

Inquiry into the Education of Students with Disabilities, 2002

Response prepared by the Catholic Education Office, Darwin.

Terms of Reference

1 (a) Adequacy of current programs and policies

(i) Criteria used to define disability and to differentiate between levels of handicap

The Northern Territory Catholic education policy guidelines are informed by Commonwealth/Territory legislation and guidelines. While the current *Commonwealth Programs for Schools Administrative Guidelines* definition for disability is comprehensive, specific groups of students with (sometimes acute) special education needs are excluded, and therefore receive neither the recognition their disability deserves, nor any specific additional funding.

These students include the following:

- specific learning disability;
- medical condition of Attention Deficit Disorder;
- Otitis Media (conductive hearing loss);
- mild-moderate disability;
- unidentified socio-emotional behavioral disorder;
- central auditory processing disorder;
- visual perception disorder

(ii) Accuracy with which students' disability related needs are being assessed

Assessment of the needs of students with a disability are generally undertaken by specialists, using standardised testing, in a clinical context. The ascertainment of needs and the conclusions resulting from this assessment are then transferred and incorporated into a schooling model that defines improved learning outcomes for the particular student.

There can be a mismatch between recommendations made by a health specialist and what can be offered, within the available resources, through the school-based program. However without access to a professional assessment, accurately ascertaining student needs remains problematic. Health specialist assessments are this a necessary beginning to the process of accurately identifying the needs of an individual student. The results of these assessments can then inform a collaborative team

approach that develops the individual education program and identifies instruments to ensure ongoing evaluation and monitoring processes.

Following health assessment and recommendations, an individual education program needs to be established. This process requires as a minimum a full-time special education teaching position at each school with an enrolment of around 300 students or more. Currently most special education teaching positions in our system urban and rural schools are part-time.

In remote Aboriginal school settings there rarely is a recurrent-funded special education teaching position, nor are top-up Commonwealth funds for such a position usually available. In remote schools the needs of an individual student must be ascertained by visiting specialists, thus increasing the cost burden.

The capacity of a school to develop and implement a specialised program is limited when there is not a designated staff person to carry out this role or if the designated person is only part-time. In addition access to specialists can vary and is dependent on specialist positions being filled.

Families that have the means to access private specialists can provide a range of documentation for the school that results in their child being quickly and effectively placed, and sometimes attracting resources priority, whereas families who have to rely on the limited assessment services provided by school authorities may have their needs addressed more slowly.

School structures, system regulations and legislative provisions (for example, the Privacy Act) can impede the transfer of specific documents across school systems and this limits access to assessment reports. This further reduces our capacity to respond quickly and effectively with specific individual programs to support student needs.

Formal network structures that promote partnerships between health and education providers are limited. In addition, a high turnover in visiting specialist staff to remote areas of the Territory reduces the capacity of health providers to establish relationships of trust with both family and school staff. Therefore programs can lack the continuity and consistency required to maximise outcomes for individual students.

School-based processes for record keeping of student assessments vary with the resources available to that school. Some schools that have a high profile of students with a disability are not able to maintain accurate records that would inform an analysis of student needs.

Assessment tools for students from remote Aboriginal communities, who attend schools in both remote rural and urban education settings, are often not culturally appropriate nor are they inclusive of students from an English as a Second Language background. It is imperative, if we are to accurately assess student needs, that we invest research and resources into developing assessments tools that are culturally appropriate and inclusive of students for whom English is a second or other language.

The needs of Indigenous students from rural and remote communities can include those who have underlying serious health issues (sometimes undiagnosed) which also have a strong impact on learning outcomes. The needs of these students in the school setting are difficult to assess because of the complexity of the health issues.

An additional factor is that relevant health information may not be conveyed to the education provider or that information provided may be inadequate (for example, remote community students boarding at an urban school.)

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

A school-based individual education program supports the student while they are attending a formal education setting. A student who is unable to access specific programs outside of the school program is significantly disadvantaged. In urban centres of the NT there are no specialist programs such as Speech/Occupational Therapy funded through public health.

Therefore families who cannot afford access to private services are severely disadvantaged and educational outcomes for their children are limited. Students in rural and remote communities are further disadvantaged because of limited access to services outside of those provided in an education setting.

Students from families who have had limited education themselves are further disadvantaged because these families do not have a good understanding of the educational value of specific programs, nor do they always know how to access programs and facilities available in the community. This can also be the case for students from an ESL background where parents may have limited access to information and professional networks available in the community. This limits educational outcomes for students. These families require the support of a liaison person who can provide relevant support.

Cultural diversity within the Territory necessitates establishing different models for dealing with disability in an educational setting. This is particularly important in remote communities and needs to be explored carefully and sensitively and resource provisions allocated appropriately.

For example one remote community school stated that they would not consider that an Individual Education Plan for a student was appropriate, despite the fact that policy guidelines advise this. They would consider that working with a collective group of parents of students with a disability and dealing broadly with critical issues and programs to do with disability may be a more appropriate model for their education context.

In another community an individual student with a disability requiring an Inclusion Support Assistant cannot attend school unless the ISA is a family member. If a family member is not available to fulfill the ISA role, the student will be kept at home. In this instance available resources should be provided to support a community/home based education program.

Feedback from Indigenous staff to this Term of Reference suggested that they required resources to provide community based programs that could respond locally to a range of issues associated with students with disabilities. In particular, students with high level socio-emotional problems that impacted on their participation in an education program were least provided for. In addition staff suggested that provision of an effective education program might best occur at both school and community contexts. However these models do not fit into current staffing/funding formulas. These specific programs would need to be supervised by appropriately qualified staff who could be funded jointly by health and education.

Physical structures of classrooms need to be improved for learners with Otitis Media (conductive hearing loss). Students with this hearing loss cannot cope in classrooms that are not acoustically conducive to learning. Sound-proofed rooms built with effective materials, along with staff who can coordinate programs that support students in maintaining healthy ears, may be better than costly sound system equipment that is expensive and difficult to maintain.

(iv) The effectiveness and availability of early intervention programs

Early intervention programs need to be adequately resourced. There are several early intervention program models that have been used in the

Territory with excellent outcomes. However many of these programs are inadequately resourced or have ceased because of funding cuts.

It is imperative that there is a formal link made between health funded programs and education providers. Families of students with a disability need to be provided with information that allows them to engage in a model that explicitly deals with education from birth through to pre-school and then the transition to the further, formal years of schooling. Previous models of service provision in the Early Intervention Programs have not provided an integrated continuous service but rather a fragmented provision of service.

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

Funding for students with a disability is expended, in urban areas, mainly by the appointment of a school Special Ed Coordinator. Catholic remote community schools funded by the NT Department of Education do not have a staff allocation for Special Education. This position entails the carrying out of a range of administrative processes linked to funding, referral processes, enrolment practices and monitoring processes linked to inclusive practice. Therefore the funding does not extend adequately to cover the area of developing specific programs at the whole-school level. In addition school based provision for professional development of all staff in catering for the needs of a student with a disability is limited.

Funding, particularly in schools where inclusive practices are followed, is absorbed by the profile of students with a disability according to the Commonwealth definitions. It does not adequately cater for the large profile of students who have learning difficulties or disabilities that fall within the mild to moderate levels that fall outside of current definitions.

Programs to support students with Otitis Media (conductive hearing loss) have been reduced to such an extent that advisory support to school-based programs is too limited.

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

The NT Catholic Education Special Education Policy is based on the principle of inclusion. This Policy maximizes the opportunities for a

student with a disability to access teaching and learning programs with mainstream students. This policy ensures that an enrolled student with identified special needs can have equal access to the total school environment along with a negotiated appropriate program which is flexible and supportive.

Staff in our school have generally embraced the principle of 'inclusion' and see this practice as essential in a Catholic school community that as part of a Christian ethos upholds the notion that all students, irrespective of differing abilities, should have the opportunity to be educated with their peers, accepting each other as persons with gifts that will enrich the whole community.

However this policy and associated implementation procedures make great demands on the school and available resources. Current funding is not adequate to ensure that this policy is implemented fully with 'best practice' models of teaching and learning. This is particularly the case for schools that have a high profile of students with a disability. Schools that demonstrate 'best practice' are those that have a small profile of students with a disability and therefore can ensure that the student can access available resources.

Students with a disability who have high support needs often cannot choose a Catholic school because special school environments can only be accessed in urban government schools. In addition students with high support needs in mainstream classes are often not adequately covered throughout the school day because of the limitations of the funding resources.

For example, students with a significant physical disability who require one hundred percent ISA support are not adequately funded. Schools do their best to manage with the support of non-teaching staff or with the additional help of a student's family. These students are not always able to maximize the potential to access a whole-school program.

(vii) Teacher training and professional development

Teacher education programs in the Northern Territory do not include compulsory units of study that provide training in regard to students with a disability in a mainstream classroom. Compulsory units of study that need to be included in teacher education programs could include: orientation to disabilities; current legislation that guides policies; assessment procedures; creating Individual Education Programs etc.

Teacher training programs need to provide students with knowledge about the sequential nature of learning, learning styles and equip graduates with the skills to implement a range of teaching strategies to deal with the challenge of the classroom.

(b) Proper role of the Commonwealth in the provision of support for students with disabilities

Catholic schools in the Northern Territory are appreciative of steps taken in recent Budgets to increase the funding for students with disabilities (SWD). We would nevertheless argue that this funding still falls far short of the actual costs of supporting SWDs in Catholic schools.

NT Catholic education supports the submission of the National Catholic Education Commission (NCEC) to the Commonwealth Government for the 2002/03 Budget.

This submission claims that the actual average cost of supporting SWDs in Government schools is in the order of \$14,000 per annum.

The NCEC further argues that Catholic schools in all States and Territories should receive funding for SWDs at the same level as they receive for all students.

For the Territory, this would mean an allocation for each SWD of 56.1% of the notional \$14,000 Government school cost.