



**Submission to the Review of Special Education
Services in ACT Public Schools**

"I want my child to feel he is a worthwhile person and there is a place for him
in school"

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Carers ACT acknowledges that modern day Canberra has been built on the traditional lands of the Ngunnawal people. We pay our respects to their elders and recognize the displacement and disadvantage they have suffered since European settlement. Carers ACT celebrates the Ngunnawal's living culture and valuable contribution to the ACT community.

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1. Introduction

Carers ACT is a non-profit, community based, incorporated association and registered charity dedicated to improving the lives of the estimated 43,000 family Carers living in the Australian Capital Territory. We represent unpaid family Carers who are providing care for people with disabilities, mental illness, chronic conditions, palliative care or who are aged and frail.

Parents and guardians of Students with Special Needs (SWSN) can also identify as Carers of those children. This identification acknowledges the responsibilities they have in addition to their parenting role.

The role of Carers ACT is to work in active partnership with Carers, people with care and support needs, health professionals, service providers, government and the wider community to achieve better understanding and an improved quality of life for Carers. We also provide a range of services to more than 5,000 caring families in the ACT.

This submission to the Review of Special Education Services in ACT Public Schools shares the experience and knowledge of Carers in the education of their children. Carers are integral to the educational outcomes of SWSN.

2. Methodology

In order to provide the Review with a range of experience and suggestions from the Carers of SWSN, Carers ACT held the following three discussion groups for members:

Discussion Group Title	Discussion Topics	Date	Number attending
1. Transitions into Special Education	Session focuses on issues relating to early education of children with special needs, and issues for families with a newly diagnosed child with special needs.	15 May 2009	8 Carers
2. Current Service Delivery Model and Outcomes	Session focuses on issues relating to children with special needs who are currently attending a special or mainstream primary or secondary public school in the ACT	22 May 2009	14 Carers
3. Transitions out of Special Education	Session focuses on the issues regarding children with special needs who are moving back into the mainstream system, and the needs of young people who are transitioning to post-school life	26 May 2009	7 Carers
Total number of Carers			29 Carers
Total number of students with special needs cared for			32 SWSN

Facilitated discussion was based on the Review Terms of Reference, the Data Protocol, and the Discussion Paper. Discussion starters are at Attachment One. The detailed record of the discussions of the three Discussion Groups is at Attachment Two. The discussion followed the form of the Appreciative Inquiry approach used by the Review Team. It used the first two of the four Appreciative Inquiry approaches:

- o What is the experience of Carers with Special Education in ACT Public Schools?
- o What might be future/present possibilities?

We understood it is the task of the Review Team to recommend:

- a. What could be and
- b. for the ACT Government to decide What will be

3. Concerns about the Review Methodology

- The terms of reference of the Review stipulate that future options must be 'within the existing budget provision'. The majority of Carers consulted believed that the existing budget provision is not sufficient to meet the needs of SWSN in ACT public schools. Carers were skeptical that the Review could improve the education of SWSN, with no increase in budget provision.
- The Review Discussion Paper did not present any positions, options or recommendations for Carers to respond to, as is usual with such government reviews. This approach left many Carers anxious about the recommendations which the Review Team may make to Government. These may not be available publicly and Carers will have no opportunity to influence or respond to the final recommendations. Carers ACT is concerned that Government will properly manage Community Consultation about the recommendations before implementing any of them.
- The Review Team's Reference Group and consultations were focused on systemic stakeholders and offered little opportunity for initial input from Carers of SWSN. The Community Consultations and Submissions stage offered Carers an input only later in the process when the major positions of the Review Team are more settled.

4. The Carers Experience

When a child with special needs is born into a family, their journey becomes like an individual climbing Everest without any maps, Sherpa guides or technical support.

- When the child receives a diagnosis or when the developmental issues surface the family is traumatized and starts a continuing grieving process.
- When the child reaches pre-school and school age, they find themselves advocating (often in an adversarial role in meetings of up to 20 professionals) for their child to receive a placement in an educational system where the options are unknown and often unexplained to them.
 - The Student Centred Appraisal of Need (SCAN) process is one part of being given that placement and can be extremely traumatic for both the child and Carer as it is designed to produce very negative results in order for support to be provided.
- When their child is placed, they find they are in an experiment about the suitability of each placement and have to advocate for their child to receive the education agreed to in their Individual Learning Plan (ILP).
 - This includes assisting and sometimes insisting that Teachers, Relief Teachers, Principals, and Learning Support Assistants (LSAs) use well established proven strategies for educating children with particular learning needs or use of computers or other aids as agreed.
- They advocate day to day, week to week, year in year out. It was not unusual for Carers in the group to have written up to 200 letters in the past year; to have developed a kit explaining their child's learning difficulties and successful strategies to give to schools and individual teachers; and to have moved their child through a number of settings.
- These extra demands are in addition to raising their child and in many cases other children and working for a living (many are single parents). Many Carers feel exhausted to the point that their physical and mental health is effected
- At the end of school, Carers are often concerned that they will have to leave work and care 24/7 at home for their adult with a disability for whom there is no community provision. This transition between Territory and Federal funding is a black hole.
- Carers consulted wanted support from the ACT Department of Education in sharing responsibility and accountability for the education of their child without having to constantly advocate, the education provision they receive for their other children.

5. Vision for Education for Students With Special Needs in ACT Public Schools

Contextual Issues

The majority of Carers consulted believed that the single most important improvement to the education system for SWSN would be to allocate educators to act as Case Managers. Case Managers would be: professional, skilled and knowledgeable about the system, non-judgmental, able to listen and independent. The role of the Case Manager would be to assist the SWSN and their family navigate the services available **for the whole of the SWSN's education**, with particular emphasis on transitions.

- a. This educator would be **responsible and accountable** to the system, SWSN, and the family for the ongoing placement, educational achievement and advocacy for the SWSN from pre-school to college and post-school
- b. The Case Manager would **coordinate** the necessary experts (including Carers) and their teachers to develop measurable ILP goals and to ensure that agreements are delivered.
- c. The Case Manager would spend time with the student and their Carer regularly (monthly) to **liaise and report** on progress and support.

Carers consulted also preferred an **inclusion model**. This is where schools, through their Principals and leadership, assist the community to take its responsibility for the social inclusion of SWSN. They do this through working both with SWSN, families, and the whole community to include SWSN into the community, whether the SWSN are in Special Schools, Centres, Units, or mainstreamed. This requires work with the school community and the community in general. It also offers opportunities to improve education services for all students while improving services for SWSN. Harrison School was cited as an example of good practise.

Curriculum and Individual Learning Plans

In curriculum and pedagogical issues recognizing **the goals set** for each SNSW, in consultation with the child's Carer, and the integration of Individual Learning Plans (ILPs) into the curriculum **must be measurable**. Principals, teachers and other professionals, e.g. counsellors, in the education system must be held **accountable** for the achievement of those goals, with consequences for non-achievement. Data must be kept on the progress and achievement of SWSN against national benchmarks to ensure funding is directed to SWSN to meet their needs.

The change that is needed in the use of ILPs is **the implementation of the teaching/learning approaches needed to achieve the goals**. The SWSN's

Case Manager would be in a systemic position to advocate for the multi-disciplinary teams to support and provide expert input to the Teacher and Learning Support Assistants (LSAs) with the teaching approaches necessary to achieve the outcomes in the ILP or to adjust it. The Case Manager, perhaps with a school based expert, could also advocate on a day to day basis to ensure the ILP was implemented and to communicate, liaise with and report to the Carer so they are involved into their child's development and the successful approaches are used in both home and school.

Recognition of the trauma of transitions for SWSN and their Carers would assist in more careful management. The Case Manager, who knows the educational needs and progress of the SWSN, assisting Carers with the options for placement for the SWSN well in advance of the transition would assist.

Transition programs before, during and after the transition (Mt Stromlo and Melrose High Schools have models) are vital. Accessible single point **information management** is important so that all teachers of SWSN have access to up to date information about the special needs of the student and successful teaching/ learning/ behavioural approaches.

It is vital to acknowledge that **SWSN do require particular pedagogies which are well proven for particular learning difficulties** and which are helpful to mainstream students and enrich teachers' pedagogical approaches to all students e.g. using visual and/or sensory approaches to learning. Recognition of the support needs of SWSN, ranging from physical supports to technological learning supports, e.g. computers, means that funds need to be available for aids and SWSNs need to be encouraged to use them in school. The inclusion of **social skills and ways of teaching them** for both SWSN and mainstream students is important e.g. bullying prevention, buddying programs, social inclusion programs as part of assessable curriculum for all students, etc.

Support for classroom based personnel is vital as teachers need support from LSAs and multi-disciplinary teams to assist them provide the learning environment and pedagogical approaches best suited to the SWSNs. Teachers and LSAs need to be offered training and development in dealing with SWSN. LSAs role could be clarified to exclude teaching and include assistance, and perhaps administration which currently takes teachers away from their professional teaching role. More LSAs are needed so funding is needed for them and for their training to basic levels of teaching if they are to continue to deliver teaching/learning to SWSNs. Better funding and integration of support and therapy services would assist SWSN to receive the hours they need and the experts to assist teachers with strategies to achieve the SWSN's ILP goals.

Organisational Issues

Service Delivery

Multiple service delivery models are **important in providing a range of options** for Carers seeking the most suitable placement their SWSN, provided places are available when needed. They also provide a range of responses to the variety of issues SWSN have. However, the Department of Education needs to provide support to principals, teachers and other professionals to ensure the system is providing a range of best practice to all its students. The Case Manager is an example of this systemic requirement being addressed for SWSN. The Case Manager together with the principal and teacher needs to take **responsibility and to be accountable** for the achievement of the SWSN's ILP measurable outcomes at the system, school and classroom levels.

Resourcing Student Learning

Carers could be offered a choice about SCAN or another method of **ensuring schools are allocated sufficient resources for SWSNs identified by SCAN and all other students with needs who are not allocated special resources.**

Carers are concerned that without SCAN or similar assessment, resources would be withdrawn from schools or unavailable to the SWSN. SCAN is very traumatic for SWSN and their Carers and counseling and support for families and Carers should be part of any assessment process. The need for the immediate allocation of a Case Manager to the SWSN who can assist their Carers with educational pathways including options following assessment is vital. Counsellors might be better utilized assisting teachers with teaching/learning, behavioural, mental health management approaches for students than conducting SCANS.

Staffing

Staffing improvements include:

- the provision of a **Case Manager** for each SWSN to ensure the best educational placement for the SWSN; support for the teacher in the development and implementation of the SWSN's ILP and assessment of goal achievement; liaison with the multi-disciplinary team of professionals involved in the delivery of services to achieve the ILP; and liaison, reporting and support of the Carer of the SWSN.
- **more support for teachers in classrooms** with **trained SLAs** assisting with students and SWSN; and doing some of the administration.
- **Funding of continuous sharing of knowledge and skills** by experts, teachers, Principals and Case Managers so that best practice teaching, learning, behavioural and mental health approaches at all levels are incorporated in the range of settings and options available at system and school levels.

Special Schools

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Special Schools need to be seen as integral to the provision of education for SWSN in the ACT and better integrated into planning and provision. Their role in achieving SWSN's ILP outcomes is vital to those SWSN and their families who use them. Special schools are also one way in which the community and government meet their obligations to the SWSN.

- The pathway through Special Schools, particularly at college age, and the transition to post-school care in adulthood needs to be clearer and more secure for Carers.
- The lack of provision for independent living and where possible, employment options for SWSN **post school** is a major concern for Carers who face leaving their employment to provide 24/7 care at home for their SWSN without any support for decades to come.
- Mainstream schools and the community need to be much more active in integrating with Special Schools to provide inclusion for their SWSN, particularly in the high school and college years leading to adulthood.

Planning

Chapter 4.5 Planning and policy development depends on better **data** which needs to be collected on

- the specific needs of SWSNs in the ACT
- their ILP measurable goals and achievements
- their scores on national and Territory benchmarking assessments so

their needs are identified for funding provision.

This should be in the context of all other students some of whom are not identified as SWSN but require support. System coherence cannot be achieved by geographical regions in the ACT as Carers and SWSN currently travel across the territory to use educational options which best meet SWSN's needs.

Coherence is about better systemic information flows and support for classroom teachers and their students, including SWSN.

6. Recommendations from Group Discussion:

The group developed a number of recommendations in effecting potential departmental savings to fund Case Managers and other improvements might be made through:

- Clarifying the roles and responsibilities of the various levels of the school system: directors, principals, liaison officers, counsellors, classroom teachers, LSAs to the students and their families and therefore eliminating layers of administration and bureaucracy.
- Case Managers and Principals holding the responsible professionals accountable for the performance of the students and applying the consequences when outcomes are not achieved.
- Eliminating the array of agencies offering information to Carers of SWSN and provide one source of information on the pathways and options for SWSN in the ACT, including non-government school options.
- Make more use of the infrastructure available: schools for after school care; hydrotherapy pools open beyond school hours; etc.
- More involvement of the community in partnerships, mentoring, business partnerships, etc.
- Eliminate overlaps between Departments e.g. ACT Therapy in DHCS, DACT in post-school provision
- Educate Principals in inclusion and the use of school based management so that points are used to best effect for SWSN and all students.
- Provide equipment for SWSN as standard
- Put teachers with empathy and skills in Units and Centres and move inappropriate teachers to other more suitable settings for them. This will reduce relief days.

ATTACHMENT ONE: DISCUSSION STARTERS

GROUP ONE: TRANSITIONS INTO SPECIAL EDUCATION

1. With specific reference to teaching, content (curriculum) and student learning, how effective is Special Education in ACT Public Schools? What current good practice should be extended? Why?
2. Transition to school is very important and builds upon work done in early intervention. How might students with disabilities and their families be supported in making this transition?
3. . Do some students require particular teaching? What are the implications? Is there a balance to be achieved between mainstream and specialized teaching?
4. What options might be considered to improve students' access to special services provided by agencies outside ACT Public Schools (e.g. counselors, vision support, hearing support, transition support)? What might be done to ensure the integration of the support and therapy services with students' educational programs?
5. Would you say that Special Education Services are user friendly? For students? For families? For classroom teachers? For school communities more generally? What allows you to draw these conclusions?
6. In relation to students with special needs, what is your view of
 - a. The current procedure (SCAN) for identification of needs and allocation of resources?
 - b. Current service delivery models?
 - c. Services for children with communication, and/or sensory needs and/or those on the autism spectrum?
7. What are the best features of the current supports for schools and families in responding to behavioural and mental health issues? What might be?
8. How do we know if Special Education is making a significant difference for students and schools? What are/should be the performance indicators?
9. Any other comments

GROUP TWO: CURRENT SERVICE DELIVERY MODEL AND OUTCOMES

1. With specific reference to teaching, content (curriculum) and student learning, how effective is Special Education in ACT Public Schools? What current good practice should be extended? Why?
2. How might the decision-making about the most appropriate programs for individual students in schools be improved? What opportunities are provided by current circumstances and this Review for the ACT to improve education for all students while improving education for students with a disability?
3. Do some students require particular teaching? What are the implications? Is there a balance to be achieved between mainstream and specialized teaching?

4. What options might be considered to improve students' access to special services provided by agencies outside ACT Public Schools (e.g. counselors, vision support, hearing support, transition support)? What might be done to ensure the integration of the support and therapy services with students' educational programs?
5. Would you say that Special Education Services are user friendly? For students? For families? For classroom teachers? For school communities more generally? What allows you to draw these conclusions?
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 - b. Current service delivery models?
 - c. Services for children with communication, and/or sensory needs and/or those on the autism spectrum?
7. What are the best features of the current supports for schools and families in responding to behavioural and mental health issues? What might be?
8. How can better integration of the *class* curriculum and the *student's ILP* be achieved in effective, efficient and feasible ways? How do we know if Special Education is making a significant different for students and schools? What are/should be the performance indicators?
9. Any other comments

GROUP THREE: TRANSITIONS OUT OF SPECIAL EDUCATION

1. Transition from adolescence to adulthood is a key transition. How might services be better deployed to improve transition outcomes? Would more regionally based planning improve collaboration, networking and the provision of complementary services?
2. How might the decision-making about the most appropriate programs for individual students in schools be improved?
3. What options might be considered to improve students' access to special services provided by agencies outside ACT Public Schools (e.g. counselors, vision support, hearing support, transition support)? What might be done to ensure the integration of the support and therapy services with students' educational programs?
4. Would you say that Special Education Services are user friendly? For students? For families? For classroom teachers? For school communities more generally? What allows you to draw these conclusions?
5. Increased accountability for learning outcomes of all students: desirable? For students? For teachers? What would need to happen to ensure that the task was fair and feasible for schools and teachers and benefited students?
6. In relation to students with special needs, what is your view of
 - i. The current procedure (SCAN) for identification of needs and allocation of resources?
 - ii. Current service delivery models?

- iii. Services for children with communication, and/or sensory needs and/or those on the autism spectrum?
7. What are the best features of the current supports for schools and families in responding to behavioural and mental health issues? What might be?
8. How can better integration of the *class* curriculum and the *student's ILP* be achieved in effective, efficient and feasible ways? How do we know if Special Education is making a significant difference for students and schools? What are/should be the performance indicators?
9. How might the level of integration of sp schools into ed planning and provision be further developed? What might be some of the elements in a desirable vision for sp schools in ACT? How might sp schools be configured to be coherent in the primary, high school, college structure?
10. Any other comments

ATTACHMENT TWO: MAIN POINTS FROM DISCUSSION GROUPS

1. Transitions into Special Education	
What is?	What might be?
<ul style="list-style-type: none"> • First the family needs <i>a diagnosis</i> to gain entry to the discussion about the SWSN placement. <ul style="list-style-type: none"> ○ Little recognition of the trauma associated with diagnosis for the Carer(s) and family. The trauma impacts on parents, relationships, siblings and support networks and grieving is ongoing. ○ Medical diagnoses are unhelpful with educational needs. For a first child, parents can be uncertain as to what is normal and miss crucial early intervention. ○ Addressing educational needs can be adversarial as Carer has no road map of services. • SCAN is a hurdle to gaining support and extremely negative as it needs to take a negative view of the capabilities of the SWSN in order to get the support the student needs to learn. <ul style="list-style-type: none"> ○ The process can be extremely traumatic for the SWSN and inappropriate for many SWSN. ○ The process and outcome can be very confronting for Carers and no support or counseling is provided for them. ○ If SWSN does not meet the SCAN criteria (based on moderate to severe disabilities) they fall 	<ul style="list-style-type: none"> • Need for <i>a pathway into education for all SWSN</i> including those without or with a late or developing diagnosis. <ul style="list-style-type: none"> ○ Recognition of and support for Carers, siblings, and families with the trauma of having a SWSN in the family. Educators need awareness training to deal with families with SWSN. ○ Liaison between medical and educational service providers so that crucial early intervention is provided to the SWSN and their family. ○ One stop shop with at least a brochure of the options available and the pathways similar SWSNs have followed. • Recognise that SWSN are entitled to support for their learning and that SCAN is only one way of providing evidence of SWSN's support requirements. <ul style="list-style-type: none"> ○ Make SCAN optional so Carers can choose it. Provide a strong recommendation that it occur at transition points e.g. Yr 3, 6, 10. <ul style="list-style-type: none"> • And that Principals and counsellors take responsibility for ensuring it happens and the results are IMPLEMENTED. • Principals provide a welcoming environment for the SWSN and their Carers rather than an adversarial

between the cracks and are dependent on 'School based management'.

- A significant number of SWSN in this group receive little or no support unless Carers continuously advocate. Carers find the continual advocacy very tiring and unfair to those SWSN whose Carers do not have the time or skills to advocate.
- The points of support for the SWSN are then given to the school and often shared with other children who have not been awarded points by the SCAN process but who need support e.g. Learning Support Assistants (LSAs) often work with children with behavioural issues while the SWSN has no support. These decisions are made by Principals and counsellors without consultation with teachers involved or Carers.
- Repeating SCAN at Years 3, 6, 7, and 10 implies that support is conditional on continued special needs. This is irrelevant for some SWSN who have high and continuing needs. Support can be taken away at any point despite progress being made because of the support. Carers have to constantly monitor and advocate for continued support for their child despite SCAN outcomes.
- SWSN are often sent home/asked to stay home as there is no relief teacher or relief LSA available. This is disruptive to the SWSN and their families and Carers who work. It does not

environment.

- Optionally have counsellors observe and consult with teachers qualified to make assessment of SWSN's learning support requirements and diagnoses.
 - Including SWSN who may not score a 'disability' on SCAN.
- Provide an option of exemption from SCAN for high and continuing needs SWSN
- Case manager to use outcomes of assessment (SCAN or other) to advocate on SWSN's placement and subsequent support implementation.
- SCAN would be acceptable if it provided guaranteed access to resources including:
 - Inclusion support services
 - Assistive technology funding
- Carer to be involved in setting goals for educational program development for SWSN as Carers also support the education of their child in the home and teachers can learn approaches which work with the SWSN from Carers. These approaches often work well with other students too.
- Counsellors to assist teachers with management and learning approaches to SWSN.
- Recognise that many Carers work to support their families and arrange SCAN and other meetings at times suitable to Carers.
- Transitions are crucial for SWSN and rarely well

<p>happen for other students.</p> <ul style="list-style-type: none"> ○ Sometimes the LSA does all the teaching of the SWSN, yet the teacher is the most qualified to teach the SWSN; the LSA can be used to help the teacher while the teacher teaches the student. 	<p>managed. Mt Stromlo High is a model where support was provided in the high school setting for 6 months before and after the transition.</p>
<ul style="list-style-type: none"> • Carers do not have, and cannot have, a global view of services available for their SWSN. Currently each SWSN is dependent on meeting an exceptional professional who will assist the Carer to navigate the system. Currently this is a random event: a systemic failure. <ul style="list-style-type: none"> ○ <i>This exceptional professional is skilled and knowledgeable about the system; non-judgmental; able to listen; and has only the educational interest of the SWSN.</i> <ul style="list-style-type: none"> • Currently if CHADS diagnoses a need then they must offer assistance but there is no budget so there is a reluctance to diagnose. Catch 22. • Too many referrals to organizations without any budget for services 	<ul style="list-style-type: none"> • <i>Each SWSN is given a Case Manager</i> who is an exceptional professional (see What is? opposite) to assist the SWSN and their family navigate the services available. <ul style="list-style-type: none"> ○ This educator needs to be responsible and accountable to the system, SWSN and family for the ongoing placement and educational advocacy for the SWSN ○ The Case Manager needs to spend time with the student and their Carer regularly (monthly) to liaise and report on progress and support. ○ Workshop on schooling options during pre-school in Harrison was an excellent model which should be available to all. ○ Placement needs to include siblings' needs too.
<ul style="list-style-type: none"> • Each year's educational placement is an experiment for the SWSN and their Carers. But each year is vital in the child's life. • Currently Carers are their child's case manager and advocate. They have to learn the system and advocate while trying to manage a difficult and traumatic family situation and usually, earn a living. 	<ul style="list-style-type: none"> • The <i>SWSN's Case Manager</i> organizes all the information about the SWSN and uses their system knowledge and skills to make the placement BEST suited to the educational needs of the SWSN, preferably for more than one year. <ul style="list-style-type: none"> ○ SWSN's information needs to be given once and kept in one place, accessible to the many

- Options are unclear so choice is not available. Even when offered, there are often no places available in the Carer's placement of choice.
- This is not a transparent process. Many Carers had transferred their child through a number of placements to get one they felt was suitable. Often this was very difficult and adversarial.
- Carers, as case managers, have to explain the SWSN's diagnosis to each teacher every time the teacher changes. Many parents have developed a kit about their child's needs and best ways of learning and behavioural management.
- Some Carers are too exhausted or unable to case manage their SWSN and to advocate for them. These SWSN's miss out.
- Some SWSN seem to be in placements which offer little educational or skill development.
- Some meetings with professionals can have as many as 20 professionals and only one parent. They can be adversarial and defensive rather than focused on the best placement choices for the SWSN and their progress.

- service providers involved with the SWSN, including those outside Dept of Education.
- Information needs to be read and used by those responsible for the SWSN.
 - Information needs to be updated and used by service providers including teachers, LSAs and others involved. Carers can provide curriculum or methodological input based on their expertise with their child's special needs.
 - Choices need to be explained and offered to Carers in a way that their knowledge of their child is acknowledged and they are involved in the SWSN's ongoing development.
 - The Case Manager needs to explain how the placement will meet the student's needs **at school** and to understand that the Carer does not necessarily know that.
 - Medical needs also need to be taken into account as there are no nurses in mainstream schools.
 - Meetings with professionals are called and managed by the case manager in a supportive way.
 - Placement needs to include after school care options and transport needs.

2. Current Delivery and Outcomes: all the above points AND

What is?	What might be?
<ul style="list-style-type: none"> • Good services are: <ul style="list-style-type: none"> ○ Early intervention play group ○ Early intervention pre-school <ul style="list-style-type: none"> • Which are great services picking SWSN up well ○ Turner and Harrison Schools as models <ul style="list-style-type: none"> • Special education and mainstream integrated schools who amass lots of skills and resources to meet SWSN needs. • Departmentally funded laptop ○ Special Education services DO respond to requests but seem not to initiate. Under-resourced? ○ Great staff: teachers and LSAs <ul style="list-style-type: none"> • E.g. Turner has a specialist IT teacher who works in Special Educations stream very well. • 'My child is learning really well and I am very grateful to the school.' ○ Hearing support services established a good relationship and arranged extra services, communication. ○ Spastic Centre assessments and reports feed into ILP and 	<ul style="list-style-type: none"> • Can these be investigated and incorporated please? <ul style="list-style-type: none"> ○ Fast Forward (see Dordge: <i>The Brain that changes itself</i>) ○ More in-service, access and involvement provided with e.g. Pegagus, Swimming ACT, ACT Therapy Groups, etc. ○ Spread Harrison School model to other schools ○ Sensory Gym in the ACT ○ School taking on therapists' recommendations including sensory programs in school time e.g. Harrison LSA doing Brain Gyms with SWSN. ○ Parents as Tutors program (University of Canberra) ○ Neural Organisation Technique (kinesiology)
<p><i>Pedagogy and Curriculum for SWSN</i></p> <ul style="list-style-type: none"> • Ineffective targeting of teaching time 	<p><i>Pedagogy and Curriculum for SWSN</i></p> <ul style="list-style-type: none"> • SWSN specialized teaching approaches need to be

<ul style="list-style-type: none"> • Special school needs to teach and develop living skills for each individual SWSN not formulaic or baby sitting service. <ul style="list-style-type: none"> ○ Lack of understanding of specific issues and approaches to learning (e.g. visually, sensory) ○ Physical restraints to suit staff not students ○ More physical support services needed <ul style="list-style-type: none"> • Schools not open to external input from therapists etc. 	<p>allowed/incorporated into teaching time in individual programs for all students:</p> <ul style="list-style-type: none"> ○ More support for teachers <ul style="list-style-type: none"> • In class SLAs for all classes • With administrative tasks • At community level. • More multi disciplinary input for teachers to provide a variety of approaches which work with SWSN and all students <ul style="list-style-type: none"> ○ Scheduled professional input through collaboration with multi-disciplinary teams to assist teacher develop teaching approaches • Focus on key learning areas in primary school often not best for SWSN but enforced by law • Case manager with parents, counsellors and therapists need to set goals for SWSN e.g. these life skills may be more important than reading; particular social skills may be more important than maths • Educational best practice shared across all ACT Public Schools requires <i>Departmental level policy for inclusion</i> <ul style="list-style-type: none"> ○ Reverse inclusion ○ Inclusion in the playground ○ Buddy systems ○ Disability education program for mainstream students ○ Targeted programs for identifying with children with disability; it could happen to you ○ Better use of volunteers, mentors and community programs
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<p>Individual Learning Plan (ILP) use is currently variable.</p> <ul style="list-style-type: none"> • Where are the measurable goals? • Why are they not used by teachers to plan the SWSN's curriculum? Follow up is vital and often done by Carer as case manager. If not, they are a waste of time and build up expectations. • Why are the ILPs designed again each year rather than being built upon? • Who is accountable for the achievement of the goals and what actions are taken when goals are not achieved? What other educational approaches are needed? <ul style="list-style-type: none"> ○ Teachers and SLAs need to take responsibility for problem solving and resolution of learning issues day to day to achieve ILP goals. • Who is accountable for ensuring that agreed technology is used by the SWSN in the classroom e.g. Alphasmart agreed but then not allowed to be used. • Once the ILP is in place why do Carers have to fight for its implementation on a day to day basis? <ul style="list-style-type: none"> ○ To fight for inclusion and assistance to achieve what was agreed? 	<p style="text-align: center;">○ .</p> <p>ILPs need to include:</p> <ul style="list-style-type: none"> • Measurable goals for SWSN from curriculum and from Carers/families <ul style="list-style-type: none"> ○ These include social goals <ul style="list-style-type: none"> ▪ Therefore social training for both the SWSN and other students in the school is part of ILP implementation. ○ All goals need to be measurable and note who is accountable for their achievement. (See Harrison School model) <ul style="list-style-type: none"> ▪ Involving parents in measuring outcomes ○ If a goal is not achieved, the school needs to have consequences for those who are responsible for the achievement of the goal so that the Carer knows that accountability is real. ○ Using ILPs to group SWSN and other students for key areas of learning • Teachers need training and support for developing and working with SWSN's ILP to design curricula <ul style="list-style-type: none"> ○ And admin support • SLAs should be support for the teacher in achieving the ILP goals, not teaching and not responsible for the goals for SWSN • Counsellors should be providing assistance to the teacher in behaviour management and specialist teaching approaches <ul style="list-style-type: none"> ○ not on a crisis basis
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	<ul style="list-style-type: none"> ○ spreading best practice ○ a variety of teaching/learning scenarios for children's learning styles. • Parents should be in the loop assisting their child's learning <ul style="list-style-type: none"> ○ Matching successful approaches at school and at home. ○ Involved in assessment of ILP goals.
<p>Assessment is</p> <ul style="list-style-type: none"> • currently absent from ILP process and without consequences for lack of goal achievement • SWSN are excluded from national benchmarks and so the statistics derived from those scores are skewed by not representing SWSN. <ul style="list-style-type: none"> ○ Funding is therefore not available. • Carers often have to fight for their SWSN to be allowed to use technology to assist them do tests e.g. a computer rather than handwriting when muscle tone/fine motor skills are less developed but they can write, spell or do maths using the technology. Are the tests to measure physical strength or conceptual competence? <ul style="list-style-type: none"> ○ Oral testing a possibility? ○ A quiet room without sensory overload. • How is social integration measured? 	<p>Assessment needs to be:</p> <ul style="list-style-type: none"> • Based on measurable goals in ILP designed from SWSN's learning requirements and the curriculum with timetable for achievement • Inclusive so SWSN are included in national benchmarking assessments so that their data is included and funding for their education made available • In settings which maximize SWSN's achievement, e.g. use of quiet room rather than noisy classroom for SWSN with sensory issues or computer for SWSN with poor fine motor skills. • Measuring social as well as subject achievement including inclusiveness of school community FOR ALL STUDENTS e.g. how well do students include SWSN into their school community as well as how well is the SWSN integrating with the school community.
<p>Social integration a major issue for Carers and SWSN</p> <ul style="list-style-type: none"> • Social integration with school community not happening in all schools with SWSN. <ul style="list-style-type: none"> ○ No involvement with other school students 	<p>'I want my child to feel he is a worthwhile person and there is a place for him'</p> <ul style="list-style-type: none"> • Principals need training to include/value EVERY student

<ul style="list-style-type: none"> ○ No teachers come to Unit ○ 'integrated' in mainstream school but excluded by school community ○ is my child safe at school? • Many Carers have made placements in <ul style="list-style-type: none"> ○ Private schools ○ Other community organizations e.g. scouts ○ To ensure social integration. 	<ul style="list-style-type: none"> ○ Teachers in Special Centres, Units and Schools need to be exceptional and Principals need to move unsuitable teachers to other classes • School wide resolution of how to solve inclusion problem • Leadership needed within school and in school community <ul style="list-style-type: none"> ○ including for parent bodies who may be inexperienced with SWSN • From first school days, best practice is implemented as normal: buddies, intentional relationships, support circles, friends recognized and involved, etc. • Bullying procedures which recognise the triggering behaviours of students resulting in SWSN meltdowns e.g. teasing. • Playground assistants who manage approaches to integrate SWSN with other mainstream students. • Recognise that SWSN are frequently out of area and so need assistance with other opportunities <ul style="list-style-type: none"> ○ After school care ○ For Special Schools partnerships with other schools (e.g. Black Mountain with Dickson College) and generally in high schools/colleges where integration can be a problem time have social contributions as part of the mainstream curriculum and assessable.
<p><i>Training for principals, teachers, SLAs and other</i></p>	<p><i>Training for principals, teachers, SLAs and other</i></p>

<p><i>professionals, e.g. counsellors</i></p> <ul style="list-style-type: none"> • Lacking or ad hoc on SWSN learning styles and methods • No time is allowed • SLAs not encouraged to gain qualifications yet do a lot of teaching of SWSN • No budget? 	<p><i>professionals, e.g. counsellors</i></p> <ul style="list-style-type: none"> • systemic approach needed • responsibilities and roles in achieving outcomes defined • more support for classroom teachers • counsellors and other experts used to deliver services not just assessment <ul style="list-style-type: none"> ○ if sensory needs are flagged then Occupational Therapist must be involved in the delivery of the ILP related to sensory needs and train the teacher/SLA to continue that work ○ training teachers in mental health issues e.g. the mental health programs at Turner
<p><i>Siblings and young Carers</i></p> <ul style="list-style-type: none"> • Need to be failing or reach a crisis point before any support is made available. For brighter students 'mediocrity' becomes the standard. 	<p><i>SWSN's families are affected and siblings need support from the initial placement.</i></p> <ul style="list-style-type: none"> • Counseling and school support on a regular basis • Placement of siblings discussed by case manager.
<p><i>Transport to school</i></p> <ul style="list-style-type: none"> • Currently maximum of 70 minutes from pick up to drop off is too long and precludes some students using the transport. • Dependent on the driver. Some SWSN not using the transport because of inappropriate drivers and concerns for safety. • Result is Carers have to give up work. 	<p><i>Transport to school</i></p> <ul style="list-style-type: none"> • Siblings and Carers need to be taken into account in placement of SWSN so that transport is removed as an issue. • Siblings usually at different schools and drop off and pick up is difficult without one child waiting. • Transport must not exceed 70 mins maximum • Transport must meet standards of helpfulness and safety. • Recognise that Carers work and are not always available.

3. Transitions out of Special Education: all the above points AND	
What is?	What might be?
<p>Unintended consequence of school age legislation to <i>cut off school access for students at age 18</i> (currently 20 years).</p> <ul style="list-style-type: none"> • Territory to Federal cost shifting results in significant reduction in services • No access to continuing education or support for students to continue at tertiary level • Only Black Mountain offers places at college age and the transition from Woden Special School is difficult as places are not always available or appropriate. • Employment options very limited • Transition not planned and families have no options • Carers/families find all services withdrawn and may end up with a few respite hours per week so <ul style="list-style-type: none"> ○ Carers have to leave work to care for their SWSN ○ Family suffers stress and trauma of taking on 24/7 care of SWSN for coming decades ○ Families and SWSN become isolated • Community needs to take on its responsibility 	<p><i>Data from Dept of Education provided to Disability ACT and other departments so family expectations for services for their SWSN are met and the community takes on its responsibility.</i></p> <ul style="list-style-type: none"> • SWSN can remain in school until 20 years as their learning needs continue • Transition to care or employment is managed so that SWSN, like other young adults, have options for transition to adulthood and independent living and care. • Professionals assist Carers with the options and Government funding is available. • Families alone cannot make community take responsibility, this requires a government directed family centered approach to provision of support for life • Transition can be terrifying so options need to be mapped out for Carers from first placement to adulthood. • Australian Census asks for information on disability and support accessed and needed.