

***Trial of a model
for collecting
nationally
consistent data on
school students
with disability***

*Prepared for the
Department of
Education,
Employment and
Workplace Relations*

October 2011

Final report

Ms Catherine Wall
Deputy Secretary
Department of Education, Employment and Workplace Relations
50 Marcus Clarke Street
CANBERRA ACT 2601

11 October 2011

Dear Catherine

Subject: Trial of a model for collecting nationally consistent data on school students with disability

We are pleased to provide our report on the trial of a National Model for the collection of consistent data regarding school students with disability. This trial is an important first step in developing nation-wide consistency as there is currently no nationally consistent approach to the collection of information on students with disability. This makes it difficult to compare the information collected by states and territories on the support provided to students with disabilities in our schools.

Our approach to the trial included reviewing the National Model, developing a user friendly tool and guidance and visits to 153 schools, of which 149 provided data in the trial. The trial successfully collected the desired data for the school sample selected, and was well received by schools, their staff and Education Authorities.

This report focuses on the suitability of the National Model as well as the impact on schools and Education Authorities to provide information in this form. The results of the trial show that the National Model collects relevant information on students with disability consistently across jurisdictions and education sectors and is suitable for national implementation in its current form. Our report goes a step further and suggests some possible refinements to the National Model that could reduce the impact on schools and improve the efficiency of data collection. Additional information on the material used throughout the trial is provided as separate supporting documentation.

We would like to thank the principals and staff at all of the participating schools for their willingness to be part of this important project. We would also like to thank the members of the Steering Committee, representatives of the Education Authorities and your staff in the Department of Education, Employment and Workplace Relations, in particular Ms Carolyn Stanistreet and her team for their significant support and contributions to the trial.

This trial was completed within a short timeframe and without the dedication of those above the trial would not have run as smoothly.

We trust that this report will make a valuable contribution to future disability and education reform.

Yours sincerely

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1 Executive Summary

In 2008, the Council of Australian Governments (COAG) agreed to work towards a nationally consistent approach to the collection of information on students with disability. This approach took the form of a National Model developed under the guidance of an expert advisory group which met in 2010.

The National Model was developed to gather comparable information about the numbers of students with disability and most importantly, the level of adjustment provided to students with disability.

Integral to the model, is that students must have a disability under the Disability Discrimination Act 1992 (DDA). The DDA provides protection against discrimination based on disability. All education providers, under the Disability Standards for Education 2005 (DSE), are required to make reasonable adjustment to ensure students with disability receive an education equal to that of any other student. Reasonable adjustment is defined under the DSE as educational delivery or support that differs from what is provided to meet the normal needs of a student of that age/level of study. An adjustment is reasonable if it achieves this purpose while taking into account the students' learning needs and balancing the interests of all parties affected, including those students with the disability, the education provider, staff and other students.

This Model consists of a process to identify:

- school students with a diagnosed disability, or a disability 'validated' by an Education Authority,¹ as defined by the *Disability Discrimination Act 1992*, and then
- information on the level of adjustment provided for these students. The adjustments are classified as – extensive, substantial, supplementary or no adjustments
- Supplementary information on the type of disability under four groupings was also collected – physical, cognitive, sensory, and social/emotional and the extent of adjustments (measures or actions) taken by a school or provider to assist these students to access and participate in education on the same basis as students without disability. Collecting information on student's disability is not the focus of the National Model, however, it provides more context to the students' needs for adjustments in schools and provides a level of detail that will be valuable to educators and policy makers. The National Model is further explained in Section 3.

A nationally consistent Model for the collection of information on the adjustments provided to students with disability is important because currently the information available varies across states and territories. This means that there is no consistent information collected on the adjustments provided to students with disability and there is currently no valid national measure of the number of students with disability in Australia.

A key step in the development of a nationally consistent Model is to trial the appropriateness of the Model developed and the impact on schools in providing the necessary information. PwC was engaged by Department of Education, Employment and Workplace Relations (DEEWR) to undertake this trial.

This report outlines the findings of the trial conducted with 153 schools across Australia, of which 149 completed the data collection exercise and formed the trial 'sample'. The trial process included the development of an online data collection tool with comprehensive user guidance materials as well as face-to-face visits by PwC with representatives from all schools. The data collected during the trial is representative of the sample schools only. The trial process is outlined in Section 4.

Objectives of the trial

The five key objectives of the trial were to:

- test the implementation of the National Model to ensure that data on students with disability and the level of additional educational support provided to them can be collected in a nationally consistent way
- verify that each participating school and Education Authority is able to interpret and apply the National Model consistently
- assess the impact of the data collection arrangements on Australian schools
- assess the impact of the data collection arrangements on Education Authorities
- provide suggestions for national implementation of the Model, given the findings of the trial.

¹ Throughout this document the term 'school Education Authority' is used to refer to the governing body or organisation that represents schools within each education sector. This term includes the Association of Independent Schools for the independent schooling sector and the Catholic Education Commission for the Catholic schooling sector.

Key findings

The trial of a National Model for the collection of information on school students with disability showed that the model is valid and it provided results on the impact on schools and the utility of the Model for the school sample selected. The trial demonstrated that the data could be collected within an acceptable timeframe and that data collection was effective using an online data collection tool with guidance material.

Despite the tight timeframe given to participate, the trial was well received by schools, their staff and Education Authorities as staff recognised the potential value of a nationally consistent approach. Schools understood the Model and found it relatively easy to apply with the level of guidance and support provided.

In response to the objectives of the trial, we found that:

- data on students with disability and the level of additional educational support provided to them *can* be collected in a nationally consistent way if schools are provided adequate guidance and time to complete
- participating schools and Education Authorities *are* able to interpret and apply the National Model in a consistent manner which could be further improved with refinements to the Model
- there *will be* an impact on Australian schools and the Education Authorities of the data collection arrangements but there are a number of practical options to reduce this impact.

Given the findings of the trial, we have suggested some possible refinements to the National Model and issues for consideration for national implementation that could reduce the impact on schools and improve the efficiency of data collection.

This has been an important exercise in the progress towards a national approach to better help schools as they support students with disability.

Suitability of the National Model

PwC was able to translate the National Model into an online data collection mechanism, which resulted in data being collected: across 149 schools and over 7,500 students; within target timeframes; and with only a small rate of identified error across the data set.

The trial sample was not designed to be representative of the students with disability population. Rather sampling was constructed to be representative of the education sector based on the following criteria. This sampling method was endorsed by the Steering Committee (see Section 4).

- jurisdiction
- government, Catholic and independent schools
- primary, secondary and combined schools
- metropolitan, regional and remote locations
- areas of socio-economic diversity
- special and mainstream schools
- Indigenous and non-Indigenous students.

This method of sampling provided results to inform conclusions for national implementation of the Model (further detailed in Section 5):

- The data collected resulted in information being collected for 9.1% of the student population across sample schools. Excluding the results of special schools in the trial, this result changes to 8.6% of the student population.

Compared to existing data sources, the results of the trial suggest a similar, but slightly lower, prevalence of disability in the student population. For example, the Australian Bureau of Statistics (ABS) estimates that in 2009, 8.8% of people aged 5 to 14 years had a disability.² Some of this variance may be explained by the different definitions of disability that are used across these two estimates.

- If students whose parents/carers have *not* been included in a consultation process are excluded from the count as expressed in the National Model, then the total number of students with disability in the trial reduces to 7,026 or 8.4% of total trial enrolments.
- As a result of the testing process, we found the National Model is suitable for collecting data on the adjustments provided to students with a diagnosed or validated disability. The National Model collects relevant information on students with disability consistently across jurisdictions and education sectors and is suitable for national implementation in its current form. Below, we suggest some possible refinements to the National Model and considerations for national implementation that could reduce the impact on schools and improve the efficiency of data collection.

Impact on schools

Feedback on the trial process was provided by 95% of trial schools through an impact assessment survey (see Section 6). Key findings from the survey results include:

- The time to complete the online data collection exercise varied significantly, with a median time of 17.5 minutes per student – 7.5 minutes to collect and prepare student information and 10 minutes to complete the data collection tool.
- More than 85% of schools reported that the user guidance and data collection tool were 'easy' or 'very easy' to use and the school visit and help hotline were viewed as 'very important' to complete the data collection exercise.
- The greatest difficulty experienced by schools was in applying the National Model where a student did not have a formal diagnosis, but was receiving ongoing and long-term support to access and participate in education directly related to a disability.

Schools recognised the importance of the trial, but noted that the time provided to complete data collection was limited and they were further restricted by schools holidays.

It is important to note that the prime objective of the trial was to test the application of the National Model and the impact on schools and systems of providing this information. There may in some cases have been a bias in the selection of schools towards those schools that would both actively participate and have the student demographics that would rigorously test the boundaries of the Model. This may have implications for national implementation in that the process of providing information may not be as well received by other schools as it was by the trial schools sampled.

² Australian Bureau of Statistics (ABS) 2010, *Disability, Ageing and Carers*, Australia 2009, Cat. No. 4430.0, Table 1. The Australian Institute of Health and Welfare publish similar results.

The collection of information through the National Model

The trial successfully collected relevant information on students with disability and the adjustments they are provided. While the Model could be used for national implementation in its current form, we suggest there are three key areas regarding the collection of information for further consideration. These suggestions seek to improve the quality of information collected and provide greater guidance to schools. These are summarised below and discussed further in Section 7.

Collection of information on adjustments

The Model currently includes four levels of adjustment – extensive, substantial, supplementary and no adjustments. The definitions were included in the user guidance distributed to schools (see Supporting Documentation).

To assist schools to determine the level of adjustment, we first asked them to identify the adjustments provided to students from a list of ten adjustment types that included examples (see Section 3.3). Schools were then asked to consider their selection of adjustments in determining the overall level of adjustment.

Through the impact assessment survey, schools identified that this section of the National Model was one of the most difficult to complete.

We suggest continuing to collect information on the types of adjustments to provide an additional layer of detail beyond the level of adjustment that will be valuable to policy makers. Further to this, we suggest adding clarity and relevant examples to the definitions of the levels of adjustment provided in the National Model to improve the consistency of application.

Collection of information on diagnosis or validation

The Model currently collects information on students with a diagnosis from a recognised practitioner and those where a disability has been ‘validated’ by an Education Authority. However:

- Schools identified that the ‘validation’ decision-point in the National Model was the most difficult to complete.
- Of the schools sampled, students with disability validated by the Education Authority make up 7% of the total number of students with disability.

It would be feasible to focus the National Model on students with a diagnosis only, but we suggest keeping the validated students in the Model because the detail of information on adjustments provided by schools would be lost. Instead, we suggest providing greater clarity and support consistent across jurisdictions and sectors to enable schools to better capture this group of students. If students with a validated disability were removed from the sample, the percentage of students with disability decreases from 9.1% to 8.4%.

Collection of information on disability

The Model asks schools to identify each student with disability as falling into one of the four disability categories included in the Model – physical, cognitive, social/emotional and sensory.

Collecting information on student’s disability is not the focus of the National Model, however, it provides more context to the students’ needs for adjustments in schools and provides a level of detail that will be valuable to educators and policy makers.

To provide guidance to schools in this area, we collected information, additional to the Model, on a list of ten disability types (see Section 3.3). Schools were then asked to select one as the primary disability and a disability category from the four above.

Schools identified that they provide adjustments based on the needs of their students rather than their primary disability or disability category. Therefore, they found it difficult to categorise disability when they were uncertain of where it would fit. For example, learning disability and intellectual disability categories were both often selected for similar disabilities. Further, Autism Spectrum Disorder was identified disproportionately to the known prevalence of Autism in the Australian population.

We suggest that further consideration be given to the level of detail on students’ disability collected by the Model and that more work could be completed on the definitions and examples of disability included.

An efficient and consistent national implementation

National implementation of this data collection process requires consideration of the elements of the Model as discussed above, but also to the approach of implementation.

Despite the tight timeframes given to schools, the trial was well received by schools and the objectives of the trial were met in that information was successfully collected on students with disability and the adjustments they are provided. The success of the trial was a result of the good will of the participating schools, but also of the considerable support provided in the short timeframe. For example, each school had the opportunity for a two hour consultation with PwC. This was possible given the sample of 149 schools but may be too resource intensive when implemented across almost 10,000 Australian schools.

Further, schools participating in the trial were selected by the Education Authorities and consideration was given to each school's capacity to participate and the level of support received through the trial.

There are a variety of different modes for national implementation of the National Model. From our experience through the trial, we have identified seven key areas that warrant consideration regardless of the mode of implementation. These are summarised below and further discussed in Section 8.

Enhanced messaging of the National Model

One element of the trial was to provide a count of the number of students with disability based on the definition of the National Model and collect information on the adjustments these students receive. A small number of schools were not confident that the students counted were appropriately included or excluded as a result of the application of the National Model. This was typically for two reasons:

- While students may receive ongoing and long term adjustments for a variety of reasons including socio-economic disadvantage or indeed being gifted, the fact of adjustments being made is not an indicator of disability as such. A diagnosis of 'disability' requires that there be an underlying disease, disorder or injury that is affecting an individual's abilities.
- The National Model considers adjustments provided by a school, but not the overarching needs of a student.

For national implementation, we suggest greater messaging of the purpose of the National Model and the associated data collection to address the concern raised by schools.

Support to schools

For the purposes of the trial, we provided a high level of support to schools through face-to-face school visits, comprehensive user guidance, and telephone and online support. Optimally the same level of support would be provided to schools to achieve the same consistent response. However, the level of support could be adjusted based on the implementation timeframe and school resources. For example:

- In the first year of implementation, a series of regional workshops would provide a similar level of support to face-to-face school visits. The workshops could be conducted on a staggered basis to reduce the impact on resources. To complement these regional workshops, central telephone and online support would aid consistent and efficient data collection.
- In subsequent years, regional workshops could possibly be replaced with online learning.
- Written user guidance and web-based support would be required on an ongoing basis.

Future data collection process

Data collection for the trial was not linked to any existing data collection process. For national implementation, grouping this data collection with other processes is an option. However, some key principles should be considered:

- the ability to preserve consistency across jurisdictions and education sectors
- consistent data collection through common support and training
- existing data collection processes in states and territories.

As this is not a simple counting process at the school level, the National Model would best be grouped with other student level data collections (if not run as a stand-alone data gathering exercise).

Timing of data collection	<p>As mentioned above, schools noted that the time provided to complete data collection was limited and was further restricted by school holidays.</p> <p>For national implementation, we suggest implementing the data collection process on a staggered basis across jurisdictions to ensure that schools have sufficient time to access support and complete data collection and to ensure that collection does not need to take place over school holidays.</p> <p>This approach will be particularly important in the first year of implementation, as we expect that the collection process will become more efficient over time.</p>
Special schools and special units	<p>The trial sample included six special schools. These schools indicated they had difficulty selecting the appropriate level of adjustment for each of their students as special schools are by nature a reflection of a wide range of adjustments as the entire curriculum and environment is adjusted to accommodate a high needs population.</p> <p>We suggest that user guidance should be reviewed to ensure that it is equally applicable to special schools.</p>
Consent	<p>For the trial, we were advised by Education Authorities as to the appropriate levels of consent required – “opt-in”, “opt-out” and “for information” consent approaches were used depending on the jurisdiction and sector. Further information on consent is provided in Section 6.4.</p> <p>For national implementation it would be optimal for jurisdictions to agree on one form of consent to improve consistent application of the Model.</p> <p>We suggest that either an “opt-out” or “for information” consent approach would improve the depth of detail at a student level in the data.</p>
Student records	<p>Given the sample in the trial, de-identified information at a student level was collected, so that the privacy of individual students and schools was maintained. School staff did not report any problems with entering information at a student level, which allows for greater detail from which to base analysis and recommendations. National implementation will not necessarily be limited to de-identified data. Collection of identifiable data would deliver certain advantages, including:</p> <ul style="list-style-type: none">• schools may be more efficient in subsequent years as entries could be more easily updated and tracked• this information would allow for greater detail to be reported on long term tracking of student outcomes.

2 Background

The *Disability Discrimination Act 1992* (DDA) provides protection in Australia against discrimination based on disability. The DDA makes it un-lawful for an education authority to discriminate against someone because that person has a disability.

The Disability Standards for Education³ legislation was enacted in 2005 to clarify the legal obligations of all education providers by specifying how education is to be made accessible to students with disability. Under this legislation, education providers have an obligation to make changes that are reasonable to accommodate the needs of a student with disability.

In determining the particular adjustments that are reasonably required, the legislation mandates that education providers consider the nature and impact of the student's disability and how it affects the student's ability to participate. The aim of this adjustments-focused appraisal process is to identify and address or remove any barriers to a student's education and to increase their academic and social participation.

2.1 The need for a National Model

While students with disability have a wide range of skills, capacities and learning needs, there is no evidence at the national level about the diversity of this population of students and the level of adjustment provided to them.

Currently, there is no national understanding of school students with disability or their educational needs and provision of support. Jurisdictions do not collect and report information about school students with disability in the same way. State and system level data generally capture the number of school students with disability that receive targeted funding according to the funding model in that state or system.

The development of a nationally consistent approach for collecting information on students with disabilities will provide rich information about the diversity of the population of students with disabilities, the level of adjustments they are provided with and, potentially, the outcomes they achieve. This information will enable Education Authorities to measure the impact of additional educational assistance over time. It will enable them to make informed judgements about the most effective strategies to improve learning outcomes for students with disability and enable them to better target initiatives and support. This, in turn will assist teachers to achieve equality of opportunity and more equitable education outcomes for students with disabilities. A nationally consistent approach for collecting information on students with disability will also provide evidence to inform future policy at the national and jurisdictional level.

2.2 Working towards a nationally consistent approach to the collection of information on students with disability

On 29 November 2008 the Council of Australian Governments (COAG), agreed to work towards a nationally consistent approach to identifying students with disability.

During 2010, an expert advisory group, chaired by DEEWR and including representatives from the state/territory Education Authorities, the Catholic and independent education sectors and other experts in the field of education for students with disability, developed a nationally consistent Model to identify school students with disability based on the functional needs of the student.

On 18 November 2010, the Australian Education, Early Childhood Development and Youth Senior Officials Committee (AEEYSOC) agreed to trial a proposed National Model for the collection of information on students with disability who receive adjustments to participate in education. Figure 1 illustrates the model that was agreed at AEEYSOC.

Figure 1: Model for collecting nationally consistent data on school students with disability

³ Australian Government 2005, *Disability Standards for Education* Canberra, ACT.

Background

This document contained an image outlining the Model for collecting nationally consistent data on school students with disability. It has been removed and replaced with a description of the image to ensure that the information is available to people with various information accessibility needs. The image is included in the PDF version of this publication.

The image contained three concentric circles – the first represented school students, the circle inside that represented students who meet the definition of disability under the Disability Discrimination Act 1992 and a third circle inside that representing students who are provided with adjustment in school.

Levels of adjustment were also represented as either Supplementary Adjustments, Substantial Adjustments or Extensive Adjustments. All adjustments were either physical, cognitive, sensory and social/emotional.

In February to April 2011 Craglyn Consulting was engaged by DEEWR to consult with Education Authorities and develop the descriptors for the National Model. In April 2011 the Steering Committee agreed to the Model for the purposes of the trial.

In April 2011, PwC was engaged by DEEWR to undertake the trial of the National Model as it has been developed to date. The trial was conducted across a sample of 149 schools across Australia to assess the appropriateness of the National Model and the impact on schools of the data collection process.

The five key objectives of the trial were to:

- test the implementation of the National Model to ensure that data on students with disability and the level of additional educational support provided to them can be collected in a nationally consistent way
- verify that each participating school and Education Authority is able to interpret and apply the National Model consistently
- assess the impact of the data collection arrangements on Australian schools
- assess the impact of the data collection arrangements on the Education Authorities
- provide recommendations for national implementation of the Model, given the findings of the trial.

The trial has been overseen by a Steering Committee chaired by DEEWR, with representatives from the state/territory Education Authorities, the Catholic and independent education sectors and the Australian Curriculum, Assessment and Reporting Authority (ACARA).⁴

The outcomes of the trial documented in this report will inform recommendations to Education Ministers in October 2011.

⁴ Committee membership during the trial is documented in Appendix E.

3 Trial of a model for collecting nationally consistent data on school students with disability

3.1 Overview of the National Model

The National Model for the collection of information on students with disability consists of a process to identify the number of students with a diagnosed disability, or a disability 'validated' by an Education Authority,⁵ as defined by the *Disability Discrimination Act 1992*, then for those who consent to participation, collect information on:

- the extent of adjustments (measures or actions) provided by the school to assist these students to access and participate in education on the same basis as students without disability. The adjustments are classified as – extensive, substantial, supplementary and no adjustments (for full descriptions see Appendix B).
- the type of disability under four groupings – physical, cognitive, sensory, and social/emotional.

In addition to these core elements, the trial collected additional information on types of adjustments (across ten categories), disability types (across ten categories) and student demographic information.

Figure 2 further explains the key elements of the National Model, in particular to determine if data on a student should be collected, or not, based on:

- whether there is a diagnosis from a recognised practitioner
- where there is no diagnosis, but there has been a validation of a disability from an authorised representative of the school Education Authority. We note that a validation can be determined if adjustments are being made that are linked to a disability and are required to access and participate in education
- whether a consultation process with parents or carers around the adjustments required and support needs of a student has been undertaken and an individual support plan is in place.

Following these steps assists in determining if a student should be included in the data collection. Additional information on the National Model is provided in Appendix B.

⁵ Throughout this document the term 'school Education Authority' is used to refer to the governing body or organisation that represents schools within each education sector. This term includes the Association of Independent Schools' (AIS) for the independent schooling sector and refers to the Catholic Education Commission (CEC) for the Catholic schooling sector.

Figure 2: The process for the collection of information regarding students with disability

This document contained an image outlining the process for the collection of information regarding students with disability. It has been removed and replaced with a description of the image to ensure that the information is available to people with various information accessibility needs. The image is included in the PDF version of this publication.

3.2 Overview of the process for data collection

School to receive data collection tool and user guide.	
School to collect consent where necessary.	
PwC to visit school to explain the trial, the National Model and the data collection tool.	
PwC will contact each school to arrange a time to visit the school for approximately 2 hours to talk through the Model, the data required and how to complete the data collection tool.	
<i>Process to complete data collection tool</i>	
Review the school information and add users to the database	
The school information will be pre-populated in the database, please review this information and confirm this is correct.	The principal of your school will receive user access to the database, the principal is then able to add other system users.
Decide which students meet the criteria of the model	
The school should work through the flow chart of the Model to decide which students are included in the data collection exercise	Review the sample questions and answers or talk to our team if you are not sure.
Step 1. Enter student information	
Create new student and verify that they have a disability as confirmed by an appropriate individual, either a recognised practitioner or the education authority.	Enter demographic information about the student.
Step 2. Enter disability information	
Confirm that the required consultation process was undertaken and that the student has a support plan	Select the disability category and sub category and provide additional narrative if necessary to explain these
Step 3. Enter adjustments (repeat steps one to three for next student)	
Select the adjustments received by the student and provide additional narrative if necessary to explain these	Confirm the overall level of adjustment; supplementary, substantial or extensive.
Step 4. Review the information	
Review the information prepared and mark as complete	The principal should review the information and mark as reviewed prior to submission to PwC
School to complete Impact Assessment Survey	

4 The trial process

The trial of the National Model took place between April and August 2011 and included four key phases: development, pre-trial, trial and post-trial tasks. The trial was based on a sample of 149 schools. This section outlines our approach to the trial and related governance arrangements and outlines the trial sample.

4.1 Approach to the trial

As mentioned in Section 1, the five key objectives of the trial were to:

- test the implementation of the National Model to ensure that data on students with disability and the level of additional educational support provided to them can be collected in a nationally consistent way
- verify that each participating school and Education Authority is able to interpret and apply the National Model consistently
- assess the impact of the data collection arrangements on Australian schools
- assess the impact of the data collection arrangements on the Education Authorities
- provide suggestions for national implementation of the Model, given the findings of the trial.

In order to achieve these objectives, we implemented a seven stage approach to the trial, across four key phases of work. The approach was designed to effectively engage stakeholders to increase participation and commitment to the trial. A priority was also to minimise risk and streamline the process to ensure timely delivery at each stage within the trial.

In total, 153 schools participated in the trial, with four schools opting not to continue their participation in the trial following the school visit. These four schools were from different jurisdictions and education sectors. As a result, the final trial sample is of 149 participating schools. A list of the characteristics of sample schools is included in Appendix D.

Figure 3 summarises the outputs from each planned stage of the trial. Overall each stage of the project was delivered within the agreed timeframes and with minimal changes from the original work plan.

Figure 3: Outputs from each planned stage of the trial

This document contained an image outlining the outputs from each planned stage of the trial. It has been removed and replaced with a description of the image to ensure that the information is available to people with various information accessibility needs. The image is included in the PDF version of this publication.

The image outlined the following

Stage 1- Inception and Planning (Development Phase)

Key activities: Inception meeting review the draft model of the definition of students with disabilities; Develop an Impact Assessment Strategy, Risk Management Strategy and Communications Strategy; Meet with each Education Authority to discuss expectations of the trial and key issues; Develop criteria for identifying sample schools; Develop Project Plan; Present Project Plan to DEEWR and the Steering Committee.

Stage 2- Develop data collection tools (Pre-Trial)

Key activities: Scan existing data sources and data collection tools; Design a conceptual framework for data collection; Design the online data collection tool providing a single source and repository of information with a focus on making it user friendly; Prepare comprehensive user guidance as an effective and simple set of instructions to support the tool; Internal testing of tool; Construct a Project Management Office (PMO) to assist in the effective organisation of school visits and be the central point for trial participants.

Stage 3 – Prepare for trial (Pre-Trial)

Key activities: Confirm and agree participating schools as part of a model to ensure a nationally representative sample; Present tools and guides to DEEWR and the Steering Committee; Finalise tools and user guides.

Stage 4 – Pilot Trial (Trial)

Key activities: Distribute data collection tool and guidance; Visit 18 schools across three regions the Kimberley in Western Australia and Hobart and the North West in Tasmania; Collect data and seek feedback on process; Catalogue lessons learnt from pilot; Prepare brief report for DEEWR and the Steering Committee; Refine data collection tools and guidance as required; Finalise data collection tools and guidance with DEEWR and the Steering Committee.

Stage 5 – Roll- out full trial (Trial)

Key activities: Training of the field team through a day long 'train the trainer' session; The PMO scheduled visits with 135 school consultations; School visits were completed in a 7 week period from 13 June to 27 July 2011; Provide ongoing assistance to schools for duration of trial through a dedicated hotline and online support; Collect and aggregate data from 149 schools in total (17 from the pilot and 132 from the full trial); Send out an Impact Assessment Survey to 149 schools and receive 142 responses; Send out an Impact Assessment Survey to 26 Education Authority representatives and receive 19 responses.

Stage 6 – Analysis and assessment (Post-Trial)

Key activities: Collate the responses from the data collection, school visits and impact assessment surveys; Perform a series of 16 data quality test to identify any abnormalities in the data set; Where issues are identified worked with schools to rectify abnormalities; Test hypotheses set by authorities; Compare data collected to current statistics on students with disability; Consolidate results of the impact assessment surveys to comment on the burden on schools and the suitability of the National Model; Identify areas where the National Model or national rollout could be improved.

Step 7 – Reporting (Post-Trial)

Trial of a model for collecting nationally consistent data on school students with disability

Key activities: Weekly status updates and monthly progress reports; Pilot reports summarising the results of the pilot trial and recommendations for the full trial; Draft report that is presented to DEEWR and the Steering Committee for consolidated feedback; Final Report including findings across the pilot and full trial for consideration by AEEYSOC and MCEECDYA.

4.1.1 Governance arrangements

As part of our approach to the trial we engaged with a number of key stakeholders as part of the management of the trial process, including DEEWR, the Steering Committee and our internal Expert Advisory Panel. Figure 4 outlines the governance arrangements in place as part of the trial.

Figure 4: Governance arrangements in place as part of the trial

This document contained an image outlining the governance arrangements in place as part of the trial. It has been removed and replaced with a description of the image to ensure that the information is available to people with various information accessibility needs. The image is included in the PDF version of this publication.

The image contained four boxes on three rows. The Steering Committee box was at the top, the DEEWR and PwC Core Team boxes were on the same level and below the Steering Committee and the Expert Advisory Panel was on the third row below the other boxes.

There were arrows from the Steering Committee box down to the DEEWR and PwC Core Team boxes, and an arrow from this box going up to the Steering Committee box. There were arrows between the DEEWR and PwC Core Team boxes (on the same level) and an arrow down from the PwC Core Team box to the Expert Advisory Panel, and an arrow from the Expert Advisory Panel up to the PwC Core Team box.

DEEWR

Throughout the seven stages of the trial PwC worked closely with the DEEWR team. Conference calls were held with the core DEEWR team on a weekly basis to discuss progress in the trial and resolve any issues. Once a month these meetings were held face-to-face so more detailed discussions could be had. A weekly reporting dashboard was also developed to track trial progress and highlight issues for immediate attention to ensure timeframes and milestones were met.

Steering Committee

The Steering Committee included members from:

- each state and territory government education department
- the national representatives for Catholic and independent schools
- the Australian Curriculum, Assessment and Reporting Authority (ACARA), and
- DEEWR.
- A full list of Steering Committee members is provided in Appendix E.

The dates of Steering Committee meetings attended by PwC and their purpose are outlined in Table 1.

Table 1: Steering Committee meeting dates

Meeting	Date	Purpose
1	30 March	Introduction and initial opportunity for input into the approach.
2	6 May	Agree the planning and inception deliverables.
3	13 May	Discuss and agree data collection tools and user guidance.
4	7 June	Present pilot trial report and agree final data collection tools.
5	18 July	Provide an update on the progress of the trial and any initial findings to date.
6	28 July	Provide an update on initial findings and data analysis following the completion of the trial.
7	30 August	Presentation and feedback on the draft report.

Expert Advisory Panel

We assembled an Expert Advisory Panel to provide input and guidance across all stages of the trial. The expert panel members have extensive knowledge of the disability and education sectors and were able to provide input in dealing with the sensitive issues considered in this trial.

- John Walsh (Chair) has extensive knowledge and experience in the disability sector. He has worked closely with the Australian Government in establishing the definition and cost of disability and interactions with accident compensation. In 2010, John was appointed as an Associate Commissioner to the Productivity Commission to investigate the feasibility of a National Disability Insurance Scheme and other options to fund lifetime care and support for people with disability.
- Maree Dyson is a consultant with more than 20 years in the disability and serious injury sectors in Australia and New Zealand. Maree is a member of the Australasian Evaluation Society and has been an expert adviser to the Advisory Committee on Australian and International Disability Data of the Australian Institute of Health and Welfare.
- Therese Morgante is a consultant with over 15 years in the disability sector providing both direct support services to people with a disability as well as policy advice.
- Michael White has held executive positions in education, health and community services departments in a number of state jurisdictions in Australia.

4.1.2 Changes made as a result of the pilot trial

Prior to undertaking the trial in all sample schools, PwC undertook a pilot in 18 schools across three regions: the Kimberley region in Western Australia, Hobart and the North West region in Tasmania. The purpose of the pilot was to test our approach, data collection tools and support mechanisms.

As a result of undertaking the pilot trial a number of changes were made to the data collection tool and the user guide to improve their usability. The key changes made are outlined in Table 2.

Table 2: Amendments to the data collection tool and user guide

Data collection tool
Revised format for selecting and adding adjustments, so that schools selected from ten adjustment types, with the additional sub-types used as examples in the user guidance.
Changed the school year level drop down options to reflect the fact that Western Australia and Tasmania use both of the terms Kindergarten and Preparatory, with Kindergarten the equivalent of pre-school in other states and Preparatory the official first year of primary school.
Changed to the functionality around marking students as reviewed so that principals do not have to go into each student record but can click 'finalise & submit' after confirming that all students have been reviewed. There is now a new button on the homepage 'mark all students as reviewed' prior to submission. The school will not be able to submit until all student records are marked as reviewed.
The design of the 'generate school pack for printing' button was reviewed, as it was not compatible with all systems. This changed so that an email pack was generated in pdf form which was sent to a user's email address within 10 minutes.
User guide
Inserted screen shots to align with the revised process of adding adjustments through one pop up screen.
Removed the orange circle ('student has a diagnosed disability from a recognised practitioner') in the diagram which summaries the National Model on page 4 of the user guide.
Removed a list of disabilities that a recognised practitioner may diagnose on page 16 of the user guide. Inclusion of a Specialist Educational Psychologist and 'other' category in the list of recognised practitioners.
'Kindergarten' explanation inserted on page 19 of the user guide to correspond with the update of the tool from discussion with WA and Tasmania.
Greater clarity provided to special schools, regarding a baseline to consider their school and adjustments they provide for students.
For dual enrolled students, the following guidance was provided "the student should be included in the trial at the school location where they spend the majority of their time. You only need to include the adjustments that are made at your school".

4.2 The trial sample

The aims of the trial were to test the application of National Model and the impact of the Model on schools. In order to make robust judgements on these aims, our approach included undertaking a trial of the Model at 149 schools across Australia. A list of the characteristics of sample schools is included in Appendix D.

PwC designed the trial sample to include main student groups and school types across jurisdictions (but not within jurisdictions) with some adjustments made to ensure that each jurisdiction has a minimum number of participating schools so not to reveal the identity of any one school. As a result, the sample included 15 regions, with a greater weighting of the sample in the largest jurisdictions and an oversample in the smallest jurisdictions (see Figure 5). The 15 regions were selected to ensure geographic representation. However, the schools within each region were identified and invited by Education Authorities, which may have led to some bias in the sample.

Figure 5: School sample framework

This document contained an image outlining the school sample framework. It has been removed and replaced with a description of the image to ensure that the information is available to people with various information accessibility needs. The image is included in the PDF version of this publication.

The image contained a map of Australia showing that; 12 schools in Perth (metropolitan area) and 6 Schools in the Kimberley region (remote) were identified in Western Australia; 7 schools in Darwin (metropolitan) and 6 schools in Alice Springs (remote) were identified in the Northern Territory; 14 schools in Mackay (regional/rural) and 13 schools in the Moreton Shire (Brisbane – metropolitan) in Queensland were identified; 12 schools in Moree (regional/rural), 18 schools in Sydney Eastern Suburbs (metropolitan) were identified in New South Wales, 8 schools in Canberra (metropolitan) were identified in the Australian Capital Territory; 15 Schools in Melbourne (metropolitan) and 10 schools in Mildura (regional/rural) were identified in Victoria; 5 schools in North West Tasmania (regional/rural) and 6 in Hobart (metropolitan) were identified in Tasmania; 9 schools in Salisbury (metropolitan) and 8 schools in Mount Gambier (regional/rural) were identified in South Australia.

PwC also considered the extent to which the sample is representative across seven other demographic factors, including:

- Education sector - Government, Catholic and independent
- Type of school - primary, secondary and combined
- Special schools and mainstream schools
- Size of school - under 200, 200 to 500 and over 500 students
- Aboriginal status of the students
- Geographic distribution - metropolitan, regional/rural and remote
- Socioeconomic status - using the ABS Socio-Economic Indexes for Areas (SEIFA) index

Table 3 shows these demographic factors as represented in the sample and in broader national data, including information from the Australian Bureau of Statistics (ABS) and the Australian Curriculum, Assessment and Reporting Authority (ACARA). It is important to note that in some cases the sample data is compared to national 'student' data and in other cases national 'population'. Also, in some instances we have oversampled in specific areas to provide sufficient data that will lead to reliable results. For example:

- Catholic and independent schools were oversampled to provide a sufficient number of non-government schools in each region so not to reveal the identity of any one school in the data results.
- Secondary and combined schools have been oversampled to capture the impact on larger schools across the selected regions (typically secondary and combined). For this same reason schools with more than 500 students have been oversampled.
- Schools in the most remote locations have been oversampled so that data results can be displayed by remoteness without revealing the identity of any one school, but also to capture the impact the National Model will have on schools in remote areas. As a result, schools in the most disadvantaged areas of Australia have also been oversampled.
- School with Indigenous populations have also been oversampled to ensure that testing of the National Model on this population group can be undertaken without revealing the identity of any one student or school.

Table 3: Australian schools by sector and sample of schools in trial

Criteria	Australian schools (2010)	% of Australian schools	Sample schools	% of sample schools
School sector				
Government	6,743	71%	85	56%
Catholic	1,708	18%	32	22%
Independent	1,017	11%	32	22%
Total	9,468	100%	149	100%
School type¹				
Primary	6,357	70%	69	46%
Secondary	1,409	16%	41	28%
Combined	1,286	14%	39	26%
Total	9,052	100%	149	100%
Special schools				
Mainstream	9,052	96%	143	96%
Special School	416	4%	6	4%
Total	9,468	100%	149	100%
School size²				
Under 200 students	6,938	73%	31	21%
200 to 500 students	1,075	11%	48	32%
More than 500 students	1,459	16%	70	47%
Total	9,472	100%	149	100%
Indigenous students				
Indigenous	162,831	5%	689 (students)	10%
Did not wish to answer	-	-	45 (students)	1%
Non-Indigenous	3,348,044	95%	6,414 (students)	89%

Total	3,510,875	100%	7,148 (students)	100%
Socio-economic diversity³				
Most disadvantaged (decile score ≤3)	4.49m	23%	62	42%
Moderately disadvantaged (decile score ≥4 and ≤7)	8.06m	41%	48	32%
Least disadvantaged (decile score ≥8)	7.26m	36%	39	26%
Total	19.81m	100%	149	100%
Remoteness⁴				
Remote	0.50m	3%	12	8%
Regional/rural	6.04m	31%	49	33%
Metropolitan	12.87m	66%	88	59%
Total	19.41m	100%	149	100%

Note¹: Figures do not include special schools.

Note²: Data provided by Australian Curriculum, Assessment and Reporting Authority (ACARA).

Note³: Based on Socio-Economic Indexes for Areas (SEIFA) 2006 data. Index used is Index of Relative Socio-Economic Disadvantage.

Note⁴: Australian Bureau of Statistics, Australian Regional Index (ARIA).

5 Trial outcomes: Students with disability

This section outlines the key results of the trial data, provides an estimate of the number of students with disability based on the results of the trial sample and details the procedures put in place to measure the quality of the data collected as part of the trial.

5.1 Results of the trial

5.1.1 *Count of students with disability*

The National Model actually goes beyond the diagrams included in Section 3, and distinguishes which students should be 'recorded' and which should be 'counted'.

'Recorded' students are those that meet either of the following two conditions of the National Model:

- Whether there is a diagnosis from a recognised practitioner.
- Where there is no diagnosis, but there has been a validation of a disability from an authorised representative of the school Education Authority. We note that a validation can be determined if adjustments are being made that are linked to a disability and are required to access and participate in education.

'Counted' students are those that meet the above two conditions, but also the following key condition:

- That a consultation process with parents or carers around the adjustments required and support needs of a student has been undertaken.

Therefore, in following this application of the National Model, students whose parents/carers have *not* been consulted are excluded from the 'count', in Figure 6. This is represented in the second column and results in the total number of students with disability in the trial reducing to 7,026 or 8.4% of total trial enrolments.

- The third and fourth columns do not impact on the 'count' of students but show the number of students with disability that have had a consultation and receive adjustments (third column) or have had a consultation, receive adjustments and have a individual support plan or similar (fourth column).

It is important to note the impact of excluding students that have not had formal consultation. While it is a requirement of the *Disability Standards for Education 2005*, there were still 553 students where, reportedly, no consultation has taken place. Looking at these students, 20% of them are Aboriginal or Torres Strait Islander students. Further consideration should be given to whether this step in the National Model actually discriminates against disadvantaged students.

Figure 6: National Model Count

	Disability (diagnosis and validation)	Consultation	Adjustments	Planning
If Yes	7,579 (9.1% of total trial enrolments)	7,026 (8.4% of total trial enrolments)	6,838 (8.2% of total trial enrolments)	5,901 (7.1% of total trial enrolments)
If No	Not in trial count	553	188	937

5.1.2 Proportion of students with disability

The overall proportion of students with disability was 9.1% for the schools participating in the trial. Figure 7 shows that the proportion of students with disability varies widely from 13.4% in Salisbury, South Australia to 7.3% in the Sydney Eastern Suburbs, New South Wales. Caution should be used when interpreting these results as the sample is not statistically significant relative to the student population and the percentage displayed for each region is not indicative of the actual proportion of students with disability within each state or territory. However, there is consistency in how the Model was applied across jurisdictions. A comparison to data collected by the Australian Bureau of Statistics (ABS) on children aged 5 to 14 years shows that 8.8% of children in this age group have a reported disability.⁶

Further, from the students identified, 67.7% of students were male and 32.3% were female, which again is consistent with the ABS estimates. Based on this information it appears that despite different definitions of disability being used, the estimate of the proportion of students with disability is similar.

When only looking at students in mainstream schools (i.e. excluding students in special schools), there were 7,151 students with disability identified (8.6% of total enrolments in the mainstream schools sampled).

Figure 7: Proportion of students with disability by region for the selected sample

State	Region	Proportion of students with disability for the selected sample	Number of schools in sample
NSW	Sydney Eastern Suburbs	7.3%	18
	Moree & surrounds	9.2%	12
ACT	Canberra	8.8%	8
VIC	Melbourne	9.6%	15
	Mildura/Swan Hill	11.3%	10
SA	Salisbury	13.4%	9
	Mt Gambier	9.4%	8
WA	The Kimberley	8.7%	6
	Perth	7.4%	12
TAS	Hobart	7.6%	6
	North West Tasmania	8.9%	5

⁶ Australian Bureau of Statistics (ABS) 2010, *Disability, Ageing and Carers*, Australia 2009, Cat. No. 4430.0, Table 1.

NT	Alice Springs	9.2%	6
	Darwin	8.8%	7
QLD	Mackay	7.9%	14
	Moreton Shire	10%	13
Overall Total		9.1%	149

5.1.3 Disabilities

Schools were asked to select the disabilities that a student has from the list outlined in Figure 8. Schools were also asked to select a primary disability or the disability defined as ‘the disability which inhibits the student’s ability to access and engage with education the greatest’.

Overall, the greatest number of students with disability in the sample schools have a learning disability (33%), intellectual disability (18%) or Autism Spectrum Disorder (16%) (see Figure 8). Together, students with these primary disabilities make up over two thirds of the sample. It is noted that the spread of disabilities (regardless of primary or otherwise) displays a similar pattern to the primary disability results above. Students that have a physical disability, vision impairment or chronic long-term or conductive hearing loss make up less than 8% of the sample. It is important to note that the disability type classifications for the purposes of the trial include speech and language disorders as a learning disability, which may contribute to the results shown.

Figure 8: Primary disability of students by state in the selected sample

This document contained an image outlining the primary disability of students by state in the selected sample. It has been removed and replaced with a description of the image to ensure that the information is available to people with various information accessibility needs. The image is included in the PDF version of this publication.

The image showed the proportions of students with learning disability, intellectual disability, Autism spectrum disorder, mental health (psychiatric) disorder and or social or emotional disorder, physical disability, vision impairment and chronic long-term or conductive hearing loss; severe behaviour disorder, chronic medical condition and global development delay in each state and territory.

Schools were asked to identify the recognised practitioner who diagnosed the primary disability of each student. If the student had not been diagnosed, schools also had the option to enter students who were validated by the Education Authority.

Figure 9 shows the spread of who diagnosed or validated a disability. Overall, 7.3% of students were validated by the relevant Education Authority. This low proportion suggests that schools have accurately interpreted the intent of the National Model is to capture students with disability, not to capture all students that are provided with adjustments for other reasons.

Schools were only asked to provide information on the recognised practitioner who diagnosed the primary disability and, as such, no data was collected on who diagnosed or verified other disabilities identified.

Figure 9: Students diagnosed or validated by a recognised practitioner or the Education Authority for the selected sample

This document contained an image outlining students diagnosed or validated by a recognised practitioner or the Education Authority for the selected sample. It has been removed and replaced with a description of the image to ensure that the information is available to people with various information accessibility needs. The image is included in the PDF version of this publication.

The image showed 18.7% were validated by a paediatrician; 16.6% by a registered psychologist; 16% by a speech pathologist; 10.7% by specialist educational psychologists; 8.4% by a clinical psychologist; 7.3% by an Education Authority; 6.0% by a medical specialist; 5.4% by a developmental paediatrician; 3.5% by other; 3.0% by an audiologist; 2.2% by a psychiatrist; 0.6% by an ophthalmologist; 0.6% by a neurologist; 0.5% by an optometrist; 0.4% by a neuropsychologist; 0.1% by an orthopaedic surgeon.

5.1.4 Adjustments

Schools were asked to assess the overall level of adjustment for each student across four categories – extensive, substantial, supplementary or no adjustments made.

Figure 10 shows that 14% of students with disability identified in this Model receive an extensive level of adjustment. Greater than average proportions for 'extensive' are shown for Perth, Hobart and the Sydney Eastern Suburbs. This was expected given the presence of special schools in those regions.

Figure 10: Level of adjustment provided to students by region in the selected sample

This document contained an image outlining the level of adjustment provided to students by region in the selected sample. It has been removed and replaced with a description of the image to ensure that the information is available to people with various information accessibility needs. The image is included in the PDF version of this publication.

The image showed the following:

NSW

Sydney Eastern suburbs – 19% extensive, 18% substantial, 61% supplementary and 1% no level of adjustment

Moree and surrounds – 16% extensive, 21% substantial, 60% supplementary and 3% no level of adjustment

ACT

Canberra - 10% extensive, 23% substantial, 59% supplementary and 8% no level of adjustment

VIC

Melbourne - 5% extensive, 25% substantial, 67% supplementary and 2% no level of adjustment

Mildura/Swan Hill - 6% extensive, 38% substantial, 52% supplementary and 3% no level of adjustment

SA

Salisbury - 13% extensive, 26% substantial, 59% supplementary and 1% no level of adjustment

Mt Gambier - 17% extensive, 19% substantial, 59% supplementary and 5% no level of adjustment

WA

The Kimberley - 10% extensive, 18% substantial, 71% supplementary and 1% no level of adjustment

Perth - 34% extensive, 26% substantial, 37% supplementary and 3% no level of adjustment

TAS

Hobart - 23% extensive, 16% substantial, 51% supplementary and 10% no level of adjustment

North West Tasmania - 8% extensive, 13% substantial, 74% supplementary and 5% no level of adjustment

NT

Alice Springs - 8% extensive, 22% substantial, 63% supplementary and 7% no level of adjustment

Darwin - 11% extensive, 40% substantial, 43% supplementary and 6% no level of adjustment

QLD

Mackay - 11% extensive, 34% substantial, 46% supplementary and 8% no level of adjustment

Moreton Shire - 21% extensive, 28% substantial, 48% supplementary and 3% no level of adjustment

Overall

14% extensive, 25% substantial, 57% supplementary and 4% no level of adjustment

(Note: percentages may not total 100 due to rounding)

Figure 11 shows that for the selected sample, schools in the independent sector are providing supplementary adjustments to 63% of their students with disability and extensive adjustments to 9%. Conversely, the Government sector is providing extensive adjustments to a much larger proportion of its students with disability (19%).

Figure 11: Level of adjustment provided by sector in the selected sample

This document contained an image outlining the level of adjustment provided by sector in the selected sample. It has been removed and replaced with a description of the image to ensure that the information is available to people with various information accessibility needs. The image is included in the PDF version of this publication.

The image showed the following:

Government Sector: 4% no adjustment, 50% supplementary, 27% substantial and 19% extensive adjustment.

Catholic sector: 4% no adjustment, 65% supplementary, 23% substantial and 9% extensive adjustment.

Independent sector: 4% no adjustment, 63% supplementary, 23% substantial and 9% extensive adjustment.

(Note: percentages may not equal the total due to rounding)

Figure 12 shows the adjustment category selected given the number of adjustments made for a student. This shows that the likelihood of 'extensive' being selected increases when the number of adjustments increases.

It is important to note that it is reasonable that some students could receive a high number of adjustment types but to such a small extent that the overall level is considered 'supplementary.' Conversely, it is just as reasonable that some students may receive a smaller number of adjustments but to such an extent that they are classified as 'extensive.' Despite this, the pattern of adjustments shown is in line with the definitions included in the National Model.

Figure 12: Level of adjustment provided by number of adjustment types selected per student in the selected sample

This document contained an image outlining the level of adjustment provided by number of adjustment types selected per student in the selected sample. It has been removed and replaced with a description of the image to ensure that the information is available to people with various information accessibility needs. The image is included in the PDF version of this publication.

The image showed that:

No selected adjustment types: 2% supplementary and 98% no level of adjustments

1 adjustment type: 3% substantial, 89% supplementary and 7% no level of adjustment

2 adjustment types: 12% substantial, 86% supplementary level of adjustment

3 adjustment types: 4% extensive, 31% substantial, 64% supplementary level of adjustment

4 adjustment types: 9% extensive, 40% substantial, 51% supplementary level of adjustment

5 adjustment types: 15% extensive, 48% substantial, 37% supplementary level of adjustment

6 adjustment types: 30% extensive, 53% substantial, 17% supplementary level of adjustment

7 adjustment types: 55% extensive, 37% substantial, 8% supplementary level of adjustment

8 adjustment types: 76% extensive, 21% substantial, 3% supplementary level of adjustment

9 adjustment types: 89% extensive, 10% substantial level of adjustment

10 adjustment types: 67% extensive, 11% substantial, 22% supplementary level of adjustment

Overall: 14% extensive, 25% substantial, 57% supplementary and 4% no level of adjustment

Figure 13 show the number of students identified at each year level and the level of adjustment provided to those students. The results show that 27% of the identified students with disability in the first year of mandatory, full time schooling are receiving an extensive level of adjustment. Note that this chart shows the number of recorded students in each year level for the schools in the sample and the proportion receiving each level of adjustment. Variations in the number of recorded students should not be interpreted as different rates of recording of students with disability across year levels. In the trial, no information was collected on the number of students in each year level at each school, therefore we are unable to analyse the rates of inclusion by year level.

Figure 13: Level of adjustment by year level for schools in the selected sample

This document contained an image outlining the level of adjustment by year level for schools in the selected sample. It has been removed and replaced with a description of the image to ensure that the information is available to people with various information accessibility needs. The image is included in the PDF version of this publication.

The image showed the following:

K/P/PP/R/T: 27% extensive, 25% substantial 46% supplementary and 2% no level of adjustment

Year 1: 14% extensive, 27% substantial 58% supplementary and 1% no level of adjustment

Year 2: 14% extensive, 24% substantial 60% supplementary and 2% no level of adjustment

Year 3: 10% extensive, 27% substantial 60% supplementary and 3% no level of adjustment

Year 4: 9% extensive, 30% substantial 59% supplementary and 2% no level of adjustment

Year 5: 11% extensive, 25% substantial 62% supplementary and 2% no level of adjustment

Year 6: 12% extensive, 27% substantial 58% supplementary and 3% no level of adjustment

Year 7: 12% extensive, 26% substantial 57% supplementary and 4% no level of adjustment

Year 8: 12% extensive, 23% substantial 61% supplementary and 4% no level of adjustment

Year 9: 12% extensive, 23% substantial 58% supplementary and 6% no level of adjustment

Year 10: 13% extensive, 27% substantial 55% supplementary and 6% no level of adjustment

Year 11: 13% extensive, 21% substantial 58% supplementary and 8% no level of adjustment

Year 12: 15% extensive, 17% substantial 61% supplementary and 7% no level of adjustment

(Note: percentages may not total 100 due to rounding)

Figure 14 shows the level of adjustment provided for students across mainstream and special schools. The results show that only 10% of students in mainstream school students receive an extensive level of adjustment compared to over 70% for special schools.

Figure 14: Level of adjustment provided for students by school type in the selected sample

This document contained an image outlining the level of adjustment provided for students by school type in the selected sample. It has been removed and replaced with a description of the image to ensure that the information is available to people with various information accessibility needs. The image is included in the PDF version of this publication.

The image showed the following:

Mainstream schools: 4% none, 60% supplementary, 25% substantial and 10% extensive level of adjustment

Special schools: 0% none, 0% supplementary, 25% substantial and 75% extensive level of adjustment.

(Note: percentages may not total 100 due to rounding)

5.2 National estimate

One element of the trial is to use the results of the trial to estimate the size of the cohort of the total student population likely to be captured by the parameters proposed in the National Model.

However, the nature of the sample of selected schools participating in the trial means we are unable to undertake the statistical analysis of the results that would provide a robust estimate for total student population.

This is primarily due to the fact that the schools participating in the trial were not randomly selected, which is a key requirement for statistical inferences on large populations. As discussed in Section 3, participating schools were carefully selected in consultation with Education Authorities to be geographically representative as well as representative across the sectors, type (primary, secondary and combined) and representative of special needs schools.

It is important to note that the prime objective of the trial was to test the application of the National Model and the impact on schools and Education Authorities of providing this information. There may in some cases have been a bias in the selection of schools towards those schools that would both actively participate and have the student demographics that would rigorously test the boundaries of the Model.

With this in mind, we have undertaken a simple calculation to estimate the number students with disability that could possibly be identified were the Model to be implemented nationally.

For each state, we took the number of students with disability identified at participating schools and calculated the prevalence rate of disability based on the enrolments of participating schools. We then applied- the calculated prevalence rate to the state student population to estimate the number of students with disability in each state. The summation of these provided a national total of the number of students with disability, from which we calculated the national prevalence.

We built the estimate from state calculations to ameliorate the impact that any one school would have on the overall number. If one school was an outlier in a smaller state, its impact on the national total would be ameliorated by the weighting of state populations. If one school was an outlier in a larger state, its impact on the national total would be ameliorated by the number of other schools in the state prior to the weighting of state populations.

As a guide for comparison, the 2009 ABS Disability, Ageing and Carers survey identified children between 5 and 14 years of age with a reported disability totalled 241,000.⁷ This number is lower than our estimate as the survey is two years old and does not include all school aged children (i.e. between 5 and 21 years). It is important to note that the ABS survey is based on self-reported disability as there is no nationally consistent process for collecting information on students with disability and the definition of disability is very different between the two estimates therefore they are counting different populations, albeit with significant overlaps.

Table 4 shows national estimates by sector and gender respectively. These estimates need to be treated with caution, but may provide an indicative view as to the total number of students with disability.

Table 4: National estimates by gender

Gender	Number of students with disability	Resulting % of all students with disability
Male	201,992	68.1%
Female	94,425	31.9%
Total	296,417	100% (8.4% of total student population)

⁷ Australian Bureau of Statistics (ABS) 2010, *Disability, Ageing and Carers*, Australia 2009, Cat. No. 4430.0, Table 1.

Table 5 shows the national estimates for the students with disability at each level of adjustment.

Table 5: National estimates by level of adjustment

Sector	% of students in sample	Resulting number of total student population
Extensive	14%	41,498
Substantial	25%	74,104
Supplementary	57%	168,958
No adjustment	4%	11,857
Total	100%	296,417

5.3 Quality tests performed on the trial data

The quality of the data presented as part of the trial was tested in two ways:

- validation controls built into the online data collection tool
- a series of 16 data quality tests (12 at the student level and 4 at the school level).

5.3.1 *Built in validation controls*

We built a number of validation controls into the data collection tool to improve completeness and accuracy of the collected information. These automated controls restricted or prevented further action being taken so that data could not be submitted without meeting these criteria.

The data collection tool has been designed so that a number of validation controls are in place at the point of data entry. This is to reduce the number of errors in the data collection at the point of entry.

A full list of built in validation controls is provided in Appendix C.

5.3.2 *Data quality tests*

In order to examine the data we performed a series of data quality tests. These tests were designed to further investigate flagged results.

Where performance of these data quality tests suggested that certain questions may not have been completed in accordance with the National Model, for example by the identification of outliers or anomalies, we investigated these results, including by contacting schools to understand the information provided in the data collection.

A full list of data quality tests conducted and overall results is provided in Appendix C.

Data quality checks that cannot be performed

In our planning of the data analysis to be undertaken we identified a number of potential data quality procedures that could not be undertaken. Below we have noted those procedures we identified and considered the potential impact of not undertaking this test:

- Elements of face validity (ensuring the National Model's output is in line with initial objectives) have been tested, however, face validity tests have not been exhaustive.
- Compare the National Model (and data collection tool) to other like tools and run them concurrently to test that the results are appropriately sensitive and specific.
- The usability of the descriptions of the adjustment categories (extensive, substantial and supplementary). Only the understanding of the adjustment categories is validated.
- Test-retest reliability – that the same indicator would be reported consistently for the same student by the same person administering the test at different points in time.
- Intrarater reliability - that the same indicator would be reported consistently for the same student by different people administering the test at the same point in time.

The validation procedures noted above are not considered to undermine the overall validity of the National Model and the trial process for the following reasons:

- The validation procedures performed identified few outliers therefore providing confidence that data would largely be reported consistently.
- A face to face consultation that enabled full and clear explanation of the national Model is likely to have reduced the chances of the national Model being interpreted very differently by different schools.

Overall data quality results

Undertaking these validation checks identified a small number of data items that fell outside of our expected parameters however this was limited to less than 2.5% of all data entries, which is a reasonable and expected error rate. The most common issues highlighted from performing the data quality tests are outlined in Table 6.

Table 6: Issues highlighted as a result of the data quality tests

Issue identified	PwC response
No disability was selected for a given student.	Additional automated controls were built into the data collection tool to make sure that this combination of responses could not be provided. Once this control was added, this was no longer an issue.
One school selected that the disability had been validated by the Education Authority, but then selected that no adjustments were being made at this time. Students should only have been entered into the tool if they did not have a diagnosis but the disability had been validated if they were receiving adjustments.	Additional automated controls could be built into the data collection tool to make sure that this combination of responses could not be provided. Schools who entered students in this scenario were contacted and all records were updated to either include adjustments or removed from the collection. As noted below/ above, the identification of students that did not have a diagnosis from a recognised practitioner but should be included in the tool was often the most commonly discussed point at the consultation visits.
Primary disability did not match the primary disability category.	The selection of an unexpected primary disability category could indicate the following: <ul style="list-style-type: none"> • lack of understanding of the primary disability categories • uncertainty of which disability was the primary disability • disagreement with the primary disability category • other disabilities present which may result in the student being categorised in another primary category.
A school entered adjustments into the tool for a student but then selected the overall level of adjustment as 'none at this time'.	Additional automated controls were built into the data collection tool to make sure that this combination of responses could not be provided. On this issue we asked 24 schools to revise their data collection.
A school did not enter any adjustments for a student but then selected the overall level of adjustment as supplementary, substantial or extensive.	Additional automated controls could be built into the data collection tool to make sure that this combination of responses could not be provided. On this issue we asked 4 schools to revise their data collection.

6 Trial outcomes: Impacts on schools and Education Authorities

Following the data collection process, an impact assessment survey was sent to each school to assess the impact of the data collection arrangements on Australian schools and their staff. This provided participants in the trial an opportunity to provide valuable feedback about the application of the National Model and the impact the process had on their school. This survey was completed by 142 schools (a completion rate of 95%). This section considers the key impacts of the trial on schools.

6.1 Impact on schools

As part of the trial, PwC visited 153 schools with four schools choosing to withdraw from the trial. These four schools were asked to provide feedback on their reasons for withdrawal from the trial. The two key themes noted were the short notice of the request to participate and a lack of time to collect and enter the data. Other themes were noted as follows:

- the timing of the trial was not suitable (ie near school holidays and exam period)
- teacher release time would have been required
- the purpose of trial was thought to be worthwhile
- the school visit had been helpful.

Some schools found participation in the trial useful because it facilitated discussions amongst staff on all students that they provide adjustments to at their school and, through the use of the online tool, schools generated PDF print out packs of the information regarding students with disability and this is now stored centrally in their files.

6.1.1 Time and number of staff involved

The time to complete the data collection tool varied significantly between schools, with a median response of 17.5 minutes per student. Figure 15 shows the differences for each region. The median result for collection and preparation of student information was 7.5 minutes and 10 mins to complete the online tool (per student).

Figure 15: Average time to complete data collection tool, by region per student

This document contained an image outlining the average time to complete data collection tool, by region, per student. It has been removed and replaced with a description of the image to ensure that the information is available to people with various information accessibility needs. The image is included in the PDF version of this publication.

The image showed the following:

NSW

Sydney Eastern Suburbs: 10 minutes spent collating data per student (median), 13 minutes spend entering data into tool, per student (median), total of 23 minutes (median).

Moree and surrounds: 16 minutes spent collating data per student (median), 10 minutes spend entering data into tool, per student (median), total of 26 minutes (median).

ACT

Canberra: 3 minutes spent collating data per student (median), 10 minutes spend entering data into tool, per student (median), total of 13 minutes (median).

VIC

Melbourne: 5 minutes spent collating data per student (median), 8 minutes spend entering data into tool, per student (median), total of 13 minutes (median).

Mildura and Swan Hill: 3 minutes spent collating data per student (median), 7 minutes spend entering data into tool, per student (median), total of 10 minutes (median).

SA

Salisbury: 5 minutes spent collating data per student (median), 9 minutes spend entering data into tool, per student (median), total of 14 minutes (median).

Mt Gambier: 3 minutes spent collating data per student (median), 10 minutes spend entering data into tool, per student (median), total of 13 minutes (median).

WA

The Kimberley: 3 minutes spent collating data per student (median), 8 minutes spend entering data into tool, per student (median), total of 11 minutes (median).

Perth: 9 minutes spent collating data per student (median), 7 minutes spend entering data into tool, per student (median), total of 16 minutes (median).

TAS

Hobart: 5 minutes spent collating data per student (median), 17 minutes spend entering data into tool, per student (median), total of 22 minutes (median).

North West: 5 minutes spent collating data per student (median), 9 minutes spend entering data into tool, per student (median), total of 14 minutes (median).

NT

Alice Springs: 13 minutes spent collating data per student (median), 10 minutes spend entering data into tool, per student (median), total of 23 minutes (median).

Darwin: 14 minutes spent collating data per student (median), 15 minutes spend entering data into tool, per student (median), total of 29 minutes (median).

QLD

Mackay: 15 minutes spent collating data per student (median), 15 minutes spend entering data into tool, per student (median), total of 30 minutes (median).

Moreton Shire: 7 minutes spent collating data per student (median), 6 minutes spend entering data into tool, per student (median), total of 13 minutes (median).

6.1.2 Impact on duties

Schools reported a medium level of impact on their teaching duties and a more substantial impact on their administrative and special needs support duties, as shown in Figure 16.

Figure 16: Impact on other duties, mean values

This document contained an image outlining the impact on other duties, mean values. It has been removed and replaced with a description of the image to ensure that the information is available to people with various information accessibility needs. The image is included in the PDF version of this publication.

The image used a scale of 0 to 4 where 0 is very significant impact, 1 is substantial impact and 4 is no impact. The image showed the following

Teaching duties: Mean is 2.0. 17% of respondents selected 0, 23% selected 1, 25% selected 2, 13% selected 3 and 22% selected 4.

Administrative duties: Mean is 1.2. 24% of respondents selected 0, 46% selected 1, 21% selected 2, 6% selected 3 and 3% selected 4.

Special needs support duties: Mean is 1.5. 21% of respondents selected 0, 30% selected 1, 32% selected 2, 12% selected 3 and 6% selected 4.

Other duties: Mean is 1.9. 11% of respondents selected 0, 30% selected 1, 27% selected 2, 16% selected 3 and 15% selected 4.

6.1.3 Application of the National Model

Figure 17 shows the level of difficulty that schools found in completing each element of the data collection tool. Interestingly, respondents stated it was more difficult to identify adjustment categories and level of adjustment than it was to select the primary disability and identify disability categories. This is surprising given inconsistencies found in the data regarding primary disabilities and disability categories.

The greatest level of difficulty applying the National Model for schools was when a student did not have a diagnosed disability but the disability was validated by an authorised representative of the Education Authority.

Figure 17: Application of the National Model, mean values

This document contained an image outlining the application of the National Model, mean values. It has been removed and replaced with a description of the image to ensure that the information is available to people with various information accessibility needs. The image is included in the PDF version of this publication.

The image used a scale of 0 to 4 where 0 is not applicable, 1 is very difficult and 4 is very easy. The image showed the following:

Applying the definition of students with disability: Mean score is 2.8. 0% of respondents selected 0, 5% selected 1, 26% selected 2, 57% selected 3 and 12% selected 4.

Identifying whether each student had a diagnosis from a recognised professional: Mean score is 2.8. 0% of respondents selected 0, 11% selected 1, 20% selected 2, 42% selected 3 and 27% selected 4.

Identifying those students without a diagnosed disability, but whose disability was validated by an education authority: Mean score is 2.5. 8% of respondents selected 0, 12% selected 1, 36% selected 2, 34% selected 3 and 10% selected 4.

Identifying disability categories: Mean score is 2.9. 0% of respondents selected 0, 3% selected 1, 25% selected 2, 52% selected 3 and 20% selected 4.

Selecting the primary disability: Mean score 2.9. 0% of respondents selected 0, 4% selected 1, 30% selected 2, 42% selected 3 and 25% selected 4.

Identifying the adjustment categories and types: Mean score 2.7. 0% of respondents selected 0, 5% selected 1, 30% selected 2, 54% selected 3 and 12% selected 4.

Identifying the overall level of adjustment: Mean score 2.7. 0% of respondents selected 0, 5% selected 1, 33% selected 2, 48% selected 3 and 14% selected 4.

6.1.4 Confidence in the National Model

Overall, the majority of respondents felt confident that the National Model identified students with disability in their school. The median confidence result was 3.0 'confident'. The regions where respondents were less confident that the Model captured the right students were typically rural and remote areas and areas with high indigenous populations where schools provide adjustments for a wider range of students without diagnosis (see Figure 18).

Figure 18: Level of confidence by region, average values

This document contained an image outlining the level of confidence by region, average values. It has been removed and replaced with a description of the image to ensure that the information is available to people with various information accessibility needs. The image is included in the PDF version of this publication.

The image used a scale of 0 to 4 where 0 is did not answer, 1 is not confident and 4 is very confident. The image showed the following:

Sydney Eastern Suburbs: Mean score 3.1. 0% of respondents selected 0, 0% selected 1, 19% selected 2, 56% selected 3 and 25% selected 4.

Moree and Surrounds: Mean score 2.7. 0% of respondents selected 0, 8% selected 1, 25% selected 2, 58% selected 3 and 8% selected 4.

Canberra: Mean score 2.3. 14% of respondents selected 0, 0% selected 1, 29% selected 2, 57% selected 3 and 0% selected 4.

Melbourne: Mean score 3.3. 0% of respondents selected 0, 0% selected 1, 0% selected 2, 73% selected 3 and 27% selected 4.

Mildura and Swan Hill. Mean score 3.2. 0% of respondents selected 0, 0% selected 1, 11% selected 2, 56% selected 3 and 33% selected 4.

Salisbury: Mean score 3.0. 0% of respondents selected 0, 0% selected 1, 0% selected 2, 100% selected 3 and 0% selected 4.

Mt Gambier: Mean score 2.8. 0% of respondents selected 0, 0% selected 1, 25% selected 2, 75% selected 3 and 0% selected 4.

The Kimberley: Mean score 2.8. 0% of respondents selected 0, 0% selected 1, 20% selected 2, 80% selected 3 and 0% selected 4.

Perth: Mean score 3.3. 0% of respondents selected 0, 0% selected 1, 10% selected 2, 50% selected 3 and 40% selected 4.

Hobart: Mean score 3.3. 0% of respondents selected 0, 0% selected 1, 0% selected 2, 67% selected 3 and 33% selected 4.

North West Tasmania: Mean score 2.7. 0% of respondents selected 0, 0% selected 1, 33% selected 2, 67% selected 3 and 0% selected 4.

Alice Springs: Mean score 2.5. 17% of respondents selected 0, 0% selected 1, 17% selected 2, 50% selected 3 and 17% selected 4.

Darwin: Mean score 2.7. 0% of respondents selected 0, 14% selected 1, 29% selected 2, 29% selected 3 and 29% selected 4.

Mackay: Mean score 2.6. 0% of respondents selected 0, 8% selected 1, 25% selected 2, 67% selected 3 and 0% selected 4.

Moreton Shire: Mean score 3.5. 0% of respondents selected 0, 0% selected 1, 0% selected 2, 54% selected 3 and 46% selected 4.

Overall mean score is 3.0. 1% of respondents selected 0, 2% selected 1, 14% selected 2, 62% selected 3 and 20% selected 4.

6.2 Usefulness of support

This section shows the results of the Impact Assessment Survey that were focused on the usefulness of support provided during the trial. They provide feedback on the various elements of support which should be considered when determining the level of support to be provided during national implementation.

For the trial, each participating school received a face-to-face consultation with the PwC team to explain the National Model, the process of the trial and a demonstration of how to use the data collection tool. In addition, participants were provided a handbook with detailed user guidance.

The online data collection tool was designed with 'user friendly' features to assist schools in entering their students' information. The features included: an easy to read screen and user friendly menus to assist navigating the tool, help functions throughout the tool, an easy to print function status reporting and ability to save information in draft for review.

We further supported schools participating in the trial through a dedicated helpline run by PwC staff that operated every day of the trial to answer queries either via phone or through a dedicated email address.

In addition to the support provided by PwC, 43% of schools responded that they also received some sort of assistance from their Education Authority to complete the data collection tool. Some Education Authorities visited their schools to directly provide validation for a disability where there was no diagnosis. Some Education Authorities provided teacher relief for their schools to participate in the trial. Interestingly, the differences in support provided by Education Authorities did not translate into any discernable trend for those jurisdictions in the impact on schools discussed in the previous section.

Figure 19 and Figure 20 capture the responses from the Impact Assessment Survey on the level of assistance provided by the user guide and data collection tool. The user guide mean score was 3.2 and the data collection tool 3.4, both marked as easy to use.

Figure 19: User friendliness results for user guide and data collection tool

This document contained an image outlining the user friendliness results for user guide and data collection tool. It has been removed and replaced with a description of the image to ensure that the information is available to people with various information accessibility needs. The image is included in the PDF version of this publication.

The image used a scale of 0 to 4 where 0 is did not use, 1 is very difficult and 4 is very easy. The image showed the following:

User guide: Mean score 3.2. 3% of respondents selected 0, 0% selected 1, 4% selected 2, 46% selected 3 and 48% selected 4.

Data collection tool: Mean score 3.4. 2% of respondents selected 0, 1% selected 1, 10% selected 2, 46% selected 3 and 41% selected 4.

Based on feedback from the schools, the key features that enhanced the ease of use of the tool included:

- options to move back and forth within the tool and go back to an incomplete record
- options to save data at regular points
- help functions built into the tool
- ability to mark information as draft prior to submission
- built in print capabilities so information can be reviewed in hard copy format.

As mentioned previously, one of the key responses from the schools was around how useful it was to receive a PDF file containing all of the information submitted by the schools. Many schools revealed that their record keeping required improvements, and the receipt of this report enabled them to have a quality record of their students.

In addition, 59% of schools ranked the PwC visit as 'very useful' and the support team assistance via the hotline and email was marked as 'very useful' by 37% of schools. (see Figure 20).

Figure 20: Usefulness of PwC visit and support team (hotline and email) results

This document contained an image outlining the usefulness of PwC visit and support team (hotline and email) results. It has been removed and replaced with a description of the image to ensure that the information is available to people with various information accessibility needs. The image is included in the PDF version of this publication.

The image used a scale of 0 to 4 where 0 is did not use, 1 is not very useful and 4 is very useful. The image showed the following:

PwC visit: Mean score 3.5. 1% of respondents selected 0, 2% selected 1, 4% selected 2, 33% selected 3 and 59% selected 4.

PwC support team (hotline and email): Mean score 3.4. 26% of respondents selected 0, 1% selected 1, 6% selected 2, 30% selected 3 and 37% selected 4.

As mentioned above, additional support was provided to schools through a hotline and dedicated email address that was run by PwC throughout the trial.

The hotline received 408 calls and the email-box received 126 emails, for a total of 534 queries. This was lower than expected given the number of schools participating. Further, 194 of these queries were either a school confirming their participation in the trial, or calls arranging the PwC school visit.

Excluding these two types of queries (as they were not questions about the National Model or process of the trial), we received a total of 340 calls and almost 70% of the queries fell under the first four categories listed in Table 7. The largest number of queries was regarding navigating the tool which included assisting schools if they had made a mistake with a student's record, confirming for schools that they had entered information correctly and assisting schools identify fields with missing information (that generated error messages).

The hotline is an important method for support for schools as despite the 'very useful' user guidance provided, some participants preferred to talk to a PwC team member when they encountered problems or wanted to check that they were doing the right thing.

Table 7: Summary of call and email log

Type of query	Number of queries	Percentage of total queries
Assistance – navigating the tool	89	26%
Technical – password queries	59	17%
Assistance – query regarding disability type	48	14%
Assistance – marking reviewed or to finalise and submit data	40	12%
Technical – adding users or changing user rights	20	6%
Technical – issue with saving data	19	6%
Assistance – school doesn't know DEEWR number	15	4%
Other – difficulty accessing website	15	4%
Assistance – query regarding obtaining consent	10	3%
Assistance – query regarding level of adjustment	11	3%
Assistance – determining a recognised practitioner	7	2%
Other – requesting deadline extension	7	2%
Total	340	100%

(Note: percentages may not total 100 due to rounding)

The low number of calls and emails to the hotline regarding application of the National Model and use of the online data collection tool further highlights the importance of a user-friendly data collection tool and accompanying support material. It also highlights the benefits of the face-to-face school consultations, as many questions regarding the National Model or the data tool were easily addressed at that point and participants were put at ease early in the process.

Further, the high number of queries regarding passwords and adding users or changing user rights could be addressed through the use of a single log-on profile for each school.

Figure 21 shows the number of calls to the hotline per day of the trial, the large spikes of the calls were around various data entry deadlines that were different for different jurisdictions and sectors depending on school holidays.

Figure 21: Helpdesk calls received per day

This document contained an image showing the number of helpdesk calls received per day. It has been removed and replaced with a description of the image to ensure that the information is available to people with various information accessibility needs. The image is included in the PDF version of this publication.

The image showed that calls peaked in the days leading up to deadlines.

6.3 Impact on Education Authorities

At the end of the trial, we also undertook an Impact Assessment Survey of the Education Authorities in each State and Territory to record the impact on officers assisting schools participating in the trial. As mentioned earlier, 43% of schools responded that they received some sort of assistance from their Education Authority. This assistance was generally in the form of assistance identifying students with disability that did not have a diagnosis from a recognised practitioner, and in some jurisdictions, teacher relief to participate in the trial.

For national implementation, the administrative burden on Education Authorities will differ by sector depending on their existing systems. However, jurisdictions should agree on similar levels of support for their schools to reduce the impact on schools and improve the consistency of data collected.

The questions in the Impact Assessment Survey of Education Authorities covered three areas:

- Impact on officers' workload in participating in the trial
- Level of support provided to schools in their respective jurisdictions involved in the trial
- Their perceptions of the suitability of the Model in collecting information about students with disability and the adjustments provided to them.

6.3.1 Impact on workload

The Survey asked Education Authorities the total number of days they spent assisting schools both *prior* to the PwC visit and *after* the PwC visit. This was to understand the level of support required in explaining the trial before a school participates and then to understand the level of support required as the schools were completing the data collection tool. The times required of Education Authority representatives varied significantly between Education Authorities and jurisdictions, with an average of 2.9 days prior to the PwC visit, and 1.9 days after the PwC visit.

6.3.2 Level of assistance provided

Respondents were asked to report the level of assistance for a number of key elements of the trial process on a ranking of low to medium to high. The greatest level of assistance provided *prior* to the PwC visit was to explain the purpose of the trial.

As expected, the level of assistance provided by Education Authorities to participating schools *after* the PwC school visit was seen to be significantly less than before the visit. The greatest levels of assistance provided after PwC consultation were regarding identifying students to include in the Model and validation of students without diagnosis.

6.3.3 Confidence in the National Model

Overall, Education Authorities felt confident that the National Model identified students with disabilities in their jurisdictions (see Figure 22 below). These numbers should be treated with care as they are based on a small sample of responses from 19 education authority representatives (in some jurisdictions there were less than three responses).

Figure 22: Education Authorities' level of confidence

This document contained an image outlining the Education Authorities' level of confidence. It has been removed and replaced with a description of the image to ensure that the information is available to people with various information accessibility needs. The image is included in the PDF version of this publication.

The image used a scale of 0 to 4 where 0 is do not wish to answer, and 4 is very confident. The image showed that the average confidence score was 3.1. 0% of respondents selected 0, 0% selected 1, 22% selected 2, 50% selected 3 and 28% selected 4.

6.3.4 Key themes from Education Authority impact assessment surveys

Within the Impact Assessment Survey, Education Authorities were also given the opportunity to provide additional feedback on the process of the trial or on the Model itself. The key themes from these comments were as follows:

- If this trial was implemented nationally, it is suggested that careful consideration be given to timing and length of data collection period
- Clarity is required around how data collected through this Model will be used
- More lead time to prepare schools would have been preferable
- There is varying ability of school staff to make judgements on whether students met specific definition of disability under the DDA. This would need to be taken into account if rolling out nationally.

6.4 Consent and ethics approval issues

Another area of significant impact on schools was the process of consent and approval issues to participate in the trial. As an external contractor working with schools on behalf of DEEWR, PwC was required to consider the ethical requirements of managing the trial. The information collected in the trial is highly sensitive information and therefore it was important that confidentiality and ethical arrangements were appropriately addressed.

As part of the planning stages of the trial PwC met with representatives from each jurisdiction and sector to discuss their ethical compliance. The requirements to obtain ethical approval to visit schools to conduct the trial differed between the jurisdictions. Some jurisdictions had a more detailed ethical approval process that delayed the start of the trial visits in these areas because the appropriate approval process took a period of time.

A unique identifier was created for each student entered into the tool. A school was required to record the unique identifier so that they could identify the students while they were populating the tool.

Due to the sensitivity of the data, and PwC being a third party external to the Government, consent was required from all parents of students included in the trial. Schools were required to obtain consent from parents to enter a student's data into the tool. The form of consent varied between "opt-in", "opt-out" and "for information" depending on the preference of the jurisdictions and sectors.

"Opt-in" consent required parents to actively confirm that their child's details could be entered into the tool. "Opt-out" consent required parents to take no action in response to the letter from the school unless they did not want their child's details being entered into the tool. "For information" letters required no action by parents.

Table 8: Consent options by jurisdiction and education sector

Jurisdiction	Consent arrangements	Exceptions
New South Wales	Opt-out	
Victoria	Opt-out	<i>Some schools may choose 'for information' consent.</i>
Queensland	Opt-in	
Western Australia	For information	
South Australia	Opt-in	<i>Government sector is opt-out. Some Catholic schools are opt-out.</i>
Tasmania	Opt-out	<i>Independent sector is opt-in.</i>
Australian Capital Territory	Opt-out	
Northern Territory	Opt-out	

PwC prepared a template consent letter for each type of consent and this letter was distributed to schools to tailor and send out. Where schools used opt-out and for information arrangements it was common for the information about the trial to be posted in the school newsletter.

The template letters were distributed to schools prior to our consultation visits. At approximately half of the schools that we visited the consent letter or information had been distributed prior to our consultation visit. At the remaining schools the letters had not been sent out at the time of our visit and these schools often wanted to confirm their responsibilities with regards to the consent arrangements. As a result, it is important to note that the earlier school visits can be made the greater impact they will have.

Where students were identified as meeting the criteria of the Model but no consent was granted, the total number of students in this category at each school was collected in the tool. A total of 431 students were identified as meeting the criteria of the Model but their details were not entered into the tool. This was approximately 5.7% of total students identified.

School visits highlighted that the issue of consent needed to be discussed prior to site visits. This provided schools with sufficient time to send out the consent forms to parents prior to the site visit, allowing parents enough time to respond. In addition, to reduce the time spent logging school staff into the tool during the meeting and to avoid potential technical issues, access to the data collection tool for the full trial was sent to schools prior to site visits, allowing principals and staff to login in and familiarise themselves with the site.

7 Suitability of the National Model

As outlined in Section 3, as part of the trial we asked participating schools to identify students with disability at their school, select which (out of ten) disability types included in the Model are present in the student and select in which of four categories the primary disability would be included (physical, cognitive, sensory or social/emotional). Schools were then asked to select the adjustments they provide each student (from ten adjustment types) and determine the overall level of adjustment provided to the student from four levels (no adjustment, supplementary, substantial or extensive).

Through our site visits, calls to the helpline and the results of the Impact Assessment Survey, we are comfortable that our resources enabled schools to interpret the National Model in a consistent manner across jurisdictions and education sectors and is suitable for national implementation in its current form.

However, our analysis of the results of the data collection shows some inconsistencies in the application of the Model that raise issues for further consideration. These inconsistencies may or may not be reflective of the appropriateness of the Model. They do provide an indication of where further clarification may assist to improve consistency, or where a policy decision is required as to whether the data requested is critical to the success of the National Model. Table 9 provides our level of comfort with the consistency of information provided for each element of the national Model.

Table 9: Comfort level of consistency

	Less consistent			Consistent	
	5	4	3	2	1
School information					○
Student's demographic information					○
Number of students with diagnosis					○
Number of students validated by EA				○	
Disability type				○	
Primary disability		○			
Disability category		○			
Adjustments					○
Level of adjustment				○	

The National Model requires a certain degree of judgement by the person entering the information, particularly regarding the level of adjustment, the disability type and the primary disability.

The advice to schools was that the most appropriate person to enter the information may be the special needs coordinator (or equivalent) or another senior staff member who understands the needs and adjustments made for students with disability in their school. In most cases, the person entering the data identified themselves as a special needs coordinator (or equivalent) and the school Principal reviewed and submitted the data.

We did not collect information on the qualifications of the person entering the information, or on their training or the level of their understanding of the needs of students with disability.

Interestingly, from the Impact Assessment Surveys, respondents stated it was easier to identify disability types and select the disability category than it was to identify adjustment categories and overall level of adjustment. This is surprising given we found inconsistencies in the disability elements and this is not the area of expertise for many respondents, but adjustments are in their area of education expertise and yet respondents found this more difficult.

Therefore we are concerned that schools without a staff member with appropriate qualifications may not be in a position to make accurate judgements as called for by the Model in the same manner that a practitioner may.

7.1 Possible refinements to the National Model

The trial successfully collected information on students with disability and the adjustments they receive. Based on our experience undertaking the trial of the National Model the following sections suggest possible refinements to provide greater guidance to schools and to improve the quality of information collected.⁸

7.1.1 *Collection of information on adjustments*

The Model currently includes four levels of adjustment – extensive, substantial, supplementary and no adjustments. The definitions were provided in the National Model paper and replicated in the user guidance distributed to schools.

To assist schools determine the level of adjustment, we first asked schools to identify the types of adjustments provided to each student from a list of ten adjustment types that included examples (see Section 3.3). This information was collected additional to the National Model, but provides greater detail on support being provided in schools and this step also assisted schools in determining the overall level of adjustment provided.

The impact assessment survey showed that schools found identifying the overall level of adjustment to be a relatively more difficult element of the National Model. From the school visits and calls to the hotline, we heard that schools found the definitions of the four levels difficult to distinguish at the margins and therefore required more discussions amongst colleagues.

We are also uncertain of the degree of consistency in how the levels were selected as schools may have chosen a level of adjustment by considering a the number of adjustments provided relative to other students with disability in their school rather than by considering the definition provided.

We suggest continuing to collect information on the types of adjustments to provide an additional layer of detail beyond the overall level of adjustment. Further to this, we suggest adding clarity and relevant examples to the definitions of the levels of adjustment provided in the National Model to assist teachers to determine the appropriate level and to improve the consistency of application.

7.1.2 *Collection of information on diagnosis or validation*

The National Model includes students that have a diagnosis from a recognised practitioner and those that do not have a diagnosis but have a disability that is ‘validated’ by an Education Authority.⁹ Validation may be made for two main reasons:

- access to recognised practitioner is limited in remote areas
- there may be instances where a parent does not wish their child to be diagnosed, for example, not wanting their child to be ‘labelled’.

In both instances, it was recognised that schools still provide ongoing and long term support for these students.

The process for ‘validation’ of students with a disability varied depending on the sector and region. In some instances a representative of the Education Authority visited a school as part of the trial to assist identifying students. Or in some (for example independent schools in remote areas), the Principal has the authority to validate a disability for the purposes of providing adjustments for the student to participate in education.

⁸ The members of the Expert Advisory Panel suggest that the National Model continue to evolve as it is implemented and in parallel with the development of assessment processes under the National Disability Insurance Scheme over the next few years.

⁹ Validated by an Education Authority’ means a representative of the relevant Education Authority (Government, Catholic or the independent system) has validated that the student has a disability that requires ongoing long-term support to participate in education, and therefore should be counted in the trial.

From the Impact Assessment Surveys, this was a key element of the Model that was not well understood by schools:

- Schools identified that this decision-point in the National Model was the most difficult to complete.
- Of the schools sampled, validated student make up 7% of the total number of students with disability.

It would be feasible to focus the National Model on students with a diagnosis only, but we suggest keeping the validated students in the Model because the detail of information on adjustments provided by schools would be lost. Instead, we suggest providing greater clarity and support consistent across jurisdictions and sectors to enable greater consistency in validating students.

7.1.3 Collection of information on disability

Collecting information on students' disability is not the focus of the National Model, however, it provides more context to the students' needs for adjustments in the school environment and provides a level of detail about the diversity of the population of students with disability that will be valuable to educators and policy makers.

The Model asks schools to identify each student with disability as falling into one of the four disability categories included in the Model – physical, cognitive, social/emotional and sensory.

To provide guidance to schools in this area, we collected information additional to the Model on a list of ten disability types. Schools were then asked to select one disability as the primary disability and one of the four disability categories above. However, 8% of schools did not map the primary disability as we would have expected them.

From the Impact Assessment Surveys, schools indicated that identifying the primary disability was a difficult element and this was also raised as a discussion point in many school visits. It was difficult for schools to identify the primary disability as:

- schools are provided with diagnoses for multiple disabilities and are unsure which is the primary
- in some cases a primary disability does not exist.

Schools generally were uncomfortable making this judgement themselves because they do not provide adjustments for each individual disability that presents in a student; instead they provide adjustments to access education given their overall level of need as a result of all disabilities present.

Interestingly, we looked at the distribution of disability type by 'primary disability selected' and by 'incidence of disability' (i.e. when it was selected along with other disabilities), and we found that the distribution was similar for both. Figure 23 shows each distribution.

Figure 23: Disability type 'by primary' overlayed onto 'of all selected'

This document contained an image outlining disability type 'by primary' overlayed onto 'of all of selected'. It has been removed and replaced with a description of the image to ensure that the information is available to people with various information accessibility needs. The image is included in the PDF version of this publication.

The image showed:

Autism spectrum disorder: 14% all disabilities, 16% primary disabilities.

Chronic long-term or conductive hearing loss: 3% all disabilities, 3% primary disabilities.

Chronic medical condition: 6% all disabilities, 5% primary disabilities.

Global development delay: 3% all disabilities, 1% primary disabilities.

Intellectual disability: 16% all disabilities, 18% primary disabilities.

Learning disability: 32% all disabilities, 33% primary disabilities.

Mental health (psychiatric) disorder and or social or emotional: 12% all disabilities, 11% primary disabilities.

Physical disability: 5% all disabilities, 4% primary disabilities.

Severe behaviour disorder: 9% all disabilities, 8% primary disabilities.

Vision impairment: 2% all disabilities, 1% primary disabilities.

With regards to the disability types collected in addition to the National Model, the data suggest that schools found it difficult to categorise students' disability types. While we sought to provide as much guidance possible under each disability type, there was an element of judgement required especially where a student's diagnosed disability did not obviously fit in one type. For example:

- We suspect that some disabilities were incorrectly categorised as learning disability as the easiest box to tick/a catch all category.
- We found a high level of Autism (which had its own disability category) that does not align with the incidence of Autism in the community as reported by the Australian Advisory Board on Autism Spectrum Disorder which found that 1/160 children in Australia under the age of 16 have Autism Spectrum Disorder.¹⁰
- Another common error was central auditory processing difficulties appearing under chronic or long term conductive hearing loss.

Further, Learning disability is a category that may warrant further attention as it captured 33% of all students with disability identified in the trial. This could provide valuable information on a group of students that are not identified otherwise in many jurisdictions but schools are providing adjustments to these students to improve their access to education.

Learning disability and intellectual disability both were identified by schools as being very broad categories. They were often selected as many conditions, particularly ones not specifically identified in other disability categories, present themselves as learning and intellectual disabilities even though the underlying condition may not be so.

Also, during the pilot trial, sampled schools in the Kimberley noted their biggest challenge in supporting students at their schools was the high number of students with disability as a result of Foetal Alcohol Spectrum Disorder (FASD). Further, it was identified that in some of rural and remote regions diagnosis for FASD is not currently available but schools are making prolonged and significant adjustments for these students. Schools found it difficult to include these students given the list of disability types provided in the data collection tool.

We suggest continuing to collect information on the types of disability to provide an additional layer of detail on the diversity of students with disability. However, we suggest that the need to select a primary disability be reconsidered as it does not add sufficient value to the information collected to compensate for the difficulty experienced by schools.

Further, we suggest that more work be completed on the definitions and examples of disability included in the ten disability types. One method could be to base the disability types on the list of common diagnoses based on the World Health Organization's International Classification of Diseases, with an 'other' category for rare conditions.

¹⁰ Australian Advisory Board on Autism Spectrum Disorder (2007), The Presence of Autism in Australia: Can it be established for existing data? Overview and Report.

8 National Implementation

The outcomes of this trial suggest that with appropriate guidance and support to schools, the National Model successfully collected information on students with disability and the adjustments they receive and the Model could be implemented in its current form.¹¹

Regardless of format of national implementation, or the final National Model, the first year of implementation will require investment by DEEWR and Education Authorities to ensure objectives of the National Model are clearly communicated and to support schools in the initial data gathering.

The level of support required will dramatically decrease in subsequent years as only updates will be required as students' needs change or if new students enrol at a school.

One of the key objectives of the trial was to provide suggestions for national implementation of the Model, given the findings of the trial. There are many options for national implementation with varying levels of support for schools, while it is not in the scope of this report to review every mode of implementation, nor to suggest specifics of implementation given each jurisdiction's current systems, there are two overarching objectives that PwC considers central to any consideration of national implementation:

- ensuring consistency of interpretation and data submission
- reducing the administrative burden on schools.

Further, given the findings of the trial we have identified seven key areas that warrant consideration regardless of the mode of implementation, addressed in the following sections

8.1 Enhanced Messaging of the National Model

One element of the trial was to provide a consistent count of the number of students with disability based on the definition of the National Model and collect information on the adjustments these students are provided. A small number of schools were not confident that the students counted were appropriately included or excluded as a result of the application of the National Model. This was typically for two reasons:

- while students may receive ongoing and long term adjustments for a variety of reasons including socio-economic disadvantage or indeed being gifted, the fact of adjustments being made is not an indicator of disability as such. A diagnosis of 'disability' requires that there be an underlying disease, disorder or injury that is affecting an individual's abilities
- the National Model considers adjustments provided by a school, but not the overarching needs of a student.

For national implementation, we suggest greater messaging of the purpose of the National Model and the associated data collection to address the concern raised by schools.

¹¹ The members of our Expert Advisory Panel noted that the National Model differs from non-education sector usage of 'disability', which focuses more on functional need and activity limitation. This type of definition has been adopted by the Productivity Commission in its recent report on Disability Care and Support, and is consistent with the International Classification of Functioning Disability and Health (ICF) and the United Nations Convention on the Rights of People with a Disability (CRPD). It is also the basis for questions in both the ABS Survey on Disability and the Australian Population Census.

The Expert Panel's view is that departing from this definition risks inconsistent assessment procedures for children with a disability between adjustments provided in schools and entitlements in the community.

8.2 Support to schools

For the purposes of the trial, we provided a high level of support to schools through face-to-face school visits, comprehensive user guidance, and telephone and online support. Optimally the same level of support would be provided to schools to achieve the same consistent response. However, the level of support could be adjusted based on the implementation timeframe. For example:

- In the first year of implementation, a series of regional workshops would provide a similar level of support to face-to-face school visits. The workshops could be conducted on a staggered basis to reduce the impact on resources. To complement these regional workshops, central telephone and online support will aid consistent and efficient data collection.
- In subsequent years, regional workshops could possibly be replaced with online learning.
- Written user guidance and web-based support would be required on an ongoing basis.

As discussed previously in this report, during the trial the PwC helpdesk received 340 queries over the course of the trial. Most queries were regarding log-on details and access to the online tool, there are ways to reduce these queries such as single log-ins for schools.

We considered that the low number of queries highlights the importance of having an online data collection tool and accompanying user guidance that is intuitive and user-friendly. We also believe that the school site visits enabled schools to raise any queries that they had with the Model in person, and this further reduced the need for support through the helpdesk.

Consideration should also be given as to the qualification of the person entering the information. Questions were raised by Education Authorities as to whether school staff are sufficiently qualified or have sufficient experience in the disability sector to be making judgements about a students' disability and the adjustments. For national implementation, a decision should be made as to access or support to a qualified disability advisor for some schools, particularly small and remote schools.

8.3 Future data collection process

Data collection for the trial was not linked to any existing data collection process. For national implementation, grouping this data collection with other processes would be ideal. However, some key principles would impact on this grouping:

- consistency with other disability data collections
- consistency across jurisdictions and education sectors
- existing data collection processes in states and territories
- common support and training
- as this is not a simple counting process at the school level, the National Model would best be grouped with other student level data collections.

It is not immediately obvious which current process would best fit. Schools need to be entering data of a similar level and have the required information sources in front of them. The National Model would best fit with a process whereby the school is entering data on an individual student level, rather than collectively entering student numbers. For example, when schools are creating or updating student enrolment details at the beginning of the year could suit the purpose of the trial. Further, a sophisticated, multi-user online data collection tool facilitates successful data collection.

The online data collection tool developed for the trial was successful in collecting the information required by the National Model. We would suggest that this tool be adapted for any changes to the Model and used for national implementation as schools found this tool to be intuitive and user-friendly.

8.4 Timing of data collection

As mentioned above, schools noted that the time provided to complete data collection was limited and were further restricted by schools holidays. To provide more efficient support for national implementation, we suggest implementing the data collection process on a staggered basis across jurisdictions so that schools have sufficient time to access support and complete data collection and so that collection need not take place over school holidays. These measures will help to manage the demand for support services.

This approach will be particularly important in the first year of implementation, as we expect that the collection process will become more efficient over time.

8.5 Special schools

The trial sample included six special schools. These schools indicated they had difficulty selecting the appropriate level of adjustment for each of their students as special schools are by nature a reflection of a wide range of adjustments as the entire curriculum and environment is adjusted to accommodate a high needs population.

We suggest that user guidance should be reviewed to ensure that it is equally applicable to special schools.

8.6 Consent

For the trial, we were advised by Education Authorities as to the appropriate levels of consent required – opt-in, opt-out and for information consent approaches were used depending on the jurisdiction and sector.

For national implementation it would be optimal for jurisdictions to agree on one form of consent to improve consistent application of the Model. We suggest that either an opt-out or for information consent approach would improve the depth of detail at a student level in the data.

8.7 Student records

Given the sample in the trial, de-identified information on a student level was collected, so that the privacy of individual students and schools was maintained. However, national implementation will not necessarily be limited to de-identified data.

If identifiable data is collected in the national implementation:

- schools may be more efficient in subsequent years as entries could be more easily updated and tracked
- this information would allow for greater detail to be reported on student outcomes.

Appendices

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Appendix A Glossary of terms

Term	Definition
<i>Aboriginal or Torres Strait Islanders</i>	<p>Students that identify as being of Aboriginal and/or Torres Strait Islander origin. The term 'origin' is considered to relate to people's Australian Aboriginal or Torres Strait Islander descent and for some, but not all, their cultural identity.</p> <p>As defined for "Indigenous" in ACARA, 2010 Data Standards Manual - Student Background Characteristics, p. 20.</p>
<i>Adjustments</i>	<p>An adjustment is a measure or action (or a group of measures or actions) taken by an education provider that has the effect of assisting a student with a disability:</p> <p>(i) in relation to a course or program — to participate in the course or program; and</p> <p>(ii) in relation to facilities or services — to use the facilities or services.</p> <p>There are four categories of adjustment: extensive, substantial, supplementary and no adjustments.</p>
<i>Chronic medical condition</i>	<p>The term 'chronic medical condition' is intended to apply to students with a disease, disorder or history of trauma that adversely affects their school attendance and/or participation. It is not intended to cover conditions where there is a risk of a significant medical event (such as a severe nut allergy) but the disease or disorder does not generally disrupt a student's school attendance and/or participation.</p> <p>Examples include:</p> <ul style="list-style-type: none"> • Multiple trauma • Arthritis • Auto-immune diseases • Extensive burns • Cystic fibrosis • Cancer
<i>Consultation</i>	<p>Consultation refers to the required process for undertaking adjustments in respect to an identified disability, as per the <i>Disability Standards for Education 2005</i>.</p>
<i>Diagnosed disability</i>	<p>A disability that has been diagnosed by a recognised practitioner who holds a qualification in medical or behavioural sciences from a recognised tertiary institution that qualifies him /her to confirm that the student has a disability under the DDA.</p>
<i>Disability</i>	<p>The Australian Human Rights Commission website states that the definition of disability in the DDA includes:</p> <ul style="list-style-type: none"> • Physical • Intellectual • Psychiatric • Sensory • Neurological, and • Learning disabilities, as well as • Physical disfigurement, and • The presence in the body of disease-causing organisms.

<i>Language other than English (LOTE)</i>	If the student speaks more than one language at home (not including English), select that the student has a main language other than English. As defined for “Main language other than English spoken at home” in ACARA, 2010 Data Standards Manual - Student Background Characteristics, p. 33.
<i>Learning disability</i>	A disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction.
<i>Primary disability</i>	A primary disability is the disability that is causing the student the most difficulty in the school environment.
<i>Recognised practitioner</i>	A ‘recognised practitioner’ will hold a qualification in medical or behavioural sciences from a recognised tertiary institution that qualifies him/her to confirm that the student has a disability under the DDA. An educator will generally not meet this requirement.
<i>Education authority</i>	Throughout this document the term ‘school education authority’ is used to refer to the governing body or organisation that represents schools within each education sector. This term includes the Association of Independent Schools’ (AIS) for the independent schooling sector and refers to the Catholic Education Commission (CEC) for the Catholic schooling sector.
<i>Severe behaviour disorder</i>	The student exhibits significantly disturbed behaviours diagnosed at a level of frequency, duration and intensity that seriously affects their educational functioning, and, the condition requires ongoing intervention from a mental health specialist. A current report is required from a specialist medical practitioner or registered psychologist with appropriate clinical experience, or a child psychiatrist, which details the diagnosis and nature of the behaviours. Documented evidence of ongoing individual intervention by a mental health practitioner or school counsellor should also be required. An annual assessment is required.
<i>Social / Emotional Disorder</i>	The student exhibits significantly disturbed behaviours diagnosed at a level of frequency, duration and intensity that seriously affects their educational functioning, and, the condition requires ongoing intervention from a mental health specialist.
<i>Support Plan / Individual Education Plan</i>	A support plan / individual education plan outlines a set of strategies to address how a student’s goals and curriculum participation will be addressed.
<i>Validation</i>	Validation refers to a recorded decision that a student is considered to have a recognised disability, for the purposes of providing educational adjustments. Such decisions must be by an authorised member of the applicable education authority.

Appendix B Additional information on the National Model

Preparation of the National Model for trial

In the preparation for the trial, a review of the draft National Model was undertaken by PwC to develop our data collection tool. Following discussions with the Steering Committee, Craglyn Consulting and our Expert Advisory Panel,¹² the National Model was expanded to provide greater guidance for schools.

Through these consultations it was agreed that in addition to the three levels of adjustments (i.e. 'supplementary', 'substantial' and 'extensive'), ten new adjustment categories would be added to the data collection tool for selection. Each of these adjustment categories was explained in the user guidance with indicative examples provided. Further, a fourth level of adjustment was added 'no adjustment provided' to include those students with disability who do not require any adjustments at this point in time.

Ten disability types (correlated to the DDA definition) were also added to the data collection tool to provide schools greater guidance in selecting one of the four categories defined by the National Model (physical, cognitive, sensory, and social/emotional). This allowed the trial to test the appropriateness of the proposed four disability categories and the varying interpretations by jurisdiction and sector.

Slight changes were made to the interpretation of the disability categories outlined in the draft National Model for the purposes of the trial. Changes included:

- speech and language disorders were included in the 'learning disability' category
- 'chronic long-term or conductive hearing loss' was clearly defined and provided as a separate disability category
- 'autism spectrum disorder' was provided as a separate disability category
- global development delay was included as a disability category
- 'severe behaviour disorder' and 'mental health & social/emotional disorder' were separated as two distinct disability categories.

Following the pilot trial, further minor changes to the user guidance and data collection tool were made prior to the full trial. These changes are outlined below:

- During the pilot trial detailed information was collected on adjustments. However, this level of information was greater than the detail necessary to inform the National Model. As the National Model only requires high level information on adjustment types, the sub-adjustment types were removed from the data collection tool and included as examples in the user guidance.
- Overall, schools found the school visit and user guidance very helpful in completing the data collection exercise. In particular, schools readily referred to the examples of disability types provided. However, there was an appetite for more examples and further clarification on the difference between learning and behaviour difficulties and disability was required. The definitions appendix (included in Appendix A) was expanded to explain the difference between a 'difficulty' and a 'disability'.

¹² Our Expert Advisory Panel was engaged to provide input and guidance across all stages of the trial. See Section 4 for additional information on the Expert Panel.

Definitions of adjustment

Supplementary Adjustments

Students with disability and lower level additional support needs generally access and participate in schooling on the same basis as students without disability with the provision of necessary, personalised adjustments. Accessing the regular curriculum, (ie. the outcomes and content of regular learning programs or courses), is often where students at this level have particular learning support needs. This might include the need for tasks to be broken down into much smaller steps within a structured environment when new concepts and skills are presented. The needs of other students at this level may be related to their personal care, communication, safety, social interaction or mobility, which may limit their capacity to function effectively in the full life of the school.

A supplementary adjustment is provided when there is an assessed need to address the specific nature and impact of the student's disability, and any associated barriers to their learning, physical, communication or participatory needs; and when it is necessary to enhance the strategies and resources already available within the school (for all students). These adjustments may include the provision of a service that is provided by the education authority or that the school has sourced from an external agency. Typical adjustments to teaching, learning or assessment may include modified or tailored programs, regular individualised instruction, the provision of course materials in accessible forms, and the provision of intermittent specialist support. Typical shorter term adjustments include, for example, modifications to buildings, the installation of specialised technology, or interventions to address the student's social/emotional needs.

Substantial Adjustments

Students with disability and more substantial support needs generally access and participate in learning programs and school activities on the same basis as other students with the provision of essential measures and considerable assistance. Some students at this level will only acquire new concepts and skills, or access some of the outcomes and content of the regular learning program, courses or subjects, when significant curriculum adjustments are made to address their learning needs. Other students at this level might have limited capacity to communicate effectively, or need regular support with personal hygiene and movement around the school. These students may also have considerable, often associated support needs, relating to their personal care, safety, self-regulation or social interaction, which also impact significantly on their participation and learning.

Substantial adjustments and supports are designed to address the specific nature and impact of the student's disability and the more severe barriers to their learning and participation. These adjustments are generally considerable in extent and may include frequent (teacher directed) individual instruction and regular direct support or close supervision in highly structured situations, to enable the students to participate in school activities. They may also include adjustments to delivery modes, alternative formats for study materials, access to bridging programs, or adapted assessment procedures. Typical adjustments include, for example, the provision on a regular basis of additional supervision, frequent assistance with mobility and personal hygiene, essential specialised support services for using technical aides, alternative formats for assessment tasks, to enable these students to demonstrate the achievement of their intended learning outcomes.

Extensive Adjustments

Students with disability and very high support needs generally access and participate in education on the same basis as other students with the provision of extensive targeted measures, and sustained, high levels of intensive support. The strengths, goals and learning needs of this small percentage of students are best addressed by highly individualised learning programs and courses. Students at this level will typically have been identified at a very young age and may have complex, associated support needs with their personal care and hygiene, medical conditions and mobility, and may also use an augmentative communication system. Students may also have particular support needs when presented with new concepts and skills and may be dependent on adult support to participate effectively in most aspects of their school program.

Extensive adjustments and essential special measures are designed to address the specific nature and impact of the student's disability and the associated barriers to their learning and participation. These adjustments will be comprehensive and ongoing. Typically, they will include personalised modifications to courses and programs, school activities and assessment procedures, and intensive individual instruction, to ensure these students can demonstrate the development of skills and competencies and the achievement of outcomes. Adjustments for students at this level may involve the provision of more accessible and relevant curriculum options or highly structured approaches to meet their particular learning needs, and some may receive their education in special facilities. Without intervention, such as extensive specialist staff support or constant and vigilant supervision, these students may otherwise not access or participate effectively in schooling.

Disability and adjustment categories

The National Model consists of four disability categories and four adjustment categories. To assist schools to select the appropriate category for each, an additional layer of information was collected and guidance was provided. Table 2 and Table 4 show this additional information.¹³

Table 10: Disability types included in the National Model

Disability Type	Indicative examples
Physical disability	<ul style="list-style-type: none"> • Cerebral palsy • Amputation • Spinal cord injury, spina bifida and like conditions • Muscular dystrophy • Multiple trauma • Acquired or traumatic brain injury
Chronic medical condition	<ul style="list-style-type: none"> • Arthritis • Auto-immune diseases • Extensive burns • Cystic fibrosis • Cancer
Intellectual disability	Includes intellectual disability of unknown cause as well as chromosomal disorders such as Rhett’s Syndrome, Down’s Syndrome, Fragile X.
Learning disability	Includes dyslexia and speech and language disorders which require ongoing long-term support and related diagnoses.
Global development delay	This term is applicable only to children who have or may have an intellectual disability that have been diagnosed prior to age 6.
Autism spectrum disorder	Includes Autism, Aspergers syndrome and like diagnoses.
Vision impairment	Excludes students whose visual impairments are rectified with the use of glasses and/or contact lenses.
Chronic long-term or conductive hearing loss	Includes students with a hearing impairment that require ongoing long-term support.
Severe behaviour disorder	<ul style="list-style-type: none"> • Attention Deficit Hyperactivity Disorder (ADHD) • Oppositional Defiance Disorder (ODD)
Mental Health (psychiatric disorder) and/or social/emotional disorder	<ul style="list-style-type: none"> • Schizophrenia, Bipolar disorder and like psychoses • Depression, anxiety and like states • Severe anorexia

¹³ The Expert Advisory Panel noted that the list of ten disability types contains conditions such as ‘mental health (psychiatric disorder)’ or ‘intellectual disability’ as well as manifestations of such conditions such as ‘severe behaviour disorder’. Further:

- speech and language disorders have been included as learning disabilities however this is inconsistent with generally accepted methods of classifying disability
- students with hearing loss due to factors other than conductive problems are not explicitly included
- students with acquired brain injury (ABI) may be difficult to capture given the current categories.

These ten disability types then map to the four disability categories included in the National Model as shown in Table 11.

Table 11: Four disability categories

Disability Category	Disability Type
Physical	Physical disability
	Chronic medical condition
Cognitive	Intellectual disability
	Learning disability
	Communication disorder
	Global development delay
Sensory	Vision impairment
	Chronic long-term or conductive hearing loss
Social / emotional	Mental health (psychiatric) disorder
	Severe behaviour disorder
	Social / emotional disorder
	Autism spectrum disorder

Table 12: Adjustment categories included in the National Model

Adjustment categories	Indicative examples
Ongoing modifications to the teaching strategies	<ul style="list-style-type: none"> • Individual instruction beyond that provided to typically developing children • Modified instruction using a highly structured task analysis approach • Adapted assessment tasks • Additional time to complete tasks
Ongoing modifications to curriculum	<ul style="list-style-type: none"> • Bridging programs • Modifications to the course content • Adaptation of course materials to accessible forms (including Braille) • Modifications to teaching / learning activities
Additional supervision	<ul style="list-style-type: none"> • Intermittent • Regular • Intensive
Additional supervision outside the classroom	<ul style="list-style-type: none"> • Grounds (play ground) • Before/after school activities
Intermittent specialist support	<ul style="list-style-type: none"> • Regular • Intensive
Capital works	<ul style="list-style-type: none"> • Education in specialist facilities • Modifications to the built environment created for this student or other students
Technological	<ul style="list-style-type: none"> • Adaptations to standard technology (eg software or control adaptations to a computer) • Additional equipment
Human assistance	<ul style="list-style-type: none"> • Personal care and or mobility assistance • Assistance to use standard/specialist modified technology <p>Human assistance may be provided by:</p> <ul style="list-style-type: none"> • Teacher • Parent/s and/or student's family • Attendant carer • Teacher aide • Network of volunteer/s (includes other parents assisting in the classroom)
Planning for out of routine activities	<ul style="list-style-type: none"> • Additional personal / health care support • Mobility adjustments • Additional supervision
Other	<ul style="list-style-type: none"> • Must provide description

Further, a defined list of recognised practitioners was also included in the data collection tool to assist schools to confirm that a diagnosis exists:

- Audiologist
- Clinical Psychologist
- Developmental Paediatrician
- Medical Specialist
- Neurologist
- Neuropsychologist
- Ophthalmologist
- Optometrist
- Orthopaedic Surgeon
- Paediatrician
- Registered psychologist
- Specialist Educational Psychologist
- Speech Pathologist
- Other

Appendix C Data quality tests

Built in validation controls

Table 13: Validation controls

	Validation control
1	When a student is created users must confirm that the student has a disability or a chronic medical condition. Without this confirmation, the user is unable to proceed beyond this point.
2	Users must confirm that the student has a diagnosis from a recognised professional or the disability has been validated by the Education Authority, without selecting one of these you cannot proceed.
3	Users must select the recognised professional from the drop down list or select other, if users do select other they must enter something in the free text box provided to proceed.
4	The student record can't be marked as complete without the following being completed: <ul style="list-style-type: none"> • student demographic information • at least one disability being selected • the level of adjustment being selected.
5	One disability must be selected as the primary disability before a student record can be marked as complete.
6	Only one primary disability can be selected.

Data quality tests

Table 14: Data quality tests

	Objective	Rationale and method
Student level tests		
1	All students that do not have a diagnosed disability but have been validated as having a disability by the Education Authority are receiving adjustments	Only students that are receiving adjustments at present should be included in the tool if the disability has not been diagnosed but has been validated by the Education Authority.
2	Every student must have at least one disability category selected	This National Model is about collecting information on students with disability.
3	Every student must have at least one, and only one, primary disability	In order to categorise the student's primary disability and record the recognised practitioner who diagnosed the student, a primary disability must be identified.
4	That the disability has been diagnosed by a recognised professional. If 'other' is selected, then a description must be entered	Review all entries where 'other' for the recognised professional has been selected and consider whether these are appropriate professionals.
5	The grade level entered is appropriate given the age of the student, to identify data input errors	Students with disability may be in a year level below that of their peers however we would expect this within certain boundaries. We will identify: <ul style="list-style-type: none"> • students for which the year level entered is above that considered the usual grade for their age group, and • all students that have been entered as being in a year level three years below the usual grade for that age group to identify any data input errors.

6	Appropriate disability categories have been selected	Review the free text descriptions entered against the disability categories to confirm that a consistent approach to selecting disability categories has been applied. We will report these result in two ways – raw data and data that has been re-coded.
7	The primary disability maps correctly to the primary disability category	Review the primary disability and compare this to the primary disability category. We will report these result in two ways – raw data and data that has been re-coded.
8	The number of adjustment categories selected is reasonable given the level of adjustments	<p>We would expect that if the level of adjustment selected is 'extensive' then the number of adjustment categories would be greater than or equal to three.</p> <p>We would expect that if the level of adjustment selected is 'supplementary' then the number of adjustment categories would be less than or equal to six.</p> <p>We would also expect all students with no adjustments provided would have an overall adjustment level of 'none' and students with at least one adjustment to have an overall level of adjustment of at least 'supplementary.'</p> <p>Any adjustments outside of this may indicate incorrect application of the Model.</p> <p>This will be tested by initial frequency plotting of the number of levels and individual adjustments selected. However, it is important to note that given the difference in specific disability types and severity of disability, this test is likely to produce indicative results only.</p>
9	A description has been entered where the adjustment category 'other' has been used	Ensure that a description of the adjustment has been entered into the tool. Review all the descriptions entered under the 'other' category and identify common adjustments not included in the list provided.
School level tests		
10	The number of students entered into the tool is within the expected range	We will review all mainstream schools where the percentage of students included within the tool as a proportion of the school population is outside a normal range. We will highlight outliers, but an indicator of this threshold may be less than 2% or greater than 15%.
11	Compare the number of students submitted against Education Authority records of number of students receiving funding for disability	We expect the number of students included in the tool will be equal to or greater than the number of funded students.
12	Staff member that completed the tool is appropriate	We will review the staff member that completed the tool and consider whether this is an appropriate person.
13	Confirm school understanding of the Model and that appropriate students have been entered into the tool	If more than 50% of students entered into the tool (by school) have a disability that is not diagnosed but has been confirmed by the Education Authority then we will contact the school to discuss whether the Model has been applied appropriately.
14	The proportion of students identified with each level of adjustments	<p>We would not expect a high proportion of identified students within mainstream schools to be receiving extensive adjustments or to be receiving no adjustments at any school.</p> <p>We will review all schools to highlight outliers, but indicators of thresholds may include:</p> <ul style="list-style-type: none"> greater than or equal to 20% of students have been identified as receiving extensive adjustments, and greater than or equal to 10% of students have been identified as receiving no adjustments at this time.

Appendix D Participating schools

This document contained an image showing participating schools. It has been removed and replaced with a description of the image to ensure that the information is available to people with various information accessibility needs. The image is included in the PDF version of this publication.

The image showed the following:

NT

Alice Springs: 6 schools participated. 3 were government, 1 Catholic and 2 were Independent schools. 2 were primary schools, 2 were secondary schools and 2 were combined. 2 had less than 200 students, 2 had 200-500 and 2 had more than 500 students. 6 were mainstream schools.

Darwin: 7 schools participated. 4 were government, 2 Catholic and 1 were Independent schools. 6 were primary schools, 1 a secondary school and 0 were combined. 2 had less than 200 students, 4 had 200-500 and 1 had more than 500 students. 7 were mainstream schools and 0 special schools.

Australian Capital Territory

Canberra: 8 schools participated. 4 were government, 2 Catholic and 2 were Independent schools. 4 were primary schools, 2 were secondary schools and 2 were combined. 0 had less than 200 students, 4 had 200-500 and 4 had more than 500 students. 8 were mainstream schools and 0 special schools.

New South Wales

Eastern Suburbs (Sydney): 18 schools participated. 11 were government, 3 Catholic and 4 were Independent schools. 7 were primary schools, 7 were secondary schools and 4 were combined. 4 had less than 200 students, 3 had 200-500 and 11 had more than 500 students. 17 were mainstream schools and 1 special school.

Moree: 12 schools participated. 7 were government, 3 Catholic and 2 were Independent schools. 4 were primary schools, 3 were secondary schools and 5 were combined. 6 had less than 200 students, 4 had 200-500 and 2 had more than 500 students. 12 were mainstream schools and 0 special schools.

Tasmania

Hobart: 6 schools participated. 4 were government, 1 Catholic and 1 Independent school. 1 primary school, 0 were secondary schools and 5 were combined. 1 had less than 200 students, 2 had 200-500 and 3 had more than 500 students. 5 were mainstream schools and 1 was a special school.

North West Tasmania: 5 schools participated. 2 were government, 2 Catholic and 1 w Independent school. 2 were primary schools, 2 were secondary schools and 1 combined. 0 had less than 200 students, 2 had 200-500 and 3 had more than 500 students. 5 were mainstream schools and 0 special schools.

Western Australia

Broome and the Kimberley: 6 schools participated. 4 were government, 1 Catholic and 1 Independent school. 2 were primary schools, 2 were secondary schools and 2 were combined. 2 had less than 200 students, 2 had 200-500 and 2 had more than 500 students. 6 were mainstream schools and 1 special school.

Perth: 12 schools participated. 8 were government, 2 Catholic and 2 were Independent schools. 6 were primary schools, 5 were secondary schools and 1 combined. 2 had less than 200 students, 3 had 200-500 and 7 had more than 500 students. 11 were mainstream schools and 1 special school.

Queensland

Mackay: 14 schools participated. 7 were government, 4 Catholic and 3 were Independent schools. 9 were primary schools, 2 were secondary schools and 3 were combined. 3 had less than 200 students, 6 had 200-500 and 5 had more than 500 students. 14 were mainstream schools and 0 special schools.

Participating schools

Moreton Shire: 13 schools participated. 6 were government, 2 Catholic and 5 were Independent schools. 7 were primary schools, 2 were secondary schools and 4 were combined. 2 had less than 200 students, 5 had 200-500 and 6 had more than 500 students. 11 were mainstream schools and 2 special schools.

Victoria

Melbourne: 15 schools participated. 8 were government, 3 Catholic and 4 were Independent schools. 7 were primary schools, 6 were secondary schools and 2 were combined. 2 had less than 200 students, 3 had 200-500 and 10 had more than 500 students. 15 were mainstream schools and 0 special schools.

Mildura/ Swan Hill: 10 schools participated. 7 were government, 2 Catholic and 1 Independent school. 5 were primary schools, 2 were secondary schools and 3 were combined. 2 had less than 200 students, 5 had 200-500 and 3 had more than 500 students. 9 were mainstream schools and 1 special school.

South Australia

Mt Gambier: 8 schools participated. 5 were government, 2 Catholic and 1 were Independent schools. 5 were primary schools, 1 secondary school and 2 were combined. 0 had less than 200 students, 3 had 200-500 and 5 had more than 500 students. 8 were mainstream schools and 0 special schools.

Salisbury: 9 schools participated. 5 were government, 2 Catholic and 2 were Independent schools. 6 were primary schools, 2 were secondary schools and 1 combined. 1 had less than 200 students, 2 had 200-500 and 6 had more than 500 students. 9 were mainstream schools and 0 special schools.

Appendix E Steering Committee members

Table 15: Steering Committee members

Organisation	Name
Australian Capital Territory Department of Education and Training	Mark Collis
Australian Curriculum, Assessment and Reporting (ACARA)	Christine Albans representing David Wasson
Tasmanian Department of Education	Jan Batchelor
Northern Territory Department of Education and Training	Peter White
South Australian Department of Education and Children's Services	Jeanette McMullan
New South Wales Department of Education and Training	Brian Smyth King
Queensland Department of Education and Training	Suzanne Rothwell
	Boyd Paties
Western Australia Department of Education and Training	Debra Shaw
Victorian Department of Education and Early Childhood Development	Dennis Torpy
	Mark Tainsh
Independent Schools Council of Australia (ISCA)	Catherine Pinnington
	Robyn Yates
National Catholic Education Commission	Tim Smith
Department of Education, Employment and Workplace Relations	Catherine Wall
	John Baker
	Carolyn Stanistreet
	Greg Wells (Secretariat)

Other stakeholder consultations completed

During the inception and planning phase of the trial, PwC met with representatives in each jurisdiction from all three sectors to inform the planning for the trial and preparation of the data collection tool and user guidance. Four key topics were covered during the consultations:

- consent and clearance requirements in each jurisdiction
- advice on selecting schools and in-principle agreement with school sample framework
- understanding of issues related to students with disability in the particular jurisdiction
- quality assurance of trial results through sharing of existing information on students with disability.

The consultations were conducted across Australia with PwC representatives meeting with the three sectors in one meeting (where possible) to gain a great understanding of the similarities and differences between each sector to remain aware of throughout the trial. The meetings were held in April 2011.

Table 16: Consultation schedule with representatives from each jurisdiction and sector

Jurisdiction/organisation	Attendees		
	Government sector	Catholic sector	Independent sector
Northern Territory	Peter White	Christine Smith	Gail Barker Cheryl Salter
Australian Capital Territory	Jan Day	Maree Williams Tim Smith	Andrew Wrigley Meredith Joslin
South Australia	Jeanette McMullan Joseph Young Kerry Parsons	Stephanie Grant Jeanette Miller	Gabby Aschberger Libby Burns
Queensland	Suzanne Rothwell Boyd Paties	Mandy Anderson	Trish Brady
Victoria	Dennis Torpy Mark Tanish Alan Wilson	David Huggins	Elspeth Adamson
Western Australia	Debra Shaw	Julie Hornby	Jo Thompson Michelle Bishop
New South Wales	Brian Smyth King	Geraldine Gray	Cate Pinnington
Tasmania	Jan Batchelor Lynne James	Christine Butterworth	Terese Phillips
ACARA	Peter Starkey Christine Albans		

Disclaimer

This report has been prepared by PwC at the request of the Department of Education, Employment and Workplace Relations (DEEWR), in our capacity as advisors in accordance with the Terms of Reference and the Terms and Conditions contained in the Consultant Agreement between DEEWR and PwC.

The information, statements, statistics and commentary (together, the 'Information') contained in this report have been prepared by PwC from publicly available material, material provided by DEEWR, and from other data from sources external to DEEWR. PwC may at its absolute discretion, but without being under any obligation to do so, update, amend or supplement this document. This report was completed on 5 September 2011.

PwC have based this report on information received or obtained, on the basis that such information is accurate and, where it is represented by the client and other stakeholders as such, complete. The Information contained in this report has not been subject to an Audit.

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PwC Team

Monica Brabant, Mark Brennand, Martin Canova, Carlia Davies, Laura Doherty, Dr Maree Dyson (Dyson Consulting Group), Marty Jovic, Nicole Men, Therese Morgante (Dyson Consulting Group), Joe Portelli, Stuart Shinfield, Jamie Tang, Jeremy Thorpe, Bridie Tooher, James van Smeerdijk, Jen Vo Phuoc, John Walsh, Michael White.