

This proposal should be considered within the education, disability education and child and youth well-being policy settings and in the context of children with learning disabilities related to language and communication disorders, rather than cognitive impairment (intellectual disability).

A number of Australian research studies indicate that between 10 to 16 per cent of students are perceived by their teachers to have learning difficulties that have support needs which extend beyond those normally addressed by classroom teachers under differentiated teaching practices. Within the population of students with learning difficulties there is a smaller sub-set of students who show persistent and long-lasting learning impairments. These are identified as students with a learning disability. It is estimated that approximately 4 per cent of Australian students have a learning disability¹.

In Tasmania, this is equivalent to around 4,360 students² with learning disabilities which are persistent and long-lasting requiring intervention and support beyond differentiated teaching practices.

Children with learning disabilities require intensive intervention to enable them to access the curriculum like their peers as per the Disability Standards for Education Act. The period over which intervention is required and the intensity of the intervention required will vary according to the degree of difficulty experienced and its cause.

Children with learning disabilities such as language disorder and dyslexia are frequently unidentified and thus, undiagnosed, as their relatively poorer language and literacy skills and academic performance are attributed to other difficulties.

Learning disabilities impact students across a range of developmental domains, including language, literacy, cognition, sensory, motor, perceptual and social and emotional well-being.

The lifelong consequences for children with learning disabilities without effective, intensive intervention impacts on their ability to access the Australian Curriculum, successfully complete school and engage in work and life as an adult.

Policy recommendations:

- 1) *Invest in the development and implementation of an Intensive Learning Disability Support Program*

An Intensive Learning Disability Support Program involves a multidisciplinary consultative process between a team of allied health professionals and educators to provide expertise, advice and support to schools to enhance learning outcomes for students with learning disabilities.

A multidisciplinary approach includes a team of professionals, including speech and language pathologists (SLPs), occupational therapists (OTs), physiotherapists, behaviour support specialists, educational psychologists and educators.

¹ Loudon, W., Chan, L., Elkins, J., Greaves, D., House, H., Milton, M., Nichols, S., Rivalland, J., Rohl, M., & van Kraayenoord, C. (2000). *Mapping the territory, primary students with learning difficulties: Literacy and numeracy, Vol. 1, 2, & 3*. Department of Education, Training, & Youth Affairs: Canberra, ACT.

² Calculated from ABS 2020 Schools data. <https://www.abs.gov.au/statistics/people/education/schools/latest-release>

A multidisciplinary approach enables collaboration between teachers and allied health professionals in the development of inclusive, targeted intervention and support that recognises the influence of each domain upon accessing the curriculum and achieving educational outcomes.

2. Invest in a Capacity Building Program

To ensure ongoing intensive support for children with learning disabilities within the school environment, invest in capacity building of school staff to enable continued support, during and following the completion of initial intensive support services. Intensive support is not one-to-one therapy, but rather a model that focuses on staff professional development to better support students with learning disabilities in classrooms.

Background in Tasmania

For almost three decades there has been no explicit intervention or support for children with learning disabilities in the education system in Tasmania. The demise of this support began in the early 1990s with the gradual shift from the provision of educational support for children with a range of disabilities in 'special schools' to inclusive practices in mainstream or regular schools by successive governments. Declining enrolments in special schools coincided with the Tasmanian Government reducing the intelligence quotient (IQ) in 1991 for higher needs funding to 50 (and for a period of time, 48) compared with an IQ of 70 for other jurisdictions. This considerably reduced the number of children with disabilities eligible for additional needs funding and, therefore, demand for special schools. At the time, the St Michael's School in Northern Tasmania provided a specialist role in the area of learning disabilities, providing intervention and support specifically for children with language and communication disorders, rather than cognitive impairments. Following the amalgamation of special schools throughout the late 1990s the St Michael's School was subsequently closed, losing the specialist expertise of intervention and support for children with learning disabilities in Tasmania.

Numerous reviews of special education and inclusive education practices throughout this period resulted in a preference for children with disabilities to enrol in mainstream schools and receive support and adjustments within a regular educational setting. Following the Atelier Review in 2004 funding for children with disabilities was again reviewed and a new model determined. The review recommended that the role of special schools should continue to evolve into specialist services that could be accessed by students from their mainstream school. It also recommended 'that the specialist skills and knowledge of staff who work in special schools should provide assistance to all students, not just those students who are enrolled in special schools, that there are valuable staffing resources that reside in those schools that can be used for more than just the few students who are formally enrolled in those schools'³. The Atelier Review also resulted in the development of the Essential Learnings for All education framework in which 'one of the recurring themes was that there should be the strongest possible emphasis on funding inclusive approaches rather than funding individual students'. This recommendation was in direct contrast to the evidence-based research at the time relating to effective intervention for children with learning disabilities. Numerous studies concluded that effective special education for children with learning disabilities required individualised intervention with essential features being direct, systematic, explicit instruction either

³ Paula Wriedt, House of Assembly Hansard, Thursday 26 August 2004 - Part 1 - Pages 1 – 29, page 16

individually or in small groups, ongoing monitoring of progress and assessment as well as regular intensive practice⁴. This recommended intervention approach is consistent today.

Under the new disability funding model resulting from the Atelier Review, funding was allocated in two categories based on IQ ranges and no funding was allocated for children with learning disabilities with no cognitive impairments. Support for these children was to be provided within existing school budgets, comprising differentiated teaching practices or 'reasonable educational adjustments'. Specific funding was not provided for individualised, explicit intervention, as is best practice, for children with learning disabilities. Under the model, eligible disability categories included intellectual disability, autism, hearing impairment, vision impairment, physical disability, medical disability, multiple disability, psychiatric disability, and toileting issues.

The introduction of the needs-based model for disability education funding in 2020 should cater to the needs of children with learning disabilities, however, the basis of the model, as per the NCCD, precludes specific funding and individualised intervention for children with learning disabilities. This omission, combined with the loss of specialised, professional expertise in providing educational intervention and support over three decades, and the sustained challenges in recruiting allied health professionals in Tasmania, has resulted in children with learning disabilities remaining unsupported in the Tasmanian education system to achieve their potential educational outcomes, when best practice intervention is considered.

Case Study: Speech and Language Development Australia

For over 35 years, Speech and Language Development Australia ([SALDA](#)) has been enhancing outcomes for students with language disorder through consultation, providing school support services and capacity building through intensive support and professional learning for school staff in government and non-government schools in Queensland. Each year, SALDA provides services to over 800 Queensland schools and students with language disorder.

SALDA school support services, a multidisciplinary approach to intervention, visit schools across metropolitan, regional and rural areas of Queensland. The service works collaboratively across all three education sectors in Queensland (State Schools, Catholic Education and Independent Schools Queensland) to ensure individualised approaches are developed to support each student access the curriculum in a safe and supportive environment.

The service is complementary to programs already in place in schools and can be supported through pre-allocated funding or through fee-for-service. The team actively promotes the participation of all key stakeholders, including any allied health professionals that may be a part of the existing school team.

During school visits, the multidisciplinary team provides services for up to four students per day. On the visit, SALDA:

- Conducts observations of the students in the classroom.
- Completes informal assessments with students. The assessment takes approximately one hour to complete and covers a range of areas related to classroom participation and functioning.

⁴ Vaughn, S and Linan-Thompson, S (2003), What is special about special education for students with learning disabilities?, *The Journal of Special Education*, Vol 37, Issue 3; Swanson, L. (2001), Searching for the best model for instructing students with learning disabilities, *Focus on Exceptional Students*, Vol 34, No. 2.

- Holds collaborative meetings with key stakeholders where student strengths and challenges are identified, and discusses priority areas for support within the school setting.

Following the visit, schools receive multidisciplinary reports that contain individualised support strategies, resources and recommendations for each of the priority areas identified for that student. These reports can be utilised for a variety of purposes, including:

- The implementation of support strategies and adjustments for the student.
- Small group or whole class level support.
- Data collection.
- Evidence for Criterion 2 in the Queensland verification process.
- Supporting students with similar difficulties in the classroom.

Schools that participate in the program receive complementary access to SALDA Professional Learning Service for all staff at their school. This includes evidence informed Handouts, 12 self-directed Online Learning Modules and Webinars developed specifically for educational settings.

Eligible students and schools are also able to participate in the intensive support program, which aims to provide capacity building for school staff to support students with Language Disorder.

The program focuses on capacity building in school staff to enable continued support for students with Language Disorder, during and following the completion of intensive support. Intensive Support is not one-to-one therapy, but rather a model that focuses on staff professional development to better support students with Language Disorder in classrooms. The supporting staff member must be currently working in the classroom with the identified student (e.g. teacher aide; classroom teacher; learning support teacher) in order to enable practise of strategies throughout the intensive support process.

The intensive support program consists of five, 45-minute sessions delivered either face-to-face or via e-services. The goals for the sessions are drawn from the multidisciplinary consultation in collaboration with school staff. The initial session focuses on refining the process to best meet the needs of the staff member in training and the student. Classroom teachers are encouraged to attend the first session, together with the staff member in training, to promote open dialogue and collaboration.

Following the completion of the intensive support program, the team provides an Intensive Support Summary, outlining the student's achievements and progress during the program, as well as future strategies, resources and recommendations for school staff.

As a part of SALDA's commitment to supporting children and young people with Language Disorder their education support service also provides additional support to schools and families in the community in the form of direct services to students, schools and families.

These services include assessment and intervention to students with learning disabilities who would benefit from either assessment or a block of direct educational support by a Speech Language Pathologist (SLP) or Psychologist and capacity building for school staff and is supported by educators, occupational therapists and a physiotherapist to enable delivery of a multidisciplinary service supporting the holistic development of students and young people to maximise their learning outcomes.

When accessing the individual speech therapy services, schools also have the option of engaging a staff member to enable capacity building and long-term student support.