SUBMISSION TO PRODUCTIVITY COMMISSION

DISABILITY CARE AND SUPPORT

SPELD NSW

Reference: Productivity Commission draft report into Disability Care and Support (February 2011)

The Specific Learning Difficulties Association of NSW Inc. (SPELD NSW) welcomes and supports the Government initiative in conducting a Productivity Commission review into care and support of people with a disability.

SPELD NSW is a Public Benevolent Institution founded in 1968 whose mission is to provide advice and services to children and adults with specific learning difficulties and those who teach, work with and care for them. The State based associations are linked nationally through The Australian Federation of SPELD Associations (AUSPELD).

SPELD NSW has been involved as a Community Consultative Forum member of the NSW DET School Learning Support Program trial and last year was involved with a NSW Legislative Council inquiry into the provision of support for students with learning disabilities.

SPELD NSW believes it can make a valuable contribution to this crucial and increasingly urgent disability and education issue.

To many people the term 'disability' refers to a physiological, psychiatric, intellectual or emotional disorder. In the context of this review it has to be emphasised that there are a significant number of people who are suffering from specific learning difficulties (SLDs) which are not associated with intellectual disability, but have causes which affect neurological or cognitive functions. Many of these people have average or above average intelligence. These difficulties have a significant impact upon their ability to achieve their desired life goals, be fully productive members of society, and to be fully integrated in the Australian social context. It is pointed out that the term 'learning difficulties' in Australia and other countries is frequently used as a synonym for 'learning disabilities'. Indeed in 2009 the Honourable Bill Shorten, as Parliamentary Secretary for Disabilities and Children's Services, following the publication of the UK Rose Report into Dyslexia (Rose, 2009) and at

the request of Dyslexia support organisations and people suffering from Dyslexia, appointed a working party to examine, amongst other matters, Dyslexia as a lifelong disability. The working party report *'Helping people with Dyslexia: a national action agenda'*, is very comprehensive and covers many of the issues involved in an examination of SLDs. Globally there is a lack of consensus as to the identification and definition of learning disability. Learning problems are variously referred to as being 'learning difficulties' or 'special education needs' (SEN) to distinguish them from other forms of disability. In the United States a learning disability is defined as 'a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations'.

It is estimated that approximately 10% of students in classrooms have some form of learning disability and of these 80% have Dyslexia. Dyslexia is a lifelong neurological impairment that affects ability to read that is not associated with intellectual ability, indeed many highly intelligent people can be affected by Dyslexia and other learning difficulties. Whilst Dyslexia is of much significance, it has to be understood that other learning difficulties also have to be addressed, such as Dysgraphia (writing), Dyscalculia (maths) and Attention Deficit Disorder (ADD) (concentration and behaviour). Dyscalculia is a disability that can have a profound effect on people, in that they often have no memory retention for numbers or formulas or distinguish the difference between' +' and 'x' symbols. Dyscalculia is again a lifelong disability. The estimate of the number of students with SLDs is made difficult because there is no agreed definition of what constitutes a 'learning disability'. We must also remember that the situation is further complicated because there are adolescents and adults outside of the education system, who are continuing to suffer from SLDs and are also in need of support to overcome their disability.

Learning disabilities can lead to loss of self-esteem, difficulties in obtaining and retaining employment and can develop into behavioural problems. Again it is estimated that approximately 30% of juveniles in correctional centres have learning difficulties and this percentage is significantly higher in the adult prison and probation and parole services.

The following comments are based on our concern that the current definition of 'disability' does not include the category of 'learning disability'. As a result, many students with

significant or severe and ongoing learning problems are not eligible for any form of support or funding to address their learning needs. Although we are cognizant of the problems of definition and identification in the case of this group of students, we would like to propose an approach which recognises significant or severe and ongoing learning problems as a 'disability' which is eligible for special funding under the *Commonwealth Disability Standards for Education*. We propose that the recognition of 'learning disability' be based on the *Response to Intervention* (RTI) model, which has been widely adopted in the United States and the United Kingdom.

In Australia, it is estimated that 10 % or more of students have difficulties in one of more areas of learning, most commonly reading and maths. Of these, there is a small subset (approximately 5 % of the total population) whose difficulties are more significant or severe and long-lasting and are presumed to be due to underlying neurological causes. It is this specific group of students that can be considered to have a 'learning disability' for the purposes of targeted support and funding under the proposed National Disability Insurance Scheme.

We acknowledge, however, that the debate as to how these particular students can be identified and distinguished from students who experience difficulties with learning due to other causes (e.g., environmental deprivation) continues without consensus being achieved. We also recognise that learning problems associated with a learning disability are distributed along a continuum with no naturally occurring cut-point that can be used to differentiate between individuals with and without a learning disability (see NJCLD, 2011).

A recent and informative approach to the important task of identifying and supporting students experiencing difficulties with learning, as early as possible during their years of schooling, is the *Response to Intervention* (RTI) model. Although having some deficiencies this model has been increasingly adopted in the United States (see NJCLD, 2005) and has also been recommended in the UK (Rose, 2009).

The RTI model, which was designed to improve learning outcomes for all students, is based on the premise that if effective instruction is provided during the earliest years of schooling,

fewer students will require more intensive levels of instructional support during their subsequent years at school (Mellard, McKnight & Jordan, 2010).

In the first level (Tier 1), the primary prevention level of the RTI model, teachers work collaboratively with support staff to ensure that they are delivering effective initial instruction; that is, systematic, direct and explicit instruction as required to all students in the inclusive classroom (DEST, 2005). In the second level (Tier 2), the secondary prevention level, the teacher and support staff work collaboratively to deliver effective small group targeted instruction that supplements level one instruction for the small group of students who require additional support (approximately 10-15% of students). In the third level (Tier 3), the tertiary prevention level, intensive ongoing individual support is provided by support staff in consultation with the classroom teacher for students whose learning difficulties continue despite effective initial teaching and extra small group instructional support. It is this third group of students (perhaps 2-5% of students), who can be considered to have significant or severe learning difficulties. We argue that these students should be eligible for additional support and funding under the category of having a 'learning disability'. This approach provides an educational solution to what is essentially an educational problem. However, we have to remember that an effective long term solution requires the collaboration and active engagement of both education and health professionals.

Recognition of the problem and adequate funding for diagnosis, assessment, remediation, involving professionals such as pediatricians, speech pathologists, occupational therapists, tutors and education psychologists with school and home collaboration and support, is urgently needed. Such support would prevent the economic and social costs that occur when students are not given the opportunity to develop their potential. A nationally agreed definition of learning disabilities would be an essential starting point.

The draft National Disability Strategy 2010-2020 states that the 'Commonwealth, State and Territory governments are working together to develop a nationally consistent definition of disability that can be used by schools. This will improve information on the number of school students with disability across Australia, which in turn will make assessments of the educational outcomes of children with a disability more accurate'. In the schools context it is

assumed that SLDs will be addressed and included in the agreed definition of disability. From a funding aspect the draft also mentions that 'New Medicare items are also available for children aged under 13 years (for diagnosis and treatment planning) and under 15 years (for treatment)'. (COAG, 2010)

Education is to prepare students to play an effective role in life. If education is to be inclusive and non-discriminatory, then all students need equal opportunity to achieve their potential. Thus it can be argued that level of learning function should be the focus of funding allocation.

By acknowledging and defining SLDs and addressing the causes and best ways of overcoming such disabilities, long term cost savings should be achieved. This will require co-ordinated multi-disciplinary empirical research effort. Such research has to involve both health and education professionals, as well as parents and carers.

"Of crucial importance is the need to maximize the literacy and numeracy skills of ALL students **as early as possible**, since what should be an **education issue** will become a major **health issue** – even more than is currently the case. The ever increasing number of anxious parents seeking help from paediatricians and other health professionals for their distressed children whose learning difficulties and behaviour problems have arisen as a consequence of (or are exacerbated by) failure to acquire literacy skills is, by any criterion, a **massive problem**...Since 'prevention' has always been more cost-effective than 'cure', governments and their school systems will stand condemned for their neglect if they merely provide 'ambulance services' at the bottom of the 'cliff' when they should have first built a 'fence' at the top". (Rowe & Rowe, 2002, p.8 quoted in ACER, 2007). Thus, whilst the Draft report is addressing disability care and support for the significantly or severely disabled, an insurance scheme must address the need for early comprehensive identification, assessment and development of intervention strategies, before SLDs become permanent and have a significant impact upon people's lives, their ability to gain and maintain rewarding work and be able to contribute to the social fabric of society.

Many of the issues raised in this submission have been clearly expressed in an article by Firth (2008). Points of significance and relevance are:

"THE recent finding by the Victorian Civil and Administrative Tribunal over a lack of appropriate support for [a] student…indicates the serious shortcomings in understanding and providing support for learning disabilities in Australia."

"Compared with the US and Britain - and, more recently, New Zealand - learning disabilities have been ignored in Australia. The consequences are that these students are at risk of developing behavioural problems at school - of school dropout, mental health problems and delinquency."

"There is instead widespread confusion among Australian teachers [and many others] over the terms "learning difficulties" and "learning disabilities".

"Because a shared definition of learning disabilities is not a part of Australian educational discourse, many teachers and parents are unaware of its genetic and permanent nature."

"Lack of definition also precludes diagnosis. It is possible in Australia for students to progress through some schools without an accurate diagnosis that explains the difficulties faced by them and their teachers and that provides a basis for effective support."

"Recognition of the problem and adequate funding for diagnosis and school support is urgently needed. A nationally agreed definition of learning disabilities, its compulsory study in teacher training, and at least one teacher with advanced specialist knowledge in each school would be an excellent beginning."

"Such support would prevent the economic and social costs that occur when students are not given the opportunity to develop their potential. It would help students…to succeed."

SPELD NSW is supportive of the National Disability Insurance Scheme as a form of 'Medicare' for people with significant or severe learning disabilities. However, it is emphasised that early diagnosis and the provision of remedial action are critical for the achievement of long term successful outcomes. Diagnosis, assessment and treatment can be a lengthy process, involving a range of education and health professionals. The use of these professionals is not always within the immediate financial capacity of parents and carers or easily identified by them, without appropriate support and advice from professionals and organisations such as SPELD. This lack of financial capacity and availability of advice, particularly applies to low socio-economic families and people in rural or remote regional areas. Portability of funding is required for those with SLDs and their parents or carers who have to move to other schools, States or Territories (Monash, 2007). Inclusion of expenditure to address SLDs under the Education Tax Refund provisions may also assist families grappling with the difficulties associated with SLDs.

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