

Public Education: An Inclusive System of Provision for Students with Disability

All young Australians become successful learners, confident and creative individuals and active and informed citizens.

Goal 2 for Schooling in Australia
Melbourne Declaration on Educational Goals for Young Australians

Our children are equal and equally entitled to the conditions in schools most likely to enable them to participate fully and to achieve their personal best.

Lyndsay Connors
The educational/social framework, 2009

Vision

A well-resourced public education system – one that values diversity, understands social and cognitive development, reaches out to all learners through inclusive processes and is responsive to fundamental human needs – has the potential to develop actively engaged, resilient and connected individuals who lead lives with hope as productive members of the wider community.

Introduction

Public education settings seek to meet the learning needs of all children and young people. To achieve such a feat, the NSW public education system, as an inclusive education system, is made up of a continuum of options that aim to deliver quality education to all students. With their access and familiarity to students and their families, public education settings are important hubs to address and promote student wellbeing. Through their opportunities for mental health promotion, these settings are essential to improving the quality of life of young people, supporting their aspirations and improving the health of society into the future.

Teachers in public education settings play a pivotal role in creating and promoting a society where all students can flourish. They are one of the agents of change in promoting social and emotional wellbeing, acting as early detectors of need and implementing effective prevention and intervention strategies. With the necessary resources, specialised places of learning, whole school structures, effective leadership, inclusive cultures, centralised supports, safety response systems and ongoing professional development, teachers will have the capacity to address the diverse needs in their classrooms, which currently, and understandably, challenge so many.

Providing quality education for all is an important and complex task that has fallen too often on individual school communities and teachers – teachers whose skills, health and workload are unsustainable in the absence of systemic support, safe work environments and increased funding. Furthermore, strong and ongoing transdisciplinary collaboration is required to deliver the holistic, integrated and specialised services necessary to support complex needs. Collaborative relationships with parents and communities that are characterised by mutual respect and facilitate the sharing of expertise, knowledge growth and choice are also vital for achievement and wellbeing through quality education.

Through these partnerships, the NSW public education system is well positioned to contribute to the development of social literacy and the achievement of individual citizenship in every student.

“Citizenship (is) an active lifestyle that has the prospect of fulfilment for the person concerned. Such a lifestyle is where, as part of a personally defined set of lifestyle choices, the person is in and part of their local community, contributing and growing through involvement in meaningful valued activities, and participating in a network of relationships characterised by acceptance, belonging and love.” (Williams, 2012, p.12)

Students with disability, in all public education settings, in every classroom each day, share these life goals. These students are entitled to equality of access to educational resources, qualified personnel, timely specialist provision, an inclusive curriculum and appropriate specialised settings that facilitate their personalised learning. This can only be achieved by providing the necessary social context, expertise and high expectations to support achievement.

The promotion and recognition that persons with disability have the same fundamental rights as the rest of the community is a central object of the *Disability Discrimination Act 1992*. In relation to education and training, these rights require the education provider to take “reasonable steps to ensure that the student is able to participate in the courses or programs provided by the educational institution, and use the facilities and services provided by it, on the same basis as a student without a disability, and without experiencing discrimination.” (*Disability Standards for Education 2005*)

The World Health Organization’s (WHO) 2011 *World Report on Disability* argued the importance of including children and adults with disabilities in education, identifying that:

- education contributes to human capital formation and is thus a key determinant of personal wellbeing and welfare
- excluding children with disabilities from educational and employment opportunities has high social and economic costs. For example, adults with disabilities tend to be poorer than those without disabilities, but education weakens this association.

As such, inclusive, quality education for persons with disability is not only important in itself but is also key to employment and participation in other areas of social activity. Realising the rights and meeting the needs of children and young persons with disability can improve their employment outcomes in the future, equating to substantial economic gains to individuals and society.

In 2011, the Australian Network on Disability commissioned *The economic benefits of increasing employment for people with disability* report by Deloitte:

The economic modelling presented in this report suggests that closing the gap between labour market participation rates and unemployment rates for people with and without disabilities by one-third could result in a cumulative \$43 billion increase in Australia’s GDP over the next decade in real dollar terms. The modelling also suggests that GDP will be around 0.85% higher over the longer term, which is equivalent to an increase in GDP in 2011 of \$12 billion. (p. ii)

Australian federal and state governments have introduced reforms in school education and disability care, guided by the *National Disability Strategy 2010–2020*, with the aim of achieving greater inclusion and engagement of persons with disability in all aspects of life. These reforms include the Nationally Consistent Collection of Data, the National Disability Insurance Scheme, the Australian Curriculum and the National Education Reform Agreement.

The challenge is to ensure these reforms reach public education settings in an effective and sustainable manner that sees them fulfilled all the way to the local level. Australian governments, the NSW Department of Education and Communities (DEC), teachers, parents and school communities have a shared responsibility to ensure the provision of quality education of all students. Through the governments' provision of responsive, equitable and recurrent resources, the NSW public education system has the potential to realise this aim.

The impact of living with disability

Our history has many examples of Australians struggling for equality of opportunity and equal rights for the disadvantaged among us, however, people living with a disability are, too often, left behind, even though their skills and experience are of great value.

Message from Her Excellency Ms Quentin Bryce AC for
Disability Expectations: Investing in a better life, a stronger Australia, 2011

Since the early disability rights movement in the 1970s, which saw a shift in the understanding of disability issues from one of welfare to one of rights, there have been significant changes in the articulation of rights for persons with disability and the corresponding obligations of service providers. In education, this change has been experienced in the move away from segregation.

Over the years this change has also been reflected in the shutting down of institutions, DEC's move to an inclusive education system with Schools for Specific Purposes (SSP) established as part of the spectrum of educational settings, the Board of Studies' (as it was then known) mandating of Life Skills courses, the marked increase of students with disability in general education classes, the implementation of measures to ensure the practice of teachers reflects disability legislation and the diversity of the student population in all settings.

Despite these changes, key research and reports on the experience of persons with disability continue to highlight their poor educational experiences and outcomes.

In a research article published in 2012 titled *The Changing Landscape of Disability*, Neal Halfon and his colleagues outlined that:

Disability in childhood can result in lifelong health, social, vocational, economic, and psychological impacts. Children with disabilities tend to have more extensive health care needs, have greater rates of unmet needs for health and related services, and experience social and environmental barriers to full participation in life events. They are at risk for diminished health-related quality of life and for negative psychological and social impacts. Their families devote considerable time and effort to providing health-related care, and often experience financial burden, work loss, poor mental and physical health, and negative social consequences. (Halfon, Houtrow, Larson & Newacheck, p.14)

The social and economic impact of living with disability was documented in a 2011 report titled *Disability Expectations: Investing in a better life, a stronger Australia*, which found that

Australians with significant disability and their families have poor outcomes on every indicator of community participation and wellbeing.

One of the most telling and challenging statistics is that Australia ranks 21st out of 29 OECD countries in employment participation rates for those with a disability. In addition, around 45% of those with a disability in Australia are living either near or below the poverty line. (p. 3)

The changing nature of disability

Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

Article 1
United Nations Convention on the Rights of Persons with Disabilities

Contemporary notions of childhood disability contend that the nature and severity of disability are not only a product of underlying medical conditions but also a function of the demands, expectations, and social roles that children assume in their daily lives.

Neal Halfon, Amy Houtrow, Kandyce Larson, and Paul W. Newacheck
The Changing Nature of Disability, 2012

Students with disability are a diverse group within themselves. Young people with disability in NSW public education settings could be students with severe disability who require intensive therapies to stay alive, gifted students who experience high levels of anxiety, students with dyslexia, students with conduct disorders who cannot understand social conventions, students with mental illness and students with autism who have sensory processing difficulties that interfere with their daily functioning. These students are enrolled in general education classes, support classes and specialised settings.

The pattern of disability and hence learning patterns as we know them are changing; students are presenting with disabilities that are increasingly complex, unfamiliar and in some instances less visible. The change is due in part to rare and preventable causes of disability, such as foetal alcohol syndrome, and is influenced by the increasing survival rates of premature infants. In addition, rates of comorbidity – which is the “co-occurrence of one or more disorders in the same child or adolescent either at the same time or in some causal sequence” (Kessler, 1995; Ollendick & King, 1994 on Australian Government Department of Health website) - are alarmingly high, with 40% of people in Australia who have an intellectual disability also experiencing mental health difficulties.

...when one considers the number of students in an average class, 4 in 10 of those students at some stage in their lives will develop a mental health difficulty. If one considers the nature and the complexity of their wellbeing, and the many additional impairments that may be present (such as the presence of Autistic Spectrum Disorder), this figure can be elevated to in excess of 60% or 6 in ten students, as was supported by the research of Emerson & Hatton (2007). (Coughlan, 2011, p.59)

The adoption of the definition of disability from the *Disability Discrimination Act 1992*, for the purpose of a nationally consistent definition and identification of disability, further emphasises the diversity that exists within this student population.

disability, in relation to a person, means:

- a. total or partial loss of the person's bodily or mental functions; or
- b. total or partial loss of a part of the body; or
- c. the presence in the body of organisms causing disease or illness; or
- d. the presence in the body of organisms capable of causing disease or illness; or
- e. the malfunction, malformation or disfigurement of a part of the person's body; or
- f. a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction; or
- g. a disorder, illness or disease that affects a person's thought processes, perception of reality, emotions or judgment or that results in disturbed behaviour;

and includes a disability that:

- h. presently exists; or
- i. previously existed but no longer exists; or
- j. may exist in the future (including because of a genetic predisposition to that disability); or
- k. is imputed to a person.

To avoid doubt, a **disability** that is otherwise covered by this definition includes behaviour that is a symptom or manifestation of the disability. (p. 4-5)

Addressing disadvantage through early intervention

If a child is not motivated and stimulated to learn and engage early on in life, the more likely it is that when the child becomes an adult, it will fail in social and economic life. The longer society waits to intervene in the life cycle of a disadvantaged child, the more costly it is to remediate disadvantage. Similar dynamics are at work in creating child health and mental health. (p. 4)

James J. Heckman
Schools, Skills and Synapses, 2008

Consequently, the Review recommends that Option Three [A change in thinking – Justice reinvestment] is adopted by the NSW Government... Justice reinvestment to divert funding from building juvenile justice centres to evidence-based prevention and early intervention programs and services for local communities.(p. ix)

Noetic Solutions Pty Ltd
A Strategic Review of the New South Wales Juvenile Justice System, 2010

Professor James Heckman's white paper on the Heckman Equation is ground breaking work that provides an economist's view of the value of human capital development. His work with a consortium of economists, developmental psychologists, sociologists, statisticians and neuroscientists has proven that the quality of early childhood development heavily influences health, economic and social outcomes for individuals and society at large. Heckman has proven that there are great economic gains to be had by investing in early childhood development. "Social policy should be directed toward the malleable early years." (Heckman, 2008, p.27)

In a 2012 presentation to an early childhood symposium, Professor Charles Pascal summarised why investment in childhood development for early learning makes economic sense, citing that:

- early learning is the highest employment multiplier (job creator) of all economic sectors
- spending on early learning has an economic multiplier effect on local economies, generating up to \$1.7 dollars for every \$1 spent
- there is a 2:1 to 17:1 payback on public funding for early learning programs from increased taxes by working parents and reduced social services
- and GDP grows by almost 1% for every 1% drop in vulnerability rate going into grade 1, totalling a 20% jump in GDP over a working life.

In stark contrast to Heckman and Pascal's evidence, the findings of the NSW Legislative Council's Report into *The provision of education to students with a disability or special needs* confirmed the difficulties mainstream public schools and SSPs have had in accessing specialist support (therapy) services such as speech pathologists and occupational therapists. The same rings true for accessing clinical psychologists and physiotherapists. Through the inquiry, principals, parents and disability advocacy groups detailed their unsuccessful attempts to access timely and continual support for children needing such services.

Children living in low socio-economic status (SES) communities face additional factors that compound this problem. As Chair of the 2002 *Inquiry into the Provision of Public Education in NS*, Professor Tony Vinson noted that the DEC employs no speech therapists, while other state education departments do. This means that affluent parents who can pay for a diagnosis conducted by private speech pathologists are able to access funding ahead of less affluent parents and can therefore successfully implement early intervention strategies and specialist support for their child well before they begin kindergarten.

Specialist support service organisations such as Speech Pathology Australia and Occupational Therapy Australia advocate that therapy services must be implemented as early as possible in a child's life; preferably before the commencement of kindergarten. This should also be the case with services supporting and working directly with these children's families. Early intervention with therapy services is also strongly supported by principals, teachers, parents and disability advocacy groups.

Public school principals in low SES communities describe an all too common pattern of many children entering kindergarten with noticeable speech and language difficulties who have never had access to a diagnosis and have therefore never had any therapy services. The school then formalises a referral for these children for a clinical assessment, which can take up to 18 months to occur, followed by a similar wait for the therapy service, of which there is no guarantee. By this stage, it is all too late. Throughout this time, these children experience increasing difficulties engaging in learning activities and struggle to participate in social settings.

Dr Pamela Snow from Monash University has focused her research on the link between poor language skills and problem behaviour; particularly the undetected but clinically significant oral language difficulties of young offenders serving community-based orders. In her 2013 feature for InPsych titled *Language competence: A hidden disability in antisocial behaviour*, she highlighted that

All of the risks for antisocial behaviour and offending are also significant threats to the development of expressive and receptive language skills, that is, everyday oral language competence... Learning problems and behaviour difficulties are often comorbid in the primary school years, but until recently, language competence has not been closely considered as a 'missing link' for young people at risk for antisocial behaviour, nor as a factor to consider in the context of intervention. (p.16)

Snow found that by the time these students reach mid-primary they may have significant behavioural and adjustment difficulties, requiring extensive speech pathology services and counselling. She emphasises that the far better investment is early comprehensive screening and intervention, cautioning that teachers can't be expected to be equipped to identify and manage language difficulties on their own.

In regards to mental health difficulties in students with disability, Dr Barry Coughlan in his 2011 paper on *Critical Issues in the Emotional Wellbeing of Students with Special Educational Needs*, found that “Ongoing clinical and research evidence points to the need for specific interventions at the earliest possible onset, based on sound objective assessment and diagnostic frameworks.” (p. 57) He identified that the challenge in the 21st century is the continued development of “early warning systems”. In a 2004 review of mental health programs in international literature, Browne et al found that universal or early intervention programs are more effective than programs aimed at reducing existing negative behaviours.

...a major challenge for the early intervention field is to incorporate mental health issues and generally raise the priority of socioemotional development within these programmes ...clearly integrating the established programmes of early intervention with the emerging field of infant mental health will be an essential task for the future (Guralnick, 2005, p.320 in Coughlan, 2011).

In the *Council of Australian Governments (COAG) National Action Plan for Mental Health 2006-2011*, COAG agreed “that promotion, prevention and early intervention are critical to enabling the community to better recognise the risk factors and early signs of mental illness and to find appropriate treatment.” (p.7) The plan identified “this area as requiring increased investment, based on growing evidence that mental illnesses are less severe, of shorter duration, and less likely to recur when identified and treated early.” (p. 7) Via their *Roadmap for National Mental Health Reform 2012-2022*, COAG has committed to a number of strategies to focus on early detection and intervention, which has been identified in the roadmap as a priority area.

The implementation of the National Disability Insurance Scheme (NDIS) casts doubt over the provision of quality and accessible specialist services, given the future abolition of the state government’s Ageing, Disability and Home Care NSW agency.

Promoting health, safety and wellbeing

Schools have become recognised as important locations for addressing student wellbeing, with advantages including their reach and familiarity to students and families, and the increased opportunities they afford for mental health promotion and prevention efforts.

Urbis Pty Ltd
Literature review on meeting the psychological and emotional wellbeing needs of children and young people: models of effective practice in educational settings, 2011

All Australian schools are safe, supportive and respectful teaching and learning communities that promote student wellbeing.

Australian Government Department of Education
National Safe Schools Framework – Framework Vision

Students

Australia was one of the first countries to implement WHO’s recommendations to respond to the wellbeing needs of students by adopting a health promotion focus in education systems and school communities. Schools in Australia operate within the *National Safe Schools Framework*, which provides a set of guiding principles aimed at assisting school communities to develop positive and practical student safety and wellbeing policies. The evaluative texts considered in the literature review prepared by Urbis in 2011 for DEC indicates that “emotional, behavioural and social problems of children and adolescents, can be prevented or ameliorated through the use of school based preventions.” (p. vii)

A number of studies have identified the benefits of focusing on student wellbeing in the school setting and implementing school-based mental health programs. The persistent theme in existing literature is that there is a significant gap between the mental health needs of children and young people and the services available to address those needs. "In Australia approximately 14% of children and adolescents have mental health problems and only one in four receives professional help." (De Jong & Griffiths 2008, in Urbis, 2011) Another consistent research finding is the relationship that exists between addressing the social outcomes of children and subsequent positive academic outcomes (Urbis, 2011).

"Young people who miss out on care typically struggle at school, and are then excluded from the labour market – with profound, lifelong implications for those individuals, their families, the community and Australia's economic future." (Feneley, 2013, p.8)

The prevalence of mental health difficulties in people with intellectual disabilities is approximately 40% (Coughlan, 2011). Despite the sound empirical research evidence that exists for adults, there is less emphasis on the mental health and emotional wellbeing of children and adolescents with disability. "It is still too often the case that the mental health needs of young people with disability go unnoticed until the problems are severe and entrenched." (Howlin, 1997)

Teachers are part of a frontline service that plays a critical role in observing and attempting to make sense of complex behaviours within the classroom setting. Coughlan (2011) notes that "we have invested far too much time looking at the challenging component of the behaviour, rather than exploring what might underlie such behaviour." (p.69) Professor David Dossetor warns that:

...this cannot be tackled solely by schools. This level of complex need requires the contribution of transdisciplinary teams able to deliver multi-dimensional assessment... and, through evidence-based intervention, promotes development and positive mental health in young people with a range of complex special needs and disabilities. (2011)

In the NSW Mental Health Commission's 2013 report titled *Living well in our community – Towards a Strategic Plan for Mental Health in NSW*, Commissioner Commissioner John Feneley articulated a way forward:

A strategic plan for NSW must recognise this, encouraging education providers – who are experts in their own sector – to come up with new ways to keep vulnerable youth on the path of learning... We should foster mental health literacy through schools, equipping teachers, students and parents with the requisite skills not just to respond to the first signs of mental illness but to also promote good mental health among the school community. (p.8, 9)

Teachers

The state government's and DEC's responses to the health, safety and wellbeing of teachers are areas of serious neglect. There are inadequate ongoing supports and crisis response mechanisms to protect teachers who are impacted in their daily work by the negative effects of experiences such as high levels of vigilance over students with complex behaviours that pose threat, trauma induced by student deaths, critical incidents and violent behaviours, and the compounding effects of constant exposure to challenging and disturbing student behaviours.

When the health, safety and wellbeing of teachers is compromised in this way, the responses across the system can be described at best as ad hoc and are too often dealt with through self-management, with the teacher and frequently their family paying the toll for such inadequacies. The issue is further exacerbated by the difficulties that arise in trying to access support through Work Cover and the employer's failure or delay at times to comply with the protections and provisions under the *Work Health and Safety Act 2011*.

Enabling quality teaching and orderly learning for all

Public schools are the best they have ever been. Public schools create skills, life chances and opportunities better than they ever have. Public schools have more highly talented and effective teachers than they ever have. Public schools are happy and successful places full of the joy of life and learning. But, the public school system is in modest but accelerating decline so, something in this tale does not add up. (p. 6)

Denis Fitzgerald

Taking the Lead: a future for public education, 2013

Many teachers have suggested that the problem of student indiscipline has become more severe in recent times, although principals of the schools affected have indicated that most of the difficulties have been caused by around five per cent or less of students... All parties agree that although small in number, the misbehaving students can disrupt learning and demoralise teachers and fellow students (p. 52)

Inquiry into the provision of public education in NSW: Second Report

Professor Tony Vinson's 2002 *Inquiry into the provision of public education in NSW* remains the most comprehensive survey undertaken to date. It identified "student indiscipline" in mainstream schools as one of the most pressing concerns of teachers, members of the general community and, most significantly perhaps, the students themselves. More than a decade later, indiscipline, or disruptive behaviour in our schools, remains a major reason for parents opting out of public schooling for their children. Addressing this challenge must be a priority for all with responsibility for providing quality public education.

No other schooling system has a longer history of trying to support all students. It is accepted that a mainstream school provides the broadest and richest range of social and academic opportunities.

Implied in this paradigm is the assumption that a mainstream school will always be the best schooling option for all students, regardless of their circumstances. For most students, most of the time, this assumption holds true; general education classes provide the optimal learning context for the majority. The experience of teachers in mainstream schools confirms, however, that for a small but significant minority of students, no amount of adjustments within mainstream schools is sufficient to engage them in learning.

There is an abundance of excellence in mainstream schools when it comes to researched, best-practice pedagogy. The last two decades have seen pedagogy enhanced and refined by research. Likewise, the increasing focus on welfare and sophisticated whole-school approaches to the management of behaviour have indeed made public schools the best they have ever been. There is still, however, a stone left unturned in our defence of public education for all students.

There is a persistent general assumption that the local mainstream primary or secondary school embodies the depth and breadth of comprehensive public education provision. Educators have a duty to point out that there is considerably more to quality public provision than that which can be offered at the campus of a mainstream school.

Research has revealed that all learning is predicated upon and proportional to the capacity of students to engage in complex social interactions, and these social interactions form a serious stumbling block for some students. It is constantly claimed that if teachers raise their game they can provide quality teaching and learning regardless of context. The suggestion that innovative online training courses can equip all teachers to provide for all students is a fallacy.

This training was never intended to qualify teachers to work in areas of special education; it was aimed at acquainting teachers with the area of disability. In their submission to the *Inquiry into the provision of education to students with disability and special needs*, Dr Jennifer Stephenson on behalf of the NSW Chapter of the Australian Association of Special Education (AASE) wrote the following:

We strongly support the idea of an appropriately qualified special educator available to every school, but we have strong reservations about the content of these training courses... The claim made by course providers that they are based on current research is untenable... We regard this training package as inadequate to produce teachers with the skills needed to support students with special education needs. (p.7)

No amount of learning accommodations will change the fact that for some students the social complexities of a mainstream school are conducive to neither social nor academic engagement. Moreover, what the research literature tells us is that academic engagement on any level is predicated on an individual's capacity for social engagement. Policies that provide for suspension and expulsion are necessary for the maintenance of safe and secure learning environments. These policies should not be thought of as a sustainable solution to providing appropriate learning experiences, supports and settings to students.

SSPs have demonstrated that students with complex needs can and do thrive in supportive differentiated settings. The maintenance of appropriately resourced alternative specialised settings is the only way to honestly claim to be part of a truly inclusive system of education. The reality is that we do teach in a climate of insecurity (Fitzgerald, 2013). Nowhere is this more the case than with SSPs, which are constantly under review despite the recognition that they are "Centres of Expertise" and the DEC's commitment, as articulated in Outcome 7 of the *Disability Action Plan 2011–2015*, to:

Providing quality specialist and adapted services where mainstream services are not responsive or adequate to meet the needs of people with disability... Maintain[ing] a range of enrolment and support options for students with disability. (p. 6)

Current government policies have a siloing effect on public schools that compounds the detriment caused by competition between mainstream schools. As defenders of public provision, the question that remains is how specialised settings, designed as a shared resource, align with policies like Local Schools Local Decisions (LSLD). SSPs, which are a shared resource, have not been factored into LSLD. Moreover, consideration needs to be given to whether the establishment of undifferentiated Multi-Categorical classes are putting specialised learning programs at risk.

There is an urgent need to identify and articulate all the problems associated with meeting the needs of students with disability both inside mainstream schools and beyond. An investigation of the health of specialised settings is required just as quickly. These settings, like their mainstream counterparts, must be brought up to an agreed minimum resource standard, with particular attention given to class sizes for students with complex needs.

There is growing recognition that policy development in the area of special education is driven exclusively by the government's desire to contain costs. This includes the push to make teachers in mainstream schools take on the responsibility of meeting the special needs of students with disability. In the case of students with complex mental health support needs, teachers are increasingly being asked to do the impossible.

It is critical that teachers understand what constitutes best practice in support of these students. Teachers are part of the collective voice for students whose educational opportunities are being seriously impacted by the imposed inclusion of students whose support needs cannot be met in a mainstream school. Furthermore, recognition must also be given to the small minority of students across a number of settings for whom even a specialised education setting is not appropriate. As identified by Denis Fitzgerald in his 2013 paper titled *Taking the Lead A Future for Public Education*, in this situation "It might mean a greater role for the Department of Family and Community Services or other similar departments." (p. 38–39)

There is consensus that public education settings do the heavy lifting when it comes to providing access to students with disability. In light of this, suitable emphasis should be given to the maintenance of viable differentiated specialised settings to ensure the NSW public education system remains truly inclusive.

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