DARLENE MCLENNAN: Okay, thanks for joining me today. For those who don't know me, I'm Darlene McLennan and I'm the manager of the Australian Disability Clearing House and Education and Training. ADCET for short. This webinar is being live captioned and to activate the captions, click the CC button in the toolbar that is located either on the top or the bottom of your screen. We also have captions available via web browser and Jane will now put that into the chat box for you to access. We're also having this event Auslan interpreted and we will be spotlighting the interpreter at the time who is interpreting. So I am coming to you from Lutriwita, Tasmanian aboriginal land, and in the spirit of reconciliation ADCET respectfully acknowledges the Lutriwita nations and also recognises Aboriginal history and the culture of the land. And I pay my respects to elders, past and present and to the many Aboriginal people that did not make elder status.

I also want to acknowledge all the countries participating in this meeting and also acknowledge their elders and ancestors and their legacy to us and any Aboriginal and Torres Strait Islander. Are people participating in the webinar today. Feel free to also in the chat acknowledge where you are today. Well, today's webinar is Changing Faces of Learning Disability Diagnosis and Response by Mandy Nayton. Mandy has a wealth of experience and I've worked with Mandy off and on for the last 18 years. Mandy has for a long time being the president of the Federation of Spelled Organisations from across Australia are spelled and you can see more about Mandy and her experience and so forth on our website. In the bio information, Mandy's going to provide a review of the current Pacific Learning Disabilities diagnosis and the parameters of imputed disability and how best to determine the level of functional impact in individual cases.

But before we begin the presentation, just a few more housekeeping details. As I said, this webinar is being captioned and Alan interpreted the recording will be available on ADCET in the coming days, but if you're having any technical difficulties, you can email us at admin@adset.edu.au. The presentation will run for around 50 minutes and at the end we will have ten minutes for Mandy to answer some questions. Feel free... I'm not talking very well. Feel free throughout the presentation to have a chat with each other in the box and just remember to choose the all button so that everybody can see, all panellists and attendance.

But then if you have a question that you want us to ask, Mandy, can you please put that in the Q&A box? We have allowed the upvoting, so you can actually click the thumbs up icon and so the most popular questions from the Q&A box will go to the top, which will enable it for us easily to be able to answer those questions. So yeah, feel free to chat in the chat and put the questions in the Q&A box. Well, that's it for me. I'll see you at the end of the presentation in 50 minutes, but now I'll hand over to you, Mandy. Thank you.

So Mandy, just-

MANDY NAYTON: Unmute myself.

DARLENE: Well done.

MANDY: Which is always the trick. So fantastic to be joining everybody for this session. We've got an awful lot to get through in a very short amount of time, so it will be a little bit of a kind of whistle stop tour. But before I start, I would actually like to acknowledge and pay my respects to the traditional custodians, the land from which I am presenting, the Whadjuk people of the Noongar nation. And to all first Australians recognising their rich culture and the connections they have to the land and water. I would also like to acknowledge the significant contribution made by First Nations people to the education that we do provide and the languages that we use. So that is an important place to start. So I'm just going to share my screen, which I think is what happens next. Is that right? Is that being shared or not?

DARLENE: No, not yet, Mandy. So try again.

MANDY: Let me just go back in there and try that again. Sorry, I had it up there before and now suddenly I'm struggling to share it.

DARLENE: How many practises we get and-

MANDY: I know. Try that one more time.

DARLENE: Yep. We're just seeing it as a full... Yep, there we go. Perfect. Thank you.

MANDY: I managed to go into the wrong box. So the aim for today is to whip through these dot points, looking at a little bit of history as to where the diagnosis and I guess identification of learning disorders has come from and through the various steps. Response to intervention, what a specific learning disorder is, assessing specific learning disorders with a short amount of time spent on imputed disability, determining the level of functional impact and potentially appropriate adjustments that can be made and ideally a little bit of time on what might be the next steps. So as you can see, a lot to get through and each of these little dot points could be probably a day in itself. Okay, so a little bit of history about the models of specific learning disorders that we are aware of. Thankfully, one of the most prevalent models for a very long period of time was the aptitude achievement discrepancy model.

The notion that a learning disorder could be diagnosed or identified by looking at what a student's aptitude or potential was through things like IQ testing and how they were actually achieving it. There was a massive discrepancy between two these two things. It was identified perhaps that they had a learning disorder. This was viewed in many ways as being fairly inequitable and also a wait to fail approach. And one of the approaches that was looked at as an alternative was simply identifying those students who consistently achieved well below their peers over a period of time. This also presented a lot of additional issues with regard to diagnosis simply because of the comorbid conditions that could be missed. The fact that again, it was a wait to fail model, and the notion that in order to be showing a low achievement over a significant period of time, there was a feeling that students were simply being left to their own devices.

There was then a period of time where individual differences in terms of across a student's profile were examined and things such as the ACID or SCAD profile were identified as being one method of actually identifying students who had perhaps a learning disorder. In other words, they were recognised or they were considered to be key factors that if they were showing up on a student's profile, it was indicative of a learning disorder. So with the ACID profile, we had arithmetic coding information and digit span as being four sub tests from a cognitive ability or IQ test that would supposedly show a learning disorder. The SCAD was the symbol search, coding, arithmetic and digit span sub tests. So these kind of profiles were seen as perhaps one way to go in identifying students with learning disorders. Again, there was seemed to be a lot of problems with these models. There were too many false positives and positive-negatives and every possible combination you could hope for. Lots of students were being missed in this approach.

The most recent, over the last couple of decades, thinking has been that the best model to use for identification of learning disorders is a hybrid model. It is actually looking at those students who seem to persistently struggle and therefore are performing in terms of the achievement of a key academic skill below their peers. But in addition to this, there is the caveat that high quality intervention has been trialled. It has been put in place, an attempt has been made to address the underlying weakness or area of weakness. So the idea that there would be a measure of how well the student responded to intervention was put into play as an important component of the definition.

In all of these approaches and models that have been used, there has always been what is referred to as exclusionary criteria. In other words, there is the view that for it to be a specific learning disorder by definition with the emphasis on specific, we need to exclude other more plausible explanations for why the student may be struggling. So excluding a complete lack of attendance at school, for example, or excluding significant socio-emotional problems, excluding a significant language difficulty, either in terms of the language of instruction or a language disorder. So there are always exclusionary criteria. In terms of DSM 5, the exclusionary criteria are stated as being learning disabilities, "are not considered to be the direct result of intellectual disability, physical and sensory deficits or emotional difficulties. Neither do they appear to derive directly from inadequate environmental experiences or a lack of appropriate educational experiences."

The appropriate educational experience, this caveat includes intervention and support. So it is the notion that many students will struggle somewhat learning to read, learning to write, learning basic mathematics, but we need to provide some intervention and support to check to see whether they had just simply missed some of the foundation areas. So this component of response to intervention is a really important part of the hybrid model, which is now the most prevalent model that is used. When we talk about response to intervention, it is really a model, a service delivery model that is used in education settings. And this can be at an early childhood education setting, it can be at a university level setting. The notion is it's designed around data and the decision making that takes place is based on the data that is collected. And we look at this processes including data from screening, data from monitoring of student progress, and also the inclusion of a multi-tiered system of support.

So initially we have the screening that takes place at either when the student is arriving at the education setting or early in their time or on a regular basis of some sort, but that screening may lead to some targeted intervention. The student's progress is then monitored and supported, and it may be that as a result of perhaps ongoing and persistent difficulties, it becomes more and more important to put in place specific adjustments and accommodations and to continue with the intervention that has been put in place following the screening. So we see this kind of continuum happening ideally in a response to intervention model. And again, if we're talking about early childhood, it's quite clear to see how that might work. If we're talking about perhaps a university setting, it's a little less clear as to how that might actually play out in terms of the screening, the intervention, the progress monitoring, and then the support.

So again, when we're talking about a multi-tiered system of support in terms of that levels that we would hope to see in an education setting, the idea that tier one is absolutely high quality instruction, the most effective type of instruction that we believe can be put in place to ensure that the maximum number of students actually do achieve at a high level tier one is that, as I say, high quality, explicit, systematic, carefully designed instruction that will maximise outcomes for the vast majority of students. And in many ways, high quality tier one instruction is the best intervention and accommodation that a student with a learning disorder can have. Tier two is about supporting students potentially in small groups or in some kind of way when they start falling behind their peers. Tier three is really about intensive intervention. If you have a student who really struggles with writing essays, then you are talking about how do we address this student's need in terms of essay writing and some very comprehensive intervention.

So that's what a multi-tiered system of support looks like. It's really important to remember that response to intervention does not diagnose, it's not a diagnosis in itself the idea that a student hasn't responded to intervention. However, it is part of a comprehensive diagnostic process. So it doesn't classify, doesn't really individualise and it doesn't diagnose. It's important to kind of always remember that that's not the purpose of response to intervention. So when we are thinking about RTI beyond the full years, it's actually a challenge very often in post-secondary settings to identify how well delivered an individual students, first of all their education has been, and then any intervention that they have been provided. It can be a bit of a minefield to get into, and it can be something where the information available is very limited and it makes it difficult to kind of go down the RTI path in many ways.

It's also difficult to determine whether there really have been persistent and enduring problems in the particular academic skill that focused on during the school years as well. So we have to rely on information that can be collected through reports, work samples, and student interview very often. So if we talk about what we really do mean by specific learning disorder, we look at them as being, well, we consider them to be neurodevelopmental disorders and this is how they're described in the diagnostic manual, but also most widely accepted in terms of the classification of a learning disorder. In terms of the Disability Discrimination Act, part of what we consider for learning for students with learning disorders is the fact that they have a condition that means that they learn differently from a person without the condition. So it is that kind of notion that this is a, again, persistent and enduring difficulty that is related to a person's development.

That means that for them learning this particular key academic skill is much more challenging than for their peers despite reasonable education and intervention. In terms of the terminology, the terms disability disorder and difficulty are often used interchangeably. So we see specific learning disabilities, specific learning disorder, learning difficulty, and very often in terms of the writing or things that are available through education systems, they can be interchange. So there is an overlap there. However, when it comes to diagnostic terminology, we do tend to use the term specific learning disorder and then with impairment in whether it's reading, whether it's written expression, or whether it's mathematics with more detail attached to that particular classification. So it could be reading in terms of accuracy and fluency, or it could be reading in terms of comprehension and so on. So the term specific learning disorder is used. There is a more widely accepted practise now of using the term learning difference, which in some ways fits with what is written in the DDA, but in many ways it perhaps sometimes diminishes the extent to which the student really does face major hurdles.

The argument could be had that everybody learns to some extent differently, that we all have different preferences in the way in which we learn and different sort of strengths and weaknesses. And that perhaps talking about a difference doesn't sort of give a sense of the gravity that for some students their learning disorder presents. So it really is a matter of the particular purpose for which the terminology is being used. So we talk about a specific learning disorder as being an umbrella term for three key academic areas or difficulties in three key academic areas, reading, written expression and mathematics. And these three areas are sometimes referred to as dyslexia, dysgraphia and dyscalculia. However, we very rarely use the term dysgraphia anymore for written expression disorders because it is generally accepted that we talk about motor dysgraphia in terms of those difficulties with handwriting and very often motor related difficulties rather than what we mean by written expression disorders, which relate to the difficulties a student may have actually getting their thoughts down onto paper in a coherent and fluent way.

So we have SLDs with in the key academic SC area, and for example, when we talk about specific learning disorders with impairment in reading, as I say, that could relate to accuracy, fluency and or comprehension. In terms of written expression, we're generally looking at spelling, grammar, clarity and organisation. And when we talk about mathematics, we're talking about number sense number facts, calculation and reasoning. If we are talking about dyscalculia, it really does relate to those first three areas, number sense, number facts and calculation rather than reasoning. And when we're talking about dyslexia, we really are focused much more on the accuracy and fluency of reading. So the other factors that we need to consider when we're thinking about specific learning disorders is that it is considered... Learning disorders are considered to be neurobiological with a high prevalence in families. So there's a strong genetic predisposition.

We need to think about the behavioural and psychosocial factors. We know that students with learning disorders are at greater risk of mental health issues and challenges, which in turn lead to more learning difficulties and we get this kind of unfortunate vicious cycle taking place. We always would suggest that they are persistent and enduring. There is no easy cure that will simply take the learning disorder away. Having said that, we can do a lot to reduce the impact of learning disorders. And what we often find is that learning disorders are associated with a processing weakness of some sort, which in turn can have an impact, particularly as students get older on the output of their work and the time that they need to spend on it. So this is an important kind of area of consideration. We use a wide range of cognitive processes when we are doing any of these key academic skills, they're all very challenging cognitively.

We think about the areas of executive functioning and the notion that we are looking at... And this is kind of the bits of covering up my screen oh my. I'm not sure whether I can get rid of any of these bits, but anyway. The areas of planning, executing active and purposeful reading, planning essays, writing essays, problem solving and so on, all of these areas of executive functioning are critically important for students in almost all of these academic skills and again, become more important as students get older. We see a huge reliance on executive functioning for students as they move into areas such as secondary school and tertiary education. It's also important to remember that an individual's executive functioning system only really matures at the age of about 25. So when young people, and they are still young people are entering university at 18 and 19, their executive functioning system is still completely mature, it still has a little way to go.

It's obviously more extreme when we're talking about young children in primary school settings in terms of the challenges for them with the executive functioning. But certainly it's worth bearing in mind that the executive function system does not fully mature until about 25. The capacity to rapidly scan, to process information at speed effortlessly continues to develop. But again, some people have much poorer processing of visual information, not that they have a vision impairment or weakness of any kind. It's more that they simply process visual information at a slower rate than their peers, which again can actually have an impact on their output and on their capacity to read large volumes of text for example. And then our ability to process language, not just the phonological information in terms of that's needed for reading and spelling accuracy, but also just the body of knowledge people have stored in their long term memory, their access to different schema that will allow them to respond to different subject areas successfully. And again, this has a huge impact on a student's capacity to deal with courses.

Part of our kind of research in the work that we've been doing is looking at a sort of profile of students when they come to DSF for assessments, and looking at 1,367 cases of students who had a reading difficulty or reading disorder and had been diagnosed with a reading disorder. What we see, which is kind of interesting, is that by the time students are in secondary, there is a slightly different profile that we are seeing for many students and one in two has a working memory problem. This has huge implications for life in the tertiary sector. There's less of a concern around the phonological as there is at other ages, but there's a very high percentage of students, nearly 60%, who have what we call rapid automatized naming difficulties, meaning that their fluency is poor. So they will often have poor reading fluency and they will very often have poor writing fluency.

And the capacity to write fluently requires that you can write accurately, effortlessly with meaning and at an appropriate rate. So that's a high percentage of students at secondary who are presenting with difficulties in these areas, and it's highly likely that it would be very similar at a tertiary level. So when we think about how we assess learning disorders, again, we've already mentioned to some extent what this might look like because we've talked a bit about the different models that have been used. And these relate very clearly to the assessment process. The issue with the hybrid model of learning disorder and therefore hybrid model of assessment is that it's harder when we are looking at adults and young adults as to just to how much they have missed as they've moved through the primary and secondary years and what kind of intervention they've had. It's also the case that unfortunately students with learning disorders may not have been picked up in some education settings if there were a lot of students in their education setting who also had difficulties.

So in other words, they don't stand out enough for people to go, "I think there's a problem here." They also might be encouraged to go down a slightly less academic pathway, and again, they don't get picked up as having a significant issue. So the unfortunate reality is that we do see much as we would say that students should be identified in the school years. Sometimes sadly they're not, and they do arrive in the tertiary setting having never been identified. So when we conduct an assessment, it needs to be combined with observations and information from whatever the relevant education provider is or an employer or family members in order for us to get a reasonable picture. There needs to be a detailed assessment of cognitive strengths and weaknesses as well as the academic skills. And the point of an assessment should be not diagnosis, but to provide information that will guide intervention and also of course accommodations and adjustments that need to be made.

So the key criteria for learning disordered diagnosis include a persistent and enduring difficulty in a key academic skill where intervention has not resulted in the difficulty being redressed or that we see students making progress, but at an unusually slow rate. So it's this notion of a persistent and enduring difficulty in a key academic skill despite some support and intervention. That we would expect students to perform well below chronological age on standardised tests in a key academic skill. So standardised testing tells us that this is a very real problem, the student really is struggling. Now, there is a little bit of an exception to this in that if you have a student who is perhaps identified as gifted and they are performing in the average range or at the very low end of the average range, but only with a lot of effort and a lot of support, they might meet criteria B under those conditions.

We would generally see these difficulties beginning in the school age years. But again, as I've mentioned already, not always because sometimes unfortunately students do slip through the gaps and they're just kind of moved away from the academic courses that hopefully they should be doing and they're not given the kind of support and intervention they need. It's also the case that for some students they do get good instruction, they do get good intervention, they do make reasonable progress through primary school and even into secondary. But as the volume of work increases as the expectations in terms of the sophistication of the material that their reading increases, as well as... I don't know why that popped... As well as the challenges that the expectations in terms of writing increase suddenly for some students they just start feeling like they can't cope, they're drowning in this work, and this may be the first time we really pick up a learning disorder.

And the fourth criteria is that we can't account for these difficulties due to other considerations or more plausible explanations. So we would look at English, traditional language or dialect, language disorders, cognitive disabilities, sensory impairment, lack of instruction, socio emotional difficulties. There may be other things that are going on. Attentional issues. So we might find that there's a more plausible and better explanation for the difficulties the students having. In order to diagnose. All four criteria need to be met. So we have to have A plus B plus C and D all being identified and classified. It's also important to think about comorbidity. So when can a learning disorder appear alongside another developmental disorder of some sort? And what we find is that SLDs commonly co-occur with other developmental or mental difficulties and disorders. It needs to be a clinical judgement that's determined that will determine whether we should be attributing the impairment to learning the difficulties or whether it's another explanation. Where we actually identify a more plausible explanation for the students difficulties then an SLD should not be diagnosed.

We also look at levels of severity and we talk about a learning disorder as being mild, moderate, or severe. And it's important to think about these three areas because they are determined according to the functional impact that the student is experiencing, not from the results of the testing itself. So what we look at in many ways is the definitional scheme, it's attached to DSM five, and then we look very carefully at the corresponding level of independence that the student is able to demonstrate in the work that they are doing. So in other words, the functional impact. Where a student requires very limited intermittent support, we would say that it's mild. Where the student requires moderate ongoing support, obviously moderate, or if they require substantial support, we would say that it is severe. So again, we talk about mild SLDs as being difficulties learning new concepts and skills.

Often students will often be able however, to compensate or function well enough that they kind of get by in the classroom or in the course that they're undertaking. Where it's moderate, we start seeing that the individual will not succeed or become proficient certainly in some of the areas unless there is some support given. So kind of almost doomed for failure without some degree of support and definitely some accommodations and support services are likely to be needed. When we talk about severe, again, students are unlikely to learn new content and skills without some kind of individualised support and potentially teaching some actual explicit support through instruction. And that even with a range of accommodations and adjustments, these students may struggle to complete the activities that they're given efficiently or to a high standard. So important to be aware of those things. So that's what we look at when we are looking at an assessment for learning disorder.

A question that comes up a lot as students get older is how often do we need to reassess for learning disorder to be considered a permanent part of the person's development and functioning? So ultimately SLDS are by definition, persistent and enduring. And once a person has been diagnosed with a learning disorder, it is important to assume that they will always have that learning disorder. Although of course to varying degrees, what is important however, to take into account is that when you have a very significant change in diagnostic criteria, then it may be the case that a student is diagnosed under one set of criteria. However, because the criteria has changed and we are now looking at learning disorders in a slightly different way, they would no longer meet that criteria and therefore there would be some argument to be had that they were no longer should no longer be considered as having that learning disorder that had been diagnosed.

And the case in point for this is the discrepancy analysis where some students who were functioning actually very well were given a learning disorder diagnosis even though there was very little observable functional impact. So it's a kind of slightly broad area, but it's one that needs to be taken into consideration. Targeted intervention and appropriate adjustments will definitely reduce the impact of an individual's... On the individual's education experience and outcome. So we know that if we provide high quality intervention and high quality adjustments, the student will get better results. And again, in many ways, even at a post-secondary level, intervention should not be ruled out. Intervention if it could be made available to a student should be given consideration. The ability to write a well-structured sentence is a really important skill that for some students they actually need to be explicitly taught in terms of intervention rather than just being given an adjustment of more time to write what is still not a very well written sentence. For example.

DARLENE: Sorry, Mandy, just to quickly interrupt, just ten minutes to go into questions.

MANDY: Thank you. I will gallop through to the end. What is important is that there are changes for different students in the symptoms that they display and the functional impact that is occurring for them. So again, as mentioned earlier, a student might work their way all through primary school and part way through secondary school with very a little apparent functional impact. And then the whole kind of house of cards starts to collapse. They really start struggling. The volume of work becomes too much. So we need to be mindful of functional impact. This is what's the most important part. So realistically, a full psychoeducational assessment shouldn't need to be repeated unless the original one is well out of date using no longer agreed upon criteria or they were just very young, six, seven, or eight or so on. Technically, we should be able to say, here is a student who has a learning disorder, the criteria that we used in the original assessment still match up with the criteria we would use today and therefore we are assuming that they have what is a persistent and enduring developmental disorder.

However, we do need to re-look at functional impact, which is what is critically important. So this needs to be looked at potentially within the kind of prior two to three years of the student undertaking a particular course or training if they have a learning disorder. And it's ideal to look at current achievement levels in the key academic skill that the student has. So the kind of assessment that we would recommend prior to moving into a tertiary course is potentially quite different from the full psychoeducational assessment that might be done for a student the first time they are diagnosed. It's really important to consider functional impact. This is kind of the message that's been coming through a lot of what we've been saying already, the idea that we need to be thinking about intervention, we need to think about the support strategies the student needs in relation to the degree of difficulty that they are having.

So we need to think about extra working time perhaps for some students who do have mild SLDs. Almost certainly we will need to think about extra working time for students with moderate, along with some additional aids of some kind, perhaps ICTs support. And for students with severe learning disorders, we will definitely need a range of adjustments to respond to their functional limitations. So some of the examples which are here in your PowerPoint include, and I won't read through them all and you've got them there, but in response to a student who is writing very poorly and has poor reading and writing fluency, some of what we need to be seeing or what we are likely to see are these kinds of issues in terms of their writing and reading. Slow and inaccurate, poor comprehension, a very high cognitive load attached to the tasks and therefore our response to that needs to be to address that functional impact.

Again, with poor working memory, there are very specific things that a student is likely to experience. The functional impact of having very poor working memory is going to be felt on in comprehension, particularly if a student cannot highlight or make notes. One of the things that comes up at an ATAR level is when the student is given ten minutes of reading time at the beginning of an exam, this actually almost becomes completely redundant for a student with a reading disorder, if they could highlight and make little notes, then it would be of some value. But the student with really poor working memory, and we saw from the stats that we had that lots of students of learning disorders have poor working memory. That is a really troublesome period for students when they're sitting there with that ten minutes and they're not able to make notes or highlight, it actually creates high levels of anxiety, which in turn makes their working memory even worse.

Low processing speed is obviously going to have an impact on production, the capacity to read fluently and so on. Again, we need to think about our responses to that particular functional impact. Difficulties with transcription, again, we are kind of looking at the legibility, the level of pain and the output generally when we are thinking about the functional impact for writing. So there's some possible adjustments that are put here in a little table against some of these areas. And again, obviously you have access to lots more material to refer to, but it's about matching the adjustment to the area of functional impact.

I just want to talk briefly before we finish up about imputed disability and in cases, and I guess there's been a lot and reason for this is that there's been a lot more talk about imputed disability of late, the idea that rather than actually doing an assessment of some sort, we can look at and impute disability. I think what's important here is that it may be possible to impute disability for the purposes of determining appropriate support, but we do need to be very careful. Our decision has to be based on reasonable grounds and supported by documented evidence. We have to see evidence of functional impact that is resulting from what we are assuming is an undiagnosed disorder, not an alternative cause. So we've got to be super careful that we are not simply seeing a student who is doing very badly in reading or written expression and saying therefore they must have a learning disorder. We have to make sure that we are still looking at more plausible explanations and thinking about, we have to be assuming that this is an undiagnosed disorder, not simply looking at the behaviours the student is exhibiting.

It has to be consistent with the definition of disorder in DDA and the education and standards. And it's really important that adjustments that are being recommended have been trialled. There cannot be a single data source to diagnose an SLD, and this is the same for imputed disability. There has been at times some talk about just using something like a PATR and saying the student who performs badly on a PATR is kind of, maybe we impute disability from there. Again, it's not sufficient and it's not going to determine whether this is an undiagnosed disability. So if we think about imputed disability against the four criteria, we have to think about the supporting evidence that we are looking for imputed disability against all four criteria, looking at the persistence and enduring nature of the disability, talking to students about their history, gathering some documentation, getting some information that speaks to this persistent and enduring nature, and ideally collecting some information about intervention that has been provided.

Looking at how well the student does perform, it's very difficult not to actually... To make a determination of any kind of learning disorder without doing some standardised testing of where the student is now at in terms of their ability to read or write or calculate. We have to look at history again in terms of documentation and consultation with the student to think about whether or not there was already indicators of a learning disorder back in primary school, secondary school that perhaps were missed. So again, we need to think about that and then we need to actually consider whether there are some other and more plausible explanations for the difficulties the student is having. So in order to impute disability, we still have to consider those four criteria and really kind of think carefully about them. So I guess in terms of bringing this up to the end, and as I say it has been a bit of a mad gallop, but there is currently this shift in some systems towards imputed disability as a means of creating a more equitable system.

And I kind of support that in many ways. I do feel that we do need to keep having conversations about how do we make this an equitable system? How do we ensure that the student who for example has been to a school where they really just were never picked up or identified, ended up being kind of guided off into an alternative non-academic pathway and now has sort found themselves at a university or somewhere. And really we want to kind of look at what's happening for this student, but they can't afford an assessment. How do we ensure that we are kind of making the system more equitable? But what we don't want to do is go down the path where we simply say, poor academic results are an indicator of... Or achievement is an indicator of a learning disorder because it's not. And we just need to be mindful of that.

Again, what we have to think about is ensuring that policies and procedures are fair. We're talking about procedural fairness perhaps rather than distributed fairness. When we are kind of saying everyone should have the same... We have to accept people don't have the same, but to have a procedural fairness in place is actually really important. So thinking about what that would look like, particularly in terms of serving the needs and identifying those students who do have an undiagnosed learning disorder. So I think that, as I say, it was a bit of a mad, mad rush, but I think I've kind of hit around about the 50-minute mark.

DARLENE: Darlene here, just a little bit over, Mandy, but thank you so much. We've had a huge amount of questions and we're not going to get to them all. I really apologise to people with just a limited amount of time. We will work with Mandy to see if she's open to answering those and we'll put the information on our website and we'll send everybody who registered for the session today a link to the recording and the page where that information will be there. But we have got a few minutes left, so just probably focusing on two of the most popular questions that we've got. And you probably covered off this little bit, but it's probably one of the biggest questions we have in the sector around the benefits of learning assessments multiple times. So one during school and another when starting a university or in later adult adolescence. What is the benefits to actually having an assessment if you've got one when you're a young child and then one, when you're reaching young adulthood, what are the benefits?

MANDY: Okay, so look, I think it's a tricky area and one of the things that I would say is if you have an assessment that's been done with a student when they were six or seven years of age, there are some inherent challenges in that in terms of the amount of information you are going to get from it and the potential for it to be slightly misleading. In other words, students skills are really only just forming when they're six, seven. So although we can identify that a student is behind their peers, they are struggling, there's evidence that they have needed some intervention and they haven't responded as well to that intervention as we would've liked. It is really important for us to potentially have another look at that student later on say that particularly for example, the determination was that it was a mild learning disorder when they were seven, I would be wanting to have a look at it.

Now, whether that requires another cognitive assessment, probably not. I think what is required however, is a comprehensive assessment in the teenage years to determine the level of functional impact and whether it has continued, whether it is persistent and what it looks like. What are the real challenges that this student is having? What does that mean in terms of their capacity to access exams, to follow through on assignments, to do lengthy reading tasks? What is the implication there for that student. That is critically important. I think it's also important to identify how well that student is doing on academic standardised tests. So in the key area that they are struggling with. So we do what we call a functional review of students who are 16, 17, applying for .... If they have had a comprehensive assessment at some point, and probably as long as the criteria were not a discrepancy analysis type criteria.

And I'm looking at it thinking, okay, I've got some issues here. I think that having a another... I don't think we need another psychoeducational assessment. We know cognitive ability wise, this student is fine, there is not a cognitive impairment. So as long as the criteria have remained the same in terms of diagnosis and as long as the assessment was done at a time where we got some kind of clear indication at that point of academic achievement functional impact, I have seen assessments that have just been done on the basis of a whisk with no academic testing whatsoever. Now I just think that's not a proper assessment. So it's really hard to be very definitive about this. What I would say is that I do think functional impact does need to be assessed and a case history of some kind, even if it's a documented little questionnaire that students complete needs to be done within two years of starting the course. That would be my take-

DARLENE: Recommendation. Thank you for that. I'm just looking at the time we are running out, so better answer this quickly, but some of the questions around the use of the world difficulty or difference and not disability, meaning the implications. So the individual may not... The supports aren't seen... The supports aren't put in place because those words are used. But also there's another question around not pushing back but trying kind of something you can say when people are saying it's a learning difficulty and not a disability and just is there a quick little spiel that we can give why it's important to actually identify it as a disability in the context of education in this education space?

MANDY: Yeah, look, I think that it... Oh, it's challenge and I'm going to struggle to come up with a perfect little rejoinder to that. But my sense is that if we are saying this is a neurodevelopmental difficulty that or condition that means that for this student in this narrow area, they have far more difficulty completing tasks doing the job. There is an impact on their day to day functioning. For that reason, we need to consider it as being something that is more than just a difference. It is actually something that gets in their way that prevents them from demonstrating at the level that they can. And we need to be supporting them in that way. And if we do things that take away from that that just say it's just a difference, everybody else has a difference, then I think that's doing them a disservice. Those students, they work bloody hard a lot of the time. So you know me, I don't want to add more to them.

DARLENE: Yep, no, definitely. All right, well thank you for that. We've coming just under time, we do have another webinar coming up which we will post in the chat. So if people would like to see what webinars and also information around our newsletter to be kept up to date with our regular webinars that we host at this moment around every two weeks. And we'll chat to Mandy about seeing if some of those questions that you've asked today can be answered and that will be put onto our website as well. So refer back to that.

So thank you Mandy so much. It was wonderful to be working with you again and to hearing to have this presentation. It's one of the hot topics, probably the most asked for topic that we get each time we have a survey. They'll really appreciate and value the time you've given us. And thank you for everybody for joining us and for participating in the chat really well and for asking some really insightful questions that I'm sorry that we didn't get to. So, and thank you to our interpreter and our captioner and have a good day all. Enjoy the rest of your week. Take care.

MANDY: Thank you.