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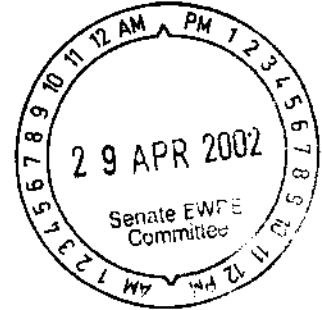
**THE CRIPPLED CHILDREN'S ASSOCIATION  
OF SOUTH AUSTRALIA INCORPORATED**

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24 April 2002

The Secretary  
Senate Employment, Workplace relations  
and Education Reference Committee  
Suite S1 61 Parliament House  
CANBERRA ACT 2600



Dear Secretary,

**Re: Inquiry into the education of students with disabilities**

The Crippled Children's Association (CCA) is the largest provider of therapy, equipment and home support services for children with physical and multiple disabilities in South Australia.

Given our client base extends throughout the full spectrum of the education system and a key part of our role is working with the Education sector to ensure children are able to access a full school curriculum in an effective way, CCA makes the following submission to the 'Inquiry into the Education of Students with Disabilities'.

You will note from our submission, that we have highlighted a number of key areas of concern, in particular the current implementation of the Negotiated Curriculum Program (NCP). Should the Committee wish CCA to provide a more detailed response on any of these areas, please contact our Director of Therapy Services, Wendy Wake Dyster on 08 8375 8602.

It would also be appreciated if CCA could be provided with the details of the outcome of this inquiry.

Yours sincerely,

Glenn Rappensberg  
CHIEF EXECUTIVE

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## ENQUIRY INTO THE EDUCATION OF STUDENTS WITH DISABILITIES



### **Background**

The Crippled Children's Association of South Australia (CCA) was established in 1939 in response to the need of children with a physical disability to access therapy and support services. CCA primarily provides services to children, (0-18 years), with a physical disability, which results in functional difficulties in mobility, activities of daily living or communication. Our client group includes children with cerebral palsy, muscular dystrophy, spina bifida and acquired brain injury.

Our organisation is structured into four divisions:

- Therapy Services  
providing regional children's services and services for adults with a severe/multiple physical disability;
- Options Coordination  
linking families with respite and personal care services;
- Rehabilitation Engineering  
providing assistance with seating, mobility aids, orthoses and electronic technology; and
- Corporate Services

We have over 1000 active clients with services provided in the education setting including:

- Advice and training to enable school staff to enhance / include the student in a meaningful curriculum experience;
- Therapeutic intervention; and
- Professional in-service for teachers, School Support Officers and Access Assistants so as to that ensure educational and health needs of children remain updated

Services are provided across the state, with rural services provided through a consultancy model. Country visits are conducted once per term to each area to support families and local service providers.

### ***Particular needs of students with disabilities with additional special needs***

In remote areas Aboriginal children with a disability have great difficulty in accessing education. Significant cultural issues need to be addressed that promotes other Aboriginal people supporting these children. The current situation does the opposite with potential supporters concerned of the consequences if the child should come to any harm while under their care.

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

A range of schooling options providing parent and student choice are required, so that parents may, in conjunction with the education system, make a decision between mainstream schooling, support classes or special schools. Adequate classroom and personal care support in all settings is required to give real choice. Parents report the need for more information to make an initial school selection and to make decisions about the transition from preschool to school and from primary to secondary school. Parents perceive that the level of support services reduces from preschool to school and that improvements could be made in the continuity of support. Potentially cluster schools and disability agencies could work together in providing regular forums to address these issues.

A higher level of knowledge and uptake of the standard consultation processes is needed to assist children with a disability making the transition between schools. Parents report great variability in the level of support, information and advance planning when children move from the primary to secondary school sector and between schools. Inadequate notice to enable parent involvement in planning, no opportunity for parent involvement and no involvement of disability agencies are all reported problems.

While the Negotiated Curriculum Program (NCP) has great merit, in practice its implementation is varied and depends largely on the commitment of the local school. In some instances there is a high level of parent and community agency involvement. Often CCA may not be involved, depending not only on parent preferences but knowledge and commitment of the School Principal. This highlights the need for mandatory training for Principals on disability awareness and systems to support children in schools.

When CCA staff recommend a program, we are reliant in part on education sector staff to carry out this program. At times there are difficulties due to education staffing levels, support hours, staff training, skills and attitudes that mean the program is not implemented as agreed within the NCP framework. It then relies on the parents to use the NCP grievance process to redress lack of services. CCA of course does not have any mandate to require particular services are provided by education staff and can only make recommendations. This places parents in a difficult position of being both the receiver of services (on behalf of their child) and advocate for services. This highlights the issue of best practice benchmarks for support needs for curriculum access?

There is significant lack of support for children with acquired brain injury, including speech therapy, psychology support and behaviour management programs.

NCPs are only developed at times of transition and do not accurately reflect the support needs at other times. They do not reflect changing needs for CCA

therapy input from term to term, and as such do not translate to system wide needs for School Support Officers and Access Assistants.

The CCA philosophy is very much focussed on supporting families in whichever setting the child and family are seen. Within the school sector it appears that the focus is very much on the child and their access to curriculum. It may be worth exploring whether a greater focus on family needs and support may improve the curriculum access outcome.

Originally the role of Access Assistants was to provide personal care support for children with a disability. The service was initially provided by a funding contribution from CCA and the South Australian Department of Education Training and Employment. In more recent years there has been a changing emphasis from supporting children with a disability to supporting children with health care needs, for example the increasing number of children with a gastrostomy or tracheostomy. Children with health care needs often present with more "acute" or urgent needs with the consequence of not providing a service readily visible. In contrast, the impact of not providing a service to a disabled child who has ongoing needs that are not directly "health related" are not being met; for example children who would gain significant benefit from maintaining the potential for weight bearing by regular position changes, use of standing and supported walking options. The net result is that children with a physical disability have experienced a reduction of services due to the changing profile of children being supported by the South Australian Access Assistant program.

### ***Transport***

Access to transport to school is an essential component of supporting children with a physical disability to attend school. While there will necessarily be guidelines around this, we see continuing transport support as essential for our client group.

### ***Home Schooling***

Considerations for home education (for children with a disability) should include the process to access disability support from agencies and the education sector that would be available in the school setting. For example CCA is able to provide equipment prescription, therapy and advice for our clients regardless of the education setting being home or school. There should be processes in place to ensure that equivalent support is negotiated with other sectors, so that parents are not taking on the role of educator and support worker.

There is the need to quantify and verify children with a disability undertaking home education and to provide appropriate funding to agencies who are supporting the achievement of curriculum objectives where this would be received in the school setting.

***Nature, extent and funding of programs that provide learning opportunities with mainstream students***

Further emphasis should be provided on preparation for school transition to employment, tertiary study and post schools options including the incorporation of independent living skills training as an optional part of the curriculum.

***Teacher training and professional development***

Training needs for schools are widespread and include not only the relevant classroom teachers but also other teachers where the school has children with a disability enrolled. Teachers who may be supervising a child with special needs at other times (during yard duty or team teaching) need to be aware of the child's specific needs and any management plans, just as they would for children with particular learning or behavioral issues.

Time is allocated to School Support Officers only for direct care. Additional time is required for communication with teachers as well as planning and training to ensure the NCP can be effectively implemented. The child with special needs may also benefit from awareness and education of their peers so that learning environments can be supportive.

Significant training packages have been developed through the DETE Interagency Health Care Management Project, for example mealtime management, manual handling. We need to develop a similar systems approach to include other training areas such Augmentative and Assistive Communication. There may also be training needs around duty of care issues associated with mealtime management and school camps / excursions.

CCA is willing to be involved in the identification of training needs and development of training packages to support the needs of education staff.

The need for School Principal awareness, commitment to and knowledge of disability issues has been raised previously. This is a key factor to ensure fair and transparent processes for children with a disability and their families.

Finally, there is a need for disability awareness and the principles of inclusive education to be included in all undergraduate teacher training not just a component of specialist study.

Glenn Rappensberg  
Chief Executive  
The Crippled Children's Association of SA Incorporated

24 April 2002