

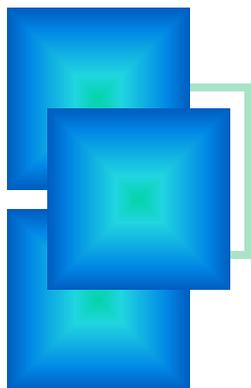
Social Inclusion

in South Australian Preschools and Schools

January 2005



Ministerial Advisory Committee:
Students with Disabilities



**This report is available on the Ministerial Advisory Committee:
Students with Disabilities' Website at www.macswd.sa.gov.au**

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Foreword

The South Australian Government initiated a whole of government focus on Social Inclusion in March 2002. The aim of the Social Inclusion Initiative is to improve outcomes for the most disadvantaged people in the community. In this context, people with a disability represent one group that experiences disadvantage in society.

The Social Inclusion Unit was established within the Department of the Premier and Cabinet to facilitate the Social Inclusion Initiative. The Social Inclusion Unit promotes ongoing alliances across Government and with other sectors to provide 'joined up solutions' to problems.

In 2003, the then Minister for Education and Children's Services requested that the Ministerial Advisory Committee: Students with Disabilities investigate the extent of cross-portfolio service provision occurring in preschools and schools in South Australia, with a specific focus on the education of children and students with disabilities.

All preschools and schools in South Australia were surveyed to investigate:

- ◆ how preschools and schools interpret social inclusion
- ◆ how the principles of social inclusion are applied to support students with disabilities
- ◆ the opportunities and barriers to collaboration with external agencies
- ◆ the amount and type of information about disability available to families through their child's preschool or school.

A task group was formed to oversee the project, which included members from different government departments, community service providers, government and non-government education sectors and standing members of the Ministerial Advisory Committee. I would like to express my thanks to all members for their participation. Their diverse experience and expertise was invaluable in developing the aims of the project and finalising the report.

I would also like to thank the staff of the Ministerial Advisory Committee's secretariat for their commitment. Ms Margaret McColl (Executive Officer), Luisa Pirone (Acting Executive Officer), Jo Shearer (Project Officer) and Lyn Kohl (Executive Secretary) collaborated to develop and distribute the questionnaire, collate and analyse the data, and produce the final report.

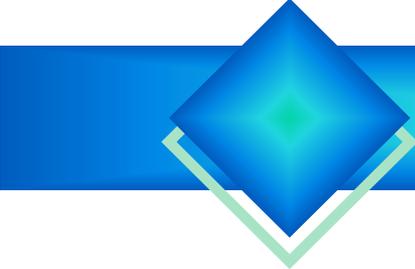
Finally, I would like to thank the survey participants for taking the time to complete the questionnaire. The in-depth information provided contributed to a broader understanding of the current practice of social inclusion across the education sectors in this State.

Margaret Wallace
Chairperson
Social Inclusion Task Group
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Students with Disabilities



Contents

Foreword	
Executive Summary and Recommendations	1
1 Introduction	5
1.1 Background	5
Social Inclusion Context	5
2 Project Methodology	7
3 Analysis and Discussion	9
3.1 Survey Response	9
Response Rate	9
Sample Profile	9
Profile of Participants	9
3.2 Policy and Practice	10
3.3 Parent Involvement	11
3.4 Support Requirements	12
3.5 Service Provision	14
Examples of Cross-Portfolio Support	14
Examples of Barriers to Cross-Portfolio Support	16
3.6 Availability of Information	17
References	19
Appendix 1: Terms of Reference	21
Appendix 2: Task Group Membership	23
Appendix 3: Social Inclusion Survey	25
Appendix 4: Distribution Data	29
Appendix 5: Response Data	31
Appendix 6: List of External Agencies	35



Executive Summary

The South Australian Government's Social Inclusion Initiative, introduced in March 2002, aims to improve the situation of the most disadvantaged individuals or groups in the community. The Government acknowledges many factors that contribute to social exclusion, eg poverty, homelessness and unemployment. The Social Inclusion Board was established to facilitate the Social Inclusion Initiative. The work of the Social Inclusion Board is supported by the Social Inclusion Unit, within the Department of the Premier and Cabinet. Collaboration within government, and between government departments and other community sectors, is a major strategy to achieve the aim of the Social Inclusion Initiative.

In line with the Government's initiative, in 2003, the then Minister for Education and Children's Services requested the Ministerial Advisory Committee: Students with Disabilities undertake a project on social inclusion related to children and students with disabilities in South Australia. The Minister was interested in the extent of cross-portfolio collaboration occurring within preschools and schools to provide support to these students¹ and their families. (See Appendix 1, Terms of Reference)

A task group was formed to oversee the Ministerial Advisory Committee's project (see Appendix 2, Task Group Membership). All preschools and schools across the three education sectors in South Australia (State, Catholic and Independent) were surveyed. A questionnaire was designed to collect data on their understanding of social inclusion and services available for students with disabilities. To assist respondents when completing the questionnaire, an explanation of the terms 'disability', 'external agencies' and 'social inclusion' was provided in the covering letter (See Appendix 3, Social Inclusion Survey). Questionnaires were distributed by mail, and reminder letters posted four weeks later to increase the response rate.

A total of 564 preschools and schools across the education sectors responded to the survey. This represents a fifty percent response rate. Overall, the survey sample was comparable with the total population on Statewide sector distribution, country/metropolitan and preschool/school representation, as well as the percentage of students with disabilities enrolled in the education sectors. The comparability of these variables and the substantial sample size (50%) provide a level of confidence to interpret the responses as broadly representative of the general population of schools² in South Australia. The survey questions were largely qualitative and while the data present the perceptions, experiences and knowledge of those completing the questionnaire, the majority of respondents held leadership positions (eg director, principal or deputy principal), or were special educators. (Section 3.1)

It was evident from the data that schools interpret social inclusion variously. Many already apply the principle of collaboration to support students with disabilities in education. A few also demonstrate their awareness of collaboration as a two-way process, ie obtaining service from and providing service to external agencies. Broadly, schools described social inclusion in terms of policies related to disability, equity and student welfare. However, in some instances, social inclusion related policies were not considered applicable because students with disabilities were not enrolled at the site. It was not clear from the data whether these participants had difficulty interpreting the question or whether their responses reflected their school's ethos. The data raise the question of whether school based staff are adequately informed and knowledgeable of the principles underpinning the State Government's Social Inclusion Initiative and its purpose. It may be timely for schools to have access to published information on social inclusion policy and training on social inclusion practice. (Section 3.2)

¹ The term 'students' includes children in preschools and students in schools.

² The term 'schools' includes preschools.

When asked about the involvement of parents³ of students with disabilities in schools, respondents indicated a range of activities. These included direct classroom support, membership on boards of management and subcommittees, curriculum development, canteen and library service, fundraising and general volunteering. These findings align with those of a recent national study that found parents and community members significantly volunteered support to the activities of school (Commonwealth of Australia, 2003). However, it was not clear from the committee's study, if parents' involvement in curriculum development was at a whole school level or individually focused (ie related to their child only). Nor was it possible to examine the extent to which parents of students with disabilities were required to be involved to support their child's access to education. It would appear that parents are invited to become involved with their child's preschool or school and choose the degree of this involvement. Respondents explained that parent involvement, at times, might be limited due to a number of external factors (eg work or distance to travel). The data do make clear that voluntary support is utilised in the delivery of education to students with disabilities. The extent of parent volunteering that occurs in schools is widespread and needs to be acknowledged and supported. (Section 3.3)

Participants were asked to report on the type of support sought from external agencies in the previous twelve months. Preschools frequently sought the services of speech pathology and occupational therapy, while schools required diagnosis, assessment and behaviour support. A smaller number of schools required support from external agencies to meet the personal and health care needs of students, and commented on the value of these services. Schools enrolling students of school leaving age sought support for post school transition, which appeared to be most successful when planning began in the earlier years of secondary schooling and included cross-portfolio collaboration. Overall, the data raise questions related to the availability and distribution of services, in response to the changing needs of students with disabilities from early years learning through to post school opportunities. Further investigation may be required to ensure disability related services are sufficiently available and effectively allocated in response to need. (Section 3.4)

There appear to be two equally important aspects to cross-portfolio service provision for students with disabilities. These relate to both an holistic approach, that considers the needs of students with disabilities across life domains (eg personal care, social development, counselling and family support), as well as access to and participation in the school curriculum. (Section 3.5)

This study investigated the opportunities and barriers that currently exist for cross-portfolio support for students with disabilities and their families at school sites. Many respondents provided an example of successful collaboration that had resulted in improved service provision. These examples ranged from work placement opportunities for school leavers to a joint hospital/school project to provide occupational therapy for preschoolers. However, it was evident from the data that there remains unmet need, despite the collaboration occurring between schools and many agencies outside the education portfolio. (Section 3.5)

Respondents also provided examples of barriers to collaboration, and the majority of these related to time constraints, waiting lists, delays in response and large workloads. Where allied professionals were not readily available in the public domain, the cost of private practitioners was reported by some as prohibitive. Other funding issues cited related to adequate levels of staff for classroom support (eg teacher assistants⁴), the provision of equipment, and access to staff development and training. Limited or no service availability, transportation issues and large distances to travel were recurring themes for country schools. Combining human services in a geographical region was suggested as one way to improve access to services for country students. Poor continuity of service during periods of transition was a barrier that primarily related to preschool to school and post school transition. Other barriers also identified included issues and processes associated with assessment, eligibility criteria, regional boundaries and insurance requirements. (Section 3.5)

In addition, the data highlight cooperation as a prerequisite for collaboration, and emphasise the complexity and inter-relatedness of service delivery for students with disabilities. One of the underlying principles of social inclusion practice recognises the connections between disadvantaging factors such as those reported as barriers. The evidence would suggest that collaboration could be further enabled through clear protocols that facilitate cross-portfolio service delivery. (Section 3.5)

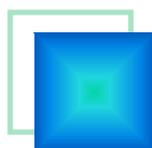
³ The term 'parents' includes caregivers and legal guardians.

⁴ The term 'teacher assistants' refers to comparable positions across the three education sectors in South Australia.

The majority of schools have information on the range of services for students with disabilities and their families at their site. This information is shared in verbal and written form. Respondents indicated that brochures, handouts and videos were useful resources. However, they requested a directory of sector and external based services that included information on costs and eligibility criteria. A sector based directory of policies, procedures and services related to students with disabilities would offer additional support for staff engaged in these students' education. (Section 3.6)

In addition, respondents requested information on social inclusion policy and practice, funding sources to increase levels of classroom support and professional service, and training related to the learning needs of students and their individual disability. Other respondents stated their preference for case coordination, and in light of cross-portfolio service provision, existing case management practices may require review and development. (Section 3.6)

Although schools interpreted social inclusion variously, their commitment to the underlying principle of collaboration was evident. The benefits of cross-portfolio collaboration for service provision to students with disabilities, their families and school staff were demonstrated. Opportunities for collaboration were identified alongside barriers that relate to availability and accessibility of information and service.



Recommendations

It is recommended that the Minister for Education and Children's Services approve the forwarding of this report to the Chief Executives of the three education sectors, the Chief Executive of the Department of Human Services, and the Social Inclusion Board, for their consideration of the following points:

1. The data indicate that while schools interpret social inclusion variously, they demonstrate a keen interest in social inclusion practice. It may be timely to provide further information on social inclusion policy and the principles underpinning the Government's Social Inclusion Initiative, as well as investigate the need for systems to provide related training.
2. A great deal of cooperation occurs between schools, a range of external agencies and the community, and the benefits of cross-portfolio collaboration are evident. However, the data indicate that coordination is required to enable effective collaboration. Further investigation of current cross-sector case management practices may highlight areas for future development to enhance cross-portfolio service delivery, in line with the aims of the Social Inclusion Initiative.
3. A tension exists between the provision of timely and effective service, and the availability of resources to deliver service. It was noted that the type of service requested by preschools and schools varies in response to the age and stage of life of the child, their learning needs and the individual's disability. While the data indicate the general demand for services exceeds available resources, this may not be true for all services. Further investigation may be required to ensure disability related services in all areas are sufficiently available, effectively allocated and personnel are collaborating in response to demand across the range of children and students' needs.

(continued)

4. The voluntary contributions of parents to preschool and school activities are widespread. Volunteering provides an important opportunity for collaborative partnerships between parents and education providers. It is also clear from the data that voluntary support is utilised in the delivery of education to children and students with disabilities, to enable participation in the curriculum. The extent of parent volunteering needs to be acknowledged and supported.
5. The data suggest a high demand for a directory of policies, procedures and services related to students with disabilities. The South Australian Disability Information Resource Centre (DIRC) produces a comprehensive disability service directory that is updated annually. It may be useful for all education sites to have easy access to a copy of the DIRC directory, as well as other sector based information.
6. This and previous studies undertaken by the Ministerial Advisory Committee: Students with Disabilities suggest that coordinating and co-locating human services in a geographical region improves access to services for country students who experience difficulties associated with distances to travel and the availability of allied professionals.

1

Introduction

1.1 Background

The Ministerial Advisory Committee: Students with Disabilities undertakes research projects to provide policy advice to the South Australian Minister for Education and Children's Services. In 2003, the then Minister requested a project be undertaken on social inclusion, as a contribution to the State Government's Social Inclusion Initiative. This project would focus on children and students with disabilities attending preschools and schools in South Australia, and the extent of cross-portfolio services available to them and their families (see Appendix 1 for Terms of Reference).

The South Australian Government's Social Inclusion Initiative, introduced in March 2002, aims to improve the situation of disadvantaged individuals or groups in the community. The Social Inclusion Board was established to oversee this Initiative and is supported by the Social Inclusion Unit within the Department of the Premier and Cabinet. Collaboration within government, and between government departments and other community sectors, is one of the major strategies for the Social Inclusion Initiative (Government of South Australia, 2002(a)).

A task group was formed to oversee the Ministerial Advisory Committee's project (see Appendix 2 for membership). All preschools and schools in South Australia were surveyed to collect data on their understanding of social inclusion and the extent of cross-portfolio services available for students with disabilities.

Social Inclusion Context

The term social inclusion has evolved from the concept of social exclusion, which originated in Europe and was later adopted by the United Kingdom. Social exclusion is a multidimensional term that is used to describe the situation of people that are 'cut off' from mainstream society. The causes of exclusion have been debated and interpreted by various analysts and commentators from many different countries. For example, in France, writers have defined exclusion as a fracture in the social contract between the individual and society, while in the United States (US) the theory that exclusion occurred because of discrimination has tended to dominate the literature. In the US, some analysts have argued that individuals could address this discrimination through their active participation in society and the economy. In Britain, the literature has primarily focused on the exclusion of whole groups, with commentators arguing that social and economic order is dominated by monopolies of power.

While the Australian approach incorporates elements from each of these countries, it can be argued the South Australian Government's interpretation is most closely aligned to that of the British Government (Deslandes et al, 2000). The variation in the literature reflects differences in philosophical and political interpretation, and contributes to ongoing intellectual debate as well as disagreement around the concepts of social inclusion and exclusion.

In South Australia, the Government has chosen the positively focused term social inclusion. However, social inclusion policy aims to develop strategies for dealing with the underlying and inter-connected causes of social exclusion, ie the causes of disadvantage for members of our society whether economic, social or physical. The Government recognises that people could be disadvantaged because of the interaction and impact of a range of factors in their lives including: “poor health, homelessness, crime rates, increasing drug use and poverty” (Government of South Australia, 2002(d), p 5). In addition, the Minister for Education and Children’s Services acknowledged the impact of disability as a factor influencing school retention, post school opportunities and economic outcomes for some students (demonstrated through her initiation of this project).

One of the Government’s social inclusion priorities was to focus on improved rates of school retention. Collaboration between services, across portfolio areas and with the community is considered central to achieving social inclusion. One of the Social Inclusion Board’s initial references was “to support young people to stay at school and successfully complete twelve years of education, reflected by a measurable increase in school retention rates” (Government of South Australia, 2002(b), p 1).

Although sector based data on apparent retention rates for students with disabilities was not available at the time of the study, it would appear from the Department of Education and Children’s Services’ annual census data (and anecdotal evidence) that the overall percentage of students who remain at school to complete twelve years of schooling is less for the cohort of students with disabilities than the general population (Burrows et al, 2001; Department of Education and Children’s Services, 2003; Social Development Committee, 2003). Allied to this issue, the Parliamentary Inquiry into poverty reported that “low levels of educational attainment tend to lead to poorer employment and socio-economic outcomes” (Social Development Committee, 2003, p 79). This finding supports the concerns of the Senate Inquiry into the education of students with disabilities (Commonwealth of Australia, 2002) where students with disabilities were identified to be significantly under-represented in the Vocational Education and Training (VET) system, resulting in a negative effect on post school employment and income for this student population. In the review of VET in schools for students with a disability (Australian National Training Authority, 2003), intervention in the earlier years of schooling and affirmative action such as increased school support, careers advice and transition planning, were noted as important strategies to support students with a disability to complete their formal years of schooling and direct them towards employment.

It is evident students with disabilities represent one group that would benefit from social inclusion policy and practice and, in particular, those students with disabilities who are affected by more than one inter-related disadvantaging factor (eg poverty and disability, or cultural difference and disability). It is known, for example, that Aboriginal students with disabilities often experience the effects of multiple disadvantage (Ministerial Advisory Committee: Students with Disabilities, 2003).

A social inclusion paradigm supports alliances and collaboration across human service agencies to develop inclusive communities and improved outcomes for disadvantaged groups. Social inclusion challenges systems and processes to value the contribution of all citizens, where diversity and difference possess their own worth, and to ensure a range of services and resources are available to all (Freiler, 2002). These aims closely align with the principles of the Commonwealth *Disability Discrimination Act (1992)*, which includes objectives to eliminate discrimination on the grounds of disability, to ensure young people with disabilities have the same rights to equality before the law as the rest of the community, and to promote recognition and acceptance within the community of their fundamental rights (Part 1, Section 3).

The Government’s Social Inclusion Initiative recognises the need to build ongoing alliances between human service agencies (eg education, health, transport, disability) to remove barriers to access and improve outcomes for individuals and groups suffering disadvantage. This action has been described by the Social Inclusion Unit as providing ‘joined-up solutions to joined-up problems’, rather than the ‘silo mentality’ of tackling issues as separate entities.

The aim of the Ministerial Advisory Committee's project was to investigate aspects of social inclusion for children and students with disabilities across the education sectors in South Australia, with a particular focus on how preschools and schools contribute to the provision of cross-portfolio services. Information was collected on the current understanding of social inclusion within preschools and schools, and their experience of collaboration with external agencies.

A survey was conducted across all preschools and schools in South Australia, using a questionnaire designed to collect data on:

- ◆ existing policies related to social inclusion for children and students with disabilities
- ◆ the ethos and structures within preschools and schools that support social inclusion for children and students with disabilities
- ◆ the type of services currently provided to support children and students with disabilities while attending preschool or school
- ◆ opportunities for and barriers to collaboration with external agencies
- ◆ the amount and type of information about disability services available to families.

The terms 'social inclusion', 'external agencies' and 'disability' were explained in the covering letter to directors and principals, to ensure consistency of interpretation while participating in the study. In addition, descriptive demographic data were collected on the type of educational setting, the total number of students enrolled, and the number of students with disabilities at the site.

The survey questions were determined in consultation with members of the task group. The draft questionnaire was piloted with a small sample of professionals from the field, who had previously held the position of director of a preschool or principal of a school, or had provided allied service for students with disabilities (n=4). Questions were reviewed and modified, as necessary, in response to this process.

The finalised questionnaire was mailed to preschool directors and school principals. Representatives from the three education sectors (State, Catholic and Independent) assisted with mailing lists. An explanatory letter and reply paid envelope were provided with the questionnaire (see Appendix 3). Respondents were asked not to write the name of their preschool or school on the questionnaire and were assured of complete confidentiality. Reminder letters were posted four weeks after the initial mail-out to increase the response rate.

Data were collated to identify issues and areas for development related to improved service delivery. The survey questions were largely qualitative and, as such, the responses represent the perceptions, experiences and knowledge of the person(s) completing the questionnaire. In the first instance, a sub-sample of sixty responses were independently analysed by three researchers. Findings were discussed and a framework for analysis of all data developed. Descriptive data were collated using MS Excel spreadsheets, to provide statistics on the number of participating schools, their type and location, and the number of students enrolled. Qualitative data were classified into categories and collated in quantitative form to indicate trends. Where comments were provided, quotations were used to further explain the findings of the study.

3

Analysis and Discussion

3.1 Survey Response

Response Rate

All preschools and schools across the three education sectors in South Australia were mailed a questionnaire (n=1,134). A total of 564 preschools and schools responded, representing a response rate of fifty percent, as indicated below.

Table 1: Response rate and Statewide distribution of responses

Sector	Statewide Distribution of Questionnaires		Statewide Distribution of Responses		Response by Sector	
	n	%	n	%	n	%
State	918	81	447	79	447	49
Catholic	107	9	58	10	58	54
Independent	109	10	59	11	59	54
TOTAL	1134	100	564	100	564	50

Sample Profile

Eighty-one percent of the total population of preschools and schools in South Australia represent the State Government education sector, while nine and ten percent represent the Catholic and Independent sectors (respectively). As shown in Table 1, distribution ratios for the survey sample are comparable to those Statewide.

The survey sample was also comparable according to preschool/school representation, metropolitan/country⁵ representation, and the percentage of students with disabilities (as indicated in Tables 1-3 of Appendix 4). It would appear from this data that more preschools and schools with greater, rather than lower, numbers of students with disabilities responded to the survey.

Overall, the comparability of these variables and the substantial sample size (50%), provide a level of confidence to interpret the responses as broadly representative of the general population of preschools and schools in South Australia.

Profile of Participants

Questionnaires were received from a total of 164 preschools and 400 schools. The majority of respondents held leadership positions (ie director, principal or deputy principal—80%), or were special educators (19%) at their site.

⁵ For the purpose of this analysis, postcodes greater than 5199 were classified as country locations (as per the Australia Post definition).

An analysis of the sub-sample of schools indicates the majority of responses were from primary schools (60%). A further eighteen percent represented combined primary/secondary schools, and seventeen percent secondary schools only. Fourteen special education sites (ie 13 special schools and 1 special preschool) responded to the survey, representing a sixty-seven percent response rate for this cohort. One response was received from an adult re-entry school and three respondents indicated they represented Aboriginal schools. In addition, fifty-three schools enrolled both preschool and school age children.

Seventy-four percent of participating preschools and schools enrolled twenty or less students with disabilities. Of these, eleven percent reported no students with disabilities were enrolled. Twenty percent of respondents indicated enrolments of between twenty and fifty students with disabilities (predominantly in schools). The remaining six percent of respondents reported enrolments of greater than fifty students with disabilities (this cohort included 6 special schools and the 1 specialist preschool).

Eighty-four percent of participating preschools and schools provide a mainstream setting only, although many of these schools have a designated learning support room to withdraw students for specialised one-to-one instruction. Some preschools reported their capacity to provide specialist programs, eg a speech and language program or special playgroup. Nine percent of schools had the provision for a special class, and four percent had a special unit. These schools were able to provide a range of options for special education. For example, they could offer placement in a special class, a special unit or full inclusion in a mainstream class, depending on the needs of the student and parent choice. Flexible arrangements including partial inclusion (integration) were also possible. The array of special education settings presented in the data reflects the range of educational options available for students with disabilities across South Australia (Ministerial Advisory Committee: Students with Disabilities, 2001).

3.2 Policy and Practice

The covering letter accompanying the questionnaire included an explanation of social inclusion to guide respondents when completing the survey (see Appendix 3). Participants were asked to name policies used at their preschool or school that related to social inclusion for students with disabilities. The majority of respondents provided multiple examples.

The data were classified into four main categories, ie policies related to disability, equity and student welfare, social inclusion, and enrolment. Examples that related to disability were often linked to sector based policy statements or guidelines (eg early entry into preschool, enrolment procedures, physical modifications to sites, flexible curriculum delivery, and negotiated education planning). Other examples related to equity and student welfare in general, included policies for negotiated fees, harassment and anti-bullying, pastoral care, school retention, child protection, and statements of inclusion. In addition, some respondents demonstrated awareness of relevant legislation, eg the Commonwealth *Disability Discrimination Act (1992)* or the *Equal Opportunity Act (1984)*. A few participants cited the Department of Education and Children's Services policy on social inclusion (n=9), which at the time of the study had not been published.

Twenty percent of respondents did not answer the question and a further seven percent stated they did not have site-specific policies on social inclusion. In some instances, these policies were not considered applicable because no students with disabilities were enrolled at the preschool or school (n=7). It was not clear from the data collected whether this reflects difficulty interpreting the question or the site's ethos.

Respondents were also asked to provide an example of how these policies translated into practice at their site. One preschool director emphasised the usefulness of sector based policies and guidelines, stating:

These policies help to ensure that proper procedures are followed [and guidelines] also help staff to find the appropriate agencies and services.

One school principal explained how staff collaborated with external agencies to provide services to students with disabilities; reflecting the aims of social inclusion:

We determine the appropriate strategies available in order to provide the best outcome for a child. With parents' approval, we seek support from outside agencies who already work with the child.

Yet another preschool director described her view of social inclusion in practice:

The centre established a focus group with support from early childhood support services and district staff, to provide access [to preschool] and developmentally appropriate teaching and learning strategies for this group of children. Children attend with specialised staff and have access to equipment, materials and technology to support their learning.

The majority of preschools and schools were able to provide examples that demonstrated awareness of collaboration as a mechanism of achieving social inclusion for students with disabilities. Most of the examples indicated collaboration to support students' access to and participation in the curriculum:

The Autism Association has provided visiting teacher support, ongoing progress reports, advice re behaviour management as well as training and development for staff, to assist in understanding the curriculum needs and management of children with autism. (Director)

Fewer examples indicated schools' collaboration to support the holistic needs of the student (eg health):

We have a student who is provided with occupational therapy through the Crippled Children's Association and private speech therapy, all during school hours. This also works well for the student (who has less after-hours appointments and more relaxation time), the parent (who can work) and the school (with extra one-to-one and less unsupported class time). (Principal)

It is evident from the data that schools interpret social inclusion variously. Many apply the underpinning principle of collaboration to support students with disabilities in education. A few demonstrated their awareness of collaboration as a two-way process, ie obtaining service from and providing service to external agencies. This raises the question of whether school based staff are adequately informed and knowledgeable of the State Government's Social Inclusion Initiative and its purpose. It is timely for schools to have access to published information on social inclusion policy and training allied to social inclusion practice.

3.3 Parent Involvement

Participants were asked to indicate the ways in which parents of students with disabilities were involved in their preschool or school. A list of activities was provided as well as the option to describe other activities not included (see Appendix 3). As 'individual education planning and review meetings' and 'regular conversations with staff' were repeatedly reported under 'Other', they were added to the list of categories used for data analysis. Respondents were instructed to mark more than one activity, if applicable, and multiple responses were frequent (see Appendix 5, Figure 1).

Classroom involvement was the most common activity for parents of students with disabilities (n=355). A large number of respondents indicated parent involvement in the management of their preschool or school (eg as a member of the governing council, school board, or management committee—n=316). Direct student support was also frequently reported (n=245).

In addition, parents of students with disabilities were involved with the Parents and Friends Association, policy development and curriculum development. Although a considerable number of respondents indicated curriculum development (n=169), only sixty-three described parent involvement in individual education planning. It was not clear for the remaining respondents (n=106) if their involvement was at a whole school level or individually focused (ie related to their child only).

A smaller number of respondents reported other areas of involvement, including: work in the library, property maintenance, sports club involvement, general volunteering, attendance at school functions or special events, canteen duty and fundraising activities. Some respondents mentioned parent involvement in camps and excursions as well as transportation. As the question did not specify these items, it was not possible to determine the extent to which parents of students with disabilities are required to support such activities. Anecdotal evidence suggests this may be a major area of parent involvement.

A few survey participants indicated parent involvement in training and development for school based staff. However, it was not clear from the data whether they were providing or receiving this training. Other respondents reported on support groups for parents of students with disabilities that had been established at their site. These provided parents with an opportunity for mutual support, coordination of social events and parent training workshops. Aboriginal parent involvement with the Aboriginal Student Support and Parent Association (ASSPA) was also cited.

The data suggest that it is difficult for some parents of students with disabilities to be regularly involved in preschool or school activities. Respondents reported this was due, in part, to work commitments or distance to travel (eg in the case of special school students or those in rural communities). Other parents chose not to be involved, and sometimes parents of students with disabilities were purposefully not encouraged to be involved:

The parents do not stay for their children's session, as the aim is to have these children mixing with their peers and teachers. (Director)

Of the schools that did not currently have students with disabilities enrolled (n=58), fifty percent indicated their intention for or previous experience of parent involvement at their site.

Overall, the data demonstrate that parents of students with disabilities are actively involved in a range of activities related to their child's preschool or school. As one principal described:

Our special education policy affirms that all children have the right to the best and most appropriate education programs available. Our school employs six special education staff and is supported by over thirty parent volunteers. This is a reflection of our commitment to provide quality education to all children including those with disabilities.

This example aligns with the findings of a recent national study (Commonwealth of Australia, 2003). Although not focused on parents of students with disabilities, this study reports that the majority of parents make voluntary contributions to their child's school through: fundraising activities; canteen, library, classroom involvement; and membership on school boards, councils and management committees.

It would appear that parents are invited to become involved and are free to choose the extent of their involvement. The question related to parent involvement was not designed to examine the degree to which parents of students with disabilities are required to be involved to support their child's access to education. However, the data make clear that voluntary support is utilised in the delivery of education to students with disabilities. The extent of volunteering that occurs in schools is widespread and needs to be acknowledged as well as supported.

3.4 Support Requirements

Participants were asked to report on the type of support sought from external agencies in the last twelve months. They were provided with a list of options and provision to add 'other' areas of support not listed. As for the previous question, respondents were instructed to mark more than one area of support, if applicable, and multiple responses resulted.

Ninety-two percent of participants responded to this question (see Appendix 5, Figure 2). Of the eight percent who did not respond, ten indicated the question was not applicable. This response did not always relate to whether students with disabilities were enrolled, but whether there had been a request for service in the previous twelve months.

Mostly, participants sought assistance for diagnosis or assessment related to disability and learning (72%), and speech pathology services (66%). In-depth analysis indicated a greater percentage of preschools (76%) sought speech pathology services, suggesting this support is seen to be relevant to the earlier years of learning. Other services frequently sought include: health or medical (62%), psychology (57%) and therapy (eg occupational therapy or physiotherapy—55%). Again, further analysis indicated that therapy services were sought more frequently by preschools (70%).

Extended analysis also indicated schools sought diagnosis and assessment related services more often than preschools (ie 78% compared to 55%), and behaviour support was more frequently cited by schools (60% versus 37% of preschools). Other areas of support more frequently required by schools included health and medical support, psychological services, counselling and social work.

Although the survey question was not designed to examine the degree of demand for service in a particular area, these findings suggest the type of service required by preschools and schools is linked to the developmental stage of the child, their learning needs and an individual's disability. For example, a child with Autism Spectrum Disorder or Bipolar disorder may not show clear signs of their disability until later in childhood, therefore requiring diagnosis and assessment in the schooling years. Other children, for example those with chromosomal disorders, may present indicators earlier in life that prompt therapeutic intervention prior to preschool.

Approximately thirty percent of survey participants sought support for the personal care needs of students with disabilities. These data reflect the lower numbers of students with high personal care needs in preschools and schools, given these students represent a smaller proportion of the total population. Previous studies discuss the importance of this type of support to enable students with severe and multiple disabilities to participate in preschool and school (Education Department of South Australia, 1993; Department of Education and Children's Services, 1995; Ministerial Advisory Committee: Students with Disabilities, 2002). Within this study, it was not possible to determine the degree to which personal care needs were met in preschool or school settings by external service providers. However, the following quotation from a preschool director provides an indication of the benefits of this service:

The provision of Access Assistant support by Child and Youth Health for a child with multiple disabilities is important. Without this support, the child would not be able to access his preschool entitlement of up to four sessions per week.

Schools requiring support for post school transition were considered as a sub-group of the survey sample. This support concerns schools with students of school leaving age, ie year levels 10 to 12 (n=128). Eighty percent of this cohort requested post school transition support, which indicates a significant area of support requirement for students with disabilities in their latter years of schooling. These data suggest that collaborative relationships between schools and external agencies are required to effectively support the transition of students with disabilities to post school opportunities. An earlier study found that transition for students with disabilities was most successful when planning began in the early years of secondary school (Ministerial Advisory Committee: Students with Disabilities, 2002). In light of cross-portfolio collaboration, as a principle underpinning social inclusion, it should be noted that the *Draft Disability Services Framework 2004-2007* includes a key outcome for the Disability Services Office to work closely with the education sectors "in order to provide a smooth transition from school to post school options" (Department of Human Services, 2003, p 14).

The data raise questions related to the availability and distribution of services, in response to the changing needs of students with disabilities from their early years of learning through to post secondary opportunities. Further investigation may be required to ensure that disability related services are sufficiently available and effectively allocated in response to demand across the range of children and students' need. Other factors affecting the extent of service provision, such as ethos and eligibility criteria, may also warrant further investigation.

3.5 Service Provision

Participants were asked to list the external agencies that had provided the services they had sought for students with disabilities in the previous twelve months. The covering letter accompanying the questionnaire included an explanation of the term 'external agencies', to guide respondents when completing the survey (see Appendix 3).

Over ninety percent of participants responded to this question; many naming more than one service provider. Responses were classified across twenty-four categories (see Appendix 5, Figure 3), including one representing sector based support and one for 'other' (where frequency of response was less than ten). Fifty-one participants did not respond to this question; ten marked the question 'not applicable'. A further ten, mostly from country regions, had not received the services they had sought. They reported that this was mainly due to time constraints and a lack of qualified personnel in the area.

The most frequently mentioned source for support was sector based (n=215), indicating this group of respondents did not distinguish between the support provided by an external agency and that provided by the education sector. Moreover, the examples of collaboration they provided described sector based service.

Overall, collaboration with hospitals was most frequently reported (n=206). This included local hospitals as well as metropolitan hospitals with a Child Development Unit. The Autism Association (n=180), private therapists (n=166), and Child and Adolescent Mental Health Services (n=151) were often mentioned, which appears to link to the demand for diagnosis, assessment and therapy discussed earlier. In addition, community health centres, Family and Youth Services and the Crippled Children's Association were listed as external agencies frequently providing support for students with disabilities and their families. To a lesser extent, the services of private medical practitioners (n=93) and Child and Youth Health (n=92) had also been accessed. Numerous other government and non-government agencies collaborated with schools to provide services for students with disabilities (see Appendix 6, Table 1).

Major disability service providers such as the Autism Association, Crippled Children's Association, Intellectual Disability Services Council, Down Syndrome Society, Townsend House, Cora Barclay Centre, Australian Hearing, Inclusion SA, and Specific Learning Difficulties Association of SA (SPELD) were repeatedly cited by respondents. Vocational agencies were listed by schools supporting students with disabilities through post school transition. Disability service agencies provided consultative support, training and development, and direct service to students. Overall, participants commented on these services as highly valued.

It would appear from the data that preschools and schools collaborate with external agencies to understand disability and provide cross-portfolio support for children and students with disabilities. Service provision related to both an holistic approach that considered student need across life domains (eg personal care, social development, counselling and family support), as well as access to and participation in the school curriculum. The survey was not designed to measure the extent of cross-portfolio service provision, but to investigate the opportunities and barriers that currently exist for cross-portfolio support for children and students with disabilities and their families at preschool and school sites.

Examples of Cross-Portfolio Support

The majority of respondents provided an example of current collaboration with external agencies that had worked well. The sample of quotations has been selected because they demonstrate the effectiveness of cross-portfolio support for students with disabilities across a range of services.

As mentioned, collaboration with hospitals was frequently reported. The following example reiterates the earlier discussion on the demand for therapy services in early childhood, and indicates staff's desire to work with hospital based therapists to meet the support requirements of children with disabilities in their preschool:

As we have no occupational therapists within the Department [of Education and Children's Services] and young children learn foundation skills primarily through their senses, we have begun working on a collaborative project with another kindergarten and a Lyell McEwin occupational therapist to:

- a) formulate a screening tool that can be used by preschools to identify children who require referral or programs, and*
- b) work intensely with three children on-site (in collaboration with the occupational therapist) to demonstrate the need for occupational therapists in early childhood services, or an increase in occupational therapy services to our community for these children. (Director)*

Another preschool director demonstrated commitment to early intervention and the value of early childhood screening on site, stating:

The Child and Youth Health nurse has been very helpful when assessing all children; picking up children's problems.

In relation to collaboration with disability service providers, many non-government organisations were cited for their consultancy, staff training and development, and direct services to students and their families. The following three quotations provide examples of successful referral, assessment, consultancy and service, as a result of the collaboration between all stakeholders:

Parents of a child with autism discussed with centre staff their concerns and issues regarding their child's behaviour in the home environment (eg sleeping, toileting). Centre staff contacted the Autism Association, who sent out a social worker to work with and help the family at home. (Director)

A year 3 student with Down syndrome had a psychological assessment to determine his level of functioning. With a private psychologist and speech pathologist, and a consultant from the Down Syndrome Society, the school has been able to work with the family in designing a realistic curriculum that meets the student's needs. (Principal)

We have been working with the family, Inclusion SA and the Autism Association, together with the child care centre that the child also attends, to plan a consistent approach and common goals for the child. The child is much happier and his development is great. (Director)

Transition was another area where collaboration was critical. Respondents provided examples of transition from preschool to school through to post school options. The following quotations demonstrate successful cross-portfolio collaboration:

Collaboration with the Riverland Child Development Team has provided an holistic approach for several children, making transition to preschool much smoother as we were able to place informed support personnel immediately, and the same has happened with transition to school. (Director)

We have been working with an employment agency and have been able to place four students into a work readiness program, from which two students have been offered full time employment. (Principal)

Respondents also provided varied examples of collaboration within the community, in response to the holistic needs of students with disabilities. The following quotation describes the relationship between school and local police to promote an understanding of community services and their role for local students with disabilities:

The police liaison officer aims to get to know unit students, particularly those who are capable of running off. They visit the school and students visit the police station. This officer organised for students to visit the fire station and, in future, the ambulance service and local hospital. (Principal)

While the examples provided above cite opportunities for cross-portfolio service provision, and demonstrate the success of these partnerships, it was evident from the data there remains unmet need. Participants' description of barriers to external support emphasised the connection between disadvantaging factors, and the complexity and inter-relatedness of service delivery for some students with disabilities.

Examples of Barriers to Cross-Portfolio Support

While respondents expressed frustration, there appeared to be general acknowledgement that more resources would enable improved response to student need. Many of the barriers described related to time constraints, waiting lists, delays in response and large workloads. The concern over waiting times should be noted alongside the demand for diagnosis, assessment and therapeutic support (as discussed in Section 3.4), suggesting there are not enough allied professionals to meet the demand for service:

There are not enough personnel – support is too little, too late. (Principal)

The backlog for identification/assessment means a child can start school without assessment, without transition support (eg a child with autism). (Director)

Staff [of external agencies] support large numbers of students across the State, both metro and country areas. We sometimes have to wait for services and support because resources are stretched very thin. (Principal)

Where allied professionals were not available in the public domain, the cost of private practitioners might be prohibitive:

CAMHS (Child & Adolescent Mental Health Service) is great if the student can get in! There are very long waiting lists. Private psychologists are very expensive but much quicker to gain diagnosis from. (Principal)

Finding the money for private services can be a barrier. There is an issue of who pays when the parents aren't financially able to. (Principal)

In particular, participants from the non-government sector expressed concern over their inability to access government based services (eg for assessment). Having to rely on private practitioners was often costly for parents or the school.

Other funding issues related to adequate levels of staff for classroom support (eg teacher assistants), the provision of equipment, and access to staff development and training:

In the past three years, our Centre has taught children with a wide range of individual needs: Asperger syndrome, autism, hearing impairment, gifted and talented, speech disorders, toileting issues, non-English speaking background, and more. With only two staff, how can we possibly be skilled in such a wide range of very specific needs? We work very hard at becoming skilled quickly, as these children are only here for a year. How can we possibly meet these children's needs without more expert professional input? We need more speech pathologists, occupational therapists, psychologists, etc, who can spend more time with the children and ourselves so that we can provide excellent, quality programmes. (Director)

Limited or no service availability, transportation issues, and large distances to travel, presented barriers for country preschools and schools. The following principal from the mid-North region of South Australia explained:

Support of any type only comes once a term due to the long distance. This is not enough for students needing intensive support.

Yet another country based principal suggested:

The absence or limited nature of support services in rural districts is a significant impediment to social inclusion practices. How can services be delivered more effectively, especially over distances in rural areas? Combining human services in a geographical area and increasing collaboration and cooperation between them, may help solve this problem.

The latter raises the issue of cooperation as a prerequisite for effective collaboration between stakeholders. In this context, some respondents mentioned parents' lack of willingness to give consent for collaboration. As one principal explained:

For us, sometimes the greatest barrier is persuading parents to access external agencies. Parents have a wide variety of reasons for either not wanting to or they are unable to access this support, or give permission for the school to consult external agencies.

Other respondents indicated that poor relationships between professionals and high staff turnover were further barriers to service delivery.

Issues associated with assessment, eligibility criteria, regional boundaries, and insurance requirements, were listed as additional barriers. The following quotation provides an example of the willingness of staff to provide higher levels of service and the difficulties encountered:

Respite care for one child is to be provided through Care Support, Yorke Peninsula. The family requested that the preschool should be the venue of respite care because it is safe, secure and available out of hours (it is half-time service). The request could not be accommodated due to liability issues when Departmental staff are not on site. (Director)

Poor continuity of service during periods of transition was reported as a barrier, primarily related to transition from preschool to school and post school. The following quotation emphasises the difference in eligibility assessment between preschool and school, and highlights the potential for a gap in service provision during this period of transition between educational settings:

The school usually has to pay from its staffing for one-to-one support for children with Asperger syndrome when they first start school. This is because psychologists don't/aren't able to name it in children so young. Because there is no formal naming, we can't get funding. We go to Behaviour Support, but they only give an hour a week. This is a glaring problem for us. (Principal)

Moreover, when families relocate and their child attends a new school, service continuity is not guaranteed. Respondents commented on the difficulties associated with transferring services to the new school, particularly when regional support personnel had changed.

These data highlight the complexity and inter-relatedness of issues for service delivery. An underlying principle of social inclusion practice recognises the connections between disadvantaging factors such as those described. It may be necessary to further consider protocols for effective cross-portfolio collaboration to support students with disabilities, their families and school based staff.

3.6 Availability of Information

Participants were asked what information was available at their site on the range of services for students with disabilities and their families. Seventy-one percent had information on site, while twenty-three percent did not (6% did not respond to this question). Most who did not have information explained the range of material held at the school was not comprehensive or “broad enough”. Sometimes, the knowledge of available support was held with one particular staff member and problems arose in their absence. Other respondents explained they sourced information on a needs basis.

Participants were also asked to describe how they shared this information with families. Responses were classified into the broad categories of verbal or written exchange, then further classified into seven and six sub-categories respectively (see Appendix 5, Figure 4). More than one method of sharing information was common.

Overall, the exchange of information about disability and related services was verbal rather than written. Information was shared during formal meetings (eg for enrolment or curriculum planning) and through informal discussions between staff and parents. Staff were sometimes involved in referral and advocacy, which necessitated further information sharing outside the school context.

Written information was available in the form of pamphlets, posted notices, the school handbook and newsletter. Staff also corresponded with individual students and their families, through letters or diary notes. Fewer participants mentioned a parent library or resource centre as a store for information.

When asked what further information would assist supporting the social inclusion of students with disabilities and their families at school, forty percent of participants did not respond. Of those who responded, only three percent believed the current level of information available at their site was adequate. The remaining participants indicated that a directory of sector based and external support, which included information on costs and eligibility criteria, would be most useful. In addition, some requested a localised directory. It was evident from responses that a variety of brochures, handouts and videos were useful resources to have on site.

Participants also requested information on how to access funding to increase the level of classroom and allied professional support (eg occupational therapy, social work or psychology) available for students with disabilities. Information on skills development for children and students (specific to their disability type), as well as training, and access to qualified staff on site, was also required. A small number of respondents requested additional information on social inclusion policy and practice.

Some participants stated their preference for case coordination across service delivery. This currently occurs at a regional level within the education sectors. It would appear from this request that existing case coordination might require review as an area for future development, in light of cross-portfolio service provision. In the first instance, a sector based directory of policies, procedures and services related to students with disabilities, could offer additional support for staff engaged in education for this group of students.



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In March 2002, the South Australian Government introduced the Social Inclusion Initiative. The Social Inclusion Board was established to oversee this initiative and has terms of reference that include the development of “strategies for dealing with the causes of social exclusion”,⁶ ie the things that divide members of our society whether they be economic, social or physical.

Social inclusion recognises the need to construct alliances and operate collaboratively across traditional human service boundaries to build more inclusive communities and improved outcomes for disadvantaged South Australians. Social inclusion challenges systems and processes to value the contribution of all citizens, where diversity and difference possess their own worth, and to ensure a range of services and resources are available to all Australians.⁷

In 2003, the then Minister for Education and Children’s Services directed the Ministerial Advisory Committee: Students with Disabilities to undertake a project that investigated how the education sectors could contribute to the Government’s Social Inclusion Initiative. The project would focus on children and students with disabilities and their families and, in particular, how they access cross-portfolio support through preschools and schools. The terms of reference are:

1. To formulate policy advice for the South Australian Minister for Education and Children’s Services on social inclusion and cross-portfolio support for children and students with disabilities in preschools and schools in South Australia.
2. To determine the extent to which preschools and schools support social inclusion for children and students with disabilities.
3. To investigate the opportunities and barriers that currently exist for cross-portfolio support for children and students with disabilities, and their families at preschool/school sites.

⁶ Government of South Australia, 2002(c), *Social Inclusion Initiative; Social Inclusion Board, Terms of Reference*, p 1, Department of the Premier and Cabinet. Accessed at <<http://www.socialinclusion.sa.gov.au/page.asp?ContainerID=1&SubPageID=46>> on 13.05.04.

⁷ Freiler C, 2002, *Understanding Social Inclusion*, Laidlaw Foundation. Accessed at <<http://www.voicesforchildren.ca/report-sep2002-1.htm>> on 13.05.04;
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Chairperson

Ms Margaret Wallace

Ministerial Advisory Committee: Students with Disabilities

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Ms Libby Burns	Association of Independent Schools of South Australia
Mr Maurice Corcoran	Division of Strategic Planning and Policy (Disability) Department of Human Services
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Ms Julie White	Learning Improvement and Support Services Department of Education and Children's Services
Ms Leah York	Australian Education Union

Ministerial Advisory Committee: Students with Disabilities

Ms Margaret McColl	Executive Officer
Ms Luisa Pirone	Acting Executive Officer
Ms Jo Shearer	Project Officer

Cover Letter

Dear Principal

Re: Survey on Social Inclusion

The Ministerial Advisory Committee provides policy advice to the South Australian Minister for Education and Children's Services. Some of this advice is provided through research projects. All projects relate to children and students with disabilities in the three education sectors in this State. This year the Minister specifically requested that a research project be undertaken on social inclusion. Below is the project outline.

With the current Government's focus on social inclusion, it is important to link the services being provided to families of students with disabilities to meet individual needs. This project will investigate how preschools and schools contribute to cross-portfolio support (eg support from education, health, transport and disability services, etc). The outcome of this research will provide suggestions for change in practice that will lead to improved service delivery for families.

The Ministerial Advisory Committee (which includes representatives from the three education sectors) is surveying all preschools and schools in South Australia to collect information on this topic. The Chief Executive of the Department of Education and Children's Services has been informed of the survey and approval granted by the DECS Research Unit. Enclosed is a questionnaire for you (or a nominated staff member) to complete. The questionnaire should take approximately 15 minutes to complete and a reply paid envelope is provided.

Please do not write your name or the name of your school on this questionnaire. We assure you of complete confidentiality. Responses from all preschools and schools will be aggregated in terms of dominant issues to emerge from the survey. We are looking to inform the Minister of a Statewide perspective on this topic.

If there are currently no students with disabilities enrolled in your school, we encourage you to complete as much of the questionnaire as possible. Your responses on this topic are important.

An explanation of terms used in the questionnaire is provided on the reverse side of this letter to assist you in answering the questions.

(continued)

Reference 1: Commonwealth Definition of Disability (Question 4)

A 'Child or student with disabilities' means the following:

...a child who has been assessed by a person with relevant qualifications as having an intellectual, sensory, physical, social or emotional impairment or more than one of those impairments to a degree that: if the child is of school age, satisfies the criteria for enrolment in special education programmes or services provided by the government of the State in which the child resides; or if the child is below school age, would satisfy those criteria upon reaching that age. Children whose only impairments are specific learning difficulties or for whom remedial education or remedial support is appropriate, are not eligible for disability support funding.

(Commonwealth Programmes for Schools Quadrennial Administrative Guidelines 2001-2004, p 82)

NB: In preschools, a child that meets the above criteria may have a diagnosed disability, or may be referred to as having global delay or having additional needs.

Reference 2: Social Inclusion (Questions 6 and 7)

The South Australian Government has established the Social Inclusion Initiative to examine ways to respond to the exclusion of the most disadvantaged individuals or groups in the community. People can be disadvantaged because of the interaction and impact of a range of factors in their lives including disability, frailty, lack of skills and education, language or cultural differences, the attitudes of others, poverty, unemployment, poor health and homelessness. More information on the Government's initiative can be found on the Website: www.socialinclusion.sa.gov.au.

This survey on social inclusion has a focus on how children and students with disabilities and their families access a range of support services in preschools and schools. A key area for social inclusion initiatives is the building of ongoing alliances between human services (eg health, education, disability, transport, etc) to remove barriers to access and to improve outcomes for individuals and groups suffering multiple disadvantage (including children/students with disabilities and their families).

Reference 3: External Agencies (Questions 9, 10, 11 and 12)

For the purpose of this questionnaire, the term external agencies refers to any organisation or agency that provides services for children/students with disabilities enrolled in South Australian preschools and schools. This includes private consultants, non-government organisations and services provided by other government departments such as Health, Family and Youth Services, Transport, Police, etc. Please do not include the support provided to students with disabilities in your school by the Department of Education and Children's Services.

For further information and/or clarification to complete the questionnaire please do not hesitate to contact me or Jo Shearer on 8226 3632. Thank you for taking the time to participate in this important study.

*Yours sincerely
Margaret McColl
Executive Officer
Ministerial Advisory Committee: Students with Disabilities*

*Encl: Questionnaire
Reply paid envelope*

Questions

1. Position of person completing the questionnaire (*eg director, principal, special education teacher*).
2. Please indicate your school type. *Tick more than one if applicable.*
 - ◆ Preschool (5 years and under)
 - ◆ Reception – Yr 12
 - ◆ Primary (Reception – Yr 7)
 - ◆ Secondary (Yr 8 – 12)
 - ◆ Junior Primary only (Reception – Yr 2)
 - ◆ Primary only (Yr 3 – 7)
 - ◆ Middle School (Yr 6 – 9)
 - ◆ Senior Secondary (Yr 10 – 12)
 - ◆ Other (*please describe*)
3. What is the total number of children/students enrolled at your preschool/school?
4. How many children/students with disabilities are enrolled at your preschool/school?
See Reference 1 in the covering letter.
5. Please indicate your site's provision for children/students with disabilities.
Tick more than one if applicable.
 - ◆ Mainstream
 - ◆ Special Class
 - ◆ Special Unit
 - ◆ Special School
 - ◆ Other (*please describe*)
6. Please name any policies used by your preschool/school that focus on social inclusion in relation to children/students with disabilities. *See Reference 2 in the covering letter.*
7. Please provide a specific example of how these policies translate into practice for children/students with disabilities in your preschool/school.
8. In what ways are parents or carers of children/students with disabilities involved in your preschool/school?
Tick more than one if applicable.
 - ◆ Policy Development
 - ◆ Sports Clubs
 - ◆ Classroom Involvement
 - ◆ Library
 - ◆ Curriculum Development
 - ◆ Property Maintenance
 - ◆ School Council/Governing Council
 - ◆ Parents and Friends Association
 - ◆ Student Support
 - ◆ Other (*please describe*)

(continued)

9. During the last 12 months, for which of the following areas has your preschool/school sought support from *external agencies* for children/students with disabilities?

Tick more than one if applicable. See Reference 3 in the covering letter.

- ◆ Health/Medical
- ◆ Personal Care (eg toileting, feeding)
- ◆ Psychology
- ◆ Therapy (eg physiotherapy, occupational therapy)
- ◆ Diagnosis/assessment (related to the disability)
- ◆ Transport
- ◆ Advocacy
- ◆ Psychiatry
- ◆ Police
- ◆ Behaviour Support
- ◆ Counselling
- ◆ Social Work
- ◆ Respite
- ◆ Speech Pathologist
- ◆ Post School Transition
- ◆ Other (*please describe*)

10. Please name the agencies that have provided this support in the last 12 months.

11. Please provide one example of current collaboration with *external agencies* (related to students with disabilities) that has worked well.

12. Please describe any barriers that you have experienced in accessing support from *external agencies*.

13. Does your preschool/school have information on the range of support available from all sources (including education sectors) for children/students with disabilities and their families?

- ◆ Yes
- ◆ No

If yes, how do you provide this information to families?

14. What further information would assist you to support the social inclusion of children/students with disabilities and their families at your preschool/school?

15. Any other comments.

Appendix 4

Distribution Data

Table 1: Statewide distribution and response by preschool/school and education sector

Sector	Preschools				Schools			
	distribution		response		distribution		response	
	n	%	n	%	n	%	n	%
State	301	95	157	96	617	76	290	73
Catholic	-	-	-	-	107	13	58	14
Independent	16	5	7	4	93	11	52	13
TOTAL	317	100	164	100	817	100	400	100

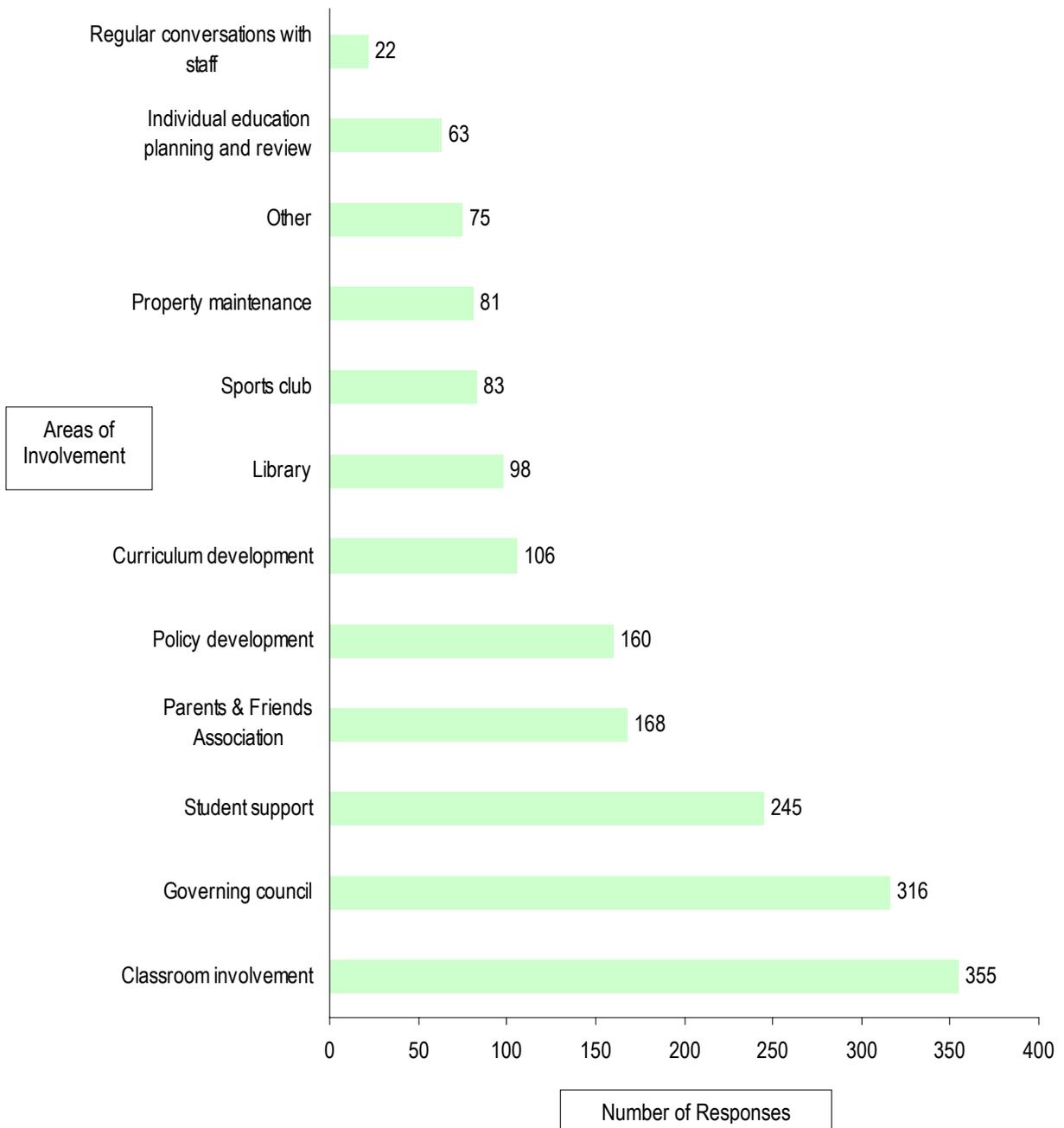
Table 2: Statewide distribution and response by region and education sector

Sector	Metropolitan				Country			
	distribution		response		distribution		response	
	n	%	n	%	n	%	n	%
State	467	74	250	73.5	451	89	197	88
Catholic	86	14	46	13.5	21	4	12	5
Independent	75	12	44	13.0	34	7	15	7
TOTAL	628	100	340	100	506	100	224	100

Table 3: Percentage of students with disabilities by education sector

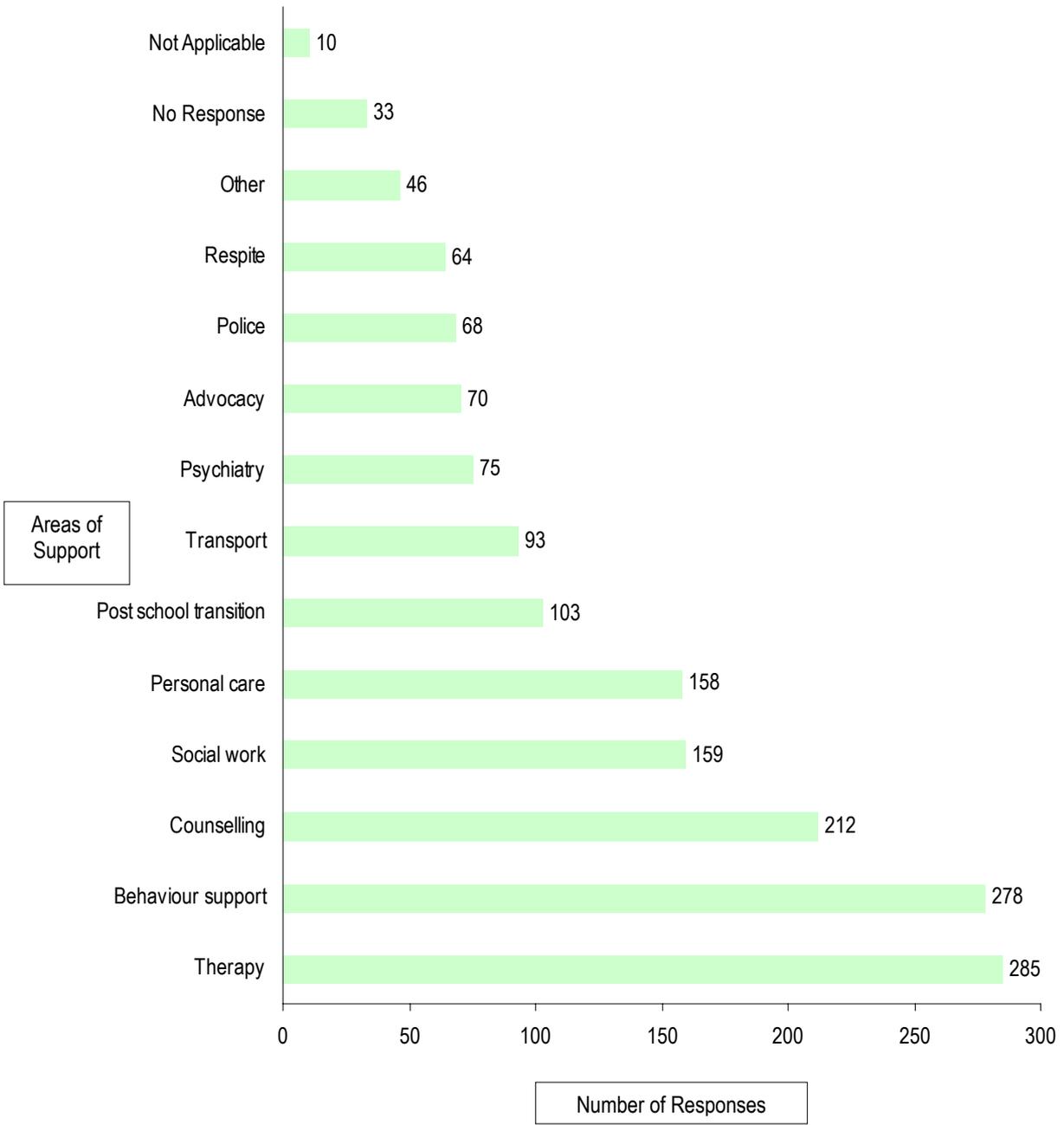
	Total population	Study sample
	%	%
State	7.3	7.5
Catholic	2.7	3.3
Independent	3.3	3.3

Figure 1: Involvement of Parents of Children with Disabilities



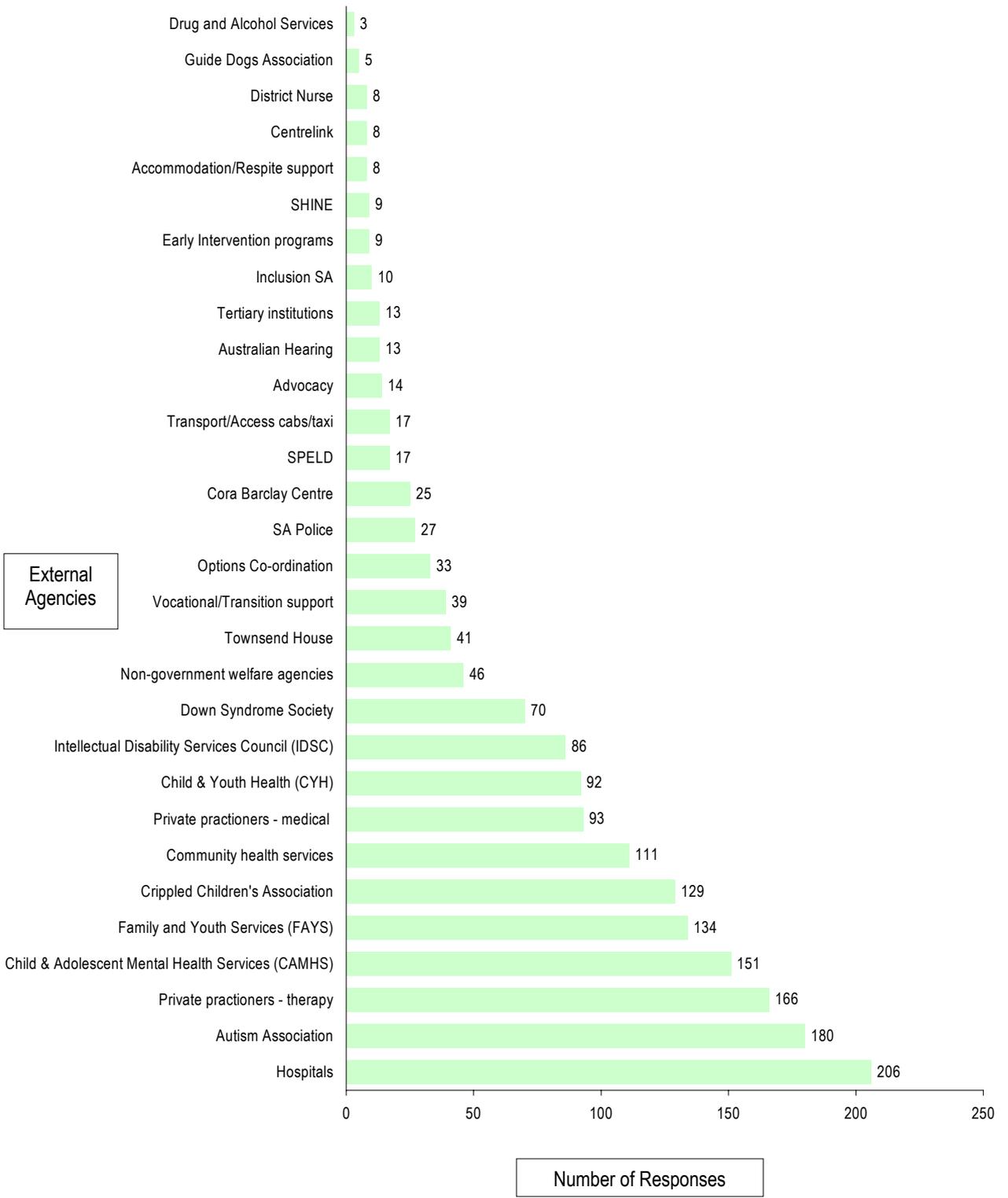
Note: Participants indicated more than one area of involvement.

Figure 2: Areas of Support Requested by Preschools and Schools



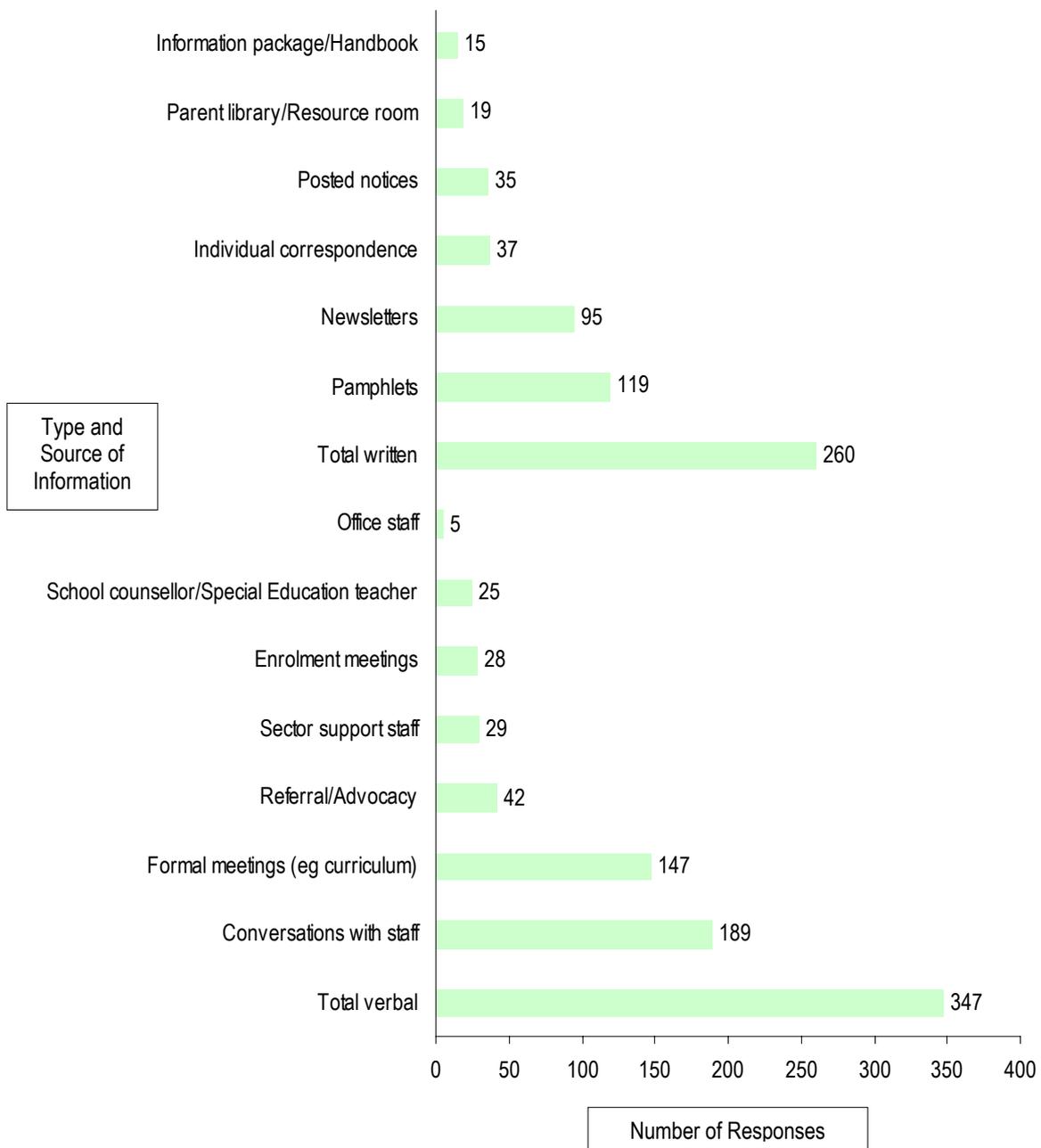
Note: Participants indicated more than one area of support.

Figure 3: External Agencies Providing Service



Note: Participants indicated more than one service provider.

Figure 4: Information Available at Preschools and Schools



Note: Participants indicated more than one information type.

Appendix 6

List of External Agencies

Table 1: Agencies Providing Services to SA Preschools and Schools

Aboriginal Family Support Services	Eastside SA Inc
Aboriginal Student Support & Parental Association	Employment Directions (Nuriootpa)
Access Cabs – wheelchair	Employment Options Inc (Mt Barker)
Active8 Premier’s Youth Challenge – Office for Youth	Epilepsy Association of South Australia
Adelaide Hills Vocational College (Mt Barker High School)	Exceptional Needs Unit, Social Justice Division (DHS)
Anglicare SA	Family & Youth Services
ASK Employment & Training Services	Family Day Care
Australian Hearing	Fleurieu Work Scheme Inc
Australian Red Cross	Flinders Medical Centre
Autism Association of South Australia Inc	Flinders University
Barkuma Inc	Fullarton House (Glenside)
Barossa Child & Adolescent Mental Health Service	Guide Dogs Association of SA & NT Inc
(Barossa) Early Childhood Intervention Co-ordinators	Guides South Australia Inc
Barossa Enterprises Inc	HETA Incorporated
Bedford Industries Inc	Inclusion SA Inc
Bower Place Pty Ltd	Independent Advocacy S.A. Inc
CANTEEN	Independent Living Equipment Program (ILEP)
Care Support, Yorke Peninsula	Intellectual Disability Services Council Inc
Career Systems Inc	Intervention Services for Autism & Developmental Delay (WA)
Carers Association of SA Inc	Interwork Limited
Carers’ Link	Job Network
Carers’ Support & Respite Inc	Kid Sense Occupational Therapy
Catholic Church	Kumangka Youth Service
Centacare Catholic Family Services	Legal Services Commission
Centre of Personal Education (COPE)	Low Vision Centre
Centrelink	Mary Street Adolescent Sexual Abuse Prevention Program
Child & Adolescent Mental Health Service (CAMHS)	Maxima Group Inc
Child & Youth Health	Metropolitan Aboriginal Youth Team (MAYT, Angle Park)
Child & Youth Health – Access Assistants	Migrant Health Service
Child & Youth Health – Hearing Assessment Centre	Minda Incorporated
Child Abuse Report Line 24 Hours	Miriam High Special Needs Centre (Port Augusta)
Child Protection Services	Mission Australia
City of Port Adelaide Enfield	Modbury Hospital
Community Accommodation & Respite Agency Inc	Mount Gambier & Districts Health Service Inc
Community Bridging Services	Mount Pleasant District Hospital
Commonwealth Department of Family & Community Services	Multicultural Advocacy & Liaison Service of South Australia
Commonwealth Rehabilitation Service (CRS)	Muscular Dystrophy Association Inc
Compass Inc	MYLAH
Copper Triangle Enterprises (Wirrawee Inc)	Neporendi Aboriginal Forum Inc
Cora Barclay Centre Inc	Nunkuwarrin Yunti of South Australia Inc
Correctional Services	Nyanampa Health Service
Crippled Children’s Association of SA Inc	OARS SA
Crisis Care	Options Coordination
Cystic Fibrosis South Australia Inc	Orana Incorporated
Daws Road Centre	Parent Advocacy Inc
Deaf Society of South Australia	Parenting SA
Department of Human Services (DHS)	Personnel Employment
Department of Immigration & Multicultural & Indigenous Affairs	Phoenix Society Inc
Diabetes South Australia	Pika Wiya Health Service Inc (Port Augusta)
Diane’s Home Care Support	Pitter Patter Chatter Speech Pathology
Disability Complaints Service Inc	Port Augusta Regional Health Services Inc
Disability Training Australia	Port Lincoln Health Services Inc
Down Syndrome Society of South Australia Inc	Prospect Centre
Drug & Alcohol Services Council	Reading Helper Australia
Duke of Edinburgh’s Award	Ready Cab

(continued)

Reconnect (C/W Department of Family & Community Services)
 Regency Park School outreach service
 Relationships Australia (SA) Inc
 Reynella Enterprise & Youth Centre
 Riverland Child Development Team (community health service)
 Rivskills Inc (Berri)
 Rotary International
 Royal Adelaide Hospital
 Royal District Nursing Service of SA Inc
 Royal Society for the Blind of SA Inc
 SA Ambulance Service
 Salisbury City Council
 Salvation Army
 Scouts Australia
 Second Story Youth Health Centre
 Service to Youth Council Inc (SYC)
 Sexual Health Information Networking & Education SA Inc (SHINE)
 South Australia Police
 South Australian Housing Trust
 South Australian Industry Links Adelaide Hills (SAILAH)
 Southern Dyslexia Centre
 Southern Fleurieu Early Intervention Program
 SPELD (SA) Incorporated
 Spina Bifida & Hydrocephalus Association of SA Inc
 Sport Arts & Recreation Council for People with Disabilities
 Street Level West
 Tabor House (Counselling Centre)
 TAFE SA
 Talk Speech Pathology Services
 The Asthma Foundation of South Australia Inc
 The Brain Injury Network of South Australia Inc
 The Lyell McEwin Health Service
 The New Day Program
 The Smith Family
 The Vision & Learning Institute
 Townsend House Inc
 Transport SA
 Umoona Tjutagku Health Service (Cooper Pedy)
 UnitingCare Wesley Port Adelaide Inc
 Uniting Church in Australia
 University of Adelaide School of Psychology
 University of South Australia
 Variety Club – The Children's Charity
 Wallaroo Hospital
 WAVE Program
 Whyalla Hospital & Health Services Inc
 Women's & Children's Hospital
 Workskil

Generic Agents and Programs

Adolescent services
 Analytical hypnotherapists
 Anger management services
 Audiologists
 Child care centres
 City councils
 Community care cars
 Community houses
 Community transport services
 Counsellors
 Courts/Justice system
 Dental clinics
 Dieticians
 Domestic violence support services
 Early childhood intervention co-ordinators
 Education consultants
 Family care services
 Family links network
 General practitioners
 Hospitals
 Local Government community services
 Music therapists
 Neuro-psychologists
 Occupational therapists
 Ophthalmologists
 Optometrists
 Paediatricians
 Personal carers
 Physiotherapists
 Psychiatrists
 Psychologists
 Regional community health services
 Respite agencies
 Rural mental health programs
 Speech therapists
 Swimming centres
 Teaching assistants
 Tertiary education disability services
 Transport services