



LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

**STANDING COMMITTEE ON EDUCATION, TRAINING AND
YOUTH AFFAIRS**

(Reference: Needs of students with a disability)

Members:

**MS A BRESNAN (The Chair)
MR J HANSON (The Deputy Chair)
MS M PORTER**

TRANSCRIPT OF EVIDENCE

CANBERRA

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**Secretary to the committee:
Dr S Lilburn (Ph: 6205 0199)**

By authority of the Legislative Assembly for the Australian Capital Territory

Submissions, answers to questions on notice and other documents relevant to this inquiry that have been authorised for publication by the committee may be obtained from the Committee Office of the Legislative Assembly (Ph: 6205 0127).

WITNESSES

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Amended 21 January 2009

The committee met at 2.05 pm.

SHADDOCK, PROFESSOR ANTHONY JOHN, Emeritus Professor, University of Canberra

THE CHAIR: I welcome you all here today to the hearing of the Standing Committee on Education, Training and Youth Affairs inquiring into students with a disability. I thank Professor Tony Shaddock for giving his time today by coming to speak to us. It is a pleasure to have you here to talk to. Obviously we have heard a lot about your report and it has been mentioned in a number of the submissions which we have received. It is wonderful to have you here. I just draw your attention to the privilege statement which is in front of you. I believe you have been sent a copy so you are aware of that. Before we go to questions from the committee and from Mr Doszpot, who is here today, I invite you to make an opening statement, if you wish to do that.

Prof Shaddock: I am happy to do that. First of all, thank you for inviting me to have a chat with you. I have to say I was honoured to be asked to do the report, to do the review. I wanted to thank the government for that and also acknowledge that I did not do this alone. I worked with a number of colleagues. I selected quite carefully to complement whatever I could do. I also wanted to thank all the people who contributed. I had a great deal of cooperation from all sectors—from education sectors, from every school that we visited, and we visited a lot, from parents and carers and from students. We interviewed a lot of students and we also ran our recommendations by students just to see how they resonated with them. We had a fair bit to do with the students, with and without disability, during the review. I am very thankful and I am also very grateful that my part of it is over because it was a hard job.

The aim was to respond as methodically and as defensibly as possible to the terms of reference. The terms of reference really asked us to present options for the future. I note some people were a bit disappointed that options were presented, but that was the terms of reference and that is what we had to do. In a way, presenting options allows the sectors to take the report and really carve out a good future for their students with a disability, knowing that here is the literature base, here is what people say, here is what good theory about improving educational outcomes says and this is what the kids say—having it all there in one piece and linked as much as possible. I think that was the contribution of the report really—it has pulled it all together in a pretty holistic way. I feel that it is actually very complex.

The other opening point I would make is that I have tried to make people aware that to tamper with one part or change one part of the system you change something somewhere else, and therefore just to tinker with aspects of special education in an unrelated way to what is going on in the larger education field itself is short-sighted and silly. Even to just do things within special education without thinking of the impact on other aspects of special education is also pretty much futile.

The report tries to be as future oriented as possible, given that it is very hard to predict what is going to happen in education. Many people say that technology is the “sleeper” in education. We do not really know whether education authorities and

teachers will utilise technology to its fullest possible extent. So it is a bit hard to predict what is going to happen. The other thing that has changed since we wrote the report is the new national curriculum. I sent a paper through that I just happened to write. I was going to go fishing on Easter Monday but it was raining in Sydney and a bit windy, so I thought, "I'm going to have something to say about how students with a disability are left out of the national curriculum." At the time we did not know what was going to happen with the national curriculum. Now we are starting to see examples of it that appear to leave out students with disability, which I think is a really missed opportunity.

The mindset that I tried to promote in the report is one about diversity. When you look at the classroom from the point of view of teachers—I have been a teacher; I have a son who is a teacher in the ACT and I work with teachers all the time—what you see is diversity. You do not see autism; you do not see language delay, as such. You just say, "These children are diverse." In a sense, they all have individual needs. A way of thinking about a school enrolment that says, "These children are special and these children are presumably not special," has never been accurate, but it is now very out of date.

What faces teachers on a daily basis is children who do not speak their own language, let alone English; children who come from abusive situations; children whose father is in jail; a child who is living in poverty—and you have disability. In amongst all of that you have disability. When I have done research about students with disability in mainstream schools I have sometimes seen teachers' heads go back when I talk to them about a child with a disability. They say, "That's true. He has a disability, but he's not my biggest problem, actually. This one here has an extreme behaviour problem that I cannot control. He's the one that's disrupting the ecology of the classroom. Fix him and I can teach the kid with an intellectual disability, no worries." I also tried to look at the report from the point of view of those who actually have to deliver—that is, classroom teachers.

The research clearly shows, and I say it a few times in the report, that the biggest single change factor, apart from students themselves, in educational outcomes is the individual classroom teacher, not the school. The variance in education outcomes starts with the kid—motivation, capacity and so on. But then after that, once you take out the variance in learning that comes from the child, which is huge, the major variance comes from the quality of that teacher. That is why very often the differences within schools are bigger than the differences between schools, because there are differences between individual teachers. It comes from the literature but it also comes from my experience. The emphasis needs to be on improving the capacity of every teacher to respond to the diversity in the classroom.

I have just a couple of other issues and then I will keep quiet. I scanned the submissions yesterday. I cannot say I read every word of them, but I had a scan of them. I felt there was pretty broad agreement with most of the options proposed. Some people, as is their right, disagreed on various aspects, but I did not think there was much serious challenge to the way we had analysed what we know from leading practice. I also noted that jurisdictions in the ACT are already implementing aspects of the report. I think in this field we should make sure that there is always external accountability for the education outcomes of students with a disability, particularly in

a situation where they are a bit left out.

Students with a disability can elect, or their parents can elect, to not get involved in NAPLAN, for example. There are some good reasons for that. Many kids would not get on the board in the NAPLAN tests, but that does not mean that they should be left out of accountability. In the ACT, as well as schools and education systems being more accountable internally, I think there needs to be external monitoring of how well kids with disabilities are learning. I would not leave it to strictly internal processes.

I had a bit to say about multidisciplinary care—therapy and mental health services—in the report. I know people have tried very hard, really, but if you read the report the bottom line is that 13 years ago Rob Andrews did a review of special education and he said the delivery of therapy for kids in the ACT’s public schools leaves a lot to be desired, and it is much the same now. Despite many good efforts, I have to say, and people trying all sorts of things to improve the quality of services and despite the fact that some parents are very happy with what they receive, the reality is that for some children therapy is their curriculum. I think we have to do a lot better.

I talked about the need for service contracts, not just people doing the best they can but saying, “The ACT DET, or whoever it is, requires this much service measured in therapist hours, or whatever, in order to run an educational program that is capable of being consistent with the disability standards for education.” It must have that. Then I think they would have to have another conversation about the best way to use this limited resource.

Is the best way to have a therapist sitting beside a child for half an hour once a fortnight, or whatever it is, as good as that might be, or is it better to have the therapist supervising some paraprofessionals who are trained to deliver such therapy and are much cheaper and, as the research shows, equally effective? Or is it better for the therapist to spend more time educating teachers so that teachers are able to help not only that child but another child without a diagnosis who has a very similar need—maybe a child who is just clumsy but does not have cerebral palsy—by applying similar techniques? I think it is the quantum of resources available for therapy and how sensible the model is for delivering that. It will always be not enough, so you have just got to do the best you can. At the moment it just needs a lot more thought. I have said that as plainly as I possibly can.

One of the points made in the report a few times, and I think it is absolutely essential, is that the fundamental challenge is to provide all of the adjustments that students might need—only if they need them, by the way, because it can be discriminatory to dilute curriculum or give people extra assistance and all that. If they need additional assistance by way of adjustments they must have it. That is one thing, but then you also change the whole way of delivery so that the adjustments become less necessary. What we know is that students without a disability benefit very much from a lot of the strategies that are successful for students with a disability.

The history of special ed is full of that. I heard a classic example not so long ago while I was doing the review. A classic example is that, for the kids with autism, often you need to actually understand how they are going mentally and emotionally before you start to teach them. They might be terribly upset. They might have been bullied in

the playground or something happened in the playground. They come in after lunch and you cannot teach them because they have lost it.

One of the strategies we teach teachers is to have children just tell us where they are on their emotional thermometer: am I really “hot”? Am I so hot that it is awful or am I okay? A lot of people do that. A lot of teachers do that with kids with autism just to assess where they are, deal with the issue and then start to teach them.

This teacher I spoke to does this with his class after every lunch—not just children with autism but everybody: “How’s everyone feeling? What’s going on? Was there a fight in the playground? Did someone lose their lunch?” It is to settle them down, sort them out emotionally and then teach them.

MR HANSON: We need that after question time.

Prof Shaddock: Yes, or a thermometer. The point is that a lot of things that would have been regarded as special education strategies are actually good teaching. I mentioned the importance of high expectations for kids with disabilities. I am not advocating at all that they have diluted expectations. I think we have high expectations, but then realistic supports to achieve those expectations.

The final point is that the title of the report probably reflects my own view about how to get things done. It is no use having a strategy that leaves major individuals responsible for the delivery of that strategy unhappy, ill-at-ease or unconvinced. The “tide that lifts all boats” analogy is one where I am saying that we need to do the best by students with a disability. That is what we are here for. But in doing that we have also got to make sure that we do not overburden parents and carers. In doing that we have got to help teachers cope with what is, these days, a very challenging classroom situation. The mainstream is challenging and special schools are challenging. It is all very challenging. A lot of us who talk about schooling these days are probably reflecting on what it was like years back. In fact, it is now is very different and very challenging. There is an opening statement for you. I am happy to respond to any issues at all.

THE CHAIR: Thank you. My first question relates to the SCAN process—the student centred appraisal of need process. Just noting your report, one of the things you said was that it should be linked directly to the individual learning plans and that would be a process which is used. Can you take us through the findings in relation to SCAN, the situation that may lead to ambit claims and how these could be addressed, and whether or not linking to the plans is one way of doing that.

Prof Shaddock: The SCAN process is a refinement of previous processes, obviously. Years ago they used to be called ascertainment processes. There has always been this concern that some students have additional needs because of disability that must be met. There is good logic there. Then people say, “What will we assess?” They tended to assess the extent of disability. Then there were points or dollars attached to the extent of disability. So you can see how straightaway that would lead to a little bit of ambit claiming. I am not saying every parent or teacher does that, but there is clear evidence that that occurs.

The SCAN process has been fine-tuned and so on and I was not part of that at all. The attempt was made to link it more clearly not to disability or extent of disability but to learning outcomes, but it has not achieved that yet. It is still very much the case that the SCAN is done at a time when the educational needs of the child are not known. In a nutshell, I was suggesting that the processes be merged and the order reversed and there be an assessment of educational need and then we say, “What do we need to do in order to meet that need?” It is a switch from a focus on the disability per se to the learning outcomes that are being proposed and what is required to achieve them.

THE CHAIR: Have you received any initial feedback on that approach at all?

Prof Shaddock: No. Since I put the report in six months ago I have had very little to do with it. I have given a few talks and things, but I have had no feedback.

THE CHAIR: Thank you.

MR HANSON: Professor, thanks very much for coming here today. We appreciate your time. Congratulations on the body of work you have done. It is very impressive. In terms of the report, I would be interested in hearing what feedback you have had formally from the government in terms of what they are going to now do with it, what your view is of the government’s actions on receipt of your report and whether you are happy with the way it is moving forward—that this has not just been put in a drawer, so to speak—and, following up on that point you made, what role you are having in the implementation of the options, whether the government are using you as a resource to say, “Here it is. Let’s turn this into actual actions on the ground”—what role you might be having in that or that you could envisage for yourself in the implementation of the report.

Prof Shaddock: Thank you. I start and finish with my terms of reference and I delivered on those in the time frame. The only requirement, and it was an informal one, was to be available for maybe four or five days after the report to talk about issues as they have come up. So far I have had some informal discussions only with the government, with the department. I have not envisaged a role beyond that because the report really had to stand alone: here it is. The way I delivered it was like a challenge: “This is my best effort. Give this to all of the sectors. You go and do something with it that is sensible and defensible.”

I guess the involvement I have had to date is relatively minor. I have not really expected any more. It is a fairly easy read and the logic is, I think, pretty clear. It is a matter of each of the sectors and each of the independent schools picking it up and saying, “This is what we’re going to do with it.” I think that is about all I can say to your question.

MR HANSON: Thanks.

THE CHAIR: Ms Porter.

MS PORTER: I want to ask you a couple of questions. One relates to the paper that you provided to us lately and the other one relates to your extensive report, and I will just add my congratulations to the rest.

Prof Shaddock: Thank you.

MS PORTER: On page 134 of your report, under point 7, when talking about public schools, you talk about the University of Vermont identifying inadvertent dependency-based models that have evolved around the use of classroom assistants. Could you explain that a little more to us.

Prof Shaddock: Yes, sure. This is a really hard thing to talk about because I realise, from reporting what the research says about the impact of educational assistants—or paraprofessionals I suppose they would be called, generally—on educational outcomes, the research evidence that they make a difference is virtually non-existent. However, talk to any teacher and they love their STA or LSA, whatever they are called—learning support assistant. I will call them learning support assistants here. So on the one hand you have got teachers who say, “Look, that’s the last support that I’d want to lose; I depend on that.” Then you have got a big body of research—not just a couple of studies—that says, “Yes, that’s true, but in terms of improvements to students’ educational outcomes, there’s no evidence.”

In fact, when I did some research a few years ago on learning outcomes for students with disabilities in the mainstream, I found only one study that sort of suggested that they made a difference, and this was a Scottish study. When I read it more carefully, it was just the perceptions of teachers that the LSAs had made a difference. So we have got this problem. We have got teachers saying, “I really need someone like that in the classroom, particularly if I’ve got a few children who are difficult.” It may be a child or two with autism, it may be a child or two with a behaviour disorder, one or two may be absconders who will shoot through if you turn your back. It is great to have another pair of hands and eyes in the classroom.

To go beyond that, I think we have to say, “Why is this so?” I think part of it is that teachers are not trained to work with these people. These people have no clear role statements. The Catholic system has done probably the best, I think. Maybe that is unfair, but they have put a lot of effort into trying to clarify and train in relation to STAs. So there is no clear role statement and there is no training. One person who spoke to us in the review said: “There’s a clear solution, isn’t there? Train them.” I thought: “Yeah, that’s very smart. Why don’t we give them as much training and a career structure as we would give to paraprofessionals working in the health area?”

I would never say that we should get rid of learning support assistants because teachers see them as invaluable. But I think their linkage to the educational program needs to be clarified and the sorts of supports they offer to teachers have to be clarified as well. Otherwise you find situations where, if a student—and this happens a lot, not just here but elsewhere—with a disability is enrolled in a classroom, the teacher more or less says, “He’s yours.” That does not happen in every school, by any means, and there are examples of teachers and LSAs working extraordinarily closely together, but it just needs a real tidy-up.

Another problem is that additional supports for schools who enrol students with disabilities in the past have been given in LSA hours as the currency. Of course, that embeds an inflexibility—not for every principal. Some principals convert the hours

but a lot of them think: “If that’s the way the money’s given, that’s the way I’ve got to do it. That’s the way I’ve got to provide the support.” The support could be provided in numerous ways. It does not have to rely on an LSA.

The other difficulty with LSAs which has to be dealt with is that the research has shown they have negative effects on students’ performance. I will give you a classic example. I was doing research a few years ago in a school in Adelaide and I was supposed to be data collecting in a classroom and not participating, but the kid beside me or right near me was just mucking around. The teacher in me came out, and I said, just quietly to him, “Mate, pay attention.” He said: “Don’t have to. She’ll tell me later.” And he pointed to his learning support teacher. So he could muck around in the classroom, he could not pay attention, because of this dependency relationship he had with this LSA. With those LSAs, most of them, or many of them, are parents. Many of them know the school backwards. Many of them know the students better than the teachers. So what happens is that the better the STA happens to be, the more the primary role of the teacher is undermined. So the pivotal role of the teacher has to be reinforced, the role of LSAs to support that needs to be specified, and then the training needs to be provided for the people to do it.

THE CHAIR: You were saying that it can have that negative impact. So I guess it would have to be fairly carefully managed if additional training was going to be provided and it would be about strengthening the definition of what their role is in the classroom—

Prof Shaddock: Yes.

THE CHAIR: and whether or not it should be outside the classroom or—

Prof Shaddock: Giangreco, who I quoted a lot and who is the guru on this and has done the most research of anyone, suggested about seven or eight alternatives to the current ways in which LSAs are used. One of the ways he says they should be employed is in indirect support. It does seem illogical, doesn’t it, to say, “This child has the most challenging needs, therefore we’ll put the least trained person to work with him.” There is a fairly curious logic there. So you have got the teacher, who has got at least four years training—you could argue how good it is but they have got four years in a B Ed or something—and they should be the person calling the shots, directing traffic.

The indirect roles might be things like assessing kids’ performance, daily assessment of how they are going, graphing it so that the child can see it, and graphing it so that the teacher can see it—these sorts of indirect roles rather than teaching. It gets worse, of course, in high school because, with some of the subject matter, a lot of it is beyond me, apart from in the areas I have taught. Take me somewhere else, into differential calculus or something, and I am lost. So there is a limit to what untrained people can do, particularly in high school.

MR HANSON: Can I ask this as a follow-up: what training is an LSA mandated to have, if any, and how extensive is their use in the ACT?

Prof Shaddock: The training is variable and the people are off the street with a police

check. There are others who could tell you a lot more about this. My understanding is that there is no training requirement. I did see in a special school people who had just started that day and I asked, “What training have you got?” The guy said, “None.” One of my sons was an LSA for a while when he was a uni student; he had no training. So it varies.

Some are highly trained, actually. I remember working in one Catholic school here where a couple of the LSAs had done postgraduate degrees with me. Their initial qualification was not quite the standard B Ed so they could not work as a teacher, but they actually had grad certs in inclusive education. This particular Catholic school was involving them really well. These people actually knew more than most teachers there about improving the literacy of struggling readers. So it is not uniform but, by and large, the level of training is minimal.

MS PORTER: My other question was around page 2 of your additional paper that you provided to us recently. You talk about standards and standardisation and how those two things are like a push-pull type of thing. The approach should be that you can be flexible and then the standards come in and make it inflexible. Am I reading it correctly?

Prof Shaddock: That is the dilemma, I think. As I said quite honestly in that paper, I do not know the answer but I think we can do better than what we are doing. I will look at the issue of NAPLAN and students with an intellectual disability. Many students with a disability can do NAPLAN, and do NAPLAN. But for many of them that particular aspect of literacy is not what they most need to know. One mother—this is an example of a student with autism—said to me, “Look, he came third in year 9 maths but he can’t order a Big Mac.”

MS PORTER: That could be an advantage, of course!

Prof Shaddock: Yes, it is probably good for his nutrition. But it did limit him going on excursions.

MS PORTER: Yes, of course.

Prof Shaddock: So although he was doing extraordinarily well in an aspect of the curriculum, he needed more than that. I am not saying it is either/or, but he needed another curriculum as well, as many students do. I would suspect that not just students with a disability need to know, not how to order a Big Mac, but how to behave in public, how to be civil and so on.

The issue for me in writing that paper is that right now ACARA, which is the national curriculum reporting organisation, is missing an opportunity to be genuinely inclusive. At the moment, the way we are assessing children is actually not looking at the total curriculum or the most important curriculum for some students. I think, as I said, we had better deal with this now. So it is not an argument against standards. Let us by all means have standards, but maybe the curriculums under development need to be extended both ways so that there is something in it for everybody. There is something in it for the gifted and talented student that stretches them well beyond the standards, so that they are right out there, and there is something in it for the others, so that they

are learning the skills they need to become confident Australians, informed and whatever else the goals of Australian schooling are.

A lot of that is taken as a given, and for increasing numbers of students it is not a given at all. For some students, particularly, say, students with autism, they need explicit teaching of social skills—drilling in it, practice in it. They are the skills that are going to hold them back, or the lack of those skills will hold them back. They might read rather well.

Going back to the review report, I said that this is such an important issue that, if no-one else is going to have a go at this, we in the ACT should have a go at developing ways of tracking the performance of every student, including kids with a disability. I know parents that I interviewed whose children are in posture chairs who can hardly move and the parents really want their child to read. And I can understand why that is so. In our society, literacy is absolutely essential. But there are a lot of skills that lead up to reading and a lot of those are not being addressed in the general curriculum. That means that in these approaches like NAPLAN a whole swipe of students are being left out. I think someone has to say: “Hang on, they’re there too. They’re young Australians. They need a curriculum that is going to prepare them for a successful adult life.” And it is not just all about literacy, numeracy and geography; it is also about these other skills.

I have spoken to literacy experts about this—and I am not one—but if you work backwards from the literacy curriculum, you can actually delineate all of those skills right back from eye contact, learning to follow pictures on a page. You can break down literacy that way as far as you like and start teaching children that. Then, even if they do not get into the national assessment, we should still be assessing their progress and reporting it to them, and not in A to E terms, because they will get an E every time.

The other big issue which I did not mention in that paper is the disconnect of curriculum with pedagogy. We know that the learner’s motivation is extraordinarily important in learning. If you get an E every time you front up for a test, what is that doing to your motivation? I think the assessment process being adopted at the moment is just a bit wooden and it is also excluding a large number of kids—not just kids with disabilities but the kids who come from Afghanistan or the kids who come from Africa who have not learnt their own language well and have not learnt our language well. How can teachers be expected to get them, by grade 3, up to a particular level? It would be like all of us having a race up to Parliament House. We would finish all over the place because we all have different capabilities. We would not finish in a straight line.

I think now is the time to act about the national curriculum. In fact, I emailed my local member last night to say: “Hang on. This has got to get on the agenda because we’re supposed to be for all young Australians and we’re leaving out a lot of them.”

THE CHAIR: Just on that, what do you think of the current debate we are having around material in the NAPLAN tests and the My School website? That is something we have addressed in another inquiry. Do you think there is a danger of some students being left out because there is perhaps that pressure to perform, for schools to be seen

as performing?

Prof Shaddock: I do not want to get into that as part of the debate. Do you know what I think we should do?

THE CHAIR: No, it is more about that thing you raised about students with a disability almost getting left out of the process. Do you think, because there is maybe that pressure to perform, that that can become an added impost on what is then trying to be achieved?

Prof Shaddock: It is. Currently, it is being left to teachers to sort it out. The message, the subtext I am hearing, is: “Students with disabilities and those others with variable low-level performance, they’re too hard. We’re going to follow a normative model and we’re going to leave it to the state and territory jurisdictions to deal with that, because that’s a matter of pedagogy.” I do not buy that argument at all because pedagogy and curriculum are connected. And with the way you deliver the curriculum, the pedagogy you use will determine the outcomes.

The other thing is that if the curriculum is for all young Australians, what are we saying when we say, “But you can be excluded, you can be excluded and you can be excluded from the assessment”? The other issue is that I do not think currently there is a clear enough connection between the national goals of schooling and the curriculums that are being developed. I would say: what does it take to be a confident young Australian? Of course, there is literacy, numeracy and all the things that are in there. But there are also a lot of other things that it takes to be a confident young Australian, and they are not getting a run.

I think the process is more political than educational. When you look at the debates in the paper or on air about the curriculum, it is people saying that a particular aspect of literacy has got to be in there, or a particular aspect of numeracy, or science, or the way we are delivering science. That is political. I think we should go back to what the goals are of education for all young Australians and work forward from there. So leaving it open to a political process just is vested interest, and I do not think it is addressing the kids’ needs.

MR DOSZPOT: I would like to make a comment on this. I do have another question that I would like to pursue. I was very interested to hear your comment about students with a disability. You were saying that you feel they are being left out of the national curriculum. I have heard similar comments from quite a few parents who have felt that students with disability have been left out of the better education revolution overall. So your comment, I think, ties in with the way that people in that category feel about the way things are going. That is all I want to say on that at this point.

I would like to echo the congratulations of my colleagues on your report and your colleagues’ work in putting this together.

Prof Shaddock: Thank you.

MR DOSZPOT: But more important than our congratulations, I would like to make you aware of the feedback I have received from groups of parents who, again, have

children with disability and who have been very closely following your report. They have been very full of praise for what they have seen within your report. I asked them what are the main aspects of your review that they would like to see implemented. They had a bit of a problem with trying to articulate a prioritisation of the options you put down. They felt that the review should be accepted as a whole and implemented as a whole. What is your view of that?

Prof Shaddock: I think it starts with getting the vision right. I may sound like an old professor but I think that parts of that report should get the vision right about where students with a disability fit in in education. Get that right first, because at the moment we still operate in this way: there is regular education, whatever that is, and then there is special education. And as the report argues, that is not very defensible pedagogically and it is not defensible even in terms of funding it. The more mainstream education ignores students with a disability, the greater will be the pressure on special facilities to exist. And they are costly.

This is very broad but, pedagogically, students tend to do better in mainstream settings. Whether they are in the mainstream setting all the time or part of the time, there is an effect just from mainstream. Get the vision right so that it is not special and so-called regular; it is actually education. And within education we have a wide range of diversity and within that diversity there is disability. Some school systems are trying to do this.

I worked with the Brisbane Catholic education system in 2008. Their system is bigger than the public school system here; they are quite big. They recognise that. But it was not sufficient to have all these little special programs for kids with disabilities that were disconnected from mainstream from the rest of the teaching. They also realised that about 20 per cent of students struggle. They also realised that the strategies that are good for kids with a disability by and large are good for the bottom 20 per cent.

When you look at the economics of it, what brings up national competitiveness is not so much bringing up the children who were in the average band, or even the gifted; when you look at the research, it shows that what brings up national competitiveness is bringing up the bottom third, raising them. Within that, of course, are students with a disability.

So I think to implement this, if you wanted to be fair dinkum and thorough, you would grapple with those vision aspects of it. Are students with a disability really students that we care about? If so, we have got to find a way for them to fit into the curriculum, into the assessment, into the pedagogy and into the reporting.

Having said that, I am not saying throw them all in together because, as I showed and I argued quite strongly, sometimes it is better to have children educated for some of the time not with their mainstream peers. My point was that if a special unit is achieving results why throw it out? It was almost those words.

Run your programs off the data, not off advocacy and not off wish fulfilment; run it off the data. If a special school is producing educational outcomes that everyone is happy with—the parents, the kids and the teachers—keep doing it. And that is notwithstanding comments I made about there probably could be a new role for

special schools. They have been a bit marginalised because of some people's interpretation of what inclusivity means. So run it all off the data.

Going back to your initial question, get the vision right. That would then raise these issues: how do we deal with children who have attention deficit disorder? Currently they do not attract the supplementary funding but that is pretty arbitrary. For children with dyslexia, it is convenient for people to say, "They are educational casualties." There is a strong body of opinion that says they are not educational casualties; they actually have dyslexia and need to be counted. So we have got to do something appropriate for them.

Whether it means supplementary funding or better programs, there has got to be a conscious approach to facing up to the fact that some kids seem to have so-called word blindness; they have dyslexia. They defy conventional teaching. Some kids have attention deficit disorder; they are not just naughty boys; they have that. Do we bring them in or do we leave them out?

I think that is what I mean by the division. Once you get that right and everyone just about signs up to it, then it starts to become coherent. But if you ignore the vision aspects, then the planning you do under that, where you put your resources under that, is potentially a bit chaotic, piecemeal, political or just knee-jerk. So you need vision first of all and, after that, I think each of the sectors has its own challenges.

I recall making the point about the public schools: they have got a lot of additional resources going in here and there, literacy consultants and quality teaching consultants. If I were a teacher I would be fairly confused about all of this. And when I talked to the education department about this I think they understood my point that all of those additional consultancy services should be brought together, with the primary aim of capacity building of the teachers so that you are not there to give a teacher a break, take a child for half an hour, work your magic with him in the corridor or whatever. You are actually there to build the capacity of teachers so that you do not have to go back there next year as a consultant because they have "got it".

Again, all of those strategies start with a vision that schools are for all students. And then once you do that and start to put the money more flexibly at the school level, but with strong accountability for outcomes, then I think we will get somewhere.

MR DOSZPOT: I have a supplementary. Having worked as hard as you did on this review, there has been nearly a 4½-month delay, if you like, or period where we were hoping the government would be looking at exactly what you were talking about, the options, having a look at the vision and trying to work towards delivering something. That something or the way forward is of deep concern to the parents. Are you satisfied with the progress so far in 4½ months?

Prof Shaddock: I could not comment, Steve, I am sorry. I live in Sydney; I have done the job. It is not up to me to have a—

MR DOSZPOT: It is an unfair question.

Prof Shaddock: If I were invited to do something I would probably look at it. I do not

know what is going on. I hear now and again that they have already started doing this or that but I do not know.

MR HANSON: Professor, in terms of the debate about mainstream versus special schools and establishing that vision, there seems to be enormous pressure on teachers to teach kids with disabilities, ESL, behavioural problems. Then, I guess, there is the full spectrum of maybe exceptionally bright children, gifted and talented, all the way through. Have you mapped any impact on the mainstream, whatever that means, of putting kids with a disability, particularly more severe disabilities, into mainstream schools? I suppose you were talking about bringing the bottom third up but in doing so do we risk bringing the top third down?

Putting that additional pressure on teachers, who seem to be the key here, that have, by necessity, got to spend extra time, attention and resources on kids with special needs, whatever they may be, then are other kids missing out as a consequence? It seems difficult to envisage that you can bring a third up without maybe bringing a third down. We would have this level of mediocrity that no-one is necessarily benefiting from entirely. I would appreciate your thoughts on that.

Prof Shaddock: It depends how you do it. First of all, I have to admit that it is hard. Including any student with individual needs in a classroom is hard. At university we had students with autism, students with mental health issues, students who were deaf. Not that I am working at the University of Canberra now, but when I did, I would have to adjust my teaching to meet those students' needs. And it was hard.

I make the point in the report that it is hard every time you do it. What you did last year for a child with spina bifida is not what you do this year for a child with emotional disturbance. So making adjustments is hard, and that is why I recommended a whole lot of things that we can do to make a teacher's life a bit easier.

But it is also an issue of how you do it. I can see the logic of what you are asking but the reverse is actually the case more often than not. Teachers teach in different ways. If you stand and deliver to the classroom, it goes out there and then hits. About one standard deviation of students above and below the mean get it, and the others are either doing their own thing or mucking around. That is a style of teaching that is not going to work. It probably will drag people down.

However, as I indicated in the report, and I put quite a detailed appendix in about what we know about effective teaching, there are ways of teaching that actually do not depend so much on the teacher on a day-by-day basis, or an hour-by-hour basis; they are actually very effective. For example, it takes a bit of effort to set up a peer tutoring program but the research shows the benefits are felt by the person who receives the tutoring—that is probably a student with a disability—and also the student who delivered the tutoring. You know what it is like: if you have to teach something, you actually have to know it.

There are other approaches as well, like cooperative learning. Cooperative learning takes a bit of time to set up but once you have set it up the children actually become part of the pedagogy.

Although there is a logic to what you say, it really depends on how you do it. And some of the research shows that the reverse is true, that you actually improve the performance of the child who did the tutoring as well as the child who was tutored.

MR HANSON: Is there evidence to measure that?

Prof Shaddock: Yes.

MR HANSON: Has anyone mapped that?

Prof Shaddock: There are studies that show that is what happens. But to set up a peer tutoring program actually takes a bit of effort. I know of one Catholic school in the ACT that I visited that are brilliant at it. They have got the students every day working with each other. They have had a few failed attempts but they kept at it and they have got it right now. I visited the class. After school there are about 40 students helping each other out with their homework and learning. There are these examples and there is research but there has not been a mapping or anything, as far as I know.

MS PORTER: On page 4 of your supplementary information to us, under the series of dot points you have got there, you talk about exposing and discussing the hidden curriculum and examining the logic for keeping it hidden, and the logic for explicating it and incorporating it. What did you actually mean by the hidden curriculum?

Prof Shaddock: People keep talking about the hidden curriculum and yet—

MS PORTER: What does it mean?

Prof Shaddock: When you think about students with a disability, you realise that many of them have to be taught quite explicitly things that we think most other students will learn. An example might be about how to appropriately make friends with someone. It might be how to behave in an appropriate manner in public. A lot of kids just know this. They learn it; they learn it from their parents or they learn it from the other kids who say, “Stop acting like a goat,” or something, and they learn it. But some kids need to be taught that curriculum which largely is hidden in the Australian curriculum at the moment. Many, not all, students on the autism spectrum will need explicit teaching about really basic interpersonal things.

I visited a school in New South Wales the year before last where, on the day that a student with autism got belted up because he stood too close to another boy at the urinal. Men know that there are certain rules about how close you stand and all of that. I am not making a joke of this. This is hidden. No-one ever teaches you that this is where you stand and, if there is another guy there, you stand there. This particular boy just wanted to be friends with someone and went up and stood beside him, and the other kid said, “You’re a pervert,” and bashed him. It was all to do with the fact that the child did not know the social rules. And that inability to understand social rules is actually part of the diagnosis. They are pretty stark examples of hidden curriculum.

MS PORTER: When you were making your presentation you said that, despite the best efforts of the therapy services, they are still falling short, in your opinion. What

do you mean by that?

Prof Shaddock: The amount of therapy that is delivered to children in schools is insufficient for what they actually need. As I said, some children, particularly children with severe chronic physical disabilities, need therapy every day. The therapy is their curriculum. And so to have them receive therapy intermittently or to have their parents have to race out from work and deliver the child to the therapy centre for a session and then race back to work is just not on. For these children, therapy is the curriculum.

Therefore, I am saying that the department should take responsibility for working with disability and housing, I think it is, to get a contract of service for X hours of therapy time to be delivered. At the moment the quantum of services that can be asked for is unknown. And everyone is under pressure. The therapists put a lot of effort and talk a lot about wait list control and how to deal with it. And there is not enough. There is that issue. There are not enough therapists and there is not enough therapy.

Then the issue is also that the model in which it is delivered is not necessarily the most efficient or effective way to deliver using that resource. Twenty-five years ago I was running disability services in the New England area of New South Wales and we moved to what we called the trans-disciplinary model then. We got a therapist to teach others how to deliver the therapy. That is one way out of it.

THE CHAIR: We will have a break now.

Meeting adjourned from 3.06 to 3.23 pm.

MR DOSZPOT: Thank you very much, Madam Chair. Professor Shaddock, to continue from your response to my last question, you mentioned that one of the important aspects of prioritising is getting the vision right. Is part of that getting the definition correct, as you pointed out, and if so where do we go after the definition is there?

Prof Shaddock: There is definitional clarity at the level of the commonwealth disability standards, in that at least they have a definition of disability, but it is extraordinarily broad and some aspects of it are hard to interpret. So that is one issue. Then there are—

MR DOSZPOT: Sorry, could I just ask you a supplementary on that?

Prof Shaddock: Yes.

MR DOSZPOT: If we are talking about getting a better definition of learning disabilities such as ADHD and dyslexia, are we the only jurisdiction not applying these under the same definition?

Prof Shaddock: No. Every jurisdiction in Australia adopts its own definitions of those disabilities that will qualify for supplementary funding. There is a great degree of overlap but not total agreement and it is around the areas where there is far more discretion, like ADHD and dyslexia, where the supplementary funding may or may

not be made available. So every jurisdiction eventually in dealing with the issue of supplementary funding says, “Supplementary funding is for these, but not for those.” So we are not alone in the way we too have specified those disabilities for which supplementary funding is available.

However, because the Disability Discrimination Act definition, and therefore the subordinate legislation of the disability standards for education definition, is so broad, we are actually exposed to litigation. For example, two or three years ago a student from a high school in New South Wales, I think with the Human Rights Commission, claimed that the school, in treating his dyslexia as a learning difficulty, discriminated against him because a learning difficulty is not seen as a disability, whereas dyslexia would be under the commonwealth definition.

So what we have is a very broad commonwealth definition and then the states and territories trying to operationalise or make concrete what that actually means, but in doing that they are leaving out other children from supplementary funding. I keep saying “from supplementary funding”. They might be able to argue that they are doing something for them in terms of the general programs they are offering for improving literacy, but they leave them out in supplementary funding.

My suggestion, which was not tongue in cheek but it was a challenge in the report, was to say, “Come on, let’s just use the commonwealth definition.” Therefore, I am sure there would be a lot of very satisfied parents, particularly of children with dyslexia and with ADHD. Some of them I have quoted in the report. Some of those people said, “How come dyslexia is counted as a disability for Centrelink but it is not counted as a disability here in ACT DET?” So the challenge was: let us just resolve that. Let us be game as a jurisdiction and say that a disability is a disability as under the Disability Discrimination Act. Let us do that and stop spending a lot of time saying, “You are one; you are not.” A lot of effort goes into saying, “You are one; you are not.”

You saw the quotes from the frustrated paediatricians. Basically what they said was that the “go-to” diagnosis if you want additional funding is autism, and ADHD too. That is the go-to one because, unlike Down syndrome or some other condition where there may be a genetic test or a medical test, this is one that requires some degree of discretion of the extent to which the child fits the category, so it is more variable, it is loose around the edges and that is why parents will sometimes go back to a paediatrician two and three times to see if they can get a diagnosis, because, if they can get a diagnosis, that will translate into some additional resources at the school level.

The paediatrician that I spoke to went on to say—and it is in the report—that parents do not realise the bad consequences of giving that child a disability label for life; also, that more often than not the little bit of money that comes to the child is spent on an untrained professional to work with the child a few hours a week. I was saying in the report: “Let us just use the national definition. Let us stop wasting time and resources about saying who is in and who is out and then let us monitor the impact of that. You may find that you will raise the numbers of students with dyslexia; but why should they be left out? And why should students with ADHD be left out?”

The issue is—and that is why I brought the book along to impress you—that the way in which these conditions are defined is one which involves, first of all, a great degree of professional effort and lot of argy-bargy among the professions, but ultimately they say, “Look, to be considered ADHD, you have to have this much of these characteristics. To be considered autistic on the triad of impairments in autism you have got to have this much.” So it is sort of discretionary, and unfortunately that book is getting bigger and bigger because more and more we tend to be medicalising what previously we would have considered as just normal variation.

MR DOSZPOT: Some of the options in your review centre around the provision of therapy services. What is the level of unmet need in your opinion?

Prof Shaddock: In therapy services?

MR DOSZPOT: Yes.

Prof Shaddock: I did not do a study of that, obviously, in that it is beyond the scope. I spoke to teachers and I spoke to parents about that. I spoke to therapists as well. No-one is happy with it. Everyone would like to see it better, and everyone believes that it is inadequate. In terms of what the level is, I do not know. But in terms of the strategy to deal with it, as I have said, the first strategy is that we need a contract between those who provide therapy, the therapy centre or Disability ACT, and the department or the school systems. We need an actual contract to say: you have got X hours of physio, Y hours of speech and Z hours of OT, if we have any; that is our commitment to you; you have got that. Then the next step is: all right, how do we use that? At the moment we do not have that first contractual thing, so people get put on waiting lists. Therapy is rationed. No-one is particularly happy with the model and it is not even cost efficient.

MR DOSZPOT: So there is a perceived lack of sufficient provision of therapy services, but from your understanding of the people you have spoken to there is no quantification of the shortage?

Prof Shaddock: Yes, and the way to do it would be to go back to the child’s individual learning plan. I actually did this when I was in charge of educational services in an institution years ago. We did not have a lot of resources but in our individual learning plans—we called them IEPs, individualised education plans; basically the same thing—we actually outlined what the child needed and then we listed what we did not have but should have, and a lot of it was stuff to do with therapy. So that meant that at the end of the year I had a case; I could say, “The 300 kids at Marsden Hospital need this much therapy and we can only supply this much.” Therefore I had an estimate of shortfall and then I could go to the New South Wales health commission and try and get some more therapy out of them because we had an idea of need.

That is why I put a lot of emphasis on the individual learning plan, because that is where we identify educational outcomes, and that is why it is not just about money—it is about education—and that is why those who should be at those meetings are those people who understand education and development and people who can say, “Actually, this child needs therapy, physiotherapy, two hours a day”. No-one is going

to get two hours a day under current circumstances, and they may not in the future, but at least by using the learning plans we can quantify unmet need. Start with learning outcomes, educational outcomes, and then therapy needs and resources flow from that, rather than the other way around.

MR DOSZPOT: Sure. Thank you.

THE CHAIR: I just wanted to briefly go back to the issue of the teacher quality and about professional learning being noted as a major issue. It has been in other inquiries we have had as well, but obviously we have already talked today about the multiple responsibilities that teachers already have and the diversity of students they are having to look at. I am just wondering if in your consultation on the report, particularly with teachers, that was something they were supportive of, and what assistance or barriers they identified would be there for them in the process. What assistance would be needed and then what barriers would be there?

Prof Shaddock: A lot of good PD, professional development, goes on in the ACT already, and that has been a big effort and an appreciated effort, I think, by the teachers. So there are resources going into PD and that is great. One of the issues is that sometimes teachers cannot even attend the PD because of the impact on their class. It is not always the best thing for students to have casual teachers coming in to teach, particularly a child who needs routine, needs dependability and needs to have someone who knows them backwards in order to keep them in the class and keep them learning. So there are really practical nitty-gritty issues, apart from the money and the funds available: how do you get teachers to PD, even when it is available, even when it is funded?

There is a brilliant summary of that research on what works in PD, which I quoted, by Timperley and a few others, and I have summarised it in the report, but it says that PD that has an impact on educational outcomes of students has a number of features. Sometimes that PD does involve bringing in an outside expert, just to show the way to do it. But a lot of the PD can be the sort of PD where teachers learn from each other, and this is where cross-sector collaboration could be really very effective and efficient.

At the moment, sometimes—I saw this happen—a school might be having all this great PD but the school down the road from another sector did not participate. That happened both ways, across public and private, so far more collaboration would be recommended, but also teachers learn from each other, so less expensive ways of PD but just to give teachers more opportunities to share good practice.

The ACT department has just engaged me to do a little bit of work with some executive teachers on improving the learning outcomes of Indigenous students by undertaking action research in their schools and classrooms. I am not an expert on Indigenous but I do know about action research. I have done this for a few years now with ACT DET executive teachers, where you teach them how to identify a question, have a look at the literature, see what best practice is, have a go at it yourself, evaluate it and share it among your colleagues. That is the sort of PD that actually makes a difference on the ground because teachers learn a lot from each other, rather than from books. Teachers do not read journals; they learn from each other—visiting each other's classrooms, picking up ideas like that.

MR DOSZPOT: Professor Shaddock, your comment about cross-sector collaboration is one that has been raised by people and the sharing of PD is an obvious one and hopefully one that can be implemented. What about resources? Is that feasible, to share some of the specialist resources as well?

Prof Shaddock: I would see a logic to it from the educational angle. For example, in relation to specialised equipment, it would seem sensible for both sectors, all of the three systems, to benefit from and possibly contribute to a central resource for specialist equipment to meet the physical needs of students, IT. We are a terribly small jurisdiction. It just seems unnecessary to have duplications. As I said in the report, some of the independent schools have quite a lot of resources but some have nothing much at all and it would be good for them to be able to participate in these sorts of joint ventures, or even joint information sharing.

I remember one pretty well-heeled independent school saying, “We need a person just to tell us what money is around that we can apply for, because we do not even know that. We have to keep going and looking for sources of support for our students.” It did not get into my report, but they said, “If there was some central location where we could find out that there is money for this and there is money for that and we can apply for it, that would be great. That would really help us a great deal because we waste a lot of time trying to find out where resources are under all these grants and schemes.”

The other area of collaboration that I think would be really not too hard to develop and would be a great coup for the ACT would be a single multidisciplinary assessment centre. I mentioned it in the report. I know that some of the paediatricians have been trying to get something like this for years. It would just stop this terribly draining and inefficient track that a lot of parents get put onto in trying to find a diagnosis for why their child is not developing normally. They know something is wrong. They try this therapist or that doctor and it just goes on. They do not know; they have not had another child like this; this is their first one. So everyone is learning as they go.

If you are raising a child with a disability, that is hard enough of itself. And then to go on this diagnostic trek where you do not know where you are going, who to turn to or who you can listen to, it is just awful. I suggested—and it was not just me; it came from people we spoke to in the review—we needed an assessment centre where staff from ACT Health, ACT disability and housing, the education department, even private providers, could become part of an assessment centre, so one stop.

Parents concerned about the development of their child would have somewhere to go where there is enough multidisciplinary expertise to be able to say: “Look, it is not ADHD; it is this,” or, “Actually, your child has Asperger’s syndrome and this is where you need to go next.” It is not a treatment centre. It is a “come in and sort it out”. This is the issue. You need to go to Sydney to be seen by so and so because your child has a bowel blockage—or whatever it happens to be. Sort it out and do it efficiently, and multidisciplinarily, so that the parents do not have to guess whether it is a psychological problem or a physical problem or whether therapy is needed and they have to go on the roundabout.

We need an assessment centre, and as long as it had good leadership it could be contributed to by different agencies. As long as there was a clear operational model, there could be psychiatrists X hours a week, physios, doctors, educators, school counsellors, guidance officers, therapists—come in, assess, write a report and then direct the traffic.

It is very simple conceptually. I have run one of those sorts of places and it was very much appreciated. It is not a single department's responsibility; it is a joint thing. And that gets people understanding each other's discipline, understanding where they can contribute, understanding the realities of the education system, the health system and the mental health system, because those people are rubbing shoulders and working together.

MR HANSON: I take it from that then that you think that identification early that someone has a disability and what that is, and an early intervention, is a key. It certainly was in the last report we did, in terms of our inquiry into the achievement gap. So you believe that in that regard, because everything costs money, it might be worth relocating resources from, I guess, later on in the process towards that early identification and that will actually make a cost saving or certainly be beneficial so that parents do not end up on that treadmill of continuing to try to find a diagnosis and never really getting it. When they do, it is in some ways too late. So you would recommend putting those resources towards that early intervention diagnosis and treating that as sort of a key?

Prof Shaddock: You did use the word “relocating”. I do not know about relocating because it sort of implies there are enough resources at the other end.

MR HANSON: Yes.

Prof Shaddock: Certainly there is plenty of research to show that early intervention does make a difference. Early intervention does not cure things normally, usually. Mostly what students with disabilities need is early and ongoing intervention. But early intervention makes the biggest difference. Just think of it. If you get someone learning early and succeeding educationally, look at what you are doing for their motivation. They are now confident young people who can actually learn. Otherwise, wait five or six years until they are failing and, as a teacher, it is like pushing water uphill with a stick. The kid is switched off. They have low self-esteem. Academically, they see themselves as losers. They are disruptive in the classroom. The earlier the better.

MR HANSON: I assume then that this assessment centre that you are talking about would need to take kids from a very early age, not just when they are at school. You are talking right from almost birth, I suppose, when we first pick up that there might be a hearing loss or there is a visual impairment or something like that. Is that the one you experienced?

Prof Shaddock: Yes, it is. Already there are some services that do some of that work.

MR HANSON: This would be a one-stop shop?

Prof Shaddock: Yes, a one-stop shop. It might be a one-stop shop that exists in several areas of Canberra but is coordinated in basically the same way. How do you do it at that level of detail, and whether you have one or three, is another matter. But you have the same model. It is an assessment, not a treatment. Once you get into treatment, your waiting list grows because these students have mostly chronic issues.

MR HANSON: I am not saying a GP is a catch-all but if you are talking about a disability shouldn't a GP be able to do an assessment and pick it up, particularly if it is a physical disability or something like that? Are we in danger of duplication?

Prof Shaddock: I do not think so. When I talked to the parents who have been on this trek, GPs have a place and a function—and I would not denigrate what they do—but we are talking about something more specialised than this. And often disability of the less severe kind only becomes evident once the child hits school anyway, like hearing loss and vision impairment. If that is early onset, yes, it would be picked up early and yes, a GP may be able to refer you to the appropriate services. But for some of the other issues to do with learning, school is where those are noticed.

MR HANSON: Dyslexia, for example, I suppose?

Prof Shaddock: Yes. I am talking of something with a far greater educational as opposed to a medical orientation.

THE CHAIR: There are the early childhood centres in the ACT. It might even make sense to have it based on something like that or based on a similar sort of model, because that does an early assessment and identification?

Prof Shaddock: Yes.

MS PORTER: On page 139 of your report, under public education I think it is, you talk about the current governance and policy context of public education in the ACT. Particularly you mention school-based management and the significance of parental choice in schooling. I wonder whether you could talk more about choosing options for their child or children.

Prof Shaddock: Sure. The report on school-based management was not out when I submitted my report. What I detected was significant choice for parents around where their child should go to school and a degree of reaction by the department to those choices. So I could see the value of parental choice. But I also can see the value of a department showing far more leadership in planning services so that they were not just satisfying those parents in that suburb this year but actually there was some continuity and less opportunity for schools to opt in and out of providing specific services.

This general point links to the other suggestion I made about some degree of regionalisation. I know the department is moving that way now but I did not know that at the time. I just thought we needed some form of regionalisation in the ACT so that regions can be self-sufficient, because no school can be self-sufficient. Some schools, for example, are very good with students with autism but not as good with

others, especially other disabilities.

One of the issues then of having a lot of parental choice and parental determination of where services get located is that we then have dislocations. We might have a brilliant program for kids with autism in a primary school and then nothing nearby for secondary school. And so I was suggesting that the department plan better, have better data and just take a little more lead in saying, “We have this primary school in this area. They have developed a lot of expertise in autism. They have a couple of units and a couple of staff who are brilliant at it. So let’s make sure we now have in that area a secondary school where these students will go and a college where these students will go.”

So it is balancing the parental choice and reaction to it with a department planning and saying, “You may want your child there and ultimately it is your call, but we strongly recommend here because this is where we have really developed services for children with autism.” I will use autism because they are very numerous, one in a hundred people, say, so there are a lot of them. And so it is that capacity of the department to be proactive in its planning and delivery, as opposed to being reactive to parental pressure. That is not to argue against parental choice. I just think there has got to be a better balance there.

MR DOSZPOT: Do you think there is a requirement to conduct a human rights audit of the education sector on a periodic basis to ensure that schools across the sectors are compliant with the Human Rights Act?

Prof Shaddock: Yes.

THE CHAIR: Just on that, would it be something like an audit process or an investigation against processes, as you have mentioned, under the Disability Services Act or the Discrimination Act or against processes here in the ACT because we have a Human Rights Act?

Prof Shaddock: Yes. The point has been made that ultimately the legal power does not solve everything. You always get around legal things, to some extent. People can follow the letter but not the spirit and so on. But that is not to say that it is not important to check our progress against the Human Rights Act and check our progress against the implementation of the disability standards for education.

Really, the rubber hits the road when it comes to educational outcomes. I think we should be checking to what extent we are achieving appropriate educational outcomes for students with a disability, because everything else is only secondary to that. That is why the law is there and that is why the disability standards are there: to improve educational access.

I think, “Why don’t we just measure the obvious and measure educational outcomes?” And you measure that in a variety of ways. You measure what the students are learning; you measure what is happening to them when they leave school, because it is not all about school, and you measure parental satisfaction with that. Those three things triangulate to give you a pretty good picture of whether we are getting anywhere or not.

THE CHAIR: You mentioned after-school options. A lot of the submissions which we have received on this have been about fewer transition points for children with a disability, particularly when they are leaving high school and then going on to higher levels of education, and about there being so few options there. Is there any information or advice you could offer on that particular area? That is a clear thing I have noticed in a lot of the submissions we have received.

Prof Shaddock: It was not within the scope of our terms of reference. But obviously school is about preparing people for life. So if you go back a few steps, one of the things we suggested was that with the individual planning process, apart from linking it to the funding, which is the issue we discussed, the individual planning process, which is a goal-setting and strategy process, should focus on the next transition. That means that if a child has an individual learning plan in grade 4, presumably there is going to be a big transition at the end of grade 6. So the goals for the program should not just be annual goals but should actually be based around what does that child need to know, and need to know how to do, in order to successfully move to the next setting.

I think that would focus people's minds, because I know, as a teacher, when you worked with difficult children you just got through the year and then you had your holiday. You worked hard and you thought, "Thank God that's over," and then someone else has got him next year. And for students with a disability, I think we need to be far more rigorous about the planning process. Our approach in the report is to focus on the next transition.

So if you move that forward then, that means that, for the kids at Black Mountain, the focus of all of their learning plans, I think, should be on their next transition, which is to the world of adult life. And we should not assume that that will necessarily mean a sheltered-type employment, small-business employment by a disability organisation. We have some wonderful examples in the ACT of students with quite severe disabilities effectively in their own business, for example.

I think sometimes a focus on disability employment can limit our expectations of what is actually possible. And I do think in general—and this is not a criticism of the ACT but more of Australia—we have been less inclined to have really high expectations about the employment prospects of people with disabilities.

I will give you one example of a guy who was in a sheltered employment that I visited in the United States. He kept shooting through and getting in people's cars and playing with the gear sticks. You could say, "Hang on, we have got to get this guy doing his job on the assembly line," whatever the mundane task was. But what these people did was say, "Hang on, he obviously loves cars. Let's set him up in a little business cleaning the interior of cars." I have his business card. "George's Superior Interiors" was this guy's business card. He has a severe disability. He is as happy as a pig in mud, cleaning cars every day. It does not cost the state any money. He is a taxpayer. He has supervision. He lives in New Hampshire.

I saw a number of examples just like that where the normal expectations of a disability employment route for someone, which is not a career, it is a job, are too

low. And I know there are some great employment agencies in the ACT and I am not being critical of them at all, but I think we can be far more creative about employment and a career for people with a disability and not just a job.

THE CHAIR: We are almost out of time. Does anyone have a final question?

MR DOSZPOT: I have got a final one, if I may?

THE CHAIR: Yes, Mr Doszpot.

MR DOSZPOT: On the same topic that we have just been talking about, the review of special education in the ACT, as I understand and what I have read of it so far, obviously goes through the normal school years. That basically stops in special education at 18 or 20 years of age in the Black Mountain and Woden schools. Have any other options been looked at from your review's point of view in what happens to these kids, those who cannot get employment, and where do they go from what we consider the natural school age for them?

Prof Shaddock: The first thing to point out, I think, is that these students need to be considered as lifelong learners. At school many of them do not really start learning a great deal until it is almost too late. Some of them really get going, in terms of learning, at about 16. For some reason or other, they just start really taking off. So I think we have to consider them as lifelong learners.

But then there is the debate about where should that occur. I know some people think maybe at Black Mountain and Woden it should be extended well into their 20s and so on. I would take another view and say, "Let schools do their job thoroughly and well to the school leaving age and then put the pressure on the other agencies that deliver adult learning to take over." Just because special schools, for example, are so good at dealing with those kids, why should the students then be kept at those schools for further education? Some of the people in those schools probably believe that is where they would best be educated. You know why? Because currently they are the best at it.

But you can see what happens. If you take that policy line, what you do is take the pressure off the appropriate agencies to deliver that education. Then it is not culturally normal. You do not stay at school. At a certain age you go, and you go into adult services. Sometimes those of us in special education are our own worst enemies because we are so good at what we do that anyone else will not have a look at what we do, because we are too good for them. Do you know what I mean?

MR DOSZPOT: Yes.

Prof Shaddock: And then we keep the clients when in fact they should move on to the adult world of education and employment.

THE CHAIR: We are, unfortunately, out of time. Thank you very much for coming. It has been extremely enlightening and I have learned a lot. We all probably have. So thank you for giving us the time today and coming to see us.

Prof Shaddock: Thank you. It was an honour and a privilege, and interesting.

THE CHAIR: It has been an honour having you here. Really it has. Just to let you know, a transcript of today's hearing will be sent to you. You can check that for accuracy and whether you have any issues.

The committee adjourned at 4.03 pm.