

**Association of Independent Schools of Western Australia's submission to the
Education and Health Standing Committee's
*Inquiry into improving educational outcomes for Western Australians of all ages***

Name of Committee:

Education and Health Standing Committee

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Thankyou for the opportunity to contribute to the *Inquiry into improving educational outcomes for Western Australians of all ages*. The Association of Independent Schools of Western Australia (AISWA) serves to represent and support all independent schools in Western Australia. The range of schools in this sector as extremely varied and teach students from Kindergarten to secondary, are located in metro, regional and remote areas and have a range of fee structures, values and cultures. While there are a number of issues that are pertinent across the whole sector, there are also groups within the sector with particular issues that need to be addressed. On behalf of all the independent schools in Western Australia, AISWA strongly urges this committee to consider the needs of independent schools and the students who attend these schools as part of this Inquiry. AISWA and its member schools consistently strive to improve the educational outcomes for all our students and as such we will be addressing aspects 1 to 5 of the Terms of Reference for this Inquiry. We would like to make clear that this submission is a summary of the main issues and due to time constraints is not a comprehensive analysis. AISWA would welcome the opportunity to appear before the Education and Health Standing Committee to further discuss the issues related to independent schools in Western Australia if required.



Ron Gorman

Deputy Director

Association of Independent Schools of Western Australia

Terms of Reference

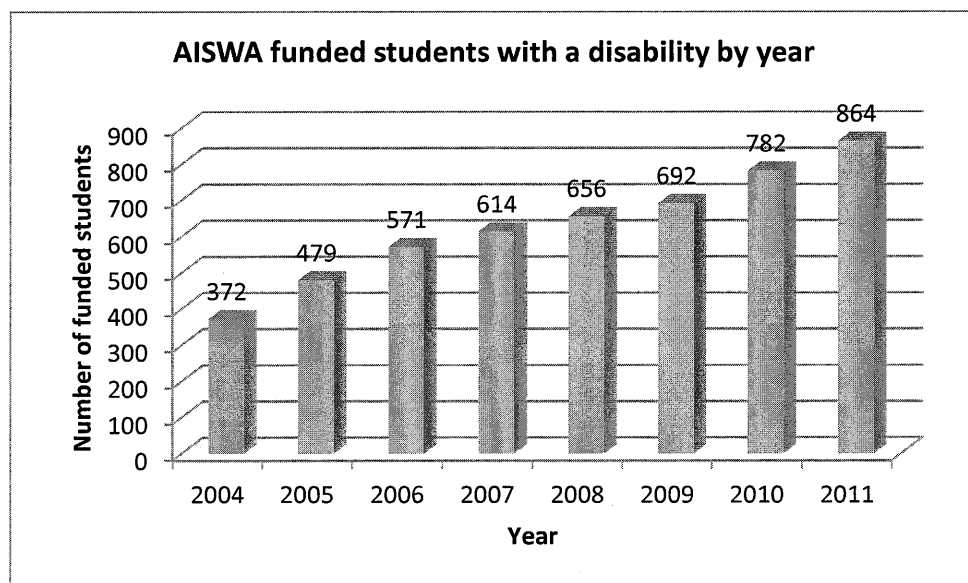
1. Current and future resourcing of new methods and activities to improve educational outcomes such as e-learning and school partnerships.

Students with additional needs

The majority of independent schools in Western Australia cater for students with additional needs in an inclusive environment, which means that students with disabilities are primarily educated in the context of mainstream schools and classrooms. Resourcing for students with disabilities in independent schools is constantly an issue, particularly for our majority low-fee schools and schools with a large number of students with additional needs, including:

- Students with disabilities (including health, FASD, mental health and behaviour issues)
- Students with learning difficulties
- Students with NESB (Non-English Speaking Background)
- Students living in remote communities
- Students with a background of trauma

Currently independent schools only receive a minimum amount of funding for students with diagnosed disabilities, and this is significantly lower than what these students would receive in other education sectors. While independent schools do receive and welcome the State additional per capita loading for each child with a documented disability, this funding in itself is an acknowledgement that the current Federal Supplementary funding is inadequate and even with this financial input, independent schools still receive significantly less per child with a disability than every other education sector. This places a substantial financial and resourcing burden on schools that are committed to providing a quality education and appropriate support for these students. In 2011 there were 864 students with a documented disability who were eligible for funding. This is more than double the number of students who were funded in 2004 (see graph below).



The above figures do not include students with undiagnosed disabilities where schools and parents cannot access or afford to access appropriate professionals. Without a diagnosis, students are not able to be appropriately supported by schools, families or therapists and this directly affects their educational outcomes. Access is affected by:

- Distance from qualified professionals (in the case of remote schools)
- Limited number of qualified professionals available (in the case of remote regions and in some professional fields such as child psychiatry)
- Long waiting lists for professional services (this is an issue across most professional fields and in metro and regional areas)
- Cost of professional services (Eg 1. The diagnostic process for students with Autism Spectrum Disorders involves seeing three different health professionals. This is a thorough process, but for parents who want to avoid waiting lists of up to two years, the cost to see three professionals privately is prohibitive. Eg 2. There is currently no government financial support for diagnosis or support for any learning difficulties such as Dyslexia which is usually diagnosed by a psychologist. This means that parents who cannot afford a private psychologist cannot have their child diagnosed and therefore cannot access appropriate services or offer evidence to schools for why their child needs additional educational support.)

These issues are compounded for remote schools who struggle even more with accessing professionals to diagnose learning difficulties and disabilities and then even with minimal funding struggle to access professional support and resources from health, psychological and therapy agencies, and to employ suitably qualified teaching and support staff. A very small number of remote indigenous students are currently receiving funding and this number is not an accurate representation of the number of students with additional needs. The majority of our remote schools also need to provide their own accommodation for staff and visiting specialists, therapists and health workers and the cost of this is not covered by any disability funding. Schools will also assist families in their remote community to travel to the nearest town with a specialist or visiting specialist and again these costs are not covered by any disability funding.

There are also specific groups of independent schools who are daily struggling to improve educational outcomes for students with multiple additional needs:

- *Remote schools* – Often report that the majority of their students have a NESB and hearing impairment, combined with difficulties arising from issues such as history of trauma, behaviour and mental health issues, irregular attendance, FASD and other undiagnosed disabilities and learning difficulties. There are currently 13 Aboriginal Independent Community Schools (AICS) who operate in remote communities throughout the Great Southern, Pilbara and Kimberley.
- *CARE Schools (Curriculum and Re-Engagement Schools)* – These schools cater for students from Year 9 to Year 12 (approximately aged 15-21 years) who have not succeeded in traditional schooling environments and need specialist support. These schools offer a unique model of supported education with the aim of assisting students with significant needs to achieve readiness for work or further education. These students often have significant behaviour and mental health issues arising from circumstances such as a history of trauma,

delinquency or undiagnosed learning difficulties. Students are often under the care of the Department of Child Protection and have a history of incarceration. This often means that either a diagnosis has never been made or documentation of diagnosis has been lost due to students' fragmented history of care. The model of education and care these schools offer is unique and remarkable in its effectiveness and these schools should be considered as a model of best practice for improving the educational outcomes of students at significant risk. There are currently seven AISWA CARE schools of which Alta-1 is the largest.

- *Low SES (Socio-Economic Status) Schools* – These schools offer low-fee education and regularly offer fee-assistance to their families. They are often small and so despite excellent intentions, often do not have the resources or infrastructure to offer specialist support to students with additional needs. They often have a large population of students with a NESB and migrant and refugee families, sometimes with a history of trauma. These schools are valued by parents for their small size and thus their ability to offer pastoral care, however due to limited resources and funding, often struggle to meet the multiple needs of their students and improve their educational outcomes in the most effective manner.
- *Telethon Speech & Hearing Centre* – This school is the only independent specialist disability school in Western Australia. They enroll students with hearing and/or speech and language impairment, and these students may also have a range of other disabilities. This school is an excellent best practice model for improving educational outcomes for students with disabilities, and their focus on research, early intervention and family support ensures their results are consistently outstanding. This school has a unique population of students and a unique model of schooling and as such needs additional resources to ensure it can maintain its specialist staff and high staff to student ratio.

These are issues that need to be urgently addressed as without access to appropriate resources, schools are unable to improve educational outcomes for students with additional needs. AISWA strongly advocates the following in order to meet the educational needs of students with additional needs:

- Disability funding urgently needs to be increased for all independent schools
- Funding needs to be made available for the timely and affordable diagnosis of disabilities, particularly Autism Spectrum Disorders, Fetal Alcohol Spectrum Disorder (FASD), mental health assessments (including Post Traumatic Stress Disorder) and Dyslexia and other learning difficulties.
- Schools with unique circumstances such as those listed above need to have increased financial and personnel resources and timely and affordable access to a range of professionals who are qualified to make diagnoses and offer appropriate intervention for schools and families in difficult circumstances.

Services available to independent schools in Western Australia

We would like to mention the excellent services that are available to independent schools and that are integral to improving educational outcomes for students with additional needs. The effective provision of these services also indirectly affects the educational needs of all students in inclusive schools as teachers who are effectively supported to cater for the children in their classroom with additional needs are also better able to cater for the rest of the students in their classrooms. AISWA

wishes to strongly urge that these services be continued and continue to be made available to independent schools, and where appropriate, additional funding be added.

- *Hospital School Services (HSS)* – This service offers excellent support to students in hospital and/or with chronic medical, health and mental health issues. The only area we would like to see this service improved upon is supporting schools when a child with severe and multiple disabilities is admitted to hospital or has chronic health issues. Special needs teachers within schools have reported to us that they would like more support with these students when they are admitted to hospital and upon their return to school.
- *Child and Adolescent Mental Health Services (CAMHS)* – This service offers excellent support to families and schools and we understand this will be expanded in 2012. We strongly support this expansion in both metro and regional areas and would also support any increase in staffing, including psychiatric and psychology services as well as the CELTs (CAMHS Education Liaison Teachers) and CAMHS in Schools Project.
- *Western Australian Institute for Deaf Education (WAIDE)* – This service offers excellent support to independent schools, particularly in the area of school visits and providing information to teachers about how to effectively cater for students with hearing impairment. The only area we would like to see offered to independent schools is access to AUSLAN interpreters.
- *Vision Impairment Service (VIS)* – This service offers excellent support to independent schools, particularly in the area of schools visits, advice to schools and enlargement of teaching and learning resources.
- *Therapy Focus* – This service is well received by schools when it is available, however independent schools frequently report that they have very limited access to staff, school visits, advice, information and training. Schools also report that staff are often inexperienced and change frequently. AISWA would like to see the funding increased to ensure an increase in qualified staff, quality of service and continuity of care.
- *Non-Government School Psychology Service (NGSPS)* – This service is well received however schools report a distinct lack of service available for the number of students who require support. The psychologist to student ratio in the independent sector is approximately 1 to 5300 in the metropolitan area and 1 to 2500 in regional and remote areas, more than double the number of students per psychologist that of the Department of Education ratios. This inequity in service is due to inadequate funding for psychological service to independent schools. AISWA would like to see funding for this service increased to the point that all education sectors receive equitable funding and thus improve student's educational outcomes in WA, particularly those students with disabilities, learning difficulties and mental health problems.

Gifted education

There is currently no federal or state funding for assessment, service provision or incentives for schools to cater for students who are highly able. Similarly there are no government mandates or guidelines for the provision of appropriate educational opportunities for gifted students. This is a group of students with enormous potential and while some schools have put measures in place to cater for this unique group of students, it remains an underserved population. There is often a mistaken belief that these students will do well without any special intervention, however there is a great deal of research showing that this is not the case, and in fact the needs of these students are

as immediate, unique and profound as students with significant disabilities. AISWA has sought to establish and maintain school partnerships related to gifted education between independent schools and between independent and Catholic Education Office schools. There is however, no available funding that specifically targets this group and schools subsequently do not have the resources to identify, intervene and appropriately educate this group of students. The neglect of this group has enormous implications on improving their educational outcomes which are frequently lower than they could be.

Effective teaching practices for students with additional needs

School leaders and teachers at independent schools consistently report to AISWA that they feel they have not received adequate pre-service training to give them the understanding, information and skills they need to teach students with additional needs (including disabilities, learning difficulties, NESB, behaviour and mental health issues, gifted etc.) Beginner teachers often start their teaching career with the mistaken belief that students with additional needs will be in a specialist classroom, when in fact the majority of teachers (particularly in independent schools in WA) will have more than one child with additional needs (and sometimes with severe and multiple disabilities) in their mainstream classroom. AISWA strongly advocates that pre-service training in WA be reviewed to ensure that strategies are taught to equip teachers for the realities of an inclusive classroom, including differentiating learning and curriculum, creating an inclusive environment and universal design. Without quality pre-service training that acknowledges and prepares teachers for the reality of inclusive classrooms, educational outcomes for all students (with additional needs and without) will not be improved.

2. Factors influencing positive or negative childhood development from birth to year 12.

Much of the information provided in Section 1 (above) are also factors that impact upon childhood development and AISWA and independent schools in WA are very aware of the need for early intervention in the lives of children and families long before formal schooling begins. The research in this area is very clear that early intervention and support for families at the neo-natal, post-natal and early childhood phases of development is crucial in ensuring that children are ready for formal schooling and thus able to access learning and see their educational outcomes improved. Factors that impact on childhood development in the early years, include:

- Social and Emotional Literacy. There is a significant amount of research regarding the essential characteristics for learning that indicate that social and emotional literacy makes up between 60% and 80% of the vital skills needed to achieve educational success. To this end AISWA would like to see funding across all sectors for programs such as PATHS (Promoting Alternative THinking Strategies) in primary schools and Aussie Optimism in secondary schools.
- Access to timely assessment and diagnostic services for young children. Currently, diagnostic assessment waiting lists for Autism Spectrum Disorders, for example, can be up to two years for families wanting to undergo diagnosis.

- Early diagnosis impacts positively on childhood development as it enables a family to access early intervention services in the period where it is most effective (Pre-school and the early years). This improves long term outcomes for children into the school years.
- Waiting lists and inaccessibility to diagnostic assessment have a negative impact on childhood development, particularly children with disabilities, as it impedes access and participation in early intervention programs which have a high correlation to successful school and life outcomes for children and young people.
- Screening for all Kindergarten and Pre-primary students. Currently there is no universal service provided within either health or education services to routinely screen young children for potential speech and language difficulties, motor skills difficulties, and/or developmental delays. Such screening would ensure that children with risk factors or developmental delay are able to access the benefits of early identification and therefore early intervention. Early identification and intervention to address developmental difficulties as a result of screening children in the early years of schooling has major positive implications for the development of children's literacy and numeracy and academic skills.
- Parent engagement. This is particularly an issue in schools where there are a significantly high proportion of refugee families from countries such as Afghanistan, Iran, and Sudan. Barriers to engagement for these families include – language (poor or limited English), cultural (status of women), Post Traumatic Stress Disorders, and school policies and processes that do not actively promote parent partnership and engagement.

3. Facilitating greater opportunities to engage all students in year 11 and year 12.

To facilitate the successful engagement of students with intellectual disabilities in mainstream schools in the final years of high school, select teachers have been trained across all education sectors to deliver the Award Scheme Development and Accreditation Network (ASDAN) program, which is specialist alternative curriculum for students with an Intellectual Disability. This program provides an alternative learning pathway and accreditation for students with intellectual disability. ASDAN is a UK-based program and an internationally recognised awarding body. ASDAN programs are learner-centred with modular and activity based curriculum; they encourage young people to take responsibility for their own learning and provide a framework for the assessment of personal and social skills, within a teaching and learning sequential program. This program ensures that students with intellectual disabilities are engaged with learning and receive credit and recognition for their knowledge, skills and abilities. AISWA would like to see more funding made available to train more teachers to deliver this alternative and excellent curriculum.

AISWA would like to reiterate the excellent model of schooling offered by the CARE schools as mentioned in Section 1 of this submission. *CARE Schools (Curriculum and Re-Engagement Schools)* – These schools cater for students from Year 9 to Year 12 (approximately aged 15-21 years) and as such offer an important alternative to the traditional model of schooling for Year 11 and 12 students. The provision of CARE schools as an alternative form of schooling for this age group ensures that these students are engaged in meaningful learning and training.

The majority of independent schools offering Year 11 and 12 schooling in WA are not CARE schools, and as such offer a range of Western Australian Certificate of Education (WACE) subjects for students of different abilities. Generally this is done well, with the main area of concern for schools being those students who are not able to achieve the WACE due to their additional needs. While there are a number of WACE courses available to students with additional needs, schools often look for alternative methods and providers to offer an appropriate learning experience for these students. Many schools have a relationship with various TAFEs and workplaces and while this can work well for some students, trainers/supervisors at TAFE and in the workplace do not have the necessary teaching skills or training to cater for young students with additional needs, particularly where there are associated behaviour and/or mental health issues. This often means that these placements are unsuccessful and students are in a position of either not achieving their WACE, not being ready for post-schooling, or encouraged to leave the school. This situation may be remedied by making training available to TAFE lecturers and workplace supervisors, or offering incentives to seek training. There also need to be incentives for schools to review their model of schooling for students with additional needs to ensure that an alternative model is available within the school.

4. Improving access and opportunities for adult learning in regional and remote WA.

The tyranny of remoteness and distance impacts significantly on access to professional learning opportunities for teachers and schools staff in remote and regional schools. The costs to schools for travel, accommodation and teacher relief are often the major barriers to participation in and receiving the professional benefits from professional learning opportunities for staff in remote and regional schools. Issues such as lack of or intermittent access to technology (Eg. Internet) are also a barrier to staff accessing professional development in a virtual environment.

Independent schools in remote areas are often keen to provide employment opportunities where possible for people from the local indigenous community, and many schools go to great effort to encourage local employees to access training and gain certification for their skills. The main barriers to these efforts, however, are often a lack of literacy and confidence among remote indigenous people who do not yet have a long history of western education and so are fearful of engaging in formal learning. This is compounded by the distance to formal education sites and a lack of an online alternative when Internet and phone connections are unreliable. More support is needed to ensure remote communities have access to reliable phone and Internet connections and also sympathetic mentors who can encourage and provide literacy support. There also need to be more training courses that have been specifically designed for remote indigenous adult learners.

Staff in low fee schools also experience barriers to accessing professional learning opportunities. Schools in this category generally have limited resources so relief staff cannot be provided to cover for staff released to attend professional development. This can impact negatively on successful learning and developmental outcomes for children and young people within these schools.

5. Foetal Alcohol Syndrome: prevalence, prevention, identification, funding and treatment to improve education, social and economic outcomes.

This is a particularly difficult issue due to lack of data on prevalence, inconsistent identification between individuals in the same profession and lack of training and expertise across professions in how to diagnose Fetal Alcohol Spectrum Disorder (FASD). The social and economic outcomes for students with a diagnosis of FASD and those who have characteristics of FASD remain well below those without the diagnosis because their ability to keep up with their peers on an educational and social level becomes increasingly difficult as they get older. Many schools, in particular those in remote regions, report students who have many characteristics of FASD but are unable to access the services of professionals who are able to diagnose the many facets of this Disorder. This in turn means that students are not appropriately diagnosed and so schools are unable to apply for disability funding for the extra support these students require, which reduces the students' ability to access education and thus reduces their educational outcomes.

There is also misunderstanding among health, psychology and education professionals in the Perth metropolitan area, who are often reluctant to diagnose (or do not consider a diagnosis of) FASD for non-indigenous and non-regional children. A number of schools have reported anecdotally to AISWA that they are worried there are students being incorrectly diagnosed with ADHD (as children with FASD often have characteristics of ADHD) when they believe there are issues related to FASD for the child and family.

AISWA would like to see funding for training and services across all professions (including health, psychology and education) across WA and particularly in regional and remote areas. This service and training should include information about making educational and medical assessments as well as education for parents and community members about prevention. Training and resource materials should also be clear that FASD is not solely an indigenous issue and photographs and other promotional material should support this.

It should be noted that AISWA is aware and supportive of the research and work being done by the Telethon Institute for Child Health Research in association with the McCusker Centre for Action on Alcohol and Youth. We are aware of the FASD Model of Care publication by the Western Australian Department of Health, and while this information is useful in explaining the Disorder, and outlining prevention and symptoms, there is very little mention of recommendations related to appropriate responses by health and education professionals. While prevention is vitally important, schools need information and strategies to appropriately intervene, educate and accommodate students who already are in classrooms with this Disorder. As such we would like to see more research into effective educational responses to children with FASD and resources made available to schools in all sectors, to ensure that teachers are equipped to improve the educational outcomes of these students.

