Senate Employment, Workplace Relations and Education References Committee

Inquiry into the

Education of Students with Disabilities

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Background Information

- Functional Impact of Neurological Impairments in Paediatric Populations
- Paediatric Program – Neurosciences Unit

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 educational needs, including, but not limited to:

      (i) the criteria used to define disability and to differentiate between levels of handicap,
      (ii) the accuracy with which students' disability related needs are being assessed,
      (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 public and private sectors,
      (vi) the nature, extend and funding of programs that provide for full or partial learning opportunities with mainstream students,
      (vii) teacher training and professional development, and
      (viii) the legal implications and resource demands of current Commonwealth and state and territory legislation; and

   (b) what the proper role of the Commonwealth and states and territories should be in supporting the education of students with disabilities.

References

Background Information

Functional Impact of Neurological Impairments in Paediatric Populations

The Western Australian education and health services are not holistically geared for the long-term support of children and adolescents with neurological impairment – with many being 'lost' in the system after the mid-primary school years (Stirling, 1994). This is despite the fact that the need for long-term follow-up and appropriate family support, behaviour management and educational programming for these students is well recognised in Australia (Epps, 1991).

Neurodevelopmental or acquired neurological impairments can create a significant risk for the development of a range of learning and cognitive difficulties in children. The latter can include problems with attention, concentration, learning and memory, problem-solving ability, sensory-motor functions and visual-perceptual functions. Treatment or monitoring needs to be ongoing since difficulties may become apparent weeks or even years later as greater academic and social demands are placed on the child. Research suggests that the less appropriate support a child receives, the more likely problems are to arise in the future and the more costly this will prove in terms of the child's ultimate level of attainment and burden on government funded support services (Furlonger & Johnson, 1994).

Providing specialist interventions and support for children and adolescents with neurological conditions helps to prevent and/or minimise negative psychological, social and behavioural difficulties. In addition, developing appropriate vocational goals and work related social skills to deal with the difficulties also helps prevent unemployment of school leavers (Brown, 1993).

Neurological impairment in children requires specialist, coordinated multi-disciplinary assessment and management so that intervention requirements are prioritised and streamlined so as to be both time and cost effective. Specialist assessment is particularly important for differential diagnostic issues, as many children with neurological impairments are inappropriately classified as having learning disabilities, attention deficit hyperactivity disorder, emotional disturbance, conduct disorders, oppositional defiance disorders or intellectual disability.

The Paediatric Program - Neurosciences Unit

The Paediatric Program offered through the Neurosciences Unit was developed in an attempt to bridge the gap between short-term specialist interventions and long-term educational/social outcomes, and to offer specialised intervention that extends beyond the clinic and into the child's school and home. A multi-disciplinary team of professionals including a clinical neuropsychologist, speech pathologist, clinical psychologist, educational psychologist and social worker are involved with the paediatric program. In addition, a paediatrician and paediatric psychiatrist provide consultative services to clients involved with the paediatric program.

Assessment:

At present, an assessment through the Paediatric Program involves a comprehensive assessment of cognitive and communicative skills for children with a known or suspected neurological impairment. The combination of neuropsychological and social-communication skills assessments of children is unique to the Unit, as it is a service not offered elsewhere in Western Australia. These assessments provide a basis from which to make realistic and functional goals for children failing or at risk of failing academically and socially. As the Neurosciences Unit is part of the Department of Health, all assessments and services offered through the Unit are free of charge.

Educational Management:

Educational management is coordinated amongst team members involved in the assessment and management of the child, and involves consultation with parents, classroom teachers and other school personnel (ie. school psychologists, principals) to provide the most appropriate learning environment for the child. This is achieved by explaining the basis of the child's neurological impairment and how these difficulties are likely to affect the student in an educational setting (ie. academically, socially, behaviourally), determining the best educational placement for the child and assisting with the development of a collaborative approach for managing the child within the school setting. Educational management is viewed as a continuous process and as a result, team members attempt to follow-up clients during periods when educational management may change (ie., mainstream to education

support facilities), and as their educational environment changes (ie., transition into secondary school, transition into post-compulsory school options).

Appropriate Referrals:

Children aged six years or over with known or suspected brain impairment resulting from trauma, disease, genetic, birth or other medical conditions can be referred to the paediatric program for a comprehensive diagnostic assessment. Neurological conditions such as head injury, epilepsy, frontal lobe disorders, central nervous system (CNS) infections (such as meningitis and encephalitis), brain tumours, inhalation or ingestion of toxic substances are common to children and adolescents involved with the paediatric program.

Terms of Reference

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

Concerns:

(1) Criteria used to define disability:

- We note the existing discrepancy between the broad definition of a disability within the Disability Discrimination Act (1992) versus the Commonwealth Special Education Funding Criteria.

- The exclusion of neurological categories as per **ICD-10** and most psychological categories as per **DSM-IV** from the Commonwealth Special Education Funding Criteria means that children with the following conditions for example are not recognised as having funded disabilities:

    - Epilepsy
    - Non-Verbal Learning Disorders
    - Executive Disorders
    - Language Disorders / Semantic-Pragmatic Disorders
    - Specific Learning Disorders
    - Psychiatric Disorders
    - Central Nervous System (CNS) infections such as meningitis and encephalitis
    - Brain injuries
    - Cognitive effects of negative life experiences (ie, physical / sexual trauma)
    - Effects of drug use (ie, glue sniffing etc)
    - Challenging Behavioural Disorders

(2) Differentiating between levels of handicap:

- Current tests used to define inclusion for funding programs could produce scores that do not necessarily correlate with academic achievement or behavioural functioning. In particular, tests such as the Wechsler Intelligence Scale for Children –Third Edition (WISC-III) can be insensitive to the cognitive sequelae of a range of neurological impairments. For example, a student with executive difficulties may obtain a high IQ score on a WISC-III assessment, but remains unable to demonstrate their knowledge or skills and function at the level of reported ability without one-to-one support in the classroom.

- Many children with neurological difficulties show variability of performance from one day to the next which is not captured on the current tests used to define disability.

- The impact of difficulties that children with neurological impairments have increases over time. Therefore, the management of the child's difficulties must reflect this changing pattern and cater for increased levels of support as the child develops.

- The mainstream education system is not equipped to deal with the social sequelae of brain injury.

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

Concerns:

- We are concerned about the limited number of suitably qualified experienced professionals able to assess the functional impact of neurological disorders. It is our experience that Executive Disorders, Non-Verbal Learning Disorders and Attachment Difficulties for example are often not assessed for as a result of the lack of specialist knowledge available at the level of assessment or pertaining to the disorder itself. Therefore these children often are incorrectly diagnosed and managed.

- The limitations of using tests such as the Wechsler Intelligence Scale for Children –Third Edition (WISC-III) and the Vineland Adaptive Behaviour Scale to identify cognitive disabilities and the functional impact of a disability means that most children and adolescents presenting with neurological disabilities are being missed.

- Issues surrounding the diagnostic accuracy of certain neurological conditions can result in a high number of false positives (ie, ADHD diagnoses) or alternatively, in a high number of false negatives (ie, syndromes being missed due to insensitive assessments conducted by inexperienced professionals).

- A broad-based, specialist opinion of the child's presentation is often not pursued due to limitations in availability of specialist knowledge and/or extensive wait-lists for specialist services.

- There is no formal protocol informing liaison between medical and para-medical specialists diagnosing disabilities and the school personnel managing the child's difficulties in a classroom environment. This tends to result in misunderstandings regarding the implications of assessment results and is leading to fragmented, or at worst, non-existent medical and educational management.

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

Concerns:

(i) *Low Socio-Economic Backgrounds:*

- As this is a specialist area, strategies from specialists working in this area are necessary.

(ii) Indigenous Backgrounds:

- Our experience is that it can be difficult to access such specialist services.

- As this is a specialist area, strategies from specialists working in this area are necessary.

(iii) Non-English Speaking Backgrounds:

- As refugees enter into our education system, those with no formal education require specialised remedial programs (ie, Feuerstein Instrumental Enrichment Program) to develop formal operational thinking structures necessary to process, understand and learn information within the context of a Western educational system. However, due to lack of expertise, these programs are currently not available to be implemented.

- Although programs such as those accessed through the Intensive Language Centres offer an invaluable specialist educational program to non-English speaking refugees, the availability of placements in programs such as this are not sufficient to meet the needs of this growing population.

- There exists limited specialist knowledge regarding the accurate assessment of cognitive and psychological difficulties (ie, significant trauma related issues such as Post-Traumatic Stress Disorder and Attachment Disorder) in refugee populations when entering Australia prior to placement in the education system. However, in the absence of an accurate assessment process, the effectiveness of educational placements, even when specialist programs are available, is limited.

(iii) Rural and Remote Areas:

- The Paediatric Program offered through the Neurosciences Unit has recently commenced country clinics to address the shortage of specialist services available to rural paediatric clients. It is our experience that:
    - Teachers from rural and remote areas have limited access to specialist information regarding the educational management of students in their classrooms.
    - Rural clients are faced with lengthy waitlists for assessments, and often have no option but to travel vast distances to access specialist assessment and management services.
    - Ongoing management of rural clients is difficult due to distance issues, and the limited availability of appropriate technology causes tele-conferencing to be problematic.

- The enormous and specialist caseload of support services staff (ie, rural school psychology services in both the private and public sectors) is inappropriate based on the absence of specialist knowledge to perform appropriate assessments and in light of the limited availability of therapy support services.

(iv) **The effectiveness and availability of early intervention programs.**

Concerns:

- It is our experience that by the time the majority of paediatric clients are identified and assessed, they have fallen out of the age range in which they could have accessed early intervention funding and programs, both within schools and through specialised assessment and therapy services (ie, speech therapy services; occupational therapy services).

- Based on the Curriculum Framework philosophy guiding current educational practice, the majority of paediatric clients with neurological impairments require the highest degree of support and structure during the middle and upper primary school and secondary school years when they are expected to independently meet task outcomes of increasing complexity. However, it is our experience that it is most difficult to access support in the form of teacher's assistant time once a client moves past Year 3 level of schooling.

- There needs to be a stronger focus on the development and implementation of Vocational, Education and Training (VET) programs for students who simply cannot cope with the academic demands of Tertiary Entrance Examination (TEE) courses or Wholly School Assessed (WSA) courses during the post-compulsory schooling years. It is our experience that only a minority of secondary schools are in a position to fund a range of VET programs.

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

Concerns:

- We recognise this to be the most significant problem that we encounter in our attempts to access appropriate educational management and support for our clientele. As neurological, psychological and learning disabilities are not recognised as funded categories at either State or Commonwealth levels, client's access to funding to provide educational support within both public and private sectors is limited. In addition, the effectiveness of trials such as the current trial in Western Australia allowing students with psychological diagnoses to access teachers assistant time needs to be documented and formalised.

- Our experience indicates that the functional impact of neurological, psychological and learning disabilities, and the varying educational requirements based on the developmental stage of the client are not addressed within the current Commonwealth funding criteria, which is based solely on a narrow range of diagnoses.

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

Concerns:

- It has been our experience that students identified as "students at educational risk" (SAER Students) are recommended to follow an individual education program (IEP) which in theory, modifies the curriculum to suit their individual learning needs. However, in practice a single teacher who is expected to manage the individual learning needs of up to thirty students calls to question the benefits that students receive from such a program. In addition, it is our experience that these IEPs, when developed, are often not evaluated and monitored for effectiveness due to the time demands on the teachers implementing these programs. However, we have observed that IEPs are an effective method of educational programming when implemented in the context of an education support unit or centre, where the teaching and support staff

are dealing with smaller numbers of students to effectively manage and review, and are able to access specialised learning programs. Finally, there also exist a risk that an IEP takes the pressure off a child to learn without providing the appropriate educational supports to assist the child to learn to their potential.

- Our experience suggests that the majority of public and private secondary schools do not offer specialist remedial programs for students with learning disabilities. In addition, no structured support exists at a secondary school level to modify the curriculum to meet the needs of students with learning disabilities.

- Specialised schools and programs are not funded within the private sector to cater for students with significant language disabilities. In addition, it has been our experience that although the programs offered through Language Development Centres (public education system) are invaluable to their clientele, there is a significant shortage of placements available in these centres. As a result, it becomes virtually impossible to enrol a student in a Language Development Centre beyond Year 2/3 level of schooling. Furthermore, there exists no continuity of support for these students with identified language disabilities upon exiting the LDC and into high school.

- The availability of specialised therapy and support services (ie, Therapy Focus; Socio-Psycho Educational Resource Centres - SPER) are limited in their effectiveness due to a shortage of specialist staff and the short-term (ie, 6 week blocks of therapy) that they can offer. However, these services provide invaluable support to both teachers and students and should be further developed.

(vii) Teacher training and professional development.

Concerns:

(i) Teacher Training:

- Special education units are not a compulsory component of pre-teacher training programs in Western Australia.

- There exists a lack of multi-disciplinary input into the development of special education units within pre-teacher training programs in addition to teacher assistant courses in Western Australia.

(ii) Professional Development:

- Although professional development courses offered within both public and private sectors of education throughout the state are informative, they are not tailored to developing the level of skill and knowledge required to work within a range of specialist areas.

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

Concerns:

- The policy of inclusion would appear to exist in the absence of essential and supportive structures, or ones which can be realistically implemented, to address the needs of the learning disadvantaged child. This must surely have medico-legal implications in so far as we are limiting in an institutionalised manner the functional potential of a generation. In addition, we are not addressing the concerns of research pointing towards the eventual socio-economic cost on adult support services, psychiatric services and the justice system.

- Conversely, parental and professional concerns have been raised regarding the impact of classroom resources being targeted to the learning needs of the disadvantaged child. When resources are stretched, this can have a negative outcome on the allocation of resources for the learning needs of the higher functioning child whose functional outcome is therefore also not optimal.

- The impact of workers compensation claims based on stress levels of teachers faced with unrealistic professional expectations without the appropriate levels of training and external support needs to be investigated. In addition, the cost of training teachers in light of the high drop-out rate in the profession due to high stress levels needs to be acknowledged.

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

Summary and Recommendations:

Working as part of the Paediatric Program Team at the Neurosciences Unit has allowed us to be in a unique position where we are involved in the coordination of diagnostic services in addition to the ongoing educational management of paediatric clients across all systems (pre-primary; primary; secondary) and sectors of education (Government; Catholic; Independent). What we have observed in this role is a lack of structure, protocol and consistency across different sectors of education as to the management of children with learning disabilities. In addition, we are continually working with the concerning discrepancy between the policy of best management of learning disabled clients which contrasts with the limited access to specialist assessments, therapy and educational support services they ultimately receive. Our ultimate clinical concerns relate to the long-term impact of this discrepancy on the adult level of functioning of this population.

Below, we have proposed a system targeted towards the specialist identification and management of neurological and learning disabilities in children, that addresses a number of the limitations evident in the current system that have been outlined above.

Assessment

- The development of a policy outlining guidelines relating to the multi-disciplinary assessment and educational management of paediatric clients with neurological, psychological and learning disabilities. As with the Autism Panel, this policy needs to outline which specialist professionals and assessments need to be incorporated into the diagnosis of neurological, psychological and learning disabilities in children. Incorporated into this policy should be the necessity for medical and para-medical professionals to refer children presenting with known or suspected neurological, psychological and learning difficulties for specialist, multi-disciplinary assessments (ie, clinical neuropsychologist, speech pathologist, occupational therapist) prior to them entering the school system.

Educational Management

- We recommend that the policy proposed above provides guidelines outlining the best educational management of children with an identified disability. This policy should include what level of educational support is to be provided during each developmental period (ie, pre-school; primary school; secondary school; transition to the workforce) as based on the functional impact of each disability, in addition to guidelines outlining how these support structures are implemented and evaluated. We feel that these guidelines are imperative based on the current ad-hoc educational management of students with learning disabilities.

- We see it imperative that representatives from the multi-disciplinary assessment team would be required to liase with appropriate school personnel regarding the best educational management of paediatric clients to avoid the misunderstanding of medical assessment implications and to ensure ongoing monitoring of the client's educational needs.

Central Assessment and Management Service:

- We propose that the most appropriate way to address the limitations of the current system would be to establish a central assessment and management service that could be coordinated into regional teams throughout metropolitan and rural areas. We propose that these multi-disciplinary, specialist teams be responsible for the accurate diagnosis of neurological , psychological and learning disabilities in children. Access to these teams would not be restricted to public or private sector schools, but instead provide a free service funded jointly by the Department of Health, Department of Mental Health and the Education Department of Western Australia, thus encouraging communication and consistency of management across all systems of education. We propose that the in addition to the accurate diagnosis of neurological, psychological and learning disabilities, the role of this service would include providing schools with specialist teachers and programs to assist students with learning difficulties in the classroom. In addition, the central assessment and management service would provide an information service to parents and educators regarding the best educational management practices for particular diagnoses. We perceive this system to be more

cost effective and efficient than the current haphazard system of identification and management, as it would be providing a standard practice of management across all sectors and levels of education.

We recommend that multi-disciplinary working parties including parent representation at all state and territory levels be formed to debate best management practices for the educational management of students with disabilities, which we would be willing to be involved with.

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