

FACTORS INFLUENCING THE INCREASED IDENTIFICATION OF SPECIAL EDUCATIONAL NEEDS IN NEW SOUTH WALES GOVERNMENT SCHOOLS

Perspectives of system administrators and school staff

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ARC DP1093020: A critical analysis of the increase in diagnosis of special educational needs in NSW government schools

Aims & Methods

1. Analyse trends in the characteristics and placement of students with disabilities in New South Wales government schools over time;
 - Statistical analysis of enrolment trends over 11 year period (1997-2007) (Graham, Sweller & Van Bergen, 2010; Graham & Sweller, 2011; Graham, 2012)
2. Map trends against changes to national and state legislation, education policy, and funding allocation methods
 - Policy analysis (Graham & Jahnukainen, 2011), interviews with key informants from DEC central and regions;
3. Examine use of support funding in 3 case-study schools
 - Observations of classroom practice, tailing SLSOs, playground observations
 - Interviews with principals, deputies, school counselors, Learning Support Teachers, class teachers, support class teachers, SLSOs (teacher aides);

1. Emergence of a problem

- **Between 1997 and 2007 there was a 158% increase in the identification of ‘special educational needs’**
 - Over that 11 year period, the number of students with a ‘confirmation of disability’ (either in regular/ support classes or special schools) grew from 2.7% to 6.7% of total enrolments
 - Greatest increases were:
 - In the categories of autism spectrum disorders & “mental health problems” (emotional disturbance/ behaviour disorder)
 - Amongst students enrolled in mainstream settings

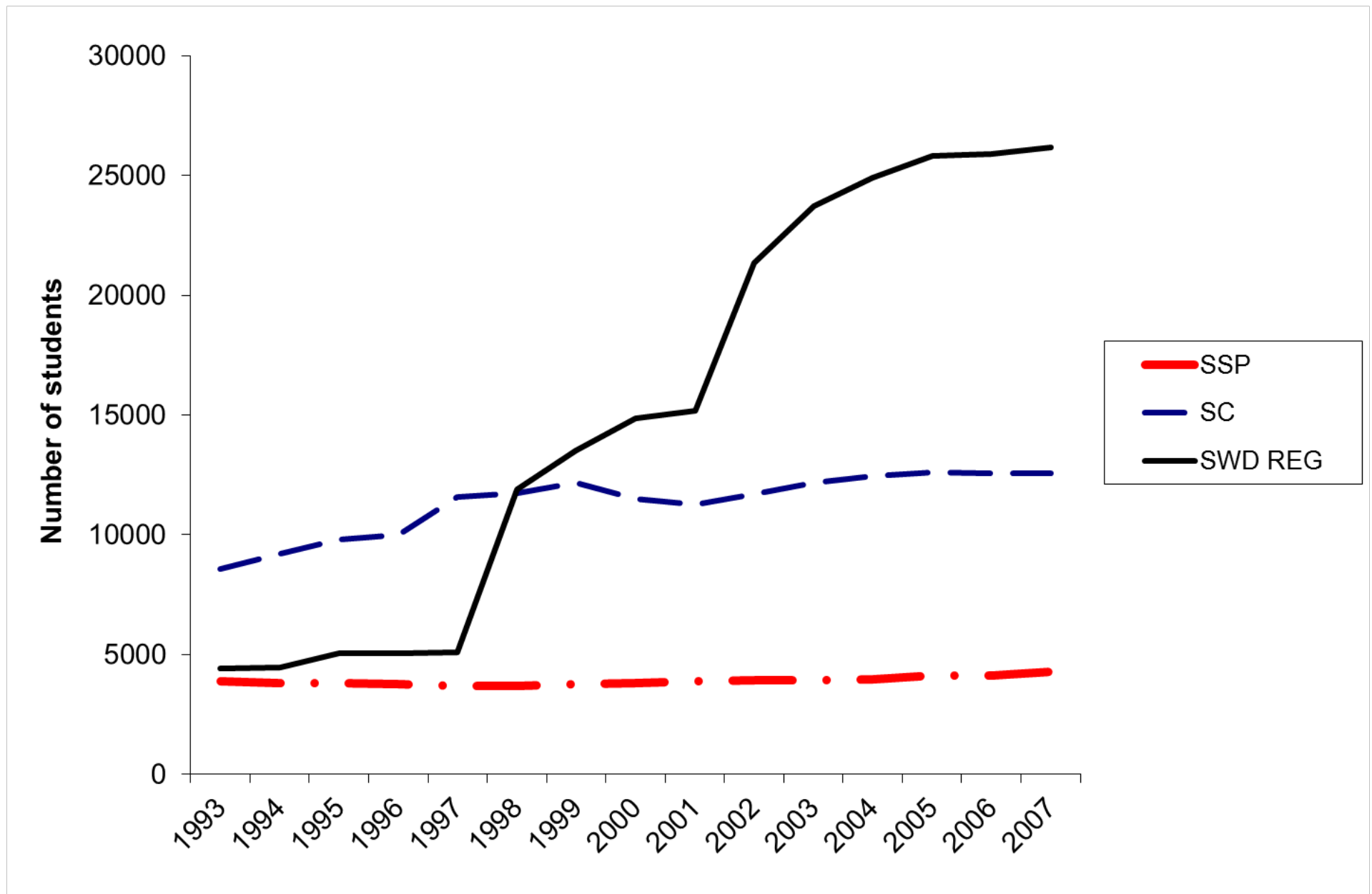


Fig. 1: Number of students enrolled in government special schools (SSP), support classes (SC) and students with a disability in regular classes (SWD REG) from 1993-2007

1. Emergence of a problem

- **158% increase in the identification of special educational needs**
 - 2.7% to 6.7% of total enrolments 1997-2007 (Graham & Sweller, 2011)
 - Especially in autism spectrum disorder & “mental health problems”
 - Increase not due to “integration” rather diagnosis of the mainstream
- **Growth in the use of special schools & classes**
 - 1/3 of all government special schools now reserved for students with “mental health problems” (Graham, 2012)
 - Significant over-representation of boys and Indigenous students (Graham, Sweller & Van Bergen, 2010; Graham, 2012)

Fundamental research question:

If the number of students in separate special educational settings has not decreased, then where are the students representing such rapid growth in SEN coming from and why?

Method

- **30 in-depth interviews averaging 90 mins duration, with:**
 - **System administrators:** senior policy makers (6) and regional directors (3) working within the NSW Dept of Education & Communities (DEC)
 - **School staff:** Principals (3), deputies (2), school counselors (2), learning support teachers (3), class teachers (5), support class teachers (1), and teaching assistants (5) from three case-study schools (two primary, one secondary).
 - *Many themes arose in the course of a nine-part interview, however, this paper focuses on the ways in which the adults responsible for teaching, assessing and referring children with additional support needs understand this phenomenon and what explanations they draw on to make sense of these trends.*

Focus on 2 Interview Questions

1. Have you seen a change in the range and number of students with special educational needs?

2. Factors of influence?
 - Societal factors
 - Parental expectations
 - Changes to the academic curriculum (national & crowding)
 - Assessment and reporting pressures (Naplan, PISA, My School)
 - Teachers' education and knowledge
 - Other?

Analysis

- Part I: The nature of the problem
- Part II: Reasons offered for its emergence
- Part III: Disconnections & silences

Part I: The Nature of the Problem

- All participants responded that they had seen a change in the range and number of students with SEN
 - descriptions invoked profiles of students who have always been enrolled in their local school.
- Distinct differences between school staff and system administrators
 - Range and length of experience
 - Opportunities for comparison and theory testing.

School practitioners referred to specific children within their own schools, while department officials referred to trends:

- I have the ODD kid. I've got John who's just come back. Um, he's been suspended twice. I have Darren who can't write. I have Andrew who is highly functioning but he's ADHD so he's constant. Um and then there's a couple of other – Elliot is elective (sic), elective mute so... And that's just in my class, and we've broken the grade up. So in other classes, there are an equal number of students that are equally needy, just within Year 6. (3e)
- Autism seems to be the flavour of the month. My directors would say they're not so sure that it is, but it's the one that seems to have the greater frequency of diagnosis lately. It's a bit like when ADHD first hit, and there was concern whether paediatricians really know what they're diagnosing, or whatever. (R2)

Diagnostic substitution was an acknowledged reality at school, regional and central levels:

Deputy Head, School 3: The other little fellow who's in Year 3, his has been a long, slow story, because we've only managed to get a diagnosis finally this year. Parents kept going back to doctors, and the doctor said, "Oh, he's ODD." Well, we had to say to the parents, "Sorry, he's not ODD. He doesn't fit that." ... So then, they finally got an autism diagnosis, which is where we've thought for years he most probably fitted (3b). **Head Teacher, School 3:** [interjects]... You see, the school tries to make its best judgment with the parents, and says, "Look, we can cope. Not a problem. Right? We can cope *provided* we can get funding, and we can't get funding because we haven't got the diagnosis that meets that." (3a)

Regional Director, low-SES: And unfortunately, in a system that is resource-poor and demand-high, sometimes the diagnosis has changed simply to find a placement. If the primary diagnosis is autism but the autism classes are full, we might be able to get a student somewhere else because of a secondary diagnosis. And vice versa of course. (R1)

Surveillance from the Centre

I think the system is pretty responsive to that because firstly the principal has to sign off on what they're claiming; then the region has to sign off on what it's claiming; and then the Centre confirms that... So, the school looks at the individual kid; the region looks at individual kid and school clusters; we would be then looking at patterns across the state...

I mean, you know, there are checks and balances in the system. I mean, we've picked up at times, something like an aberrant sort of spike in the number of kids that have come through with a particular type of disorder or need in a particular community. Well, you know, bing, bing, the alarms go off – what's going on here? We had one school I think where we had, you know, forty per cent of the kids with autism or something... And then you go back and you do an investigation and you find you know, the practice that's been put in place there is not what we are expecting. (C1)

Cattle-trading & ‘meat in the sandwich’

School Counselor, School 3: And our boss [the DGO] she’s very tough on us, in some ways, wanting certain procedures to be followed – and she’ll really be a pain in the neck if you don’t do it, but she’s got us – she has the power over us. She can block off our approvals for our funding and be really difficult about it, which reflects poorly on us at the school, and it just looks like we’re doing the wrong thing, when in fact it’s her slowing things up: “Keep the funding down, don’t approve too many of these, how come you’ve got so many whatchamajigs coming through?” (3c) .

Increase in range & number?

- Number of children with physical disabilities decreasing
- Sensory impairment and mod/severe intellectual disability static
- Mental health and autism ‘spiking’ but...
 - “it’s not autism in the most severe form... By and large what we’re now seeing, if I look across the system, most of the kids that we are now supporting today are not the physically different kids... They’ve got hidden disabilities. They don’t emerge until developmental milestones move on and they don’t reach them. And so, that’s what we’re now seeing: most of the kids that we are now supporting in schools have got hidden disabilities, you know? Mental health disorders, those sorts of things that, you know, you can question whether they’re there or they’re not, but... do you know what I mean? They’re the things that are emerging as being the, you know, the areas of greatest need... That’s what we’re now picking up, I think, more significantly than we’ve done in the past ***because our numbers reflect that.*** (C1)

Part II: Reasons offered for emergence

1. Social and technological change
2. Medical and scientific progress
3. Social dis/advantage
4. Increased awareness

1. Social and technological change

There *are* more kids with spectrum, as well as being more diagnoses. Well, why would that be? ...If you sit kids in front of TV's and computers at an early age and you leave them there – I would imagine that the stimulation of the frontal lobe is minimal... So in a way, I think you could probably argue that we're creating pseudo disorders – you know, because we're getting understimulated frontal lobe developing. (2c)

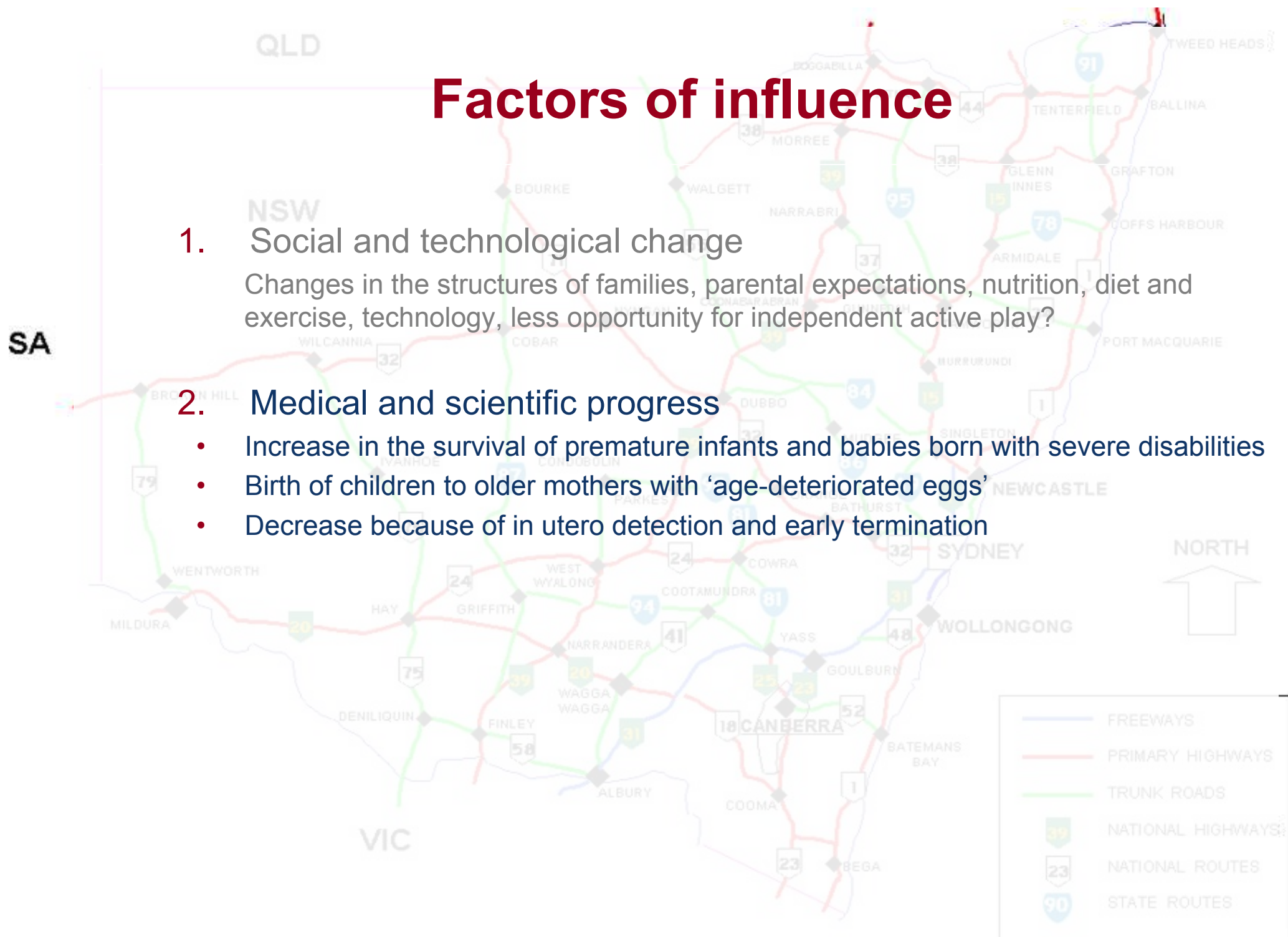
Factors of influence

1. Social and technological change

Changes in the structures of families, parental expectations, nutrition, diet and exercise, technology, less opportunity for independent active play?

2. Medical and scientific progress

- Increase in the survival of premature infants and babies born with severe disabilities
- Birth of children to older mothers with 'age-deteriorated eggs'
- Decrease because of in utero detection and early termination



2. Medical and scientific progress

...like you know...there's a higher incidence per head of population in northern Sydney of disability than the rest of the state. You know why? ... The mothers are older. (Pause) Okay?

So, so, so, you've got to be very careful you don't immediately jump to a conclusion that it's all school-based and education-based, you know what I mean?

The types of disabilities and things in the northern Sydney, northern Sydney suburbs, is... one that reflects the... the age and the genetic sort of compositions of older mothers. (C1)

2. Medical and scientific progress (cont).

“What you find is that genetic disorders are being weeded out of communities more than they were before. You know, cystic fibrosis – we hardly ever see any kids now with cystic fibrosis. And that’s medical knowledge, you know, about folate in diets and things but there’s also tests that can be done in utero and people make choices. Down Syndrome. Nowhere *near* as prevalent as it used to be, you know, because people can make choices. And people obviously do make choices.

So you’re tending to find that there’s been a shift, a shift from those that are diagnosed or detectable prior to birth, okay, and people making choices about their child’s birth, through to the fact that we’re now picking up more of those sorts of disorders and conditions that are not picked up in that particular sort of period. So autism’s a very good one; it’s not picked up prior to birth.” (C1)

Factors of influence

1. Social and technological change

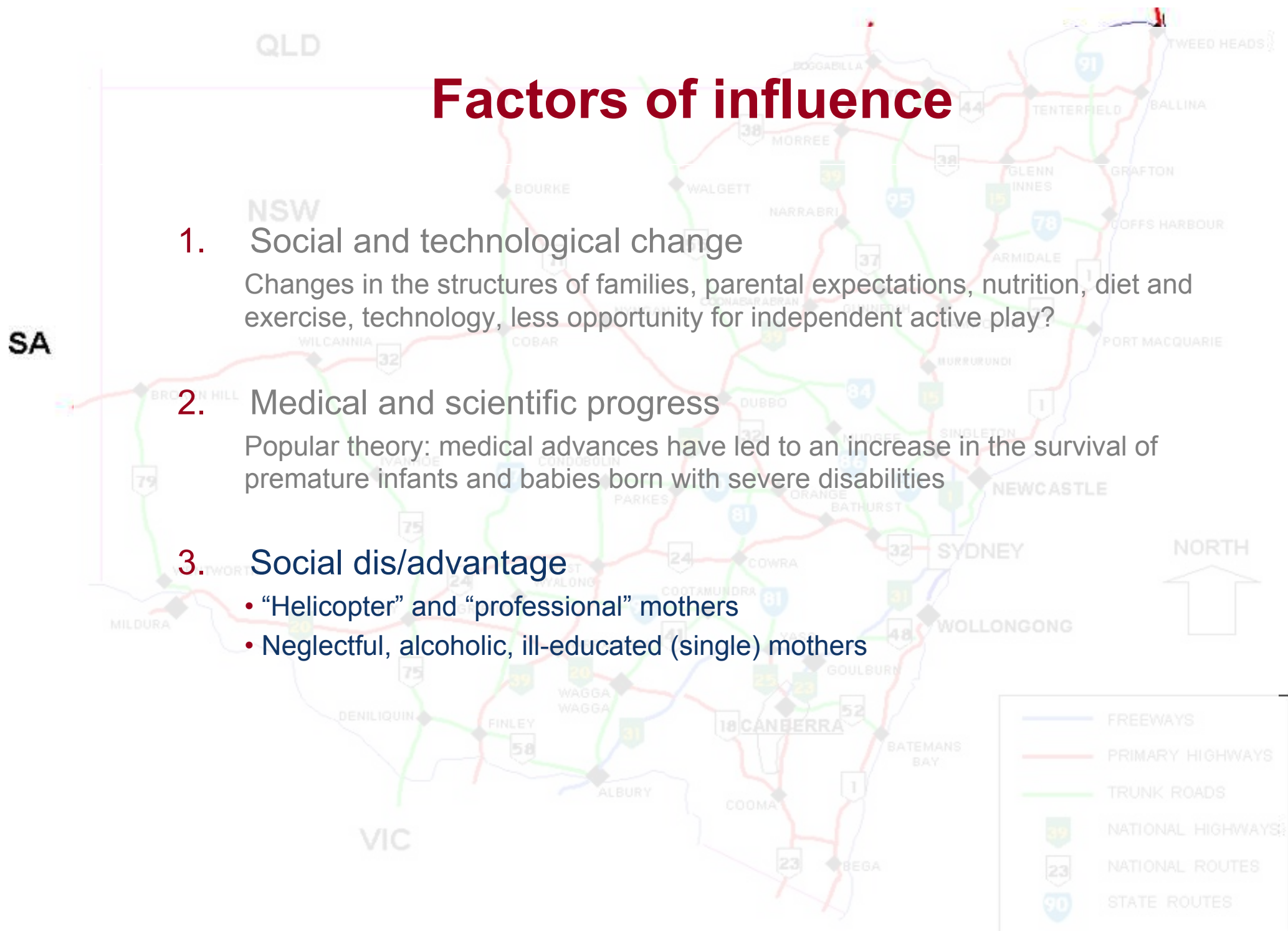
Changes in the structures of families, parental expectations, nutrition, diet and exercise, technology, less opportunity for independent active play?

2. Medical and scientific progress

Popular theory: medical advances have led to an increase in the survival of premature infants and babies born with severe disabilities

3. Social dis/advantage

- “Helicopter” and “professional” mothers
- Neglectful, alcoholic, ill-educated (single) mothers



3. Social Dis/Advantage (Advantage)

‘Helicopter Mother’ is a term that we use now, because helicopter mothers are just... (makes humming motor noise). They just hover all the time, ready to sort of problem-solve any situation that might arise, you know ... It wouldn't be an unnatural outcome for these kids to have a lower threshold to psychological pain. Because they've not been exposed to much. Everything has been pushed out of the way.

(School Counselor, School 2)

3. Social Dis/Advantage (Disadvantage)

Classroom Teacher, School 3: ...then you have your students from the 'flower streets', we call them, which is the housing commission area. So they're your more needy students whose parents don't give them that head start reading before kindergarten – tying their shoelace, counting to thirty or whatever. They don't even go to preschool, a lot of them...

The special ed needs have increased. Yeah... For some reason the children --- (pause) --- Don't seem to be as bright. Yeah. We have a term here called 'DAS'. It's not very nice but we have a lot of DAS kids here: **Dumb AS!** Whatever... And they're demanding! Really demanding on my time. When they're away, so much more gets done. So much more gets achieved." (3e)

Factors of influence

1. Social and technological change

Changes in the structures of families, parental expectations, nutrition, diet and exercise, technology, less opportunity for independent active play?

2. Medical and scientific progress

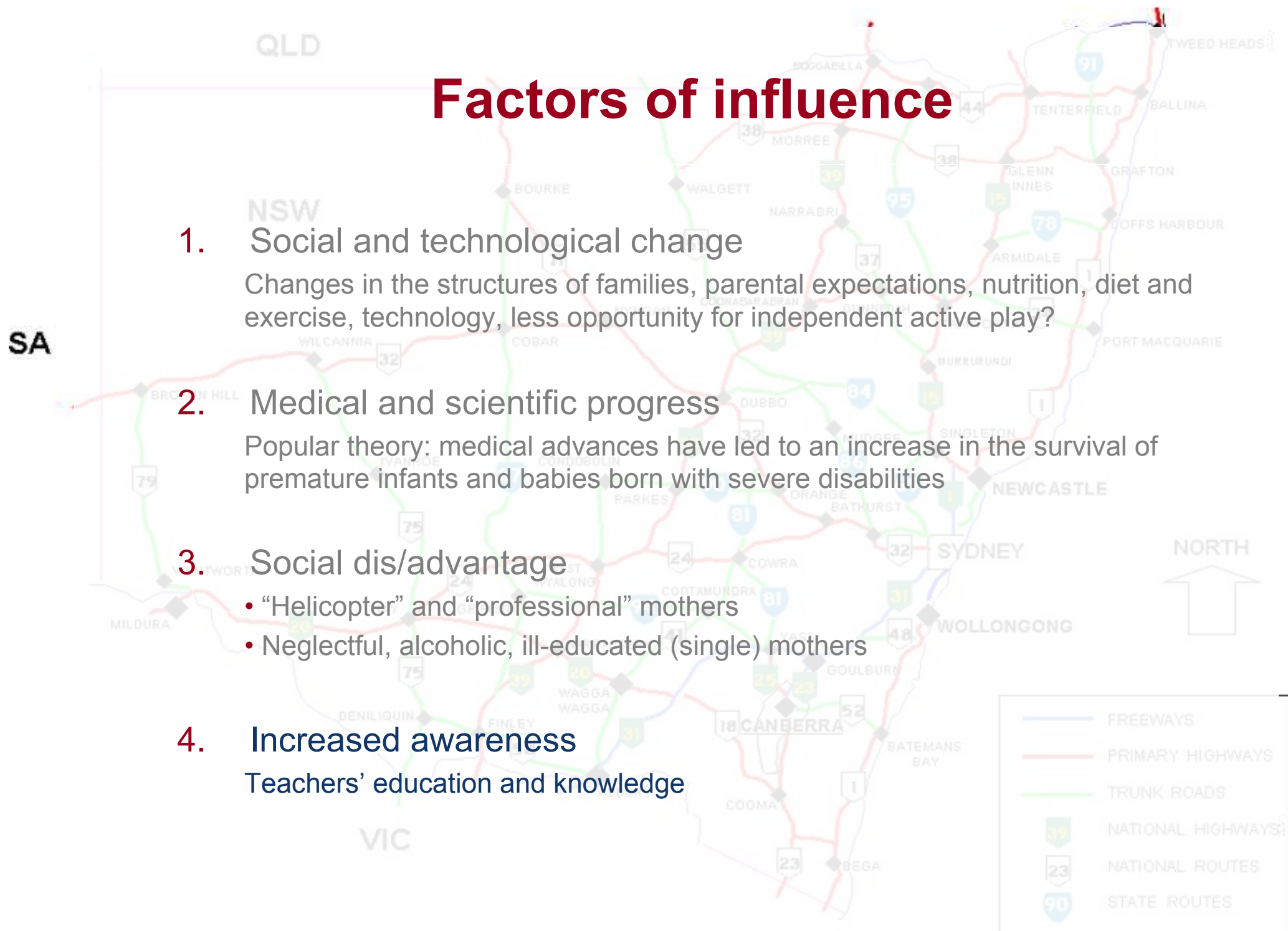
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4. Increased awareness

Teachers’ education and knowledge



4. Increased awareness

“I think there’s more students being identified with additional support needs because of the, uh, the heightened awareness amongst teaching staff of the nature of disability and the types of disability about the place. I think that, that’s increased, so therefore they’re referring more, rather than just accepting this kid’s got a problem and leaving them in the class and just move them through, I think there’s more inclination now to, to sort of seek some sort of diagnosis for something.” (3c)

Teachers, I’m finding, are getting better and better and better at doing their own analysis of what kids need. They are trusting their own judgment and skill level, and they’ll actually come to you with almost the conclusion that you’re going to reach. And all I do sometimes is I just confirm their hunch. (2c)

But, getting better at what??

Classroom Teacher, School 1: ...we've noticed that there are definitely more students coming through with, I guess, where they, they do need more attention or they do need... perhaps they're coming with a condition that means that they, that require – well they're not, they require – um, well essentially, they're eligible for funding and therefore they're eligible for support. (1c)

Learning Support/SpEd Teacher: I think as a team, a school team, we're good at identifying through the counsellor – identifying the, um, children that, you know, have... um, special needs. But... it often stops there because we go into meetings and they sort of say, "Well, what can we do with these children? They'll have to go back into the classroom because there's nowhere for these children to go." (3d)

Disconnections & Silences

- Adults accounts individualise = absolving the system from all responsibility
- Very little recognition or related discussion of:
 - increasingly academic (push-down) curriculum,
 - teacher behaviour and conflictual teacher-student relationships,
 - Increasingly competitive school environments (Naplan/MySchool),
 - bullying in schools,
 - social responsibility for disadvantage and effects of poverty
- Diagnosis & medication enable transfer of the problem



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