to very good specialist educator support but this requires that a child be attending pre-school. Many poorer and NESB parents do not send their children to pre-school.

The former DoCS disability program, now under Ageing, Disability and Home Care, offers therapy support to parents in the pre-school years but it is almost impossible to have service in schools from their School Age Therapy Support Service. While they claim to be based on need, the most they are able to offer schools is some consultancy support and very occasional direct service. This appears to be related to their level of staffing which is clearly insufficient. Catholic schools report that they are usually unable to access service at all, even for children with disabilities such as Down Syndrome.

There is a need to have links with GPs, Health Centres, premie baby clinics to push for early intervention and to link to parents who need such services. Families First may provide another link.

- Identification of disability is often too late for less advantaged or less informed families to access the diagnostic and therapy services that are available at pre-school level.
- We contend that there are too few early intervention services, and that some of them are unavailable to parents whose children attend or will attend Catholic schools

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

School counsellors are distressed at the level of funding support offered to students with disabilities. Accessing funding requires completing lengthy forms which can result in funding such as \$900 for teacher aide time across a year. This would equate to approximately one hour a week of aide support which is clearly inadequate to support a student whose abilities are better than only one in 100.

Children with significant disabilities are integrated into schools as required by the Disability Discrimination Act, but there is no allowance for smaller classes. Requests for this are met with responses indicating that providing funding and smaller classes together would be “double dipping”. We fail to see how providing adequate funding and classroom environment for the benefit of the target student and the other students in the class could be regarded as inequitable.

Funding support for assessment through the public health system is inadequate and inequitable. Information from Community Health Centres seems to indicate that each centre or at least each Health Area make decisions about allocation of assessment supports. This can and does lead to very different service provisions in different areas for school aged children.

As an example, families in the Hills District of Sydney (fairly affluent) are able to access case managers, speech pathology assessment and blocks of service and psychologists working with children over extended periods of time. Families in the Blacktown Area (less affluent) cannot access speech pathology for children over the age of three, have little continued psychological services and rarely have a case manager from the Health Centre.

As Catholic systemic schools enrol more students with greater needs funding is being stretched. Just arranging for a student to be catheterised or otherwise toiletted at school can cost up to \$6000 per year. The costs of this service through Government funded Home Care is greater than through a private service provider and the fees charged to a school are more than for the same service at home.

Funds to enable physical access to schools by students in wheelchairs are supported by 50% Commonwealth funding for SWD. The system needs to make up the shortfall. In departmental schools modifications to school fabric to enable access, such as ramps or lifts, is sometimes provided years after applications have been made. Schools can end up using P&C funding to make these alterations or shift their own resources around to “make do”. This is not in the spirit of the DDA.

Catholic systemic schools would like to highlight the big increase in system funding committed by dioceses since 1992 in response to the increased number of students with special needs and the decreased rate of Commonwealth funding available per identified student.

- Funding support is difficult to access and is inadequate to meet the real needs of students with disabilities.
- Support for assessment and therapy through Area Health or DADHC is inadequate and can be inequitable across districts.
- Within the Catholic system the balance of the current funding arrangements for students with disabilities is unfair and is becoming an increasing burden.

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

The DET schools in NSW provide a number of levels of service to students with disabilities, from fully inclusive settings to partial integration for children in support classes, to self contained schools for specific purposes. The degree of integration depends on the setting chosen by the parents, the individual planning for the student to have integration experiences and the flexibility of the school to meet the needs for integration. Successful experiences rely on teacher training and professional development as well as the leadership in the school.

The DDA presupposes the right of all students to an inclusive education with peers, regardless of disability (except in cases of “unjustifiable hardship”, however that may be defined by the courts). While there is the presumption of “inclusion” as an accepted approach to special education support, there is insufficient funding support for students in inclusive settings. Students with an IQ range from 55-75 may receive as little as \$0 - \$900. Students who enrol or are identified after the application period make do with no additional funding for the rest of the year.



## **vii) Teacher training and Professional Development**

The difficulties in including students with disabilities in mainstream settings are compounded by the high proportion of young staff and the high turnover of staff in teaching in difficult areas. Pre teacher training, professional development and specialised training in teaching multi ability classes is required and is under resourced. There would be very few other professional occupations where employees are expected to finance their own professional development mostly in their own time.

There is an essential role of Professional Development and pre-service training for all teachers, not just special education teachers. We now have mandatory pre-service training in special education for teachers in NSW, but such subjects in an education degree are limited in scope and content and do not really prepare a regular classroom teacher to teach students with high support needs in an inclusive setting.

The lack of a dedicated Commonwealth professional development grant program for educators in response to the DDA is the missing link in the 1992 legislation. What other national, social legislation of the scope and range of the DDA has been introduced without any implementation strategy for the client group whose responsibility it is to put the legislation into practice?

- We put the view that full inclusion of all students with disabilities requires considerably more resourcing and specific, professional development, including pre and post service training, than any system is currently able to provide. This makes full compliance with the DDA problematic.

## **viii) The legal implications and resource demands of current Commonwealth and state and territory legislation**

The NSW McRae report (1996) outlined the implications of the DDA legislation and the demands of the inclusion agenda on all schools, both public and private, and very little action came from the many recommendations of that inquiry. The DDA has forever changed the nature of education in all our schools, and there has been scant acknowledgment of this at a Commonwealth or State Government level. The Senate should include this report in its deliberations and consider implementing its resource suggestions.

We are now seeing increasing litigation in relation to the education of students with disabilities. This applies particularly to students with extreme behavioural disturbances. Despite efforts to support these students funding is inadequate and the drain on teaching staff and other students is enormous.

- Resource demands for educating students with disabilities, particularly in an inclusive setting, outstrip the funding provided through Commonwealth SWD programs.
- Resources for students with behavioural disturbance in a mainstream setting are inadequate

- Suggestions from the 1996 NSW McRae report should be incorporated into the Senate inquiry.

### **Other areas of concern**

#### **Implementation of the Life Skills curriculum in Stage 6**

The state government, through the stage 6 Life Skills courses has given us curricula which are educationally appropriate for students with cognitive disabilities but has not allowed extra funding for their implementation in schools.

In inclusive settings and particularly in small secondary schools, it is not possible to implement six to eight Life Skills courses for approximately one to six students without greatly increased costs to the system. The BOS response is that this is an implementation issue and not their responsibility. No extra funding has been provided.

- While as educators we welcome the Stage Six Life Skills Curriculum, the resources to implement such curriculum offerings in an inclusive setting have not been provided.

### **ADHD**

The needs of students with ADHD, a designated disability in the Diagnostic and Statistical Manual of Mental Disorders, Version IV (DSM IV), is also not addressed by funding in any system in NSW, despite their great need for support and their demonstrable lack of achievement when compared with other students. They are specifically excluded from Students with Disabilities (SWD) Commonwealth funding support. This has implications under the Disability Discrimination Act (DDA) in that we could be asked to account for why we have not given adequate support for a student with ADHD or a learning disability under the DDA, yet no Commonwealth or State funding is provided for these disabilities.

Research indicates that people with this diagnosis are over-represented in our prison populations and frequently have an associated learning disability to a degree where they could be considered illiterate.

The reasons for not funding this category appears to be that there will be too many students who meet the criteria and will therefore be a drain on the funding. It is hard to see how the Commonwealth is complying with its own DDA in not funding these students.

- We suggest that consideration be given to funding disabilities which are currently not supported through Commonwealth programs, but which require early intervention and a great deal of teacher time and expertise.

#### **b) What the proper role of the Commonwealth and states and territories should be in supporting the education of students with disabilities.**

AGCA does not feel it has the necessary expertise to respond to this section.