

Children with disabilities risk being misdiagnosed in order to receive school funding support

January 27 2016, by Linda J. Graham, Queensland University Of Technology

In Australia, children with disabilities only receive additional government funding if they fall into a [recognised disability category](#). As a result, schools and parents often come under pressure to obtain the "right" diagnosis for their child. Such misdiagnosis carries a hidden cost.

The [funding](#) pressure flows from schools to parents and the doctors who assess children. [Medical practitioners](#) report being put under pressure from schools to provide an alternative diagnosis for children whose diagnosis doesn't qualify them for funding [support](#).

For example, in many systems attention deficit hyperactivity disorder (ADHD) falls outside the eligible funding box, whereas autism spectrum disorder (ASD) does not.

Parents of children with dyslexia, speech/language difficulties, central auditory processing disorders, dyspraxia, and developmental disorders (not otherwise specified) report similar difficulty gaining support for their child.

It has led to [doctor shopping](#), whereby parents visit multiple doctors to obtain a diagnosis for their child.

This creates pressure to find a doctor or clinical psychologist who will

agree that a child has a more "severe" disability – a process called [diagnostic substitution](#).

Why is this happening, and who's most affected?

To qualify for higher levels of support a child must undergo assessment by school counsellors and diagnostic specialists whose job it is to determine type and levels of need.

The claim then needs to be confirmed; [a process that can involve much contention](#). Because there is often a gap between what different parties believe is necessary, both sides can be tempted to employ strategies to inflate or deflate a child's learning support needs.

Children with lower support needs - who can and should be supported within the classroom - are unlikely to receive individual targeted funding.

To [strengthen a child's case](#), schools sometimes [inflate the level of support required and encourage parents](#) to obtain a diagnoses to "tip" the child into a higher support category.

How funding is tied to diagnosis

Currently each state education system has its own funding criteria for disability support. The overriding principle in Victoria is that the needs of children with a disability can and should be met within the inclusive classroom through [quality differentiated practice](#).

This involves adjustments to curriculum and instruction such as ensuring that a child with attentional difficulties sits near the teacher, using short sentences and concrete examples for children with language difficulties,

or providing children with dyspraxia additional time or alternative modalities to present their work.

Only when a student's needs cannot be met through such adjustments, or through support from the learning support team and other school-based resources, is additional support through individual targeted funding considered necessary.

Such funding can be used for a range of options including teacher professional development, purchasing assistive technologies, teacher aide time and so on. This is where problems kick in as children's needs are sometimes not being met because appropriate classroom adjustments are not being made.

Misdiagnosing disabilities

An incorrect diagnosis can have a big impact on what happens in the classroom and cause the funding support to be misdirected.

Why? Well, one school counsellor told me his advice for teachers with a child on the spectrum: "Just give him a lot of visuals" (little pictures designed to support language comprehension).

Now imagine that the child's primary diagnosis was actually ADHD or oppositional defiance disorder (which has been the case for many of the young people in my research) and think about how successful using a lot of "visuals" is going to be.

How about later when that student behaves in ways that their next year's teacher can't fathom? Or when a young person with conduct disorder is rediagnosed with ASD simply to find him a place in a special educational setting, and then discovers he can create havoc by pushing his new peers' buttons?

Diagnostic substitution can seem like a means to an end for desperate parents, but it can be a bad end for students.

Where to now?

Ultimately, the problem is chronic underfunding of our schools and a lack of quality support for students with learning difficulties in regular classrooms.

Although the current Federal government promised last year that the [Gonski disability loadings](#) would flow from 2016, this funding has been delayed.

There are also concerns over the accuracy of the data on which the loadings were to be based. According to [reports](#), some schools have identified as much as 25% of their students with a disability, while others have identified as little as 2%. Such discrepancies suggest a possible lack of procedural rigour and/or gaming of the system.

But more money won't necessarily lead to improved outcomes if it is going to be used for yet more teacher aide time, visuals, sensory vests, wobble chairs, and the like. The research evidence doesn't support adhoc approaches but they are distressingly common on the ground.

What we most need is improvement at the teaching front line through quality "[differentiated classroom practice](#)" and this is where efforts should be focused.

Classroom teachers need more time to plan, time to collaborate, time to engage in professional learning, and time to work individually with students who need a teacher's expertise and guidance.

Yet many teachers are still of the view that adjustments need only occur

for "verified" students. And so, the pressure to diagnose remains.

What we need is a stable apolitical funding model that guarantees an adequate base resource standard regardless of where the [child](#) is educated but which provides additional funding for schools educating children experiencing disadvantage, including disability. A funding model like that proposed by the Gonski Review.

Unless things change and a comprehensive needs-based system is adopted, dangerous practices like diagnostic substitution will just continue.

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