

Review of the Program for Students with Disabilities

VCOSS Submission

September 2015



About VCOSS

The Victorian Council of Social Service (VCOSS) is the peak body of the social and community sector in Victoria. VCOSS members reflect the diversity of the sector and include large charities, peak organisations, small community services, advocacy groups, and individuals interested in social policy. In addition to supporting the sector, VCOSS represents the interests of vulnerable and disadvantaged Victorians in policy debates and advocates for the development of a sustainable, fair and equitable society.

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Definition of Terms

Additional health and development needs (AHDN)

Students with additional health and development needs are those who have or are at increased risk of a chronic physical, developmental, behavioural or emotional condition and who also require health and related services of a type or amount beyond that required by children generally. A key feature of this definition is that it is inclusive and can be applied to children with severe and complex conditions, as well as to children experiencing emerging developmental issues who may lack a formal diagnosis.¹ Around 20 per cent of students have additional health and development needs.

Disability For the purposes of this submission students with disability are defined as students who have a formal disability diagnosis who may or may not be eligible for the Program for Students with Disability.

¹ S Goldfeld, M O'Connor, M Sayers, T Moore, F Oberklaid, 'Prevalence and correlates of special health care needs in a population cohort of Australian children at school entry', *Journal of Developmental & Behavioral Pediatrics*. 2012;33(4):319-327

Executive Summary

“People with disability in Australia face the soft bigotry of low expectations.”

Graeme Innes AM, Former Disability Discrimination Commissioner, 2005 - 2014, *The Weekly* with Charlie Pickering, 26 August 2015

The Victorian Council of Social Service (VCOSS) welcomes the opportunity to provide feedback on the Program for Students with Disabilities (PSD). Access to and success in education is critical in eliminating disadvantage and giving every child the opportunity to reach their full potential. Yet significant barriers still exist for students with disabilities, including funding limitations, lack of specialist supports, inadequate knowledge and training in disability among teachers, lack of time for teachers to provide an individualised approach for students with disabilities, and discriminatory attitudes. For example, over half of parents surveyed as part of the Victorian Equal Opportunity and Human Rights Commission (VEOHRC) report, *Held Back: The experiences of students with disabilities in Victorian schools*, stated that their child had been unable to fully participate at school because the necessary supports were not available or because teachers lacked the time or capacity to modify their teaching to accommodate their child.²

People with disabilities are less likely to have completed Year 12 and hold a tertiary qualification and are more likely to be unemployed.³ Educational outcomes are particularly poor for children with additional health and development needs from disadvantaged families.⁴ A student’s functioning is influenced by a range of risk and protective factors at the personal, environmental and family level.⁵ The combination of additional health and development needs and a low socioeconomic background can create a potential “double jeopardy” for these children. These children require additional assistance to help them to overcome the barriers they face to fully participate and succeed in education.

VCOSS members highlighted a number of issues with how the PSD currently operates. Of key concern was that too many students with disability and additional health and development needs are not being well supported by the school system. The PSD currently supports around 4 per cent of the student population.⁶ However, around 20 per cent of children have additional health and

² Victorian Equal Opportunity and Human Rights Commission (VEOHRC), *Held Back: The experiences of students with disabilities in Victorian schools*, VEOHRC, Carlton, 2012, p. 10.

³ Australian Bureau of Statistics, *Education Disability*, Australia, 2009 cat. no. 4446.0, available at <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4446.0main+features102009>

⁴ Australian Early Development Census, *Research Snapshot Shaping learning trajectories for children with additional health and developmental needs*, 2014, p.1.

⁵ S Goldfeld, M O'Connor, M Sayers, T Moore, F Oberklaid, 'Prevalence and correlates of special health care needs in a population cohort of Australian children at school entry', *Journal of Developmental & Behavioral Pediatrics*. 2012;33(4):319-327.

⁶ PSD Review Team, *Program for Students with Disabilities Review: In-person Targeted Stakeholder discussions*, 2015, p. 3.

development needs and require additional supports to achieve their potential at school.⁷ The currently model also doesn't recognise that students from disadvantaged families require greater support. Families experiencing disadvantage may not be as well equipped to support their child's learning and therefore schools should provide additional assistance.

VCOSS members also highlighted concerns about the program's emphasis on a student's disability diagnosis, rather than the educational/functional needs of students. This supports a deficit view and doesn't sufficiently focus on educational outcomes of the student. There was also significant inconsistency in how well schools implemented Student Support Groups and Individual Learning Plans, leading to poor practice, including parents not being sufficiently involved in the process and a lack of focus on educational outcomes.

There were also concerns that not all schools have inclusive and supportive learning environments, including proper training and support to build the capacity of teachers. As a result, inconsistent practices exist among schools and that how well a student is supported varies considerably depending on which school they attend. Further, while some schools were using robust, evidence-based interventions to support their students, many schools implemented ineffective or poor practices, including restraint and seclusion of students or expelling or suspending students for behavioural issues which are directly related to their disability.

Members also indicated that the PSD application and funding process is opaque, complex and administratively resource-intensive, both for families and for education providers. This is particularly difficult for alternative education providers which are generally smaller than schools and do not have the same level of administrative support or experience in applying for funding as schools. A related issue is that some schools are either subtly or blatantly discouraging students with disabilities from enrolling at their school, because they are concerned that they will not be able to obtain PSD funding to support them.⁸

VCOSS members highlighted issues with the current PSD review process in relation to both the focus and timing of the review, and suggested that students and their families should be better supported in the key transition periods. It was also felt that a lack of accountability about how funding for the PSD program was used, combining with a lack of monitoring of student outcomes, contributed to funding not being spent effectively

This submission outlines VCOSS' recommendations for the PSD to help create a more inclusive and supportive education system for all students with additional health and development needs, particularly those experiencing multiple disadvantage. It also builds on other recent VCOSS submissions to the [Education State](#), the [Schools Funding Review](#) and the [Strengthening DET Regional Relationships and Support Review](#).

⁷ S Goldfeld, M O'Connor, M Sayers, T Moore, F Oberklaid, 'Prevalence and correlates of special health care needs in a population cohort of Australian children at school entry', *Journal of Developmental & Behavioral Pediatrics*. 2012;33(4):319-327.

⁸ Ibid.

Fundamental change to the PSD has been recommended based on feedback from members and the research evidence base. For students with disability and additional health and development needs the issues of stigma and discrimination remain common and significant changes are required in how the PSD is used to help address these barriers and support all students. These changes need to be underpinned by a significant cultural shift in how the education system and society more broadly, perceives and supports students with disability. To achieve this requires:

- revising the funding arrangements to shift away from the rigid eligibility criteria and deficit-based PSD funding model to a functional and educational needs-based approach that supports all students with additional health and development needs (two alternative models are proposed)
- creating a more inclusive education system that optimises the educational, social and wellbeing outcomes of all students
- building the capacity of schools and teachers to implement evidence-based practice and eliminate poor practice throughout the education system
- building stronger engagement and support for families, particularly families experiencing disadvantage
- improving the transition process for students with additional health and development needs
- strengthening the transparency and accountability of how funds are used to support students
- better monitoring student outcomes to identify and address systemic issues to give every student the opportunity to achieve their potential.

Recommendations

Support the learning and development needs of students

1. The Victorian Government adopts a functional and educational needs-based approach for the Program for Students with Disabilities to provide assistance to all children with additional health and development needs and to better target the support available to children most at risk.
2. The Department of Education and Training (DET) improves the use of learning plans and student support groups by making the guidelines about their use in school mandatory.
3. DET supports schools to implement evidence-informed practices to support the education and wellbeing outcomes of students with disability.
4. DET and schools raise their expectations of what students with disabilities can achieve academically and support these students to reach their potential.
5. DET increases the focus on early intervention to help alter the educational trajectories of children with additional health and development needs.
6. DET ensures that assessments of children's educational needs occur before they commence school, so that interventions can be in place from the first day of school.

Create a more inclusive education system

7. The Victorian Government and the education system take a rights-based approach to the provision of education for students with disability.
8. DET supports schools to provide inclusive environments that cater to the needs of all students, including those with disability.
9. DET takes action to eliminate poor practice in schools including the use of restraint and seclusion, suspension and expulsion and bullying of students with disability.
10. DET supports schools to build stronger engagement with all families, particularly those experiencing disadvantage.
11. DET modifies the Program for Students with Disabilities to address the range of barriers that exist to accessing support.

Build the capacity of schools and teachers

12. DET provides schools with greater resources, support and guidance to help build the capacity of all Victorian schools to support students with additional health and development needs.
13. Invest in additional training and support for teachers, from a greater focus in university courses through to ongoing professional development and access to research and guidance from DET about the use of effective evidence-based interventions.

14. DET facilitates the sharing of best practice at the local and state level, and helps schools to replicate good practice.

Revise funding arrangements

15. DET revises the funding arrangements to better support all students with AHDN, to improve the educational achievements of students and to recognise that students from disadvantaged families require greater support.

Improve the review and transition process

16. DET amends the focus and timing of the Program for Students with Disabilities review process between primary and secondary school to consider how the student is functioning and performing at school and whether the adjustments and supports should be modified.
17. DET and schools provide greater support to students and their families during the key transition periods.

Increase transparency and accountability

18. DET increases the accountability and transparency of the Program for Students with Disabilities, including requiring schools to report on how funding has been spent to support students with additional health and development needs and school compliance with program guidelines.
19. DET regularly evaluates the Program for Students with Disabilities to identify and address systemic issues, including monitoring and reporting on the educational and wellbeing outcomes of all students with additional health and development needs.

Support the learning and development needs of students

- The Victorian Government adopts a functional and educational needs-based approach for the Program for Students with Disabilities to provide assistance to all children with additional health and development needs and to better target the support available to children most at risk.
- The Department of Education and Training (DET) improves the use of learning plans and student support groups by making the guidelines about their use in school mandatory.
- DET supports schools to implement evidence-informed practices to support the education and wellbeing outcomes of students with disability.
- DET and schools raise their expectations of what students with disabilities can achieve academically and support these students to reach their potential.
- DET increases the focus on early intervention to help alter the educational trajectories of children with additional health and development needs.
- DET ensures that assessments of children's educational needs occur before they commence school, so that interventions can be in place from the first day of school.

Current context

The Program for Students with Disabilities (PSD) is a supplementary funding program for Victorian government schools to support a defined population of students with disabilities who have moderate to severe needs.⁹ Resources are provided directly to schools to support the provision of school-based educational programs for eligible students. It is the responsibility of schools to prepare and submit applications for support of students through the program.¹⁰ In order to receive funding, a student must meet the eligibility criteria for one of seven disability categories.¹¹ However, there is an expectation that schools will provide reasonable and necessary adjustments

⁹ Department of Education and Training (DET), *Program for Students with Disabilities – Guidelines for schools 2016*, Melbourne, 2015, p. 3.

¹⁰ *Ibid.*, p. 13.

¹¹ *Ibid.*, p. 5.

for all students, including students with disabilities not eligible for PSD funding, through their school budget – the student resource package.¹² The guidelines state that the supplementary funding can be used in a number of ways including providing:

- teaching staff
- specialist staff (e.g. Special Needs Coordinator, occupational therapists, speech pathologists)
- teacher professional development
- specialist equipment/materials, including assistive technology
- education support staff.¹³

The PSD currently supports around 4 per cent of the student population, equivalent to 24,000 students.¹⁴ However, around 7 per cent of Australian children aged 0–14 years have some level of disability,¹⁵ and around 20 per cent of children have additional health and development needs (AHDN) and require additional supports to achieve their potential at school.¹⁶ This means that a substantial proportion of students are not getting access to support through the PSD. While students who are ineligible for funding are meant to be supported through the global school budget, feedback from VCOSS members suggests that this is occurring inconsistently and in many cases students are not being adequately assisted at school. This feedback is supported by the Victorian Equal Opportunity and Human Rights Commission (VEOHRC) *Held Back Report* which found that there is “less likelihood of adjustments being made to support students with disabilities who do not qualify for PSD funding”.¹⁷ Feedback from VCOSS members also indicates that some schools focus on addressing the needs of children with challenging behavior: therefore children with other disabilities, such as learning disabilities often go “under the radar” and miss out on additional support.

There was feedback from VCOSS members that the criteria for the PSD program are too rigid and inflexible, excluding many students and making it difficult to apply for and access support. For example, students with an acquired brain injury are generally not supported under the PSD unless they also have a secondary disability under which they can apply. Even within the disability categories eligible for support under the program, not all students with that disability diagnosis were able to receive funding. For example, the description for the language disorder category is considered to be too narrow and excludes many children and young people with speech difficulties

¹² Department of Education and Training (DET), *Program for Students with Disabilities – Guidelines for schools 2016*, Melbourne, 2015, p. 3.

¹³ *Ibid*, p. 23.

¹⁴ PSD Review Team, *Program for Students with Disabilities Review: In-person Targeted Stakeholder discussions*, 2015, p. 3.

¹⁵ Australian Institute for Health and Welfare, , *A picture of Australia's children 2012*, AIHW, 2012, p. 26.

¹⁶ S Goldfeld, M O'Connor, M Sayers, T Moore, F Oberklaid, 'Prevalence and correlates of special health care needs in a population cohort of Australian children at school entry', *Journal of Developmental & Behavioral Pediatrics*. 2012;33(4):319-327.

¹⁷ Victorian Equal Opportunity and Human Rights Commission (VEOHRC), *Held Back: The experiences of students with disabilities in Victorian schools*, VEOHRC, Carlton, 2012, p. 152.

and communication needs. Similarly many children with autism are excluded from the narrow criteria, such as those with Asperger’s syndrome.

VCOSS members also highlighted the ineffective assessment method for some students, particularly students with speech difficulties. It was reported that the speech pathologists provided by the Department of Education and Training (DET) do not always have the required expertise in augmentative and alternative communication. Feedback also suggested that the current ratio of Student Support Services Offices (SSSOs) to schools is inadequate to meet growing need from students. Examples were provided where students with severe communication/speech difficulties were not provided with the equipment, training and attention they require, and may go through their entire schooling without a means to communicate with their peers or teachers. While the state government provides access to free communication aids to all children with little or no speech through the Electronic Communication Devices Scheme and Non- Electronic Communication Aids Scheme, these schemes are not well utilised. Feedback from VCOSS members suggests that this may be due to a lack of knowledge about the existence of these schemes.

The current PSD model also provides funding at one of six levels based on the responses provided to the Educational Needs Questionnaire.¹⁸ Despite the title, the questionnaire’s focus is largely on the student’s disability and doesn’t adequately reflect the educational needs of the students or take into account the risk and protective factors of children, such as children experiencing disadvantage.

Table 1: 2015 Students with Disabilities funding rates

Level	Amount of Funding
1	\$6,641
2	\$15,358
3	\$24,242
4	\$33,086
5	\$41,863
6	\$50,686

Source: DET, Program for Students with Disabilities Levels 1-6 (Reference 15), available at <http://www.education.vic.gov.au/school/principals/finance/pages/srpref015levels.aspx>

¹⁸DET, *Program for Students with Disabilities: Levels 1-6 (Reference 15)*, <http://www.education.vic.gov.au/school/principals/finance/Pages/srpref015levels.aspx>, accessed on 1 September 2015.

The diagnosis-based approach also focuses on a child's deficits rather than taking a strengths-based approach, helping to reinforce a negative culture around disability. There was strong feedback that the current model requires families to 'paint the worst case scenario' for their children in order to obtain support. In contrast, other programs such as the Early Childhood Intervention Services (ECIS),¹⁹ which support children with a disability or developmental delay from birth to school entry, employs a strengths-based model which builds the knowledge, skills and confidence of children and their families in order to optimise children's wellbeing and development.

Children and young people with additional health and development needs require extra support to help them stay on track, particularly those who face multiple forms of disadvantage²⁰ which can create a potential "double jeopardy" for these children. If they are not adequately supported, particularly in the early stages of school, this can lead to poor academic achievement, poor school adjustment and disengagement from school.²¹

Adopt a functional and educational needs-based approach

To help address these issues it is recommended that the PSD model be expanded to consider a broader range of factors influencing a child's functioning, including risk and protective factors, and the educational needs of students. This will help ensure a broader range of children with significant support needs can access additional services and will help to better target the support available to children most at risk. The conceptual model outlined in Figure 1 provides a useful alternative framework to help understand the impact of special healthcare needs on early school functioning.²² This model suggests a child's needs can be better understood and addressed by considering the full range of factors that affect their learning, including family and community supports, as well as risk and protective factors. It considers four interrelated domains of children's functioning: body functions and structures, activities of daily living, social participation, and education participation. These domains can be affected by a range of risk and protective factors such as socioeconomic status, the quality of interactions between the family and school system, and parental engagement in the child's learning and development. It also places a greater focus on a child's progress at school, reflecting the educational needs of the student, rather than only focusing on their disability.

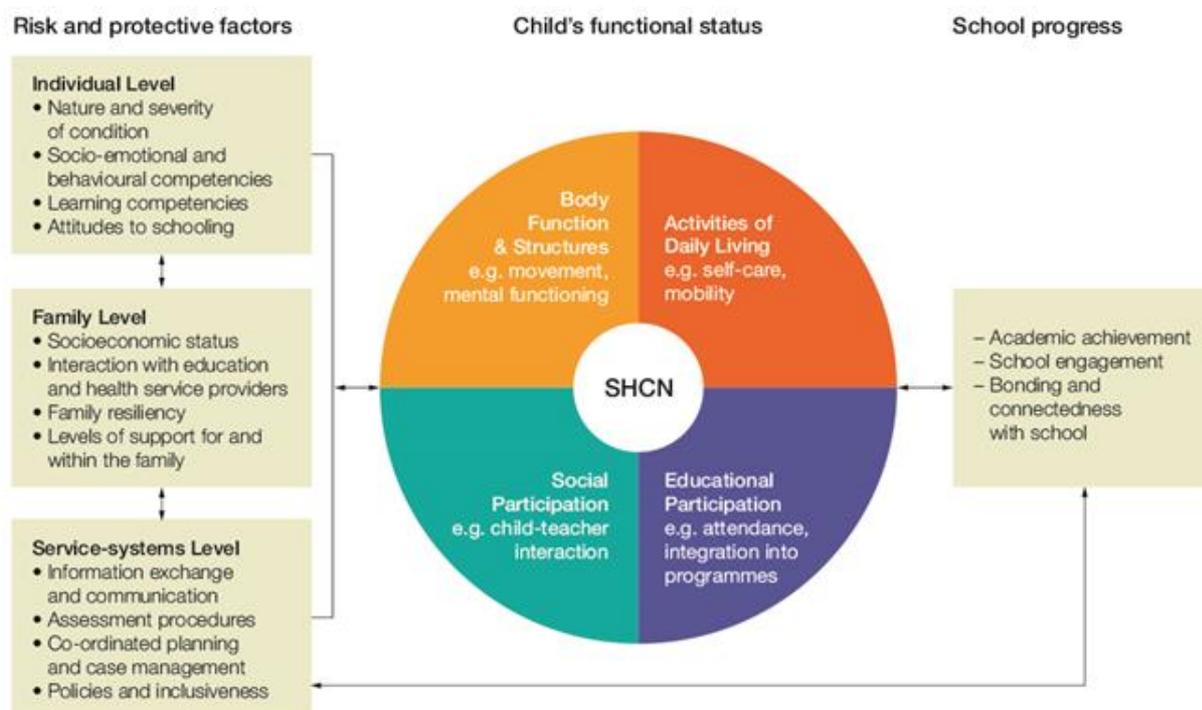
¹⁹ DET, Early Childhood Intervention Services, available at <http://www.education.vic.gov.au/childhood/parents/needs/pages/ecis.aspx>

²⁰ D Gonski, K Boston, K Greiner, C Lawrence, B Scales and P Tannock, *Review of Funding for Schooling: Final Report*, Canberra, 2011.

²¹ M O'Connor, S Howell-Meurs, A Kvalsvig and S Goldfeld, 'Understanding the impact of special health care needs on early school functioning, a conceptual model', *Child: Care, Health and Development*, May 2014.

²² Ibid.

Figure 1: Conceptual model of the relationship between special healthcare needs and children's school progress



Source: M O'Connor, S Howell-Meurs, A Kvalsvig and S Goldfeld, 'Understanding the impact of special health care needs on early school functioning, a conceptual model', *Child: Care, Health and Development*, May 2014..

It is also important that assessments of educational needs commence early, well before children start school, so that interventions can be in place from the first day of school and so that teachers and the school are skilled and prepared to support all students.

Improve the use of learning plans and student support groups

VCOSS members identified areas for improvement with the use of both Student Support Groups and Individual Learning Plans.

Student Support Groups

Student Support Groups (SSGs) are the main mechanism for consultation between parents, students and the school and are essential to understand the student's additional health and development needs and what adjustments are required to enable the student to participate on the same basis as students without disabilities. While the development of a Student Support Group is mandatory for all students eligible for the Program for Students with Disabilities, the guidelines

about how to implement an SSG are noncompulsory.²³ The result is that there is significant inconsistency in how well this process is followed. In some cases SSGs were not being implemented or were being implemented poorly. This feedback from VCOSS members was supported by the Victorian Auditor General's Office (VAGO) which found that SSG meetings "did not occur unless they [the parents] initiated them, were often not documented, and student outcomes were often not identified."²⁴ Similarly the VEOHRC report found that "around one in three parents had not been consulted by the school about the adjustments their child required to participate on the same basis as students without disabilities."²⁵

To improve educational outcomes for students, the SSG guidelines should become mandatory. VCOSS members also suggested shifting the focus of the SSGs to determine what the education needs are for a particular student and this could in turn inform funding. To do this would require having all relevant stakeholders involved in the SSG, including specialists where required. For example, a student who is hearing impaired may require an Auslan interpreter, yet another student with moderate hearing loss may only require a Radio Frequency (RF) system to assist with the use of their hearing aids and/or cochlear implant. Despite both having similar disabilities, these two students require different assistance to enable them to learn, at significantly different costs.

The SSGs could then be used to develop meaningful individual learning plans that set short, medium and long-term goals for the student with measurable outcomes. To ensure the plan remains relevant, SSGs should be involved in monitoring the student's progress towards the goals and modifying supports and adjustments if they are not being achieved.

Another suggestion from VCOSS members was that SSGs could be made available to all parents with children with additional health and development needs, not just those with a formal diagnosis of a disability. This would help support students and families in a positive way, opening up communication channels. Feedback suggests that parents often want to initiate conversations with schools and teachers about how best to support their child but this is done in an *ad hoc* way and would be better done in a structured and private environment with all key stakeholders.

Individual Learning Plans

Individual Learning Plans (ILPs) are used to identify and record the individual needs of students, the desired educational outcomes and the strategies to support the student to achieve at school. They are therefore critical to maximising a student's learning. However, as with the SSGs, while ILPs are mandatory for all students eligible under the PSD, the guidelines are not compulsory. As a result, feedback from VCOSS members suggests that in many cases ILPs are not being developed or at least are not being provided to parents. For example, one stakeholder reported

²³ DET, Program for Students with Disabilities – Guidelines for schools 2016, Melbourne, 2015, p.12.

²⁴ Victorian Auditor-General's Office, *Programs for Students with Special Learning Needs*, VAGO, 2012, p. 25

²⁵ Victorian Equal Opportunity and Human Rights Commission (VEOHRC), *Held Back: The experiences of students with disabilities in Victorian schools*, VEOHRC, 2012, p. 3.

that, at a recent meeting with parents of children with a disability, only two out of 12 parents had a copy of their child's individual learning plan. This is supported by the VEOHRC report which found that of those children eligible for PSD funding, 17 per cent of parents reported that their child did not have a plan, and eight per cent were not sure if their child had a plan.²⁶ And of those who did have a plan, 32 per cent of parents did not feel well consulted and around four per cent reported not being consulted at all.²⁷ This is problematic as parents are not able to provide valuable input into the plan, help build on the plan and the strategies identified when the child is at home, or hold the school accountable for the actions in the plan.

Feedback also suggests that ILPs are not regularly shared with all teaching staff who work with the student, both in primary and secondary school. This may result in some teachers not being aware of the student's additional health and development needs and the strategies needed to support them, impacting negatively on the educational outcomes and wellbeing of these students.

VCOSS members also reported that there is inconsistency in how ILPs are implemented. Of particular concern was that the individual learning plans were not focused on educational outcomes.

VCOSS members provided an example where a student's individual learning plan identified that they should take photos of other students undertaking education tasks, with no focus on the student actually learning themselves. Another example provided was where a child's ILP was heavily focused on her ability for self-care such as being able to use the school toilet independently (despite the fact she could do this at home and it was just the height of the toilet and heavy door in the disability toilet that were the issue at school), rather than educational achievement.

The VAGO report supports this feedback, finding that "the quality of assessed ILPs was poor and most did not set appropriate, measurable goals" potentially compromising the educational outcomes of students.²⁸ Of the plans analysed only "22 per cent clearly defined the educational goals and strategies for the student."²⁹

To help overcome these issues it is strongly recommended that DET's guidelines for the development of ILPs are mandated and enforced. This includes ensuring that all teaching staff who work with students with additional health and development needs are provided with copies of the ILPs so that they can provide appropriate support. To help ensure the best outcomes for students VCOSS members also suggested that the ILPs have a focus on the educational outcomes of students, with measureable educational indicators and outcomes, combined with a focus on their social and emotional wellbeing, as well as their meaningful inclusion in the school. It is vital that

²⁶ VEOHRC, Op. Cit., p. 87.

²⁷ Ibid.

²⁸ VAGO, Op. Cit., p.26.

²⁹ Ibid.

these plans are assessed regularly to determine the educational performance of students and the effectiveness of interventions so that timely changes can be made to supports where necessary.

Implement evidence based practice

In order to improve the educational outcomes for students with additional health and development needs, evidence-informed practices should be used within schools. Feedback from VCOSS members suggested that inconsistent practices exist among schools and that how a student is supported varies considerably depending on which school they attend. While some schools were using robust, evidence-based interventions to support their students, many schools implemented ineffective or poor practices to support students, likely due to a lack of knowledge and/or support around effective interventions. While a one-size-fits-all approach is not appropriate and interventions need to be tailored to suit the needs of the particular students, there is still a body of research on the types of interventions that have been shown to be effective. The Department of Education and Training has an important role to play in sharing this research, and supporting schools to implement these practices. This is elaborated on under 'Supports for teachers and schools'.

VCOSS members indicated that there was an over-reliance on the use of teacher aides in classrooms, in many cases where it was not appropriate. Aides are often used by schools to help young people to participate in the classroom rather than as a meaningful learning and education strategy, which helps these students to improve their educational outcomes.

A VCOSS member provided the example of a student with complex communication needs provided with an integration aide. This did not meet the educational needs of the student and a speech pathologist with expertise in augmentative and alternative communication would have been a more appropriate use of the funds. There were also examples provided of where teacher aides were utilised to 'baby sit' all of the students with disabilities at the back of the classroom, to enable the teacher to focus on teaching the other students. This does not support the inclusion of these students with their peers nor address the learning needs of these students.

Integration aides have a place in helping some students to participate in class; however this needs to be used appropriately and should not be a default position for all students with disability or challenging behaviour. There is also concern from VCOSS members that, while well-meaning, teaching aides have varying skill levels in their capacity to support students with specific learning needs. This was supported by the Auditor General's report which found that "many teachers, integration aides and education support workers receive limited or no training to support and manage students with special learning needs."³⁰ It is imperative that appropriate training and professional development is provided to all teaching staff to support students with additional health

³⁰ Victorian Auditor-General's Office, *Programs for Students with Special Learning Needs*, 2012, p.21

and development needs. We elaborate on this further in the section 'Build the capacity of schools and teachers'.

Raise educational expectations

To support students with additional health and development needs to achieve their potential, the schooling system needs to raise its expectations of what these students can achieve. Feedback from VCOSS suggests that there is an acceptance by schools that students with disabilities will simply not perform as well as their peers, rather than considering the barriers that exist and working to address these.

A VCOSS member provided an example of a student whose skill level was assessed as three years below her peers. This was not considered an issue by the school yet would have been of serious concern if the student did not have a disability.

Similarly, feedback from VCOSS members indicated that some schools do not have a sufficient focus on the academic achievement for students with disability.

In one case a parent contacted the school to ask how their daughter was progressing in science as this was a particular area interest for the student. The response from the school was 'we are not doing science; we are focusing on fine motor skills'. While developing fine motor skills was important for this student it should not be at the expense of missing out on core curriculum which may limit future education and employment pathways. There is therefore a need to change the culture of schools to see the value and importance of academic achievement for these students.

Intervene early

While the focus of this review is on the school years, it is important to highlight the benefits of early intervention in altering the educational trajectories of children with additional health and development needs. Investment in the early years, to build the strengths and skills of children and their families, has been shown to have a much greater impact on the outcomes of children over the long-term and is also more cost-effective than having to intervene later.³¹ Longitudinal studies have found that without additional support children with emerging as well as diagnosed additional health and development needs are at risk of poor educational outcomes, particularly children from low socioeconomic backgrounds.³²

³¹ KPMG, *Early childhood intervention – an overview of best practice*, 2014, p.4.

³² S Goldfeld, M O'Connor, J Quach, J Tarasuik, A Kvalsvig, 'Learning Trajectories of Children With Special Health Care Needs cross the Severity Spectrum', *Academic Pediatric Association*, Volume 15, Issue 2 2014.

Research suggests that a significant proportion of Australian children with emerging developmental problems are not being diagnosed prior to school entry but are then presenting at schools with special health care needs.³³ Due to a lack of diagnosis, these children are generally ineligible for additional support, yet children with emerging development needs are particularly responsive to early interventions.³⁴ Feedback from VCOSS members also highlighted the lack of support for some students who have received a disability diagnosis in the early years, but are ineligible for additional support under the PSD program, such as some children with speech difficulties, those with Asperger's syndrome and acquired brain injuries. This suggests that opportunities to substantially improve the longer-term developmental and educational outcomes for these children in the early years are being lost.³⁵

Differences in academic performance are present when children commence school for those with both emerging and diagnosed additional health and development needs, highlighting the importance of intervening in early childhood and continuing this support into primary school, particularly in the first few years of school.³⁶ This requires a combined effort between the education and health sector to support these children.³⁷

³³ S Goldfeld, M O'Connor, M Sayers, T Moore, F Oberklaid, Prevalence and correlates of special health care needs in a population cohort of Australian children at school entry. *Journal of Developmental & Behavioral Pediatrics*. 2012;33(4):319-327, p. 326.

³⁴ Ibid.

³⁵ Ibid.

³⁶ S Goldfeld, M O'Connor, J Quach, J Tarasuik, A Kvalsvig, 'Learning Trajectories of Children With Special Health Care Needs Across the Severity Spectrum', *Academic Pediatric Association, Volume 15, Issue 2 2014.*

³⁷ Ibid.

Create a more inclusive education system

- The Victorian Government and the education system take a rights-based approach to the provision of education for student with disability.
- DET supports schools to provide inclusive environments that cater to the needs of all students, including those with disability.
- DET takes action to eliminate poor practice in schools including the use of restraint and seclusion, suspension and expulsion and bullying of students with disability.
- DET supports schools to build stronger engagement with all families, particularly those experiencing disadvantage.
- DET modifies the Program for Students with Disabilities to address the range of barriers that exist to accessing support.

Take a rights-based approach

A cultural shift is required in how disability is perceived in the education system and more broadly. The current structure of the PSD program reinforces a negative view of disability. Schools can be reluctant to take on students with disability because they are concerned they will not get the funding or that funding will not be sufficient. Some schools are also concerned that they do not have the skills and expertise needed to support all students with additional health and development needs. As a result, there is resistance from some schools to enroll students with disability with too many parents hearing that their child may be better suited to another school. The way the program is set up can also create negative interactions between parents and schools, with parents feeling that they need to 'fight' for funding and adequate support for their child as well as inclusion in mainstream schools. If the PSD was modified to support the needs of all students with additional health and development needs, to build the capability of schools and to move away from a deficit and diagnosis-based model, this would help to create the positive cultural shift required.

In order to create an inclusive education system, the changes to the PSD and the education system more generally also need be underpinned by a rights-based approach to education. Australia joined other countries in 2008 in ratifying the United Nations Convention on the Rights of People with Disabilities, recognising that all children and young people, including those with disabilities, have a right to quality education. This includes ensuring that the school system is resourced and supported to meet their educational needs so that students with a

disability have an equal opportunity to succeed. To achieve this requires building the capacity of schools to develop both whole school strategies to support all students with additional health and development needs and inclusive environments, combined with targeted strategies and evidence-based interventions for students with disability where required.

Build inclusive education environments

For students to have the opportunity to reach their potential, schools need to provide inclusive environments that cater for all needs.

A review of inclusive education for students with disability suggests that a number of interrelated approaches are required which include both whole-school practice and in-class support.³⁸ At the whole-school level, good practice requires fostering a positive culture towards students with disability, supported by policies and practice that promote meaningful inclusive and equitable access to participation within the classroom as well as all aspects of school-life.³⁹ It also includes providing support and feedback to classroom teachers, along with opportunities for planning and collaboration among teachers at the school, to help build their expertise and share ideas.

VCOSS members highlighted the importance of meaningfully including students in all aspects of school life, such as excursions and school sports days. There is a difference between simply "including" a student and including them in a meaningful way.

VCOSS members provided an example of a student with chronic health needs who was unable to participate in most physical activities. On a whole of school sports day, the student had to sit on the sidelines all day and had no meaningful involvement or engagement with their peers. The school could have developed other ways for the student to be involved such as handing out equipment or keeping score.

VCOSS members also highlighted the importance of providing inclusive physical environments that support the needs of all learners. For example, having quiet areas available in all classrooms and schools and/or access to noise reducing headphones/music to support students with different sensory needs. Other examples include having access to 'wriggle cushions' or 'move n' sit' cushions for students who need additional movement in order to stay on task.

At the class-room level, the key inclusion strategies include:

- **Quality teaching, which includes having a focus on the student's educational achievement and being responsive to the student's learning styles and processes.** VCOSS members highlighted the importance of adapting teaching methods to reflect the different learning styles of their students.

³⁸Australian Research Alliance for Children and Youth (ARACY), *Inclusive Education for Students with Disability: A review of the best evidence in relation to theory and practice*, Prepared for the Australian Government Department of Education, Employment and Workplace Relations, 2013.

³⁹Ibid.

- **Differentiating the curriculum to cater for individual needs or introducing alternative curricula to assist students with significant disability.** VCOSS members highlighted the importance of adapting assessment methodologies to reflect the abilities of the students. For example, a primary school student who was non-verbal had her reading ability incorrectly assessed as ‘poor’ by her teacher because the assessment task involved requiring the student to read out loud.
- **Inclusive pedagogy that provides multi-faceted instruction to help students with disability to understand the curriculum.** VCOSS members highlighted the importance of providing a variety of communication styles to meet the needs of all students.
- **Use of assistive and adaptive technologies in classrooms.** This includes a range of low, medium, and high forms of technology that enables students with disability to access physical environments, communicate effectively with teachers and peers, be mobile, access computers, and enhance their functional skills.
- **Universal Design for Learning;** that is providing an accessible, flexible, and tailored curriculum for all students.
- **Individual planning for students,** such as the use of Individual Learning Plans in Victoria.⁴⁰

Research also highlights the importance of developing a strong sense of belonging and connection to school for students with disability.⁴¹

“Students who feel more accepted, included and involved in their school are more likely to be engaged in classroom learning, in extracurricular activities, in interpersonal relationships, and in the wider community.”⁴²

Schools are an important place for children and young people to form a sense of belonging and connection; however, this doesn’t always happen for many students with disability which can impact negatively on their sense of self, self-esteem, self-confidence and resilience.⁴³

Research suggests that the key factors in achieving belonging and inclusion include developing friendships, peer acceptance, feeling valued and capable and having supportive relationships with key adults at the school.⁴⁴ It is important that attention is given to fostering a strong sense of social inclusion for students with disability when considering the how to build inclusive learning environments.

⁴⁰Australian Research Alliance for Children and Youth (ARACY), *Inclusive Education for Students with Disability: A review of the best evidence in relation to theory and practice, Prepared for the Australian Government Department of Education, Employment and Workplace Relations, 2013.*

⁴¹S Robinson and J Truscott, *Belonging and connection of school students with disability*, Centre for Children and Young People, Southern Cross University and Children with a Disability Australia, Victoria, 2014.

⁴²Ibid, p. 14

⁴³Ibid.

⁴⁴Ibid.

Eliminate poor practice

Restraint and seclusion

A serious concern is the use of restrictive practices, such as restraint and seclusion, by some schools as a behaviour management tool for students with challenging behaviour. This is highly problematic and may result in significant psychological and physical trauma for the student. It also causes students to miss out on learning opportunities and may result in these students falling behind in the curriculum. It punishes the student for behaviour directly related to their disability and fails to address the underlying cause of the behaviour. VEOHRC's consultations confirmed the use of these techniques in the education system; 34 parents reported the use of restraint on their child at school, 128 parents reported that their child had been placed in 'special rooms', and a further 514 educators reported having used restraint.⁴⁵ Over half of the educators stated they were inadequately trained to deal with this situation.⁴⁶ Similarly, the Auditor General found that the policy and guidelines around restraint and seclusion were not well understood by schools and regional offices and were implemented inconsistently across the state.⁴⁷

Many challenging behaviours can be avoided if students are provided with an inclusive learning environment that meets their individual needs. It is clear from the above examples that schools and teachers need training in how to provide supportive learning environments that help prevent challenging behaviour from occurring. Schools and teachers also need to learn how to appropriately manage students who display challenging behaviour. Experts such as qualified behaviour analysts could assist schools to modify their practices and better support these students. DET has a role to play in this: helping to facilitate access to specialists and training to build the skills of the education workforce. The recent appointment of a Principal Practice Leader⁴⁸ dedicated to work exclusively with schools in supporting students with challenging behaviour is a positive initiative and could be built upon as part of the Special Needs Plan.

Increased guidance and accountability would also help to address this issue. DET's guidelines should be strengthened to clearly inform schools about what is acceptable and unacceptable practice. This should also be combined with increased reporting and monitoring requirements to ensure schools are following the guidelines and using appropriate behaviour management tools.

Expelling students

A related issue is reports of schools expelling or suspending students for behavioural issues which are directly related to their disability. In many cases reported to VEOHRC, this action was

⁴⁵ Victorian Equal Opportunity and Human Rights Commission (VEOHRC), *Held Back: The experiences of students with disabilities in Victorian Schools*, VEOHRC, Carlton, 2012, p. 105.

⁴⁶ *Ibid.* p. 105.

⁴⁷ Victorian Auditor-General's Office, *Programs for Students with Special Learning Needs*, 2012, p. 25.

⁴⁸ Victorian Government, *New Appointment To Improve School Behaviour Practices*, 4 September 2015, available at <http://www.premier.vic.gov.au/new-appointment-to-improve-school-behaviour-practices>.

symptomatic of the teacher and school not adequately responding to the needs of the student.⁴⁹ It was also found that challenging behaviours were often worse in cases where disability supports were inadequate or not available due to resource constraints.⁵⁰ Again this is highly problematic for the student and may result in them missing substantial periods of schooling, negatively impacting on their educational outcomes and increasing their risk of school disengagement.⁵¹

Bullying

VCOSS members identified serious incidences of bullying of students with disability – both from students and teachers. Some schools were also failing to protect these students and help prevent bullying from occurring. In some cases schools were using mediation tactics to help solve the issue, without considering the appropriateness of this technique for students. For example, a student with autism may not have the skills required to deal with a one-on-one interaction with their bully and the process of mediation may result in significant stress for the child. Schools need to consider ways to help build and promote social inclusion within their school to support students with disability. Research indicates that bullying “is a particularly strong threat to a felt sense of belonging and connection” for students with a disability.⁵² The response by schools to bullying can go beyond simply punishing the incident by helping to identify the motivations of the bully and to create a culture that supports belonging and inclusion for students with additional health and development needs.⁵³

Build stronger engagement with families

Engagement between schools and families is vital to providing the best outcomes for children with disabilities. However, the level of schools’ engagement with parents varies considerably across the state, not just with the Student Support Groups (SSGs) and the Individual Learning Plans (ILPs) but even in understanding how money is allocated to schools under the PSD and how it is being spent by schools to support students with additional health and development needs. For example, a common misconception was that the funding is tied to the individual student, and some parents felt that decisions were made unilaterally by the school without any consultation with them. Feedback from members suggested that parents were not sure about the rights of their children or what other supports were available to help them, such as around key transitions.

More effective communication would help to ensure that all parents were provided with consistent information about the supports available, and what their role and the role of schools are, and would help parents to find out about additional supports. One suggestion was a regular e-newsletter be provided to families with simple messages about:

⁴⁹ Victorian Equal Opportunity and Human Rights Commission (VEOHRC), *Held Back: The experiences of students with disabilities in Victorian Schools*, VEOHRC, Carlton, 2012, p.102

⁵⁰ Ibid.

⁵¹ Ibid.

⁵² S Robinson and J Truscott, *Belonging and connection of school students with disability*, Centre for Children and Young People, Southern Cross University and Children with a Disability Australia, Victoria, 2014, p. 5.

⁵³ Ibid.

- the rights of children with additional health and development needs
- how the SSG and ILP should be implemented
- how the PSD operates and any changes.

This could be accompanied by targeted information to families about the specific supports, such as interventions and programs, available to their child.

Families experiencing disadvantage

DET and schools also need to recognise that different approaches may be required when working with vulnerable families. Families experiencing disadvantage may not be as well equipped to support their child's learning and therefore schools should provide additional assistance. Schools will need to take into account the inherent power imbalance that is in play between parents and schools, which is heightened when working with disadvantaged families. Vulnerable families may find engagement with principals, teachers and specialists threatening. As a result, it is important that schools engage with families in a welcoming and supportive environment. This also needs to be accompanied by an understanding that a lack of engagement from parents does not equate to a lack of care or interest in their child's learning and wellbeing. It is important that schools actively reach out to families where parents are not engaging.

Additional supports for parents

DET and schools could make greater investment in parent support programs, such as the Strengthening Parents Support Program, which provides peer support for families of children with any type of a disability or developmental delay.⁵⁴ It assists families to establish formal and informal parent support groups to provide mutual support, networking opportunities, information sharing and training. There has been growing demand for this service from Victorian families in both metropolitan and rural parts of the state, yet the level of funding has not increased in over a decade.⁵⁵

Address barriers to accessing PSD and other support

Families being deterred from applying for funding

Feedback from VCOSS members suggests that some families are being deterred from applying for PSD funding as schools have suggested that they will not be successful. This appears to be driven by the very resource-intensive process of application, which is the responsibility of schools to do on behalf of students, leading them to deter those they see as 'borderline', that is those students who may or may not be successful in attracting funding.⁵⁶ This is problematic for the individual

⁵⁴ Association for Children with Disability, *2014 State Election Platform*, available at <http://acd.org.au/wp-content/uploads/2014/05/2014-election-campaign-final-2.pdf>

⁵⁵ Association for Children with Disability, *Victorian Budget Submission 2014-2015*, <http://acd.org.au/wp-content/uploads/2014/05/ACD-2014-State-Budget-Submission-PDF-413KB.pdf>

⁵⁶ Victorian Auditor-General's Office, *Programs for Students with Special Learning Needs*, 2012, p.x

student but also means that there is less money available for the school generally to support children with additional health and development needs. VCOSS members were also concerned that schools were not qualified to make these decisions, as they are often not fully aware of the student's disability and their educational needs.

Families being deterred from enrolling in schools

A related issue is that some schools are either subtly or blatantly discouraging students with disabilities from enrolling at their school, because they are concerned that they will not be able to obtain funding to support them.⁵⁷ VEOHRC's report identified that approximately 15 per cent of parents seeking to enrol their child were not accepted by the first school to which they applied. While the reasons for this varied, in some situations the refusal was linked directly to a lack of funding.⁵⁸ This requires parents to be strong advocates to negotiate the school system, which can be difficult, particularly for those experiencing disadvantage who may not have the time and skills.

Families reluctant to pursue funding

VCOSS members also provided examples where families were reluctant to apply for funding due to the current diagnosis-based funding model which applies a label to their child which they felt could limit their future options. These families were concerned about the stigma associated with the disability label both during their child's time at school as well as when they entered the workforce or post-school education or training. VCOSS members also identified the reluctance among some culturally and linguistically diverse (CALD) families to pursue funding or assistance at school, either due to a fear of the stigma or a different understanding of the concept of disability.

Alternative education providers

Feedback from VCOSS members suggests that alternative education providers, such as community VCAL providers, struggle more to attract PSD funding for their students, despite these students often experiencing multiple disadvantage and therefore being in greatest need of assistance. For example, the largest alternative education provider in Victoria only receives PSD funding for one of their 250 students, despite estimating that around 20 per cent would be eligible.

Alternative education providers are not able to directly access the online Program for Students with Disabilities Management System and need to rely on their partner schools to obtain information about their students' current and historical level of PSD support. Given schools are under-resourced this can be problematic. Further, alternative education providers often support vulnerable young people who have disengaged with mainstream education for a significant period. They therefore need to reapply for the PSD. Feedback from members indicates that many students who attend alternative education do not have the documentary evidence required to apply for this funding.

⁵⁷ Ibid.

⁵⁸ Victorian Equal Opportunity and Human Rights Commission (VEOHRC), *Held Back: The experiences of students with disabilities in Victorian Schools*, VEOHRC, Carlton, 2012, p. 31

Members also indicated that the PSD application and funding process is opaque, complex and administratively resource-intensive. This is particularly difficult for alternative education providers which are generally smaller and do not have the same level of administrative support or experience in applying for funding as schools. Alternative education providers also do not have access to Student Support Services Officers (SSSOs), who complete the application forms and coordinate support under the PSD program for schools. Due to these barriers, some of the most vulnerable students experiencing multiple disadvantages miss out on the additional support they require.

Students from rural and regional Victoria

Rural and regional schools face additional barriers to obtaining support for students with additional health and development needs. These schools may face difficulty in recruiting or accessing specialist supports for their school, particularly those in more remote parts of Victoria.⁵⁹ VCOSS members also indicated that schools in regional areas may face significant, additional costs to access specialists and professional development opportunities. Further, given that many rural schools are quite small they are more likely to only have a small number of students eligible for PSD funding. Thus these schools only have access to a small amount of funding to support all students with additional health and learning needs at their school.

Given that there is already a significant gap in education outcomes between rural and metropolitan students⁶⁰ it is important that this program does not create further barriers for these students. Almost a quarter of families living in rural Victoria experience a high level of socioeconomic disadvantage,⁶¹ yet access to education and services is poorer than in metropolitan regions. The PSD needs to recognise the barriers faced by regional schools, particularly students with disability from disadvantaged families and provide them with adequate support.

Inadequate school transport

More than 25 per cent of students with disabilities reported problems accessing transport to get to school.⁶² Due to a lack of resources, some students spend close to four hours per day commuting to and from specialist schools.⁶³ This is the case both for rural and metropolitan students, as the time is a result of the large number of stops not the distance from the student to their school. This results in incredibly long days for these students and can lead to fatigue. Students were also denied access to food, water and toileting facilities during these lengthy trips.⁶⁴

⁵⁹ Victorian Equal Opportunity and Human Rights Commission (VEOHRC), *Held back fact sheet: Main findings*, VEOHRC, 2012, p.2.

⁶⁰ Victorian Auditor-General's Office, *Access to education for rural students*, Victoria, 2014

⁶¹ Ibid.

⁶² Victorian Equal Opportunity and Human Rights Commission (VEOHRC), *Held back fact sheet: Main findings*, VEOHRC, 2012.

⁶³ Victorian Equal Opportunity and Human Rights Commission (VEOHRC), *Held Back: The experiences of students with disabilities in Victorian Schools*, VEOHRC, 2012, p. 129.

⁶⁴ Victorian Equal Opportunity and Human Rights Commission (VEOHRC), *Held back fact sheet: Main findings*, VEOHRC, 2012.

Linking to other supports

Feedback suggests that families, particularly those experiencing disadvantage, have difficulty finding out about and accessing the services they need or knowing what supports are available. Schools are uniquely placed to support the wellbeing of children and their families, and to link families into these additional, targeted supports as required. It is therefore important that schools are equipped to provide all families with information and referrals to other additional support services, such as information on the Victorian Carer Card Program,⁶⁵ sibling support groups and parent support programs.⁶⁶ Important information should also be made available on the Department's website to help families to find out about and access these services.

⁶⁵ Victorian Government, Welcome to the Victorian Government Carer Card Program, accessed on 8 September 2015, <http://carercard.vic.gov.au/>

⁶⁶ DET, Family and Parenting Services, accessed on 8 September 2015, <http://www.education.vic.gov.au/childhood/parents/needs/pages/familyecis.aspx>

Build the capacity of schools and teachers

- DET provides schools with greater resources, support and guidance to help build the capacity of all Victorian schools to support students with additional health and development needs.
- Invest in additional training and support for teachers, from a greater focus in university courses through to ongoing professional development and access to research and guidance from DET about the use of effective evidence-based interventions.
- DET facilitates the sharing of best practice at the local and state level, and helps school to replicate good practice.

Increase support for schools

VCOSS members identified the need to build the capacity of schools to better support all students with additional health and development needs. To achieve this, the Department of Education and Training (DET) needs to provide schools with resources, support and guidance to provide inclusive learning environments. While DET provides some resources, feedback from VCOSS members suggested that schools are not given sufficient guidance in how to use these resources or tools. Feedback also indicated that schools are not provided with sufficient information about the existence and application of evidence-based interventions. As a result there are inconsistent practices among schools in how they support students and a lack of effective evidence based interventions being used within some schools. This is supported by the Auditor General's report which found that "different schools – and often different staff within the same school – are using very different approaches to support students with similar needs" as a result of the Department not delivering clear policy and guidance.⁶⁷ There is therefore a clear role for DET to promote evidence-based programs and interventions and support schools to deliver these interventions effectively. It also reinforces the need to share a student's Individual Learning Plan with all teaching staff involved in supporting the student.

⁶⁷ Victorian Auditor-General's Office, *Programs for Students with Special Learning Needs*, 2012, p. 22

Invest in additional training and support for teachers

To support students with additional health and development needs to reach their potential, the school system needs to have a qualified and highly motivated teacher workforce. Feedback from VCOSS members suggests that some teachers provide excellent support, but there are varying skill levels in how well they identify and support students with additional needs. This is not surprising given that currently “teachers, integration aides and education support workers receive little training to support students with special learning needs”.⁶⁸ VEOHRC’s consultations also found that almost two-thirds of teachers and half of schools principals reported that they did not have adequate support, training and resources to teach students with disabilities.⁶⁹ Students with additional health and development needs are likely to be found in almost every classroom and therefore all teachers need expertise to meet their various learning needs.

VCOSS members provided an example of a child who was struggling with some tasks at primary school. The parents raised the issue with the school but were repeatedly told that it was a confidence issue. The child went through primary school without any additional support. Once the student reached secondary school, the new school quickly identified that the student had a learning disability and was able to provide additional assistance. This student would have achieved better educational outcomes if she had access to support from the first day of primary school, rather than waiting years to receive assistance.

To achieve this requires a combination of approaches including:

- a focus on supporting students with disability within university qualifications, to help graduate teachers learn how to identify different learning needs and adapt their teaching and communication styles to suit a wide range of students
- ongoing professional development programs for teachers with a focus on understanding and teaching students across the full range of disabilities.
- access to support from specialists to help meet the needs of particular students, such as occupational therapists to design supportive physical environments such as quiet areas, behavioural analysts to help teachers to better manage and support children with challenging behaviour and specialised speech pathologists to help teachers to communicate effectively with students who have complex communication needs
- access to mentors, supervisors and/or peers with expertise in supporting students with additional health and development needs to share ideas and best practice and provide guidance in implementing interventions
- access to research and guidance from the Department about the use of effective evidence-based interventions.

⁶⁸ Victorian Auditor-General’s Office, *Programs for Students with Special Learning Needs*, 2012, p. 22.

⁶⁹ Victorian Equal Opportunity and Human Rights Commission (VEOHRC), *Held back fact sheet: Main findings*, VEOHRC, 2012, p.5.

Creating a school community that is inclusive and supportive of students with disability also requires a cultural shift in how schools, teachers and other community members perceive disability. DET has a role to play in helping to foster positive attitudes towards students with additional health and development needs and promoting a rights-based approach to education. This could also be supported by greater monitoring and accountability of schools, as outlined in the section 'Increase Transparency and Accountability'.

Share best practice

Sharing expertise

Sharing of best practice is an effective way of building the capacity of mainstream schools to better support students with disability. Background documents for this review highlighted the importance of sharing the expertise of specialist schools with mainstream schools. However, there was a view from VCOSS members that specialist schools do not hold all the answers and that there are a number of ways to promote good practice. DET, through its central and regional offices, has a key role to play in the sharing of this information at the local and state level and helping schools to replicate good practice.

One option is to share the experience and practice of mainstream Victorian schools that provide inclusive learning environments and support all students with disability. There are a number of mainstream schools around Victoria that are highly effective in supporting the learning and wellbeing of students with disability and disadvantage. DET could promote these effective models and practices throughout the network. Similarly, the Department has a role to play in sharing best practice and evidence-based interventions from academic research as well as from national and international examples. VCOSS members highlighted the potential for DET to facilitate communities of practice among schools in similar geographic locations to share ideas about how to meet the needs of their local school communities. This could also be extended to supporting place-based approaches to address the needs of the community, particularly among highly disadvantaged communities which are more likely to have higher rates of disability.⁷⁰

Specialist schools

VCOSS members raised concerns about the expertise of some specialist schools and their role more generally in Victoria's education system. There was a concern that some specialist schools, while having expertise in supporting students with a disability, lack a focus on educational outcomes and hold low educational expectations for students. As a result, there was a reluctance to rely on them for sharing of best practice and some consensus that other mechanisms may be more effective.

⁷⁰ Australian Institute of Health and Welfare (AIHW), *The geography of disability and economic disadvantage in Australian capital cities*, AIHW, Canberra, 2009.

There was also a strong belief that the system needs to focus on building the capacity of mainstream schools and not rely on specialist schools to teach students with disability. VCOSS members provided examples of students directed towards specialist schools when they would have been better suited to mainstream schools. This was supported by VEOHRC's consultations which found that some parents described "being pushed to enroll their children in specialist schools" and the assumption of some schools that children with a disability should go "somewhere else".⁷¹ VCOSS members reported that some schools had advised parents that specialist schools have greater resources and therefore can offer better support to their children, yet there is a concern that not all of these schools sufficiently focus on educational outcomes and thus limit the student's ability to go on to further education, training or employment. Some VCOSS members also raised concerns about segregation between mainstream and specialist schools and felt that the existence of specialist schools takes away the responsibility of mainstream schools to be inclusive.

⁷¹ Victorian Equal Opportunity and Human Rights Commission (VEOHRC), *Held Back: The experiences of students with disabilities in Victorian Schools*, VEOHRC, 2012, p. 32

Revise funding arrangements

- DET revises the funding arrangements to better support all students with additional health and development needs, to improve the educational achievements of students and to recognise that students from disadvantaged families require greater support.

Challenges with current model

VCOSS members provided a range of views on how the Program for Students with Disabilities model could be modified to better support the educational achievements for students with a disability. Common concerns around the current model include:

- too many students with disability and additional health and development needs are not being well supported by the school system
- emphasis is on the student's disability diagnosis, rather than the educational/functional needs of students, which supports a deficit view and doesn't sufficiently focus on educational outcomes of the student
- not all schools have inclusive and supportive learning environments, including proper training and support to build the capacity of teachers
- administrative processes associated with applying for funding both from families and schools are resource-intensive
- lack of focus on evidence-based intervention in supporting students' educational attainment and wellbeing
- lack of recognition that students from disadvantaged families require greater support.

Redesign the PSD

The Program for Students with Disabilities makes up around 11 per cent of the funding provided to schools through the Student Resource Package, which is equivalent to around \$605 million annually.⁷² The funding is used to support around four per cent of students with a disability, equivalent to 24,000 Victorian students.⁷³ However, evidence suggests that around seven per cent

⁷² Victorian Government, Emerging Issues and Ideas Government Schools Funding Review, https://s3-ap-southeast-2.amazonaws.com/ehg-production-australia/640aa4394d67b14d455b1a74ae4854da8f7b877b/documents/attachments/000/026/221/original/Bracks_Review_Emerging_Issues_Ideas_2015.pdf?1441596430

⁷³ PSD Review Team, Program for Students with Disabilities Review: In-person Targeted Stakeholder discussions, 2015, p. 3.

of Australian children aged 0–14 years have some level of disability,⁷⁴ and around 20 per cent of children have additional health and development needs and require additional supports to achieve their potential at school.⁷⁵ This means that the PSD program is not supporting all students with a diagnosed disability or those with less severe additional health and development needs who still require additional assistance. There is therefore a need to re-design the program and to reassess whether additional funding is required. Students with additional health and development needs will require varying levels of support, from more inclusive learning environments and access to individualised Student Support Groups and Individual Learning Plans to access to devices and more targeted interventions to support their educational needs.

To address the issues in the current PSD model a number of options were proposed by VCOSS members which largely fall into two alternative funding models, presented below.

Model 1. Throughput funding for schools combined with individual funding for students with severe disabilities

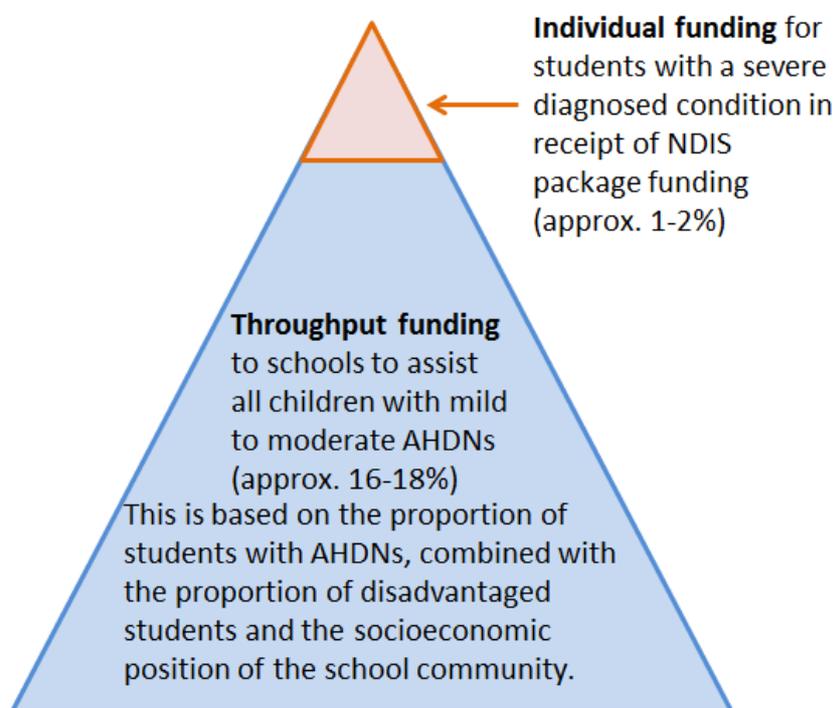
The first model proposed is based on research by the Centre for Community Health, Murdoch Research Institute, which takes a two tiered approach to supporting students with disability. It also builds on and operationalises the model provided in Figure 1 on page 12.⁷⁶

⁷⁴ Australian Institute of Health and Welfare, *A picture of Australia's children 2012*, 2012, p. 26.

⁷⁵ S Goldfeld, M O'Connor, M Sayers, T Moore, F Oberklaid, 'Prevalence and correlates of special health care needs in a population cohort of Australian children at school entry', *Journal of Developmental & Behavioral Pediatrics*. 2012;33(4):319-327.

⁷⁶ M O'Connor, S Howell-Meurs, A Kvalsvig and S Goldfeld, 'Understanding the impact of special health care needs on early school functioning, a conceptual model', *Child: Care, Health and Development*, May 2014.

Figure 2: Model 1. Throughput funding for schools combined with individual funding for students with severe disabilities



Students with severe additional health and development need

For students with a severe disability, individual funding could be provided to meet their specific functional/educational needs to support their academic performance and wellbeing at school. This funding could still be provided directly to the school, but would be attached to the student and would follow them if they move schools.

To reduce the administrative cost for families, schools and the Department, eligibility for this aspect of PSD funding could be applied to all students who qualify for the National Disability Insurance Scheme (NDIS) package funding, including those who qualify for NDIS early intervention funding. While eligibility is based on qualifying for NDIS support, the purpose of the individual PSD funding would be to meet the student's specific educational needs and therefore an educational needs assessment would still be needed. This assessment should be used to determine what interventions are required to promote the student's effective learning and participation at school. It would also need to complement any support provided through the NDIS individual support package.

Students with mild or moderate additional health and development needs

For students with mild and moderate AHDN, who do not qualify for an NDIS package of support, throughput funding could be provided to schools to help them to better support all of these students. This funding could be used to build the capacity of teachers and schools to better understand and support students with a full range of additional health and learning needs. Funding could also be pooled to provide specialised services to meet the particular needs of students such as engaging speech pathologists for augmentative and alternative communication or engaging qualified behaviour analysts.

Throughput funding could be based on the needs of students within a school or school cluster, incorporating both the proportion of children with additional health and development needs, combined with an equity-adjusted weighting which takes into account the proportion of students who come from disadvantaged backgrounds, as well as the overall level of disadvantage within the school community. This helps to recognise that students with additional health and development needs from disadvantaged backgrounds are doubly disadvantaged and need greater support to help them succeed.

To minimise the administrative cost, existing measures such as the Australian Early Development Census (AEDC), School Entrant Health Questionnaire (SEHQ), and NAPLAN scores could be used to help determine the proportion of students with an additional health and development need within a school or school cluster. Evidence suggests that children from low-income families, Aboriginal children, children with disabilities, those with low English proficiency and children living in remote areas are most at risk of poor educational outcomes.⁷⁷ Therefore the calculation of the equity funding could consider both the socioeconomic status of the individual and school community, along with the number of Aboriginal students and students from non-English speaking backgrounds. Rural schools also face additional costs and barriers to supporting students with additional health and development needs and could attract regional loadings to address them.

One of the key benefits to Model 1 is that it would reduce the administrative burden for parents and families, freeing up funding and existing resources which can be used to better support students with additional needs. Tying individual funding to students with severe disability to the NDIS and providing throughput funding to schools to support all other students eliminates the needs for schools and families to apply for funding. Instead assessments are only conducted to ascertain the educational needs of students to provide evidence-based interventions. Currently Student Support Services Officers (SSSOs) spend a large portion of their time developing applications for the PSD.⁷⁸ Freeing up their time would allow them to focus on supporting the health and wellbeing of students within the school.

⁷⁷ D Gonski, K Boston, K Greiner, C Lawrence, B Scales and P Tannock, *Review of Funding for Schooling: Final Report*, Canberra, December 2011, p. 111.

⁷⁸ Victorian Auditor-General's Office, *Programs for Students with Special Learning Needs*, 2012, p. ix.

This model also focuses on building the capacity of schools to support all students with additional health and development needs, rather than just those who qualify for support, and could help to drive more inclusive whole-of-school practices. The model provides additional resources to schools that have students with disability who experience multiple disadvantages, in recognition of the additional barriers faced by these students.

VCOSS members also highlighted the benefits of pooling money to better support students with disability; for example, using funding to engage specialists such as speech pathologists with expertise in augmentative and alternative communication to support students with severe communication/speech difficulties, occupational therapists to help design supportive physical and sensory environments for students with autism or attention deficit hyperactivity disorder (ADHD), and behaviour analysts to help teachers to modify and adapt their learning styles to support students who may display challenging behaviour.

However, some VCOSS members raised strong concerns about this model, including the use of pooled funding and the use of NDIS criteria for determining eligibility. Some were concerned about the risk that not all students with a diagnosed disability or additional health and development need would be supported through the program. There were concerns that the pooled funding approach for students with mild to moderate additional needs may fail to meet their individual educational needs and provide a process to review their educational achievement. There was also a concern that funding may be used inappropriately, as has occurred under the current program, or that funding for students with disability may be diluted and used for other purposes within the school. There was also a concern that using the NDIS model to determine eligibility reinforces the disability and deficit-based model rather than the educational needs of the student.

If this model were to be implemented, it is vital that strong reporting and accountability mechanisms are introduced to ensure that funds are being spent in line with the intent of the program and that the educational needs of all students with disability are being met.

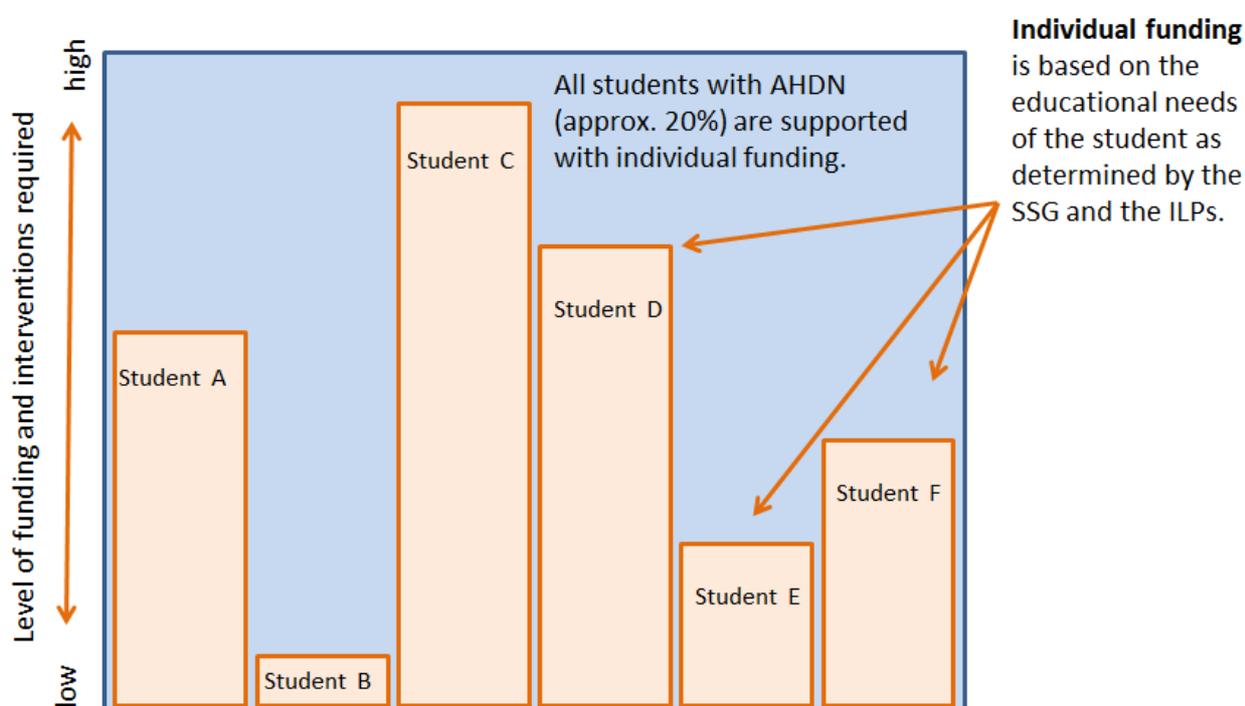
Model 2. Individual funding based on educational needs

The other funding model proposes that all students with additional health and development needs (approximately 20 per cent of students) should get access to support under the Program for Students with Disabilities and that the level of support should be based on what each student needs to meet the education standards required at each level of school. That is, that the funding levels are determined by an educational needs assessment rather than the current diagnosis-based model where funding is provided at one of six levels based on the responses provided to the Educational Needs Questionnaire.⁷⁹

⁷⁹DET, *Program for Students with Disabilities: Levels 1-6 (Reference 15)*, <http://www.education.vic.gov.au/school/principals/finance/Pages/srpref015levels.aspx>, accessed on 1 September 2015.

Model 2 therefore suggests that funding is tied to the individual student, although there may be circumstances where funding from students with similar disabilities could be used to access specialist supports. Students with additional health and development needs could be identified through a combination of measures including parent and teacher observations that indicate educational or developmental delays and/or behavioral issues including the Australian Early Development Census (AEDC) and the School Entrant Health Questionnaire (SEHQ), as well as standardised testing such as the NAPLAN. Where children come to schools with a disability diagnosis, including eligibility for the National Disability Insurance Scheme (NDIS), they would be automatically included in the program.

Figure 3: Model 2. Individual funding based on educational needs



Under this model the Student Support Group, including specialists, could determine the educational needs of the student and this would in turn inform the funding level required. The strategies, supports and evidence-based interventions identified by the Student Support Group would then feed into the Individual Learning Plan and would be reviewed on a regular basis to determine if they are effectively supporting the student. If the supports were not effective, then the Student Support Group could modify the interventions and supports. While this may require some adjustment at the start, over time the need to modify the plans should reduce and the interventions would effectively support the student’s learning and participation at school.

One of the primary benefits of Model 2 is that the learning and development needs of all students with additional health and development needs would be met. This model is strongly focused on the educational needs of students with disability and supports processes that drive continuous improvement in education and wellbeing for students.

Another key advantage of basing funding on educational needs, rather than the level of disability, is that the funding provided to students is more accurate than the current model. In the current model there are set amounts of funding provided to students based on which of the six levels of need they are assessed at. For example, a school may have two students with moderate to severe hearing loss. Using an educational needs assessment it may be determined that one student requires an Auslan interpreter to be able to participate in the classroom, yet the other student may only require Radio Frequency (RF) systems in the school to assist with the use of their hearing aids and/or cochlear implant. The difference in costs is significant, despite having similar disabilities. Further, some student with mild additional health and development needs may have their educational needs met simply through more inclusive learning environments that cater to the diverse needs of students, rather than requiring targeted interventions.

VCOSS members also suggested that assisting all students with additional health and development needs would support early intervention, thus providing better learning and development outcomes and future trajectories for students. Adequately supporting all students may also reduce the behavioural issues that manifest in classrooms when students' educational and wellbeing needs are not met. It may also reduce the stress on teachers, who are currently required to assist all students without adequate resources. Feedback from VCOSS members suggests that this is leading to some teachers taking stress leave and in some cases making work cover claims. VCOSS members also suggest that adequately supporting all students may help to reduce the litigation costs faced by the Department as a result of inadequate support and poor practices for students with disability.

The main drawback of this model is that it does not explicitly include a focus on building the capacity of teachers and schools to support all students, or focus on providing inclusive learning environments, due to its individualised approach to supporting students. If this model were to be implemented it is important that it be underpinned by other measures to build the knowledge and expertise of teachers and schools as well as fostering inclusive classrooms and schools.

Benefits of both models:

Some of the key benefits to both models, over the current Program for Students with Disabilities model would be:

- Supporting all students with additional health and development needs: although the models vary in how they achieve this goal. While this is meant to occur in the current system, evidence suggests that many students who don't qualify for PSD funding are not adequately supported.
- Focusing on the educational and functional needs of a student compared with the current deficit and diagnosis-based model. This would better support students' learning and wellbeing resulting in better educational and life outcomes.
- Fostering a positive cultural shift in the way students with additional health and learning needs are perceived by teachers and schools, thus helping to improve the inclusion of

students. This may also help to reduce the stigma associated with receiving additional support, which is a barrier for some families.

- Reducing the stress for families and resource pressures for schools about whether students will be adequately supported in the education system.
- Responding to the changing needs of students throughout their schooling.
- Better supporting disadvantaged children with additional health and development needs who are not likely to get support under the current PSD, despite being doubly disadvantaged and in greatest need of additional assistance.

It is important that all changes implemented as a result of the PSD review are communicated effectively to the education sector as well as families and the broader community, to build a shared understanding of how the program and funding are being used. VCOSS members also suggested that any change would need to be accompanied by a strong transition process, to ensure that students are adequately supported throughout any change.

Improve the review and transition process

- DET amends the focus and timing of the Program for Students with Disability review process in between primary and secondary school to consider how the student is functioning and performing at school and whether the adjustments and supports should be modified.
- DET and schools provide greater support to students and their families during the key transition periods.

Amend the review process

The Program for Students with Disabilities guidelines state that the Year 6-7 Review is mandatory for students in receipt of Level 1 to 4 PSD support.⁸⁰ Currently this review occurs in Year 6 and feedback from VCOSS members suggests that the reviews can result in considerable anxiety among families at a time when children are undertaking a significant transition from primary to secondary school. In addition to the resource intensive nature of review process, there are concerns among families that this review will result in a reduction or withdrawal of funding.

An analysis conducted by the Auditor General shows these concerns are valid: of the 1,592 Year 6 students who had their PSD funding reviewed in 2010, 15 per cent had their funding withdrawn and a further 31 per cent had their funding downgraded, with only 11 per cent having their funding level increased.⁸¹

VCOSS members provided a range of feedback on the current review process and made a number of suggestions for reform, both in relation to the focus and timing of the review or whether it's even necessary.

Shift the focus of the review

Some VCOSS members highlighted that the review process, and the associated cost, stress and administrative burden, is unnecessary for children who have permanent, stable disabilities. Other members also suggested that the review is unnecessary if the program is working effectively, as

⁸⁰ DET, Program for Students with Disabilities – Guidelines for schools 2016, Melbourne, 2015, p.6,

⁸¹ Victorian Auditor-General's Office, *Programs for Students with Special Learning Needs*, 2012, p. x

reviews of children's educational progress and the supports required should be occurring on a regular basis.

A key message from VCOSS members was that the current focus on reviewing the disability diagnosis of the student is incorrect. As per our suggestions under 'Support the learning and development needs of student', if the program was to shift to the functional and educational needs of students with disability, then the focus of this review and all other reviews should be on how the student is functioning and performing at school and whether the adjustments and supports are effective or should be modified. There was a strong sense that reviews about the interventions and educational needs of students should occur regularly, such as at the end of every term and every school year, and that leaving it until this point would be considered too late.

Amend the timing of the review

Other members felt that the review process can be helpful but suggested that the timing of the review is problematic and should occur once the children enter Year 7. A child's needs may change significantly and they may face new challenges as a result of the different and less structured environment at secondary school. This would therefore be a more appropriate time for a larger review of a student's functional and educational needs and assessment of the supports/interventions required.

Provide greater support for transitions

Transition to primary school

Starting school is a significant time of change for all children but can be particularly challenging for children with additional health and development needs and those experiencing disadvantage.⁸² Evidence suggests that how well children transition to primary school can affect their long-term educational outcomes.⁸³ Several factors can either help or impede a child's school readiness, including their own individual characteristics, their family's characteristics and the quality and accessibility of early childhood services and schools.⁸⁴

Schools can improve this transition process by developing positive relationships with families of children with additional health and development needs before children commence school and continue to maintain engagement with families during and after the transition period.⁸⁵ Other ways schools can help support this transition is by building links with local early childhood services, developing effective transition support programs for children, providing additional supports to children with additional health and development needs and ensuring teachers understand early childhood development and the full range of additional health and development needs that may

⁸² K Rosier and M McDonald, Promoting positive education and care transitions for children: CAFCA Resource Sheet, AIFS, 2011.

⁸³ Centre for Community Child Health, The Royal Children's Hospital, *Rethinking School Readiness: Policy Brief: Translating early childhood research evidence to inform policy and practice*, No 10 2008, p.1 www.rch.org.au/ccch/policybriefs.cfm.

⁸⁴ Ibid.

⁸⁵ K Rosier and M McDonald, Op. Cit.

present in their classrooms.⁸⁶ It is important that children with additional needs are assessed before commencing school, so that supports and interventions can be in place from the first day. Providing families with information and referrals to additional supports will also help to improve their educational outcomes and wellbeing.

Transition to secondary school

The transition from primary to secondary schools occurs during the 'middle years', between Grade 5 and Year 8, when children are entering adolescence.⁸⁷ The middle years is a particularly vulnerable time for all students, including students with additional health and developmental needs. It is a time of significant physical, emotional and developmental change and therefore increases the likelihood of children experiencing difficulties adjusting to this transition.⁸⁸ Evidence suggests many children experience a drop in educational achievement and school engagement in the years following their transition to secondary school.⁸⁹ If not addressed, the effect of this can be cumulative, leading to poor educational attainment and possible disengagement from secondary school. It is therefore important that students are well supported during and after this transition.

Students with disabilities also face additional barriers.

VCOSS members highlighted the issue of a lack of communication between schools meaning that relevant information about the student's needs and supports is not passed on to the new school. As a result there is a reliance on parents being strong advocates for their child to complete the appropriate paperwork when their child is moving from primary to secondary or is simply transferring schools. While some parents can do this well, other parents, especially those experiencing disadvantage, may not be as well equipped to navigate the system, complete all the relevant paperwork and negotiate supports with new schools.

VCOSS members also suggested that families would benefit from greater support to help prepare for their child's transition to secondary school. Despite good resources being developed, in some cases families are not made aware of them or were only provided with relevant information near the end of grade 6, rather than in grade 5, when they would be of most benefit. One option suggested by VCOSS members was to have dedicated transition officers outside of the schools to help families with the paperwork, share information between schools and to help prepare families for the transition and ensure that families get timely access to the resources and support.

⁸⁶ Centre for Community Child Health, The Royal Children's Hospital, *Rethinking School Readiness: Policy Brief: Translating early childhood research evidence to inform policy and practice*, No 10 2008, p.1 www.rch.org.au/ccch/policybriefs.cfm.

⁸⁷ Victorian Council of Social Service and Youth Affairs Council of Victoria, *Building the Scaffolding: strengthening support for young people in Victoria*, Melbourne, 2013.

⁸⁸ Victorian Auditor-General's Office, *Education Transitions*, Victoria, 2015.

⁸⁹ Ibid.

Increase transparency and accountability

- DET increases the accountability and transparency of the Program for Students with Disabilities, including requiring schools to report on how funding has been spent to support students with additional health and development needs and school compliance with Program for Students with Disabilities guidelines.
- DET regularly evaluates the Program for Students with Disabilities to identify and address systemic issues, including monitoring and reporting on the educational and wellbeing outcomes of all students with additional health and development needs.

Consultations with VCOSS members revealed concerns about the lack of transparency and accountability about how Program for Students with Disabilities funding is being used by schools. This is also part of a broader issue with the lack of transparency and accountability with how the school budget (the Student Resource Package) is directed by DET and managed by schools, as outlined in the [VCOSS Submission to the Schools Funding Review](#). As a result a number of amendments were proposed by VCOSS members.

Funding

Feedback from VCOSS members indicates there needs to be greater accountability for how schools use funding to support students with additional health and learning needs. There was concern that, in a resource constrained environment, PSD funding may disappear into the global school budget. There was also a concern that schools are not using the money effectively or, in some cases, appropriately, to support students with disability. As a result, it is recommended that schools need to report on how they have spent PSD funding within their school or their school cluster.

One school had a student who was eligible to receive Program for Students with Disabilities funding. The school used this funding to purchase Lego with the intention of developing the motor skills of students. While this was beneficial to some other students at the school, the student who actually attracted the funding was unable to use Lego due to their disability and therefore their support needs were unmet by the school. Feedback also suggested that some special schools and mainstream schools have used funding to employ martial arts people to train staff.

Ensure compliance with guidelines

A consistent theme from VCOSS members was the inconsistent implementation of the program across the State both in regards to the types of interventions being delivered to support students as well as the use and quality of Student Support Groups and ILPs. This could be amended by making the groups and ILPs guidelines compulsory and introducing monitoring, reporting and mechanisms to identify and address schools not complying with these processes. This was also confirmed by the Auditor General's report which found that the DET "does not monitor the practices of SSGs or the quality of ILPs, even though these practices are potentially compromising the quality of support provided to PSD students."⁹⁰ Another suggestion by VCOSS members was to survey parents once per year to ask about their satisfaction with the Student Support Group and Individual Learning Plan process; this would help to remind schools that these documents need to be meaningful and also to identify and address poor practice.

Develop a strong complaints mechanism

VCOSS members also highlighted the need for a strong complaints mechanism for students and their families. VCOSS welcomes the government's commitment to investigate the establishment of a Schools Commissioner to take complaints from students and parents. Currently complaints are not recorded at a regional or state-wide level, making it more difficult to identify emerging or systemic issues involving students with disabilities. Any complaints mechanisms would need to be well promoted and easy for families to use. It is also important that all complaints are addressed and strong action taken when poor practice has been substantiated.

Monitor and track individual student performance

The aim of the PSD is to support students with disability to achieve their best at school. Therefore, these other accountably measures should be combined with monitoring and reporting of individual student outcomes. Ideally, student performance would be assessed on an on-going basis, with regular reviews each term and at the end of each school year. However, the school could increase their accountably by monitoring and reporting on the educational performance and progress of students with disability, periodically, such as on a yearly basis.

Evaluate overall program performance

The overall PSD should also be evaluated to identify and address systemic issues and to drive continuous improvement in the delivery of the program. The Auditor General's report found that the Department does "not monitor how schools use the funds nor does it adequately oversee the educational outcomes of students with special learning needs"... It also "does not have the information it needs to determine whether PSD funding is being used efficiently and effectively."⁹¹

⁹⁰ Victorian Auditor-General's Office, *Programs for Students with Special Learning Needs*, 2012, p. x.

⁹¹ *Ibid*, p. 4.

This is of concern given the enormous impact this may have on students with disability as well as the amount of money invested in the program.

VCOSS members highlighted a number of aspects that should be measured as part of a program evaluation. The key areas included evaluating the educational outcomes (and academic progress), the social and wellbeing outcomes of all students and the longitudinal data on the post-school outcomes for all students with AHDN. To do this would likely require improvements to the current data tools and collection methods.

In addition VCOSS members suggested measuring the inclusion of students with additional health and development needs; this could include looking at data around the percentage of students with disability who are suspended or expelled, the use of restraint and seclusion, and the percentage of students with disability in mainstream schools compared with specialist schools.

In addition to the quantitative data, VCOSS members suggested capturing qualitative data to better understand the experiences of students and parents. This could include samples of surveys sent to students with disability, peer surveys about how well other students in their class are supported and parent surveys.

Conclusion

Fundamental changes to the Program for Students with Disabilities have been recommended based on feedback from VCOSS members and the research evidence base. For students with disability the issues of stigma and discrimination remain common and too many students with disability report “experiences of exclusion, poor education provision, and low expectations”.⁹² Significant changes are required to how the PSD is used to help address these barriers and support all students with additional health and development needs. These changes need to be underpinned by a significant cultural shift in how the education system and society more broadly, perceives and supports students with disability.

To achieve this requires:

- shifting from the rigid eligibility criteria and deficit-based PSD funding model to a functional and educational needs-based approach that supports all students with additional health and development needs
- creating a more inclusive education system that optimises the educational, social and wellbeing outcomes of all students
- building the capacity of schools and teachers to implement evidence-based practice and eliminate poor practice throughout the education system
- building stronger engagement and support for families, particularly families experiencing disadvantage
- improving the transition process for students with additional health and development needs

⁹²S Robinson and J Truscott, *Belonging and connection of school students with disability*, Centre for Children and Young People, Southern Cross University and Children with a Disability Australia, Victoria, 2014, p. 9.

- strengthening the transparency and accountability of how funds are used to support students
- better monitoring student outcomes to identify and address systemic issues to give every student the opportunity to achieve their potential.

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