[P.P. 312

Parliament of
South Australia

REPORT OF THE

SELECT COMMITTEE ON

ACCESS TO THE SOUTH AUSTRALIAN EDUCATION SYSTEM FOR STUDENTS WITH A DISABILITY

Laid on the Table of the Legislative Council and ordered to be printed on 30 May 2017

Second Session, Fifty-Third Parliament 2015-2017

CONTENTS

1. **The Select Committee**

3. **The Inquiry – terms of reference**

1.1 APPOINTMENT

On 3 June 2015, a Select Committee of the Legislative Council was established to inquire into and report on access to the South Australian education system for students with disabilities, their families, and support networks, including:

a. The experience of students with disabilities, additional learning needs and/or challenging behaviours, and their families and advocates in the South Australian education system, including early childhood centres, junior primary, primary and high schools;

b. The experience of discrimination, including victimisation and harassment, of students with disabilities, including, but not limited to, educational institutions failing to provide students with the support needed to reach their full academic potential on an equal basis with non-disabled students;

c. The experience of segregation, restraint, lack of social opportunities and adequate supports for personal care requirements, and other personal care routines such as toilet use for students with disabilities;

d. The current level of initial and in-service training for teachers and other staff regarding students with disabilities, and suggestions for broadening and improving such training;

e. The appropriateness or otherwise of school based policies and funding mechanisms for behaviour management for students with disabilities

f. The availability of specialist staff in rural and regional South Australia; and

g. Any other related matter.

1.2 MEMBERSHIP

Hon Kelly Vincent MLC (Chairperson)
Hon Tammy Franks MLC
Hon Jing Lee MLC
Hon Tung Ngo MLC
Hon Stephen Wade MLC

Secretary
Ms Leslie Guy

Research Officer
Dr Andrew Russ

1.3 MEETINGS

The Select Committee advertised for interested persons to provide written submissions or to register an interest in appearing before it. The Committee met on 10 occasions to hear evidence. A list of people who appeared before the Committee is in Appendix 1. The Committee received 52 written submissions, which are listed in Appendix 2.

1.4 NOTICE ON LANGUAGE USE

Some of the quotes used in this report utilise terminology that some may find offensive or inaccurate, for example “high functioning” and “low functioning”. This language is used in the report simply to accurately reflect the evidence given. The committee acknowledges the right of every student to learn to the best of their ability, regardless of diagnosis or label.

2. RECOMMENDATIONS AND FINDINGS

Unless otherwise indicated, recommendations are to all education authorities in the state, including State Government, Catholic and Independent school sectors.

References to "parent" in these recommendations also include guardians and carers.

After considering the evidence and submission placed before it, the Select Committee has made the following recommendations:

1. The Early Years

1.1. The Minister for Education and Child Development and SA Health should increase resources for home visits in the first year of a child's life to facilitate early identification of disability or risk, and invest in the prevention of future disabilities, learning difficulties or developmental delays.

2. Right to Access School

2.1. Education authorities and legal services bodies should ensure that students, parents, staff and school leaders are fully aware of their rights and obligations in relation to students with disability under relevant legislation and the Disability Standards for Education, in relation to:

- admission and enrolment;
- adjustment requirements; and
- ongoing participation.

2.2. Each school sector should provide easily accessible, sector-wide, plain language information for students with disability and their parents to inform them, even before they approach a school to enrol, of their rights and avenues for the resolution of issues and complaints, including:

- within the school;
- within the school sector; and
- beyond the school sector, such as the Commissioner for Equal Opportunity.

2.3. An independent person should be appointed, possibly within the office of the Equal Opportunities Commissioner or Ombudsman, to evaluate complaints about access and participation in education by students with disability.

2.4. Students, parents and schools should be given clear guidance as to the meaning of 'unjustifiable hardship' such that it cannot be used to disallow modifications for learning.

2.5. More information should be made available to school leaders and teachers about their entitlement to access additional resources and support, and to modify the environment, to accommodate students with disability.

2.6. Personal information held by schools in relation to a student should be available to the students and/or parents regardless of whether the school is a government or non-government school, and whether they are subject to or exempt from the Freedom of Information Act.

2.7. Parents should be able to request, and schools should take into account, independent assessments from professional individuals and bodies outside the school.

3. Transitions – Into, Between and Out of School

3.1. Parents should be supported in the transition of a student into a school, between schools and into other settings, including the provision of clear enrolment information and appropriate timeframes.

3.2. There needs to be greater liaison with and between kindergartens and primary schools regarding student transition procedures, accepting the need for extended personalised familiarisation, including allowing parents to be present.

3.3. Planning for the accommodation of a student should begin before the student commences at the school.

3.4. Increased flexibility in transitional arrangements is needed, especially between ‘special’ education and ‘mainstream’ and arbitrary timelines should be avoided.

3.5. An online portal or electronic portable record be established as a repository of student information, assessments, education plans and behaviour support plans to avoid reassessment upon entering a new school.

3.6. There should be options of transition for students with Autism Spectrum Disorders which do not require separate campuses. (Current Autism Intervention Programs require ASD students to relocate temporarily to separate campuses, and later reintegrate back into mainstream schooling. Options that avoid such difficult transitions should be explored, such as the creation of onsite special options classes, or specialist staff working with existing school staff, rather than relying on full campus segregation.)

3.7. DECD should record the specific reasons why students leave formal education settings to commence home schooling, including (but not limited to) disability, bullying, geography, economic hardship, behaviour and choice.

3.8. Transition arrangements for school-leaving should be incorporated in the Negotiated Education Plan process with a sufficiently long lead time.

3.9. The post-school experiences of people with disability should be monitored, including at the individual school level.

4. Developing Inclusive Schools

4.1. Schools should ensure a positive, inclusive culture and environment within each school which embraces and respects diversity, including students with disability.

4.2. Parents, teachers and peers should be equipped to actively avoid and challenge pessimistic attitudes about the capability and potential of students with disability. School needs to actively foster a respectful expectation of achievement.

4.3. Student’s rights and responsibilities and avenues and appropriate forms of self-advocacy should be delivered as part of the Civics and Citizenship curriculum.

4.4. Students with disability should participate in all school activities, including extra-curricular activities and assessments of educational attainment such as NAPLAN.

4.5. There needs to be better standards and processes for tracking student achievement. In particular, NAPLAN needs to be developed to be a more accurate reflection of educational attainment recognising the starting point for students.

5. Planning for Success

5.1. Whilst the experience to date has been mixed, the Committee considers that individualised planning (such as a Negotiated Education Plan) is an important process to ensure that a student with disability receives the education to which they are entitled.

5.2. Each plan should be focussed on the student, helping them fulfil their capacity and pursue their aspirations – as their maturity allows, the student should be asked what they think they are capable of achieving.

5.3. Planning should involve cooperative engagement of all the major contributors to a child’s education, including the student, parent, therapists, teachers, leadership teams and disability co-coordinators.

5.4. Planning meetings should seek consensus about developmentally appropriate approaches, goals, curriculum modifications - a cooperative approach means that ‘decisions’ should not have not been pre-determined.

5.5. As part of the NEP process, an individual sensory overview document, including but not limited to hearing, sight, self-awareness, motor skills, and sensory-related likes and aversions, as well as strategies for improving these skills should be completed and updated as the student develops.

5.6. Procedures and templates should promote:
- consistent plans;
- flexibility in the plans to change with the student and circumstances; and
- a clear structure as to who is allowed to attend and the frequency of meetings.

5.7. To emphasise that planning has a goals focus with a collaborative approach, consideration should be given to a template which provides for at least three goals: one picked by the student, one by the family, and one by school staff. In the case of students under guardianship, the student can pick 2 goals.

5.8. Plans should focus on the student’s educational goals, recognising that as we do so behavioural issues may be reduced.

5.9. Schools should be provided with sufficient funding to conduct consistent and regular planning meetings in accordance with policy.

5.10. Parents should be made aware of their child's disability classification and how the school is planning to use any resources allocated to support the student’s education needs.

5.11. All relevant teaching staff should be made aware, as necessary, of the NEP’s approaches, goals and curriculum modifications, whilst respecting the right of the student to privacy.

5.12. All plans should be monitored between meetings, including through an online portal where parents can log on and see the student’s NEP (and other student-specific plans) and progress against them.

5.13. Education authorities need to develop strategies to partner with the NDIA to facilitate access to education, whilst recognising that education itself remains a State responsibility.

5.14. Education authorities should explore ways to improve integration, coordination and complementarity between education planning and other planning processes in a child’s life, such as NDIS, *Team Around the Child* processes and foster care planning, with the goal of maximising the support offered to students – *one child: one plan*.

6. Performance Monitoring

6.1. Each education authority should audit their schools to assess their compliance with legislation and sector policy in terms of:

- open enrolment;
- inclusiveness to disability;
- awareness and understanding of the Disability Standards for Education 2005;
- the level of enrolment of students with disability compared with peer schools and their catchment;
- utilisation of individual planning, including the focus, participants and frequency of meetings;
- review the education plans of students attending part-time;
- the level of participation of students with disability in NAPLAN testing, compared with their peers;
- the adequacy of the curriculum, staff, professional development and infrastructure to meet the needs of students with disability, in particular, students within a cohort in which the school specialises (eg, vision impaired).
- use of seclusion, restraint, suspension, and exclusion.

6.2. A summary report of the audits should be presented to the Equal Opportunity Commissioner and the Commissioner for Children and Young People.

6.3. Data on students with disability needs to be consistently collected and published across the education sectors.

7. In-School Support

7.1. Education authorities should move to consistent, shared definitions of disability, including learning disabilities, which compliment relevant NDIS definitions. Definitions and policies should not be so rigid as to deny support to students in need or to those for whom a formal diagnosis is not available.

7.2. Discretionary funding, appropriately acquitted, should be made available at the school level to support students who do not have a formal diagnosis yet display an objective need for additional support.

7.3. Access to assessments and treatment, in particular for speech and psychology, should be provided to students on a non-discriminatory basis whether they are government, non-government or home schooled.

7.4. Educators should be made more aware of the value of play-based curriculum and instructional method for all primary school aged children.

8. Allied Health Support in Schools

8.1. Speech, psychological and diagnostic assessments, and tracking of functioning (eg, sensory screening) should be readily available to students on an affordable basis regardless of their school sector.

8.2. Allied health support should be made available in all schools.

8.3. Enhanced allied health support should include speech pathology and occupational therapists as needed.

8.4. Access to speech pathology services within schools should be increased to ensure that students with complex communication needs (including those that use AAC) are provided with sufficient, effective and timely support, at a level at least comparable with other Australian jurisdictions.

8.5. Allied health professionals, in particular speech pathologists, should be utilised beyond providing individual assessments and providing direct support to students with disability, to review adjustments and to work closely with teachers to build staff capacity to support students generally.

8.6. Education authorities should jointly undertake a stocktake of available assistive technologies to support schools to make evidence-based adjustments for students with communication disabilities.

8.7. Students and teachers should be made aware of technology that may assist both their classroom and home learning, and be financially supported to access them.

8.8. The Minister for Education and Child Development should seek increased funding for DECD to expand the Special Education Resource Unit (SERU), including to support the use of technology to support students with disability.

9. School in the context of the Whole of Life

9.1. Schools and kindergartens should facilitate access by therapists and other professionals to deliver services to students with disability, including by providing appropriate on-site facilities. Making time for a student's therapeutic needs within school hours is part of reasonable adjustment and does involve protection of the focus on education during school hours.

9.2. Education authorities should provide a policy that outlines the access and support that schools are required to give to therapists and other third party professionals who work with students with disabilities.

9.3. The Government should undertake a study of the economic impact of education sector policies and practices relating to students with disability on the families of students, including their capacity to participate in the full time workplace in the light of access to holiday care, suspension and exclusion practices, cost of attending appointments away from school and so on.

9.4. All school sectors should work to increase vacation care options for students with disability.

9.5. Individual schools or clusters of schools should consider facilitating informal parent group meetings for families of students with disability and other interested parents.

9.6. Education authorities and schools should identify and address specific educational and social needs of siblings of students with disability, recognising that this support is likely to be less if the student with disability is properly supported.

10. School Leadership and Teacher Support

10.1. School leadership in support of the rights of students with disability is a vital factor in creating an inclusive school.

10.2. At least one compulsory unit on special education should be compulsory in all accredited Australian teacher preservice degrees.

10.3. All teachers working in special schools should have a minimum requirement of a degree in Special Education.

10.4. Teachers and other staff, not limited to special education staff, should be provided with professional development, including training relating to:

- fostering inclusivity;
- integrating students with disability into a modified task (rather than segregation with an alternative task);
- assistive communication;
- child development and executive functioning skills;
- different learning styles;
- disability awareness (including intellectual disability, Dyscalculia, Dysgraphia, Dyslexia);

- positive behaviour support, and developing preventative strategies to minimise behavioural escalation;
- sensory integration and sensory processing; and
- interoception activities.

10.5. Training is required for staff, especially in special school or units, on the impact of trauma on development.

10.6. Staff with specific developmental and assessment skills need to be employed in schools.

10.7. All teachers should have access to professional support and advice on special education, especially during their first two years of their career.

10.8. Teachers and school leaders should be encouraged to collaborate with external disability and other specialists.

10.9. Teachers and parents of students with disability should seek to maintain a positive partnership approach facilitating continuity of care and support across school and home:

- parents can teach the teachers about what works at home;
- families can learn from school teachers; and
- two-way communication between the two parties.

10.10. Education authorities should be alert to the particular needs of students from culturally and linguistically diverse (CALD) communities.

10.11. School Support Officers should be available to facilitate learning, but not deliver the teaching itself.

11. Care Routines and Risk

11.1. To facilitate full participation of students with disability, schools should ensure adequate resources and staff support for personal care (including eating, drinking, medication and toilet use) – it is inappropriate to rely on families or sending students home.

11.2. Enrolment forms should give the opportunity to indicate toileting or other support needs. However, it must be made clear that not disclosing this information on an enrolment form, either by choice or because these needs are not known at the time of enrolment, does not preclude a student or family requesting such assistance post enrolment.

11.3. While education authorities have a duty of care which is equal for all students, educational opportunity should not be denied to students with disability on the basis of reasonable risk.

11.4. Schools, students, families and medical authorities should openly discuss and plan for the management of potential medical emergencies.

12. Managing Challenging Behaviours

12.1. Positive behaviour support and flexible education placements should be used to minimise seclusion, restraint and segregation.

12.2. Education authorities should provide central expertise in disability, where possible engage people with disability and lived experience.

12.3. Transition to ongoing placements may need to involve placement in private therapeutic environments for a period of time as, for many students, the initial stages of implementing a behaviour support plan may be met with even more challenging behaviours putting the student and those around them in great danger. The staff from these placements can then work with schools directly both in their settings and at the school to support transition back to school.

12.4. DECD should consider undertaking a trial of special options classes for high functioning students with an autism spectrum disorder and serious behavioural support needs, which would involve:

- classes of six or less;
- two full time teachers;
- support from School Support Officers with time allocated to each student for integration into mainstream classes and yard-time as appropriate with 1:1 supervision as necessary;
- a package of in-home visits and supports which could be funded by NDIS; and
- the goal to fully include the student back in the mainstream in time.

The trial could be undertaken along the lines of the current Flexible Learning Options (FLO) Program (though extended to both primary and secondary students) or in partnership with the NDIS.

12.5. School authorities should further explore the effectiveness of interoception rooms/activities for the behaviour needs of both students with and without disabilities, with the aim of expanding their use in other schools.

12.6. A ‘code of conduct’ around restraint should be maintained with tangible procedures and consequences for breaches.

12.7. Students with disability have the same right and need to learn about sexuality and relationships as any other student. Sexuality and relationships education needs to be accessible to students with disability, including but not limited to information in easy English and other accessible formats.

12.8. Mental health supports should be available.

12.9. Interoception activities should be further explored and made to available to all students, not just students with disability.

13. Suspensions and Exclusions

13.1. Education authorities should provide clear policies around suspension and exclusion, including day suspension or ‘take homes’ (where a parent is requested to take a student home for the remainder of the day).

13.2. DECD should consult with stakeholders and the community to understand the impact of current policies regarding suspensions and exclusions, and should devise a more appropriate response to breaches of conduct in schools.

13.3. The DECD needs to rewrite all policies regarding suspensions and exclusions in a child-centred way, such that behaviour is understood as a manifestation/communication of what is happening for the student.

13.4. Policies should ensure that schools:
  - accept their responsibility, whenever possible, to ‘see out the day’ if it has accepted the student at the beginning of the day;
  - do not use exclusion or suspension from school as a default behaviour management strategy for students with disabilities and challenging behaviours;
  - demonstrate that they have developed and implemented formal behaviour support plans before any moves to exclude/suspend a student with disability from school; and
  - disability and education standards are reflected.

14. School Attendance

14.1. Given the goal of an education that supports the fulfilment of every student, all students should be expected and supported to attend school fulltime and actively participate in extra-curricula activities.

14.2. Students attending part-time school should have their curriculum and NEP audited by DECD.

15. School Models (Out-of-School Education and ‘On site’ models)

15.1. Dedicated curriculum support, such as Open University, should be available for both home-schooled students with disability and for students who frequently miss school due to medical conditions (whether associated with disability or not).

15.2. Data should be maintained on days of absence due to illness for students with disability so that this informs the need to continue a dedicated curriculum support unit.

16. Rural and Regional

16.1. Education authorities and regional development boards should work together to address the lack of availability of specialist staff in rural and regional South Australia and encourage students from rural and regional areas to practice in rural and regional areas on graduation.

16.2. Explore the potential expansion of the Bonded Medical Places (BMP) Scheme to encompass allied health professionals (psychologists, speech pathologists, occupational therapists, etc.) to increase the availability of specialist staff in rural and regional South Australia.

16.3. DECD should review its policy regarding student thresholds in the formation and placement of special schools in a regional context, given the challenges in reaching the thresholds there – a separate policy for the rural and regional areas should recognise that a critical mass of students for services to be forthcoming.

16.4. The DECD should look at the forthcoming results of the national review of education delivery in regional, rural and remote areas with a view to improving recruitment and retention rates of teachers in these areas.

3. THE INQUIRY

3.1.1 Terms of Reference 1

The experience of students with disabilities, additional learning needs and/or challenging behaviours, and their families and advocates in the South Australian education system, including early childhood centres, junior primary, primary and high schools;

3.1.2 The Legislative Framework

Numerous submissions to the Committee drew attention to the fact that before any child with a disability even interacts with the education system, their rights are stated, protected and promoted by numerous legislative instruments. These rights and protections exist on international, national, state and local levels.

The Australian Council of Human Rights Authorities' submission outlined the various legislative rights to accessible education for all. Internationally, Australia is a State party to the United Nations' Convention on the Rights of Persons with Disabilities. This Convention requires Australia to recognize the rights of people with disability to an education, and obligates the signatory to provide necessary supports to facilitate a student's effective education, (e.g. altering the layout of rooms, accommodate wheelchair use, provisions of assistive technologies and learner support workers). The Convention is also guided by the general principle of having respect for the evolving capacities of young people with disabilities, as well as their right to preserve their identities.[1]

The Disability Discrimination Act 1992 (Cth) (DDA) covers discrimination against people with disability, including in education. Under the Act, such discrimination is unlawful, including discrimination by public or private education institutions, schools and universities. Crucially, the Act creates a duty to make reasonable adjustments for people with disability to make education accessible. However, the Act provides an exception: that it may not be unlawful to discriminate on the ground of disability if avoiding the discrimination would impose unjustifiable hardship on the discriminator[2].

More specifically, the Disability Standards for Education 2005 (Cth), come under the DDA, and came into force in August 2005. The basic point of the Standards is that people with disability should have the same opportunities and choices in applying for enrolment, participating in lessons and courses, and accessing facilities provided by educational institutions as people without a disability[3]. The Standards cover enrolment, participation, curriculum development, accreditation, delivery, student support services, and eradication of harassment and victimisation of students with disability.

These Standards are reviewed every five years, and while previous reviews of the Standards have found they provide a good framework for student's educational access rights, concerns have been raised. Highlighted difficulties in relation to the Standards include confusion and lack of clarity around key terms used in the Standards ('disability', 'reasonable adjustment',

---

[1] Submission 22, Australian Council of Human Rights Authorities, page 2-3

[2] Submission 22, Australian Council of Human Rights Authorities, page 4-5

[3] Submission 22, Australian Council of Human Rights Authorities, page 6

‘unjustifiable hardship’ and ‘on the same basis’ foremost amongst them), lack of awareness and understanding of the Standards by educators, and concerns about the effectiveness of the standards regarding bullying and harassment of students with disability. The Standards were also found to have inadequate accountability and complaint mechanisms. Whilst measures to promote awareness of the Standards, and a new Nationally Consistent Collection of Data on School Students with Disability have been initiated in response, the Standards themselves have not been revised.[4]

Section 74 of the South Australian Equal Opportunity Act 1984 (EOA) makes it unlawful for an educational institution to discriminate on the grounds of disability. Similar to the DDA, there is an exemption in the EOA from this requirement in circumstances where the person with a disability would require access to, or use of, a place and facilities in circumstances where the provision of that access would impose an unjustifiable hardship[5].

3.1.3 Numbers of Students with Disabilities in the South Australian Education System

All three sectors of the South Australian school system, State, Independent and Catholic streams, provided the Committee with estimates of the proportion of students with disability within their school populations. The data demonstrates that engaging and instructing students with disabilities has become a core component of these sectors’ service delivery. The numbers suggest that it would be rare for an individual class not to include a student, or students, with a disability, suggesting that accommodating the needs of students’ with disability must be part of their ‘business as usual’ models. The Department of Education and Child Development (DECD) reported the following:

> Looking at the disability side of things, the figures that we rely upon currently suggest that we have, of those students, about 8.9 per cent of them who are identified with disabilities. Generally they are grouped in seven main areas and they would certainly and increasingly include areas such as autism and developmental lags or needs… Of those 8.9 per cent which are identified in the public system, we have around about 79 or 80 per cent of those children who are very much in mainstream classes and some of those children have minimal support and some of them have significant support… So, 80 per cent of them of them are largely mainstream. We have around about 13 to 14 per cent that are in some form of special education units or classes that are contained within our school environments, and around about six per cent of them are actually supported in special school environment schools that are very much designed for comorbidity needs and/or multiple complex disability needs as well. Fortunately, we have been able to upgrade and increase the capacity and capability in many of those schools in the last four or five years as well.[6]

In their testimony, the Association of Independent Schools SA (AISSA) said that the number of students with a disability in the education system was on the rise, due to the ways in which data was now being collected, and acknowledged the significant numbers of students with disability were accessing their services:

> How you determine the numbers in the schools really depends on the particular survey and the way that it has been done, and that's recently been changed, by the way; the federal government is collecting data. If we were to look at the old way of measuring the data, until a couple of years ago, probably about one in 25 students was a student with

---

[4] Submission 22, Australian Council of Human Rights Authorities, page 5-7

[5] Submission 22, Australian Council of Human Rights Authorities, page 9

[6] Transcript of Evidence, DECD, page 26-27

> disability, so that's really, on average, one per class, which makes it a significant number. If we look at the way the data is being collected now using a different methodology, the numbers are probably at least double that, so it is a significant percentage.[7]

In fact AISSA found that from 2004 to 2014, the number of students with disabilities had risen from 1,208 to 1,827 (roughly a 50% increase), with the student's disabilities showing increasing diversity and complexity[8]. The overall enrolment increase over that time was merely 19.6%[9]. The AISSA also provided the Committee with a percentage breakdown of students who require differing levels of adjustment, speculating that the percentages would be roughly comparable within their schools:

> In South Australia the figure was reported to be 17.6 per cent of all students and one in 10 South Australian students with a disability requires an extensive level of adjustment, 20 per cent need a substantial adjustment, and just over 50 per cent require supplementary adjustment. We haven't got our figures, but I think ours are probably slightly less but getting up there towards that as well.[10]

On the issue of why independent schools seem to have a lower percentage of disabled students in their cohort, Mr Roger Anderson, Acting Chief Executive stated:

> It is probably fair to say that for some students with some disabilities they may be able to get more support in an education department school if there is a particularly high needs student because they can pool their resources, whereas ours are funded school by school and the resources are really only the funding provided for all schools and the parents' fees. But I really don't know the answer to that.[11]

Catholic Education South Australia (CESA) advised that 4.4% of their school population met funding criteria for disabilities:

> 2015 census data confirms that 4.4% of enrolments in Catholic schools include students who meet the funding criteria for Students with Disability in SA. The percentage is consistent with the national data in Catholic schools across Australia.[12]

However, this was only a small percentage of students who fit under the stricter criteria established for disability funding, that is students who receive some form of adjustment to support their learning. This larger percentage is derived from the Nationally Consistent Collection of Data (NCCD). Ms Mary Carmody, Senior Education Advisor for CESA stated:

> We are still in the trial period of collecting that data, but we are reasonably confident with our data that around about 14.1 per cent have adjustments of one kind or another made for their educational outcomes.[13]

The Committee also heard from the Guardian for Children and Young People (the Guardian) regarding numbers of students with disabilities who are in state care. While the figures for this at risk subgroup could not be as easily identified, the Guardian advised that the proportion of students in care with disabilities was considerably higher than the proportion in the state generally:

---

[7] Transcript of Evidence, AIS, page 1

[8] Submission 44, AISSA, page 1

[9] AISSA Response to Questions on Notice, page 1

[10] Transcript of Evidence, AIS, page 3

[11] Transcript of Evidence, AIS, page 3

[12] Submission 32, CESA, page 3

[13] Transcript of Evidence, CESA, page 11

> Our clients are 3,000 children and young people in state care, as well as the young people detained in the Adelaide Youth Training Centre. We do not know, within that population, the exact number of school-age children and young people in care who have a disability, especially if psychological health is involved, and that is because the criteria applied by Disability Services are different to those used by DECD to recognise disability.
>
> Based on the data from the two government departments, it suggests that children in care with disabilities range from 10 per cent to 33 per cent. The proportion of children in care with an identified disability is significantly higher than the state average. Within the youth justice setting, though, in the detention centre, identified disabilities are much more difficult. There is a case management system that doesn't clearly identify or record a known disability.[14]

These numbers are recognised to be significantly inflated when factoring in the psychologically disabling effects of abuse, neglect and trauma:

> Information that we have, based on our experience, is that it is certainly potentially higher, and particularly psychological health, so the impacts of the trauma and abuse are recognised within those criteria.[15]

Speech Pathology Australia (SPA) also provided the Committee with information on the number of children in South Australia that are disadvantaged regarding language, cognition, communication skill and general knowledge.

> Information from the Australian Early Development Index (2012) indicates that 17.1 per cent of South Australian children are developmentally at risk or vulnerable in language and cognition and 26.3 per cent are developmentally at risk or vulnerable in communication skills and general knowledge at school entry. This compares to national data of 17.4 and 25.3 per cents respectively.[16]

3.1.4 Early Education and Screening

The Committee was repeatedly reminded about the importance of early education and early investment for improving the education of students with disabilities. Identifying issues and solutions early was broadly seen as the most effective way of setting children on the pathway to success in their education. It was often noted that missing early opportunities frequently meant playing a game of ‘catch up’ later on the educational journey, trying to recover from entrenched disadvantages, and needing later behavioural support stemming from these earlier missed opportunities.

In this respect, the Department of Education and Child Development has a large part to play. In the arena of early childhood, the Department has set itself an enormous and ambitious task. In its testimony, the DECD spoke of its influence and jurisdiction over the lives of South Australian children from their earliest lives:

> Not that it is mentioned often, but the department has responsibility for the day-to-day management of child and family health services and we have responsibility for universal home access visits which occur generally speaking in that first two to four weeks upon a birth. We have around about 20,000 births in South Australia annually. We attempt to get to the vast majority in excess of 90-plus per cent of new mums and babies and/or families,

---

[14] Transcript of Evidence, Office of the Guardian for Children and Young People, page 97

[15] Transcript of Evidence, Office of the Guardian for Children and Young People, page 98

[16] Submission 34, Speech Pathology Australia, page 6

> involving fathers as well, on an annual basis. That provides us the first mechanism, the first opportunity, to be interacting with children and families and also very early on identifying potential individual needs for children and their families as well. At times that can involve identification for things such as disabilities, particularly intellectual disabilities as well.[17]

As well as being on the frontline of interaction with children in their earliest stages of growth, the DECD is also the primary manager of early childhood pre-school education. Thus, it is often the first responder in the detection of any future disability or learning difficulty:

> We also have the ability, because we have the monopoly largely on preschool and kindy, to have visibility and interactions with 17,500 to 18,000 children per year through the preschool sector. Once again, that provides that continuum of opportunities to work with children and families to identify needs and I guess by the time children are getting to three and four years of age their needs, if they are in area of disability, become more obvious, I would suggest, particularly when you look at vision impaired, hearing, speech and so forth in those areas.[18]

The DECD seemed encouraged by the early successes they were seeing from this widened and more integrated approach to early child welfare.

> Can I also add that I visited CaFHS in Nuri [Nuriootpa] on Monday night and spoke to about nine CaFHS workers. They relayed to me the stories that they really are seeing dividends by having the universal home accessors working in a case management approach with the children's centres workers working together with educators within the early years schooling system as well. We really do have a great opportunity to multiskill in a multifaceted way from the day of birth, as we have those universal home access engagements and feeding in through early identification.
>
> The information I was provided with on Monday night is that it is quite evident in many cases of early identification, which parents don't necessarily pick up when they are in those first early days, weeks or months of a newborn, but professional trained workers can pick up and detect signs very early on. The system we have at the moment, which is more joined up than it has ever been and more consistent through the journey of the life of a child from zero to 18, and which is unique to South Australia the moment, I think is really starting to pay some dividends as to that ability to have a more seamless approach to involvement with children and provision of support in the area of disability. [19]

The Office of the Guardian for Children and Young People also highlighted to the Committee the especially valuable role that early childhood centres can play. They viewed them as places to centrally locate and integrate a range of services that can support students with disabilities and their families. Not only does this provide a convenient location for a range of support services, they can also help provide such vital assistance at a time in a child’s life where it would have maximum benefit:

> For instance, one of the areas of focus, perhaps, under the National Framework for Protecting Australia's Children is evaluating place-based models, where multiple services that can support individuals as well as families as units are in one location and accessible to families. What we see for some children and young people, particularly young children, are members of families that perhaps are very difficult to engage; services struggle to engage them. We need to be more creative about our planning on the engagement that services use to work with families.

---

[17] Transcript of Evidence, DECD, page 26

[18] Transcript of Evidence, DECD, page 26

[19] Transcript of Evidence, DECD, page 34

> We sometimes shut families out of services because they don't come to us in a particular time frame, so we need to be prepared to get to where families are. Children centres, for example, are an area where linking services such as child care or drug and alcohol services, housing support, mental health support—being able to bring things together where it's actually focused on individuals, but also the family unit.[20]

One witness's testimony noted that the more inclusive, empathetic, cooperative and playful learning methods found in the realm of early childhood, could be useful in the school sector for children with disabilities. Being more flexible and sensitive to the differing levels of student competency and ability, early childhood models might better support not just children with disabilities, but all children, to attain educational goals:

> …a play-based curriculum allows many different learners to come in at different entry points. That's what I think is actually missing from reception… You see that really well in a preschool environment, but what I am suggesting is that I think we need to make that foundation year, reception or whatever you want to call it still very much like that, then that transition may be easier for children—a whole range of learners, not just children on the spectrum. I think a whole range of students could benefit from that.[21]

The Council for the Care of Children also acknowledged the unique learning environment of preschool. Preschool models are seen to more effectively help a wide range of children with differing ability. But the Council also cautioned that this valuable early childhood approach unfortunately recedes and disappears the further along a student climbs the educational year levels:

> I think preschool is a very nurturing environment anyway. The classes aren't large, and they have a different mindset around learning through experience and play. So, some of those idiosyncratic behaviours can be just part of play, and kids are very accepting, I think. I think that the staff there have a different mandate. When you get into school, it's very different. By the time the seventh or eighth year comes, the kids are becoming more frustrated and are feeling more isolated. They might have been excluded a few times. The other mums in the schoolyard are looking at them. All of those things come into play, and then things start to deteriorate.[22]

In their testimony, Speech Pathology Australia (SPA) also saw the critical role that speech pathologists could play within the early childhood sector. They saw their responsibility especially in the area of screening for early language and communication differences that would only be compounded if treated too late:

> I think there is a lot of opportunity to work with early childhood educators, so before kids get to school, so that they have got some of the resources and tools to be able to identify kids early and, again, that is where speech pathologists can work very collaboratively with early childhood educators. So there are screening tools, there are the sort of red flags that would be indicators of a child struggling, and I think there's more of that type of work that the various professions can be doing together.[23]

SPA also reiterated that early investment in child development was now recognised by international and national research as being essential for achieving educational equality and opportunity. It tendered evidence, however, that this message is not being recognised, even when parents have concerns about their child's development:

---

[20] Transcript of Evidence, Office of the Guardian for Children and Young People, page 105

[21] Transcript of Evidence, Gloria Debba, page 76-77

[22] Transcript of Evidence, Council for the Care of Children, page 117

[23] Transcript of Evidence, Speech Pathology Australia, page 128

> The importance of the early years to overall child development and the critical ‘window’ of opportunity for early intervention during early childhood is well accepted in international and national research and policy. There is very strong evidence to indicate that early identification of communication disabilities and access to appropriate interventions during the pre-school years can have a profound effect on a child’s health, development, educational and wellbeing outcomes in the longer term. Early intervention provided by a speech pathologist is critical for identifying, assessing and addressing problems in speech and language for young children and ideally occurs prior to school entry. Unfortunately, recent research indicates that only 16 per cent of children whose parents had concerns about their language – actually sought help from a health professional in the 12 months prior to starting school.[24]

The critical role that speech pathologists and other allied health supports could play in early childhood screening and treatment was also repeated by the Guardian for Children and Young People:

> I would like to reiterate the need for early intervention, and that's, obviously, in the child's preschool years, so before they are actually of school age, the need to ensure that children in care, and particularly those with disabilities, are school ready. There are a number of factors that contribute to them not being school ready, particularly associated with language and communication. So, there is a need to get speech therapists and occupational therapists, those allied health services, involved much earlier than we currently do.[25]

3.1.5 Enrolment

The enrolment of a student into a school is often the first interaction that any family will have with the education system. The Committee received numerous personal stories of students and their families who had found it difficult to gain enrolment for their children with disability. The submissions rarely provided hard facts about the official reasons for the denial of an enrolment. In general, the Committee heard evidence that suggests that there is a ‘soft’ enrolment discrimination against families with children who have disabilities occurring in some schools. This discrimination may involve administrators subtly eroding and diminishing the educational expectations of parents, and generally hesitating at enrolment on the grounds of lack of funding or the difficulty posed by requested accommodations. This in turn makes families apprehensive of the school environment, and fatigued by their efforts to gain access. All the educational authorities assured the Committee however that they have non-discriminatory enrolment processes. They also were firm and confident regarding the mandatory nature of the right of all students to enrol in a school, regardless of disability. However, much Committee evidence suggests the opposite, reporting less welcoming attitudes when individuals and families have their first contact with schools. One witness relayed her experiences of this enrolment stage for the Committee:

> In the same year, I started researching local school options. I contacted several department schools and Catholic options in my local community. Some schools did not even get back to me as I was open about (my son’s) diagnosis. Henley Beach South had an open-space unit which would not suit (my son’s) learning needs, and the principal openly complained about the lack of funding, suggesting that only when children are stressed and behaviour is observed will they get access to more appropriate funds. The Grange principal also said

---

[24] Submission 34, Speech Pathology Australia, page 7

[25] Transcript of Evidence, Office of the Guardian for Children and Young People, page 106

> something similar. I went to Kidman Park, and he was the first principal who actually asked what my son liked and welcomed us into the environment.[26]

The Guardian for Children and Young People also confirmed the hurdles that marginalised students encounter in school enrolment. In the Guardian's specific cases (students in state care), vulnerable students end up having discouraging requirements and qualifications placed upon their potential enrolment:

> We do know of some examples, again through the audits of annual reviews, where a child in care, through an enrolment process, has been told they will only get full attendance if Families SA funds an SSO (student services officer) to work individually with the child. The school was not prepared to take the children at a full-time attendance and said they didn't have the resources to fund what they believed were necessary supports.[27]

When asked why there is such a difference between the intent of education authorities for mandatory enrolment, and the less inclusive reality seen by parents on the ground, one witness offered the following:

> I think what happens is that people get that vibe and they just think, 'If I push, what is it going to mean for my child or my other children who are perhaps already there?' Do you see the dilemma? Although they're angry they may not take it to another level because they think, 'What's the point?' and 'Have I got the energy for this job?'[28]

Despite this 'soft' discrimination, the official policy of all three streams of the education system in South Australia is that enrolment is mandatory and automatic. This is explicitly the case with the DECD's policy. When asked by a Committee member if zone eligibility for a child meant automatic right to admission, DECD CEO, Mr Harrison stated unequivocally:

> The Hon. S.G. WADE: One of the issues that we were exploring with the non-government school sector was enrolment policy. I would presume that if a child is within a zone, they have an automatic right to admission.
>
> Mr HARRISON: Yes.[29]

CESA was also confident of the inclusiveness of their enrolment policies, stating that their schools were well equipped, and procedures were in place to work with families in servicing their needs:

> With any family which at point of enrolment says that they have a child with some additional needs, we would provide support at that point in time from our consultants. We have nine consultants in the office who work with students with disability and provide support to schools, and three in behaviour education, and at any point in time they would be working out in schools. So, at the point of enrolment we develop a plan around the child and around all aspects of the needs of the child, and then that becomes the individual education plan that allows for the adjustments that are necessary for the child to flourish in our school.[30]

Asked about how we can stop discrimination in the enrolment process, the AISSA argued that the issue is not the willingness to accept students with disabilities, but how able schools are to support them:

---

[26] Transcript of Evidence, Gloria Debba, page 72

[27] Transcript of Evidence, Office of the Guardian for Children and Young People, page 102-103

[28] Transcript of Evidence, Gloria Debba, page 77

[29] Transcript of Evidence, DECD, page 46

[30] Transcript of Evidence, CESA, page 1

> The law is a very powerful thing, and many parents are, quite rightly, aware of their rights under the racial discrimination legislation, and there are some very good advocates around who represent their views as well. I suppose the other factor is that schools do genuinely care. We're running not-for-profit organisations with a moral purpose of working with and helping kids, and I think that's the main thing that comes through. The challenge is that I find as a principal is that people approach me, and ask how I am going to do it. I want to do it. So, it's not a matter of seeking to exclude: its actually how can we make it work is really where I think it rests. The law is very strong in these areas, and rightly so, on the antidiscrimination cases.[31]

Perhaps the clearest example of the problem regarding enrolment was the testimony of Tyndale Christian Schools' Principal, Michael Potter. He admitted that his school's open enrolment policy made other schools in the area suggest students with disability attend Tyndale, rather than take them on within their own schools. Asked about their open enrolment policy and how this might be being perceived by some seemingly less open policies and attitudes in other neighbouring schools, Michael Potter reported:

> That's the question my board asked me five years ago: 'Are we becoming Tyndale Special Christian School?' I said, 'No, we're Tyndale Christian School and we have an open enrolment policy, and we haven't changed our enrolment policy.' It's just that the direction that we have taken in recognizing that a child with a disability has exactly the same rights as any other child to access a quality education and the education that we provide, which families are choosing— there's a non-negotiable around the enrolment policy.[32]

This issue is further complicated by the fact that as a result of fulfilling its duty to open enrolment Tindale loses students with families being uncomfortable with the school becoming seen as a 'special' school:

> Therefore, we recognise that we are developing a reputation, but we have lost two families who have said, 'You have got too many special needs kids here,' out of a cohort of X thousand families. It doesn't seem to be impeding other families in terms of how they view the school and what we can provide. We still have an intensive year 12 program where the kids can get their 99 point something TER scores. We don't see that we have compromised elsewhere, but the challenge is that more and more families are coming to us and that's why I am here today.[33]

Summing up his view of the problem surrounding enrolment discrimination in schools for students with disabilities, Mr. Potter pointed to the fact that open enrolment should not be seen as a financial and practical choice for schools, but a legal responsibility, and in his words a 'moral' directive:

> …there needs to be a moral purpose behind this which is above and beyond just, 'I'll take the kid if I can get the money.'…I am not saying there is not an innate desire to take these kids amongst all schools; I think for a lot of schools it is just all too difficult, 'How do you do this without the finances to support it?'[34]

Speech Pathology Australia noted that they had received reports that some private secondary schools were less willing to embrace students with disability, something that they believed was reflected in the enrolment discrepancy between public and private education:

---

[31] Transcript of Evidence, AISSA, page 8

[32] Transcript of Evidence, Michael Potter Tyndale Christian School, page 164

[33] Transcript of Evidence, Michael Potter Tyndale Christian School, page 164

[34] Transcript of Evidence, Michael Potter Tyndale Christian School, page 166

> Current levels of access to the education system through enrolment of students with disability are generally thought to be good. Feedback from our members indicates that by and large, South Australian primary schools do not discriminate against students with speech, language and communication disabilities on enrolment. However, reports indicate that some private secondary schools 'do not cater' for students with additional learning needs – and thus, the only available option for students is government secondary schools. It is widely accepted that the government secondary school sector (across Australia and within South Australia) has a disproportionate representation of students with disabilities.[35]

Speech Pathology Australia also reports that the 'reasonable adjustment' clause 3.4.2 from the Disability Standards for Education can sometimes be invoked in order to deny enrolment for a student with disability. Schools that have no experience with certain 'reasonable adjustments' push parents and students towards schools that have already made these 'reasonable adjustments'. This has the inadvertent effect of creating 'informal specialist schools':

> In some situations, this has had the effect of schools encouraging parents to look elsewhere, particularly at alternative schools that have experience with students with those particular educational needs. There are a number of schools that now educate a disproportionate number of students with particular types of communication disability – adding to the educational burden of that school, creating informal 'specialist' schools and concentrating expertise in educating students with disability in particular schools/areas and individual teachers. Speech Pathology Australia believes that this is an unintended outcome of how the Standards are interpreted and of limited understanding of disability, rather than any conscious, or deliberate attempt by South Australian schools to discriminate against students during the enrolment process.[36]

Novita also confirmed the anecdotal reports of enrolment discrimination:

> Novita has received anecdotal evidence from parents about their children being denied access to schools. For example, one student with a high level of health needs and complex disability was excluded from the school of choice because the school would not permit him to attend without a full time nurse. The parents had offered to attend at all times with their son to support his inclusion, but this option was denied.[37]

In order to combat this type of discrimination, Novita argues that staff/teacher training in the educational rights of children living with disabilities would greatly benefit their practice and performance. Such training about rights and obligations under the Disability Standard of Education, could also potentially improve some of the negative attitudes towards students with disability that exist amongst some educational staff[38]. And yet despite the problems in the area of enrolment, there are examples too of empathy and best practice. Sam Paior and Witness B spoke to the Committee of their encounter with a particularly helpful and considerate principal:

> So, this principal, however, literally brought us to tears at the end of one group meeting, as we were discussing where this boy was going to be educated, when he said, 'Every child deserves an education, and if we won't give it a go who will?' That is something we had never heard before.
> His attitude and experience spoke volumes…[39]

---

[35] Submission 34, Speech Pathology Australia, page 9
[36] Submission 34, Speech Pathology Australia, page 9-10
[37] Submission 39, Novita Children's Services, page 6
[38] Submission 39, Novita Children's Services, page 6
[39] Transcript of Testimony, Sam Paior and Witness B, page 171

However, Sam Paior and Witness B were also of the opinion that families could not rely on teacher's knowing their responsibilities and obligations towards students with disabilities. They argued that ultimately students and families should be aware of their own rights, and that schools could aid this awareness by providing this information upon enrolment:

> Ms PAIOR: Also, on enrolment, at the start of every school year, for a child of any identified disability or behavioural support needs families should be given plain English information, available in a range of accessible and CALD formats, about their child's rights to full-time education and necessary supports to access the curriculum, as per the disability education standards. Most families have never heard of the education standards, let alone how to enact them or what their actual rights are.
>
> The information needs to include information about the role of and contacts with the Human Rights Commission, local funded advocacy services and, if we get one, an education ombudsman as well. Thank you.
>
> WITNESS B: I agree.
>
> Ms PAIOR: Have you ever been informed of your rights as a parent?
>
> WITNESS B: Never, no. So when you read in that one, I wouldn't even know that any of that existed.[40]

3.1.6 Negotiated Education Plans (NEP's)

A large proportion of complaints to the Committee concerned the need for an effective operation of Negotiated Education Plans (NEP's), sometimes referred to as Individual Education Plans (IEP's) or Individual Learning Plans (ILP's). The purpose of NEP's is to support access, participation and achievement in the curriculum for students with disabilities (or other students with distinctive support needs), and is a compulsory part of the education process for all students identified as eligible for the Disability Support Plan. When working as designed, the NEP process aims to bring together educators, parents/caregivers, learners and other stakeholders to determine the needs and learning priorities of the child/student. The outcome should be a concise working document that summarises the educational plan for the learner[41].

In practice however, evidence tendered to the Committee suggested that NEP's are not working as intended. The submissions and testimony ranged from deep frustration surrounding their lax application to a hope that they could work more effectively if reformed. Some submissions despaired at the neglect shown towards the consistent updating of NEP's, while others showed a deep cynicism about their administrative and bureaucratic nature. However, all the educational authorities maintained that the plans are worthwhile and valuable, and an important part of their approach to children with disabilities. In addition, while they admitted to some isolated failures or less than exceptional implementation, they still maintained a commitment and enthusiasm to the NEP process as part of their positive approach to children with disabilities. The Catholic Education South Australia testimony was typical of this optimism:

> The individual education plans are foundational to successful outcomes for students. They are developed from information from families, allied professionals, and the expertise and experience of the school personnel. Those individual learning plans are the basis of ongoing

---

[40] Transcript of Testimony, Sam Paior and Witness B, page 175

[41] See SERU website, http://web.seru.sa.edu.au/NEP.htm

> review meetings between the school and family and they also serve to document the progress and accommodations that are made along the way.[42]

The DECD also expressed to the Committee their commitment to the transparent, open and inclusive formation of NEP's. They also linked these plans more broadly with their efforts to integrate all their services into 'channel' structures and a one child/one plan philosophy. The DECD saw these documents as part of a number of initiatives they use to enable parents to track and monitor their children's educational progress:

> In terms of the principles around a negotiated education plan, or any plan for that matter, it should be quite transparent. There should be no predetermined decision. The parent should be involved; where appropriate, the child should be involved. Where that is not happening, we obviously have further work to do in improving the quality.
>
> As we have talked about previously, the re-establishment of our support services into a channel structure is still quite new—it has only been operational in 2015—and we are still working to improve our business practices. That is certainly one of the things we are working on, that there is transparency. It will be part of the One Child, One Plan model so it is, I guess, one of our improvement initiatives that we consider to be a really high priority. It should be transparent; parents should be able to take a copy of that plan home and be able to track their child's performance.[43]

This sort of access and transparency to data was precisely what Sam Paior called for in her testimony before the Committee. She asked;

> Better still, can we adapt DECD systems so that parents and therapeutic teams are given a certain level of permission to log in and access their own child's data at any time? So, some sort of shared system, like school reporting systems; ManageBac is used in a lot of high schools, where you can log in and see what your kid's progress is and results and assignments and whatever else. Why can there not be a behaviour element added to those sorts of systems?[44]

Asked if their schools always implemented their NEP's in full, the Association of Independent Schools SA was honest about the difficulties of meeting such a high standard. Ultimately however, they believe that NEP documents are an effective and successful element of disability support. They answered;

> I do not know that I could say 'always', but I think if it is done through a process of genuine consultation and worked through with the involvement, I would say that it tends to be followed because you come up with a reasonable plan. If you are looking at just a template document and downloading it and applying it without involvement and consultation, then there is a greater chance of failure, but if it is genuinely worked through people tend to rely on it and refer to it and regularly review it. I think that can be extremely successful.[45]

The educational authorities all maintained that the key to effective use of NEP's was in approaching their creation in a genuinely consultative way, as well as regularly updating them and making sure that what is in the document is actually done. The Committee unfortunately received much evidence to the contrary. The Cora Barclay Centre was frank in its assessment of the NEP process, stating there was regularly a "[f]ailure of the school to involve or engage

---

[42] Transcript of Evidence, CESA, page 14

[43] Transcript of Evidence, DECD, page 47

[44] Transcript of Testimony, Sam Paior and Witness B, page 175

[45] Transcript of Evidence, AISSA, page 8

families in their child's Negotiated Education Plan (NEP)"[46]. One couple's submission spoke about their unreliable experience with NEP's, putting the problem down to time-poor staff.

> What is lacking in our family's experience is the inconsistency of the Negotiated Education Plan meetings and the associated paperwork. DECD policy does clearly state that NEP meetings are meant to occur at least twice a year. This has never occurred for us and most NEP meetings are held in term four in preparation for the coming year. This lack of consistency coupled with a lack of communication regarding our son's goals leaves us largely unaware of what the school's goals are for our son and the progress that they are making. It is our opinion that this is a reflection of the lack of time rather and intent as the leadership team has as they are expected to do so many things at once. This highlights the need for each Principal to have a dedicated full time executive assistant to Principals to free up their time.[47]

Advocacy for Disability Access and Inclusion informed the Committee that they were aware of many examples of NEP failure, both in initiation and execution. They also pointed to the troubling fact that the success of NEP's became increasingly dependent upon the willingness of individual teachers to implement them:

> There also needs to be a better understanding of and adherence to Negotiated Education Plans across the whole of the education sector. There are many examples of schools refusing to implement what has been agreed to in the NEP or students not having an appropriate NEP in place. Sometimes this might be a particular teacher who decides not to adhere to the plan or the issue could be the leadership team, however this is incredibly frustrating for families who work with the schools to come up with an appropriate plan that will put in place education and social goals which are not being met.[48]

This problem of NEP's being arbitrarily abandoned or accomplished simply based on the willingness or unwillingness of teachers was also cited as a problem by the Equal Opportunity Commission. They called for the process to be 'consistent and systematic'.

> The implementation of DAPs and NEPs should be consistent and systemic. At times, students and their families who contact the Commission advise that their DAP or NEP is not being followed and/or its successful implementation is dependent on the particular educator.[49]

The inefficiency and poor implementation of NEP's has even been noted from teachers within the DECD system. Anne Fisher, who identified herself as a former employee in the DECD system, devoted a whole section of her submission to the issues surrounding NEP's. Amongst her criticisms of the way schools within the system were developing and using NEP's were;

> 3a- Negotiated Education Plans that are superficially designed and are not regularly updated, adjusted or managed.
>
> 3b- Negotiated Education Plans often display a lack of regular feedback between the carers, teacher specialist, classroom teachers and specialist agencies in all stages of the management and development of a student's NEP.
>
> 3c- No accountability by administrative units in the design, delivery, adjustment and management of a student's NEP.[50]

---

[46] Submission 2, Cora Barclay Centre

[47] Submission 14

[48] Submission 29, Advocacy for Disability Access and Inclusions Inc., page 4

[49] Submission 49, Equal Opportunity Commission, page 9

[50] Submission 30, Anne Fisher

One witness also put to the Committee their view that NEP's are sometimes used as a way for educational professionals to frustrate the prospects and opportunities of parents and children, lowering their expectations of equitable access to education. The witness asserted that from many family's perspectives, NEP's were used in a manner contrary to their original intention;

> People attending the Negotiated Education Plan meetings can feel like they are ambushed when certain professionals align and unite on their fixed position claiming funding constraints and with the best option, in their opinion, for the child they are resistant to considering the family's child's needs or the family's cultural values. The children's behaviour is used to exclude the child, despite the child being under supported and set up to fail. [51]

The Committee also heard suggestions from this witness that NEP's can become documents that can be detrimental to learning. She put forward that sometimes NEP's are used to chronicle (sometimes overstate) student's behavioural issues in order to secure funding. Then this same record is later used to justify punitive actions against the child. NEP's in these cases become behavioural 'rap sheets' rather than aspirational goals. Speaking on how these documents cover behavioural issues:

> It's sometimes documented in the NEP as if it's an ongoing issue when it's actually a one-off event. In each state we need to record all behaviour to justify current funding, but then this accumulative behaviour is used to justify why a child is no longer able to attend mainstream school. [52]

The witness also expressed to the Committee the weariness and frustration many parents feel at dysfunctional NEP processes:

> The success of NEP meetings depends on the capacity of parents to articulate their child's strengths and needs and it can be an ongoing challenge to express their goals and advocate for their child year after year. It feels like Groundhog Day.
>
> I am aware of some families who are offered an NEP in terms 3 or 4 for their child's learning for that current school year. It is too little, too late. In addition to this, often this document is filed away and never really used by the teacher to guide the child's individual learning plan or to document progress or evaluate against the goals. Some children are not even being extended and are offered mediocre programs, underestimating the individual's learning capacity. Families feel worn down by the system. This is a direct quote from a parent: 'I feel broken. I've had to accept the current situation even though I know it's not the best option for my child.'[53]

Perhaps the most damning criticism of the NEP process came from a witness who dismissed their very reason for being. This witness's criticism of NEP's as bureaucratic buck-passing and administrative hand-washing were amongst the strongest in this area. His strong rejection of these plans is illustrative of a general disillusionment with the NEP process. Asked about his experience with NEP's (ILP's), he expressed deep cynicism:

> I am jaded and cynical. I'm not sceptical: I'm jaded and cynical. No is my short answer. I think those things are largely for the system's benefit. If we have an ILP in place we have done our bit. We've sat down with Stephen and said, 'Stephen, what are your learning goals? And we've told you what your learning goals are, and when you've suggested one of your own, well, we don't really like that one because it needs to fit in here; and when

---

[51] Transcript of Evidence, Gloria Debba, page 74
[52] Transcript of Evidence, Gloria Debba, page 74
[53] Transcript of Evidence, Gloria Debba, page 74

> we do this plan and you sign it as an active contributor to it, and then we'll sign off and that's done and then you break your rule and you're done.' That's being very cynical.[54]

Despite this cynicism, the idea that NEP's are simply administrative documents that authorities use to pay lip service to children with disabilities is not an uncommon belief. With extensive experience reviewing NEP's, the Guardian for Children and Young People came to a similar conclusion about the operation of some NEP's (albeit focused on the needs of students in state care):

> What I have observed in sitting in on over 1,300 annual reviews is that some of those IEPs or NEPS are an administrative process. The intention is that they are a dynamic document that is participatory in its development, so the child has a say, the carer has a say, the school is involved, and obviously Families SA is the legal guardian.
>
> There is a commitment to ongoing review to make sure that whatever supports are identified are provided to meet the needs of children. But where it's done as an administrative process, in terms of what I've seen, is some examples of it being created by one person in a school setting, emailed to a Families SA social worker, and the social worker in a sense signing off on it and sending it back. There has been no discussion, no involvement of others in terms of what they believe the needs to be or what supports are required, no commitment to an ongoing review, so that opportunity to provide dynamic supports is missed.[55]

The Committee heard many calls for the NEP's to be 'dynamic documents' that are consistently and frequently reviewed. The general view was that NEP's should evolve as the needs and achievements of the child evolve, and that they should be open to voices outside of the school confines. That they be used to project and measure outcomes, rather than manipulate and inhibit them. The Guardian offered this counsel on the subject:

> There needs to be a greater commitment, I believe, or a greater demonstration of it happening, of inclusive decision-making about children's needs and for the planning and the responses, in terms of supports, to be dynamic so that they are being reviewed on a term by term basis with regard to what is being achieved and the progress made because the supports themselves may need to be amended in response to how the child is receiving them. So, there needs to be an inclusive and dynamic process.[56]

It is generally believed that NEP's unfortunately do not demonstrate this dynamic and updated quality, being instead static 'one off' documents. Testimony was heard about such documents becoming more and more inappropriate as time goes by. A comic example of this was provided by Speech Pathology Australia:

> If I might add, what sometimes happens is that individual education plans aren't particularly well updated. Language is such a complex area that the language of four year olds is very different to eight year olds and is very different to 16 year olds. I have seen individual education plans for a 15 year old saying, 'Get down to the eye level of that particular student,' and that student is six foot two, and it's something that's updated every single year. You sort of think to yourself, oh gosh, wouldn't it be brilliant if we had somebody who was there at the point of diagnosis to come back and look at that individual education plan and actually see whether those adjustments are still reasonable and necessary.[57]

---

[54] Transcript of Evidence, Rob O'Brien, page 94

[55] Transcript of Evidence, Office of the Guardian for Children and Young People, page 99

[56] Transcript of Evidence, Office of the Guardian for Children and Young People, page 106

[57] Transcript of Evidence, Speech Pathology Australia, page 126

The Growing Space's submission remarked that NEP's were involved in a wider phenomenon, namely the absence or breakdown of communication between home and school:

> 20% of parents said that communication between home and school was difficult and/or barely existent. Many spoke of ongoing troubles at school not being reported until parent-teacher interview time, or when the child was (for the parent) unexpectedly suspended. Others spoke of their children missing out on many community aspects of school life such as casual days, sports teams and fun events as school didn't consider that their child with communication difficulties would not hand on verbal information, especially in mainstream settings.[58]

The need for students themselves to be involved in the NEP process (when appropriate) was also highlighted to the Committee. In this light, the Quirky Kids Network stressed the need for student self-advocacy to be taught as a life skill:

> Self-advocacy is an essential life skill especially for children with disabilities. The student should be taught how to self-advocate from the early-years onwards and should be involved in the NEP process, even if a small way.[59]

Not all the submissions sought to criticise NEP's or the processes behind their creation, and despite the many reported failings, the Committee did receive many submissions offering improvements which suggest that many have not given up on the promise that properly conducted NEP's potentially offer children with disabilities. NEP's are a regular part of the educational journey for children with disabilities and their families, and rather than abandon the whole procedure, many want to see it reformed so it can fulfil the potential they have to create a more equitable and responsive educational system. The Quirky Kids network, a group of parent advocates for ASD awareness in Adelaide's inner south, suggested the following list of improvements:

> Make the NEP worth the paper it is written upon
>
> - There should be greater transparency regarding meetings conducted between staff and the Disability Co-ordinator prior to NEP meetings to ensure that 'decisions' have not been pre-determined prior to the actual NEP meeting that the parents attend.
> - All the major stakeholders including the child, parent, therapists, teachers, leadership teams and the Disability Co-coordinators need to work cohesively. Consensus about developmentally appropriate approaches, goals, curriculum modifications should be agreed upon together.
> - More structure is required for NEP meetings regarding when they are held and who is allowed to attend.
> - Ensure that all mainstream and special schools conduct their NEP meetings at least twice a year as per DECD Policy.
> - Provide the necessary funding for schools to conduct the NEP meetings in accordance to DECD policy.
> - Review a child beyond just their behaviour.[60]

The Guardian submitted that ideally the NEP process should be an open and inclusive one, engaging with others rather than seeking to dampen and control the needs of children narrowly.

---

[58] Submission 47, The Growing Space, page 2

[59] Submission 13, Quirky Kids Network

[60] Submission 13, Quirky Kids Network

> Certainly, the IEP process should be an inclusive process and, where it's done well, and I have seen examples of where it has been done well, has included the discussion about resourcing and at times a shared commitment between the school and Families SA to meet the support needs of the child. But it's been a process that has engaged others for their perspectives and has been an open conversation with that commitment to review.[61]

And in their submission the Office for the Guardian recommended;

> Reviewing the impact of Individual Education Plans, expanding their use to non-government schools and enhancing the quality of their implementation.[62]

Finally, Speech Pathology Australia, who in their submission said they found the quality of NEPs/IEPs to 'vary considerably'[63], recommended a concrete set of guidelines be established to guide educators on how to effectively administrate them;

> That the South Australian Government proposed through the Education Council, a project to develop nationally agreed Guidelines on Individual Education Plans (IEPs) to support schools and educators to effectively facilitate the provision of appropriate adjustments (including transition strategies) for students with disability.[64]

3.1.7 The 'Team Around the Child' Model

Frequently connected with the issue of Negotiated Education Plans, is the educational approach regularly encountered by the Committee, the "Team Around the Child" model. This method is outlined in the DECD Children and students with disability policy quoted below;

> The TAC model promotes effective multi-agency collaboration and multidisciplinary working to positively engage parents/caregivers and ensure better educational outcomes for the student involved. For example, the membership of the student support team should be reflective of the student's needs and circumstances and include some or all of the following personnel:
>
> - Principal or nominee;
> - Parent/caregiver/student;
> - Class teacher;
> - Site-based staff where relevant (e.g. special education teacher or coordinator);
> - DECD support services staff, as appropriate;
> - Medical practitioners /specialists (e.g. Paediatricians, Child Development Unit, Child and Adolescent Mental Health Service (CAMHS),or Child and Youth Health (CYH);
> - Relevant allied health professionals (e.g. psychologists, speech pathologists, counsellors, social workers, behaviour coaches, physiotherapists, occupational therapists, etc); and
> - Other agency staff as appropriate (e.g. Autism SA, Down Syndrome Society, Novita, Disability SA, Child and Youth Health, CanDo4Kids, SPELD SA, advocacy groups).[65]

This approach is an internationally commended model of care that many who work in the field of disability education see as an inclusive and comprehensive way to consolidate educational opportunities for vulnerable students. As an all-inclusive approach that integrates all the

---

[61] Transcript of Evidence, Office of the Guardian for Children and Young People, page 103

[62] Submission 35, Office of the Guardian for Children and Young People, page 5

[63] Submission 34, Speech Pathology Australia, page 11

[64] Submission 34, Speech Pathology Australia, page 31

[65] Children and students with disability policy, Department for Education and Child Development, accessed 20/06/16. See, https://www.decd.sa.gov.au/sites/g/files/net691/f/studentswithdisabilitie-1.pdf

interested people in a disabled child’s life, it coordinates these parties, preventing fragmentation, chaos and disagreement. Its aim is to reach agreed upon outcomes in the child’s best interests. It is a system that integrates as fully as possible the various treatments, therapies and educational programs that follow children with disabilities, as well as establish lines of communication between professional persons, institutions and families who might otherwise fail to communicate effectively. Many of the submissions to the Committee recommended the approach. Michael Potter, the Principal at Tyndale Christian School, saw the team around the child model as particularly valuable for IEP meetings:

> We have the families in and it's all a round table working together to set up a program. The parents sign off it and the kids are involved, if they are old enough and capable enough of being involved in that program as well. The specialist providers are also involved in the conversation, so that we end up with a program which is actually achievable. There's no point in just putting down an IEP and then the kid flounders.[66]

Mt Barker Primary School also endorsed the model as improving outcomes for their children and helping increase awareness and communication amongst their staff. But they also requested the Committee push for more time to be allocated for this important process:

> We engage in regular ‘Team around the Child’ meetings to ensure all support people are aware of goals and able to contribute ideas, which can support development. A recommendation would be for more administration time to be allocated for leadership staff to facilitate this important area of our work. The Coordinator of the Disability Unit is allocated 1 day a week and this is simply not enough.[67]

In their submission the Office of the Guardian for Children and Young People also put forward the Team Around the Child model as an existing resource that could be better utilised:

> In our submission we talk about the existing resources. In terms of a model called Team Around the Child', we have had direct experience of this.... The Team Around the Child approach brings together those significant people in that child's life on a regular basis to talk about what are the child's needs, what supports need to be put in place and reviewing progress and looking for, obviously, the positive impact on meeting the child's needs and addressing, perhaps, some of those negative impacts within the school environment… so those people who know the child and see them in very different environments coming together to share information to identify the needs of the child and to plan appropriate responses and then checking on their progress.[68]

The Council for the Care of Children argued in their submission that “schools may not be utilising the Department for Education and Child Development ‘Team Around The Child’ model”[69]. This claim was repeated in their testimony:

> The Team Around the Child model is about a case management approach, that is, a partnership involving the parents and various people involved in deciding what is in the best interests of that child. It's about working collaboratively. It says that it's family centred, it sets goals, it's an integrated service plan for that child and that it incorporates the views of children and young people… So, it would appear to us that if there is provision for that to be utilised, perhaps it is not being utilised effectively for children with disability in the South Australian education system.[70]

---

[66] Transcript of Evidence, Michael Potter Tyndale Christian School, page 164

[67] Submission 37, Mt Barker Primary School

[68] Transcript of Evidence, Office of the Guardian for Children and Young People, page 101

[69] Submission 26, Council for the Care of Children, page 5

[70] Transcript of Evidence, Council for the Care of Children, page 114-115

This under-utilisation or neglect of the ‘team around the child’ model was demonstrated in Sam Paior and Witness B’s testimony before the Committee. In the example they offered, the daily education schedule of Witness B’s child was changed without any consultation.

> We were all sent an email saying that X would be going from 2 ½ hours a day to full time within the next five or six weeks—
>
> WITNESS B: Two weeks.
>
> Ms PAIOR: Two weeks. That's right. It was one week—
>
> WITNESS B: —then it was two weeks.
>
> Ms PAIOR: Yes. I am glad you are here! So, this was done without any consultation with the team. The team included a psychologist, behavioural support manager, respite team, intensive behaviour support worker, occupational therapist—it was a really significant team that had really worked well together for the past six months, developing a program and working with this lad. They were not consulted at all. We were all very hesitant about this, but thought, 'Oh well, the school are doing this.' In hindsight, I believe the school were doing it because they needed to maintain fulltime employment of the teacher, so that she would stay on.[71]

In a very similar outlook, Dr Margaret Kyrkou’s submission showed that exclusion of parents, children and their support services increasingly occurs at various schools. This was occurring despite the DECD’s policy approval of the ‘Team Around the Child’ method encouraging their greater use:

> Although there are certainly some schools where inclusion is working very well, with cooperation between school staff, parents and other services, to the benefit of all concerned, it worries me that an increasing number of schools seem to be excluding the student and family members, as well as professionals who have the ability and willingness to help resolve the issues. Although the Department for Education and Child Development has an excellent Team Around the Child Model, many schools unfortunately do not appear to be making use of it.[72]

In her testimony however, Dr Kyrkou further clarified her thoughts around the failures of applying this approach. She put the difficulties down to a certain degree of ‘specialist fatigue’ that the ‘Team Around the Child’ approach only aggravates:

> Some schools, I think, have had so much input from professionals over the years, and they are perhaps ones who don't understand autism particularly, that they have got to the stage of, 'It has not helped before, so is it going to help this time?' They don't totally block, but they are not quite as welcoming. They also have a timetable to fit into so, if they have professionals tripping over the place all the time, that's not easy for them. It's a two-way thing.[73]

---

[71] Transcript of Testimony, Sam Paior and Witness B, page 172

[72] Submission 42, Dr Kyrkou

[73] Transcript of Evidence, Margaret Kyrkou, page 148

3.1.8 Work and Financial Challenges

The Committee received many submissions recounting the financial and professional difficulties experienced by the families of children with disabilities. The increased and often more time-consuming needs of many children with disabilities require additional time from their caregivers. This very often comes at the expense of paid work. Work and pay is often sacrificed by such families in order to provide better care and attention for their children with disability. Sometimes such sacrifices are made willingly and happily, but more often they are made because of circumstances. Also, often extra work is taken because more money is needed to pay for costly therapies, which is a situation being gradually remedied by the introduction of the NDIS.

Financial hardship is even worse when the education system fails in its duties and responsibilities. Incidents of exclusion and suspension lead to parents and caregivers having to neglect work to support their children. Forced into home-schooling, many parents give up full time work to educate their children full time. Sometimes simply being dissatisfied with the quality of their child's education compels parents to provide their children with the one-on-one support that they know will help their children to thrive. Sometimes the financial hardship becomes such that parents are forced to work where they would prefer to care and educate their child. Below is a selection of submissions and testimony that the Committee received chronicling this all too common experience for the families and advocates for children with disabilities in South Australia. Speaking on the need to find work to the disadvantage of supporting a child with a disability, one submission disclosed:

> My husband and I currently work-up until last year my husband was the carer for our son and was able to take him to his appointments etc during the day. As most families with special needs we could no longer survive on my wage and carer payments and so my husband had to find employment.[74]

Speaking on the consequences of a decision to home-school a child with a disability, another submission admitted to the significant monetary shortfall and extra employment efforts that were required to make such a situation function:

> Home-schooling has resulted in the situation where my husband has ceased working and become a full-time educator and therapist to help educate and recover our son. I have undertaken a second job in addition to my full-time job in order to afford the type of expensive therapy that is required to help our son overcome his anxiety and to provide him with a reasonable education.[75]

Dissatisfaction with the quality of education on offer forced another parent to resign from her work and make up the shortfall personally. This parent's submission referred to teachers for the visually impaired, whose inadequate training induced her to pick up the shortfall:

> They do an online sort of braille course. However, research will also show you that, for a child to be successful at learning braille, having a teacher who has done a one-term workbook on braille online isn't the same quality of education as a specialised teacher, which I guess reflects again on that teacher training element of providing for the future. For (my son), we have made it work because we have persevered, because I resigned from my full-time work. I am not going to be emotional but it's been a battle.[76]

---

[74] Submission 3

[75] Submission 9

[76] Transcript of Evidence, Marina Everett, page 63

Lis Burtnick, a Council Member of the Council for the Care of Children, spoke of the economic hardship that parents are forced into accepting because of the need to constantly pick up their children from schools. While acknowledging how compromised teachers can be when making such decisions, the demand that students be removed from school premises has financial ramifications beyond the school fence:

> So a number of those children of those families that I spoke to said that their kids spent more time at home than they did in the classroom but there was no other option apart from home schooling. But also that impacted economically because families would then—usually the mother was the primary caregiver so she if she was in the paid workforce, she actually had to remove herself from the workforce because of the number of times she was called to the school. So it impacts entirely on the whole family unit, so there are lots of those struggles for the families, but also I have great sympathy for the teachers who are trying to work in that system.[77]

Asked how common it was for parents to have to either leave work temporarily to pick up children, or to forego work entirely, she continued:

> I suppose in this study I only spoke to three mums, and one of them said, 'I left before I was pushed. I couldn't work.' I don't have a clear picture of that because I haven't got enough data, but I would say generally, in my discussions—I have been part of the NDIS process since its inception, and I have also been in the disability sector for 25 years—it's not uncommon.[78]

Dr Margaret Kyrkou noted the unfortunate fact that the emotional and psychological strains of caring for a child with disabilities can often result in broken relationships. This too comes with considerable financial cost:

> Many parents separate/divorce when there is a child with disability, often leaving the mother as the breadwinner. She can't even get work during school hours when she is being called to collect her child suspended from school for days at a time. So she has to rely on Carer's Payment. Many students with disability are excluded from Out of School Hours Care/Vacation Care, again meaning the mother is unable to get employment. Some parents (including myself as the mother of a now adult daughter with ASD and epilepsy) were only able to continue employment by a career change to a role which would allow time off for illness or suspension.[79]

3.1.9 Home-schooling

Closely connected with financial hardship is the phenomenon of home-schooling for children with a disability. DECD provided the following details regarding the number of home-schooled students with identified additional needs;

> Data is captured at the end of each school year. In 2014 there were 202 home educated students with additional needs out of a total of 1,119 home educated students (18.1 %). These children came from all three education sectors.
>
> The Department for Education and Child Development does not keep a record of the reasons why parents choose to home educate children with special needs as this is not a criteria for approval.[80]

---

[77] Transcript of Evidence, Council for the Care of Children, page 109-110

[78] Transcript of Evidence, Council for the Care of Children, page 110

[79] Submission 42, Dr Kyrkou

[80] Questions on Notice, DECD, Part 2, page 1

While these figures do not suggest a pronounced problem, the Committee has heard a range of evidence that suggest this phenomenon is becoming more problematic. While it seems rare for a child to be completely home-schooled for their entire educational journey, many parents find that circumstances force them to accept short stints or prolonged periods of home instruction. One witness to the Committee puts this phenomenon down to a:

> ...lack of support within the mainstream educational system. As described before many children are isolated at school labouring with no friends and subjected to high levels of bullying. These children eventually cannot access alternative suitable education and families are left with NO choice other than home school their own children...
>
> That's a huge economic disadvantage to families. I've gone on to say: Current packages to home school children with ASD are poorly resourced and underfunded. Usually parents resign from their day to day occupational working duties and provide the education.[81]

The homeschooling phenomenon seems particularly familiar (and potentially escalating) to families with children with ASD. This was highlighted in a collective submission given to the Committee.

> We are parents of children on the Autism Spectrum who have turned to homeschooling due to the inadequacies of the current education system in South Australia. We are part of a growing community and the rise in our numbers is a symptom of the issues around access and inclusion to education for those on the Autism Spectrum.[82]

Autism SA confirmed this, stating this situation was triggered of the lack understanding about ASD amongst schools and their staff. Citing various academic evidence, they offered;

> Parents of students with ASD are more likely than parents of students with other disabilities to resort to home schooling because of serious concerns about their child's unhappiness and the inability of schools to cater for their child's needs.
>
> Their families may be forced to reduce or abandon paid employment in order to care for these children following suspension or to home school these children. Reduced employment can result in a loss of annual family income.[83]

The collective submission previously quoted from also felt that this was an attitudinal problem within the mainstream schools. When dealing with ASD students these schools often freely admit to their 'lack of resources', and urge parents to seek satisfaction elsewhere. This places parents in difficult situations:

> Clearly, there is a view by teaching professionals that students with ASD should not be included in the mainstream school system due to "lack of resources" and that their needs are best served in a special school environment. The problem with this is that a child needs to meet strict criteria to access special units or schools, and many ASD children fall through the gap between the mainstream option and the special unit / school option. Hence, the only other alternative for parents is to provide home-schooling for their children.[84]

One parent from the submission, who is an ASD community advocate and primary school teacher, felt that the ASD community was over-represented within those that choose the home-schooling option.

---

[81] Transcript of Evidence, Richard Mark Neagle, page 52

[82] Submission 9

[83] Submission 4, Autism SA

[84] Submission 9

> As an advocate in the autism community with an autism organisation for the past three years, it is my experience that a much higher proportion of families with a child on the autism spectrum are home-schooling their children than would be expected from the general population. My background is in primary teaching and I also homeschool two out of my three children, the two who are on the autism spectrum.[85]

While numbers and statistics on the number of parents choosing (or turning to) home-schooling are difficult to come by, there is growing anecdotal evidence it is a growing phenomenon, again testified to by another parent from the submission:

> In South Australia there are numerous local home-schooling groups, online forums and support groups for home-schooling families. One such online support group exclusively for South Australian parents home-schooling a child on the autism spectrum which I am involved with has over 180 members and growing.[86]

This parent also eloquently stated one of the main decisions behind the choice to home-school. She argued that the education system's managerial focus on 'compliance and coping' for ASD students meant that actual educational attainment was often sacrificed or ignored:

> My personal journey with home educating two of my children on the autism spectrum came from a desire for them to be able to access learning, rather than the entire focus of their inclusion being on compliance and coping. When my son reached year 3, still unable to read or access classroom learning despite high intelligence, and the entire focus had moved from learning to behaviour management, I decided he needed more from his experience of education.[87]

Finally, one witness relayed to the Committee the story of a child who was forced from mainstream schooling at the age of 12, and whose parents were now weighing up their education options. In telling this story, the witness makes the pertinent point that when home-schooling is not an active choice made by parents, it is impossible to define home-schooling as 'schooling' in the true sense of the word. Rather, it is simply managing a difficult situation, and not true education:

> The family are at a point where they don't know where or how he should be educated. The school has been very clear that they cannot support him any longer. I think she is looking into registering as homeschooling, but we all know that homeschooling in that situation is not really homeschooling, it is just not able to go to regular school. I'm not saying that the child will not get any education—of course they will—but it is not like this family, with their baby in their arms, said 'I can't wait to homeschool you.' Lots of families do, that is a good right to have and people do a good job, but in these situations that is not what that is all about.[88]

3.1.10 Families and Relatives

The Committee heard repeated evidence that parents and carers of children with disabilities are often exposed to high levels of worry, stress and anxiety in their efforts to secure reasonable education for their children. One typical example was provided in one submission, whose author divulged:

---

[85] Submission 9

[86] Submission 9

[87] Submission 9

[88] Transcript of Testimony, Sam Paior and Witness B, page 176

> [My son] was placed in the special classroom setting on advice from the DECS Psychologist. I did not feel at ease with (my son's) primary school. Over the period (my son) was in primary school I suffered very high levels of anxiety which required medical treatment.[89]

Often the struggle to access appropriate education for their children places families in situations of tension and apprehension. The Committee heard that in some instances the education system, schools, teachers and administrators can add to this tension and apprehension, rather than minimising the challenge. One witness informed the Committee that an unwelcoming education system often overawes a family into not pressing for their needs and rights:

> Visiting schools can be really hard for families, as many learning environments are not welcoming and complain about the lack of funding support before they even have met the child. Parents do not always understand the law or their rights and often need an advocate who is not emotionally involved to articulate their concerns. They do not want to be a burden.[90]

One of the common problems experienced by the families of children with disabilities is the negative "reputation" that they acquire through their efforts in accessing the education system. Their interactions with the school, and often other families, become broken through prejudice and lack of sympathy. The Council for the Care of Children noted this in their testimony, stating:

> And so families also tend to get—particularly if you are looking at rural communities—a bad name as well; they tend to get a label as well. So other families tend to get quite antsy about the fact that this child is disrupting their children's education as well. So for those families, they find themselves that not only does their child get excluded, but they get excluded in the process, and it becomes a very unwelcoming place, and so they look for other options.[91]

Speaking about having meetings and making plans with the NDIS, the Council for the Care of Children also usefully outlined how many families feel meeting with many educational providers:

> The other thing I think is that it can be a very intimidating process. People don't set out to make it intimidating but, if you are sitting in front of somebody having to yet again and again and again talk about your private life and the impact of disability on the family and whatever, what it dredges up for a whole lot of people is all that grief and stuff that comes out. You can be a very assertive person until you sit in a room and then you crumble in the process. So, it's about how you support and nurture a family so that they can speak out and help them to understand that they have all that information. They often don't have the language to portray it.[92]

The Council for the Care of Children was keen to press upon the Committee the importance of educating families of their rights and the various educational processes, procedures and protocols. The Council spoke specifically about the shortage of information and knowledge parents had when they engaged with the NDIS. However, these NDIS insights about knowledge imbalance can also extend to how education and disability interact. Asked about

---

[89] Submission 15

[90] Transcript of Evidence, Gloria Debba, page 73

[91] Transcript of Evidence, Council for the Care of Children, page 109

[92] Transcript of Evidence, Council for the Care of Children, page 114

how to get families and carers the requisite knowledge to help them push for their needs, they spoke of a Carers SA pilot initiative:

> I think it's about (if I use the word loosely) educating families. It's giving families enough information so they actually understand what their rights are in the process, but understand what the NDIS is all about and what choice means. Choice is about being informed so you can make some choices about what is happening. From a Carers SA perspective, we are in the process of trialling in the Mount Gambier region a community development project, which is working with service providers and families and coming together and saying, 'Okay, how can we actually grow and develop in our knowledge about the NDIS?' Not only is it of the NDIA, because they have a particular message which is very prescriptive, but also in very practical terms; so, peer group information, practicums around some really grounded information about understanding what the NDIS is, because there is an assumption that people can read, and a lot of people struggle around reading or English is not their first language.[93]

In both their submission and their testimony, Catholic Education South Australia sought to reassure the Committee of their efforts to support and make families welcome in their schools. They put forward their parent organization, the Federation of Catholic School Parent Communities, as a family support and encouragement network:

> Catholic Education SA engages with a vibrant parent organisation, the Federation of Catholic School Parent Communities who provide a proactive voice and support network for families. Many school communities have developed a charter that articulates how schools and families work together and encourages all parents to be active members of their local governance structures in schools, either on the school board, on parent fundraising and education committees and in engaging with the school community in a diverse range of volunteer and community development initiatives.[94]

They also maintained that support for families was a concern for them during the NEP process, where the needs and welfare for the family at large (and not solely the student), is discussed and planned for. This can even extend to linking the family with charity organisations and support programs:

> …where we are working together with a family on a child's individual education program, we often understand that for families life can be very difficult and it is often part of our practice that we will say to a parent, 'How can we help you get some support for yourself?' We work quite closely with Centacare with some of their programs, particularly for parents who are experiencing difficulty, so they might need parenting advice, they might need a whole range of support systems. We are very keen to make sure that we are not just talking about the child in isolation but it is the child within a family and within a school, so if we can liaise with agencies, if we can provide that kind of information and support for parents, we do.[95]

The Committee was keen to know about the existence of any specifically disability-focused parent groups within or between schools. The Committee often inquired about the existence, as well as the possibility of forming Parent Groups that can advocate on disability issues and concerns at the school level. They were also keen to know of the levels of unofficial networking between parents that would enable families to share their knowledge and support each other regarding disability matters within schools. While witnesses generally expressed positivity about such opportunities, and thought such efforts could bring about better outcomes

---

[93] Transcript of Evidence, Council for the Care of Children, page 113-114

[94] Submission 32, CESA, page 6

[95] Transcript of Evidence, CESA, page 17

for children with disabilities, the Committee also received evidence that was pessimistic about such efforts, especially if schools were to manage such initiatives. One witness invited before the Committee was asked whether she had encountered any levels of parent cooperation in her experience at the South Australian School for the Visually Impaired. The witness informed the Committee that such opportunities often do not present themselves to parents of children with disabilities:

> If there were, I didn't realise it or notice it. I guess that's a bit of a tricky one because things from the school come from the school, and the school was the problem. Parents don't see each other for starters because children are taken by taxi or bus to the school site. [My son] was travelling for over an hour every day to get to school and more like an hour and a half to get home because they were dropping other children off, so you don't actually see those other parents. It's not like a regular school site where even if you're going to the after-school care you run into other parents and compare notes and, you know, the unofficial kind of networking; you don't really have that opportunity.[96]

Asked if it would be helpful if such parent organisations were set up for the purpose of sharing concerns and developing and improving ideas, the witness also expressed concern:

> I'm sure that's always helpful and I guess that the school would say—similarly to every other DECS site—that it sends out parent surveys and that it picks random families or whatever to complete a survey, and that we're always welcome to contact them with any concerns, come straight to the principal and that sort of stuff. However, I don't think schools generally encourage parents to get together and complain about them so I'm not sure how that would work in reality… Yes; I mean, it is a good idea. I don't think it would be happening in reality and, again, I think the attitude of the school is that they're the experts. It's like, 'We've got your children here,' you know.[97]

Obviously there is a degree of scepticism about how the education system and individual schools might react to, liaise with, and be informed by parent advocacy groups. Nevertheless, such initiatives are seen by other members of the disability community as a vital ingredient for better outcomes for students with disability. The Quirky Kids Network, (a group that is already an example of the desire for collective disability advocacy) suggests that such parent groups need to be activated at the individual school level:

> Parents of children with disabilities should be able to meet regularly so as to form a support group within a school setting. Funding including appropriate childcare should be provided to enable this to occur.[98]

The Committee also heard evidence about the plight of the siblings of children with disabilities. The Quirky Kids Network brought this to the attention of the Committee and spoke to their often-neglected difficulties:

> The needs of the siblings of children with disabilities should to be addressed. Needs include social isolation and emotional wellbeing. [99]

Siblings of children with disability can often unjustly experience exclusion from their peers, and the Committee heard unfortunate examples of divisions and separations between disabled

---

[96] Transcript of Evidence, Marina Everett, page 69
[97] Transcript of Evidence, Marina Everett, page 69
[98] Submission 13, Quirky Kids Network
[99] Submission 13, Quirky Kids Network

children and their siblings in order to make their educations easier. The Council for the Care of Children supplied several such instances in their submission, such as the following:

> Harry's younger sister, who had borne the brunt of his behaviour by being ostracised and bullied at school, now attends a different high school and reportedly no longer has to make excuses for her brother.[100]

Michael Potter, the principal at the Tyndale Christian School, demonstrated his school's awareness of this issue when they engage with the families of students with disabilities. He spoke to the Committee about the casual segregation that can occur between siblings, and the negative feelings that this creates:

> Certainly, where we have families where they have children with no disability and have a child with a disability, we recognise that, for many families, sending two of your children to one school and having to send your other child to another school creates significant pressure on them. We know that children with disabilities know they have a disability and to have them put on a different uniform and go to a different school only exacerbates their feeling of differentness rather than being seen for who they are. We say that we want to love and recognise our children and value them for who they are and not for what they can particularly do.[101]

Speaking from her own experience, Margaret Kyrkou also provided the Committee with a lengthy example of the difficult situations siblings often find themselves in. Speaking of her 'fit and well' daughter, she remarked:

> From quite a young age she understood that Catherine was different, but she also had to cope with teasing in school, for example. Catherine, short term, was in a mainstream school where Nicole, my second daughter, was. Nicole came home one day really upset because she heard the students talking about 'spazzos' and it was the half day that Catherine was there... I'm saying that siblings need to be given that support before they get bullied etc. to understand how to cope with it. [102]

She also spoke about the neglect and abandonment that some siblings can experience;

> I've had a lot of siblings who have said, 'Mum, particularly, was so involved with so and so, with all the running around and doing things etc. and focusing on that, that I didn't get any attention.' In my overview, families go one way or the other: the family stays together with the siblings and they work as a unit; the other—the family splits, siblings move out and, educationally, often drop out as well which means their future is not good either.[103]

While parent and sibling breakdowns are a significant dilemma faced by families, Dr Kyrkou was encouraged by the fact that when siblings are supported with regards to their brother or sister's disability needs, they often become that brother or sister's strongest advocate. This was Dr Kyrkou's own experience with her children, but it was also confirmed to her through her work as a lecturer at Flinders University:

> Where it's worked and siblings are being supported, they have been the best supporter of that person with disability. And let's face it, my husband and I will die before either of our daughters, probably. Nicole will be there not to look after Catherine, even though she

---

[100] Submission 26, Council for the Care of Children, page 22

[101] Transcript of Evidence, Michael Potter Tyndale Christian School, page 156

[102] Transcript of Evidence, Margaret Krykou, page 152

[103] Transcript of Evidence, Margaret Krykou, page 152

> wanted to do it one day when Catherine was really not doing well in accommodation, but to be there to advocate for her.
>
> Also, I lecture at Flinders University in disability studies and it's interesting to see the number of students there who have come because they have siblings with disability, which means that they were supported to be part of the family and didn't get alienated, which is important.[104]

3.1.11 Augmentative and Alternative Communication - Technological and Other Solutions

In many cases the simple application of technological education aids can greatly improve the outcomes and situations for students with a disability. Augmentative and Alternate Communication devices (AAC's) enable students with communication difficulties of all types to communicate, to access and to participate in the curriculum. They also enable students to gain control over what happens to them, increase their socialization with others, develop language skills, and decrease their frustration and anxiety. The value of such devices and initiatives was relayed many times to the Committee. In one submission a parent provided an account of their son's new found academic confidence thanks to an innovative AAC regime being established in his classroom:

> We currently have on loan from Flinders University Speech and Audiology Department, for one school term only, an FM listening system. This is a system whereby the teacher wears a small lapel microphone and the child wears earphones. This allows the teachers voice to be transmitted directly to the child's ears without the interference of "white noise". Thus far, this system is proving to have a significantly positive impact on [my son's] school work and his behaviour in the class room. This is also allowing him to be calmer around his peers creating the opportunity for him to form friendships and feel accepted.
>
> I believe that should this system be made permanently available to [my son] and his teacher that it could help him to reach his full academic potential. I am of the opinion that should the teachers be provided with the necessary equipment and the relevant training, that students who have Auditory Processing Disorder or Difficulties will be more likely to excel in their academic abilities.[105]

Another witness expressed a similar optimism from the perspective of visually impaired students. The witness submitted that technology made all the difference to students with disabilities, and provided the Committee with a sample of the technological options available:

> Technology is a great equaliser for vision impaired students. There are screen readers and a variety of programs and equipment for braille users and, as [my son] is growing older, also the capabilities of GPS in helping with his orientation and mobility. Technology is ever-changing and occupies a special place in the education of the VI students.[106]

The Disability Unit (DU) at Murray Bridge High School was particularly enthusiastic by the educational possibilities of AAC technologies. Their submission described their unit as utilizing an 'ICT-Rich Embedded Curricula' and even reported their use of 'Socially Assistive Robots' to help their students with social interaction[107]. In a wide-ranging and comprehensive submission, they outlined a wide variety of technological aids and trials that they had

---

[104] Transcript of Evidence, Margaret Krykou, page 152

[105] Submission 6

[106] Transcript of Evidence, Marina Everett, page 60

[107] Submission 18, Murray Bridge High School

embarked upon with their students. The below selection is just a small account of their activities:

> The DU integrates ICT across the curricula by using digital manipulatives in mathematics, programmable robots for team building, Google Cardboard to experience virtual worlds, Raspberry Pi to demonstrate WHS and personal safety via cartoon strips, Skoog to entice the reluctant musician and, Touch Jet to engage students with digital resources on any available flat surface, the Holocube HC tablet for 3D projections and 3D doodler pens to assist students with the design of 3D freestanding structures. The DU has maximized a constructivist learning environment through the use of Lego Mindstorms across the modified SACE Art and Science curricula.[108]

As impressive as this assortment of technological aids are, the Quirky Kids Network impressed upon the Committee the fact that technological solutions to communicative or learning difficulties can be exceedingly simple and routine. One does not need to be enrolled in a specific and well-resourced disability unit, but may just need a common household item and an understanding and competent teacher:

> Teachers and SSO's of children with delayed language need to be trained on assistive communication devices and it should be expected that this technology is used every day. An example of assistive communication device is an iPad with ProLoQuo2Go.[109]

Despite the possibilities and promise of such assistive technologies, their underuse frustrates many in the sector. This wasted opportunity is even pushing some parents into forcing the issue upon the education system. One witness expressed to the Committee their willingness to expose the system's lack of educational adjustment when school authorities suggested to her that sitting the NAPLAN tests would be too overwhelming for her son:

> I said, 'I will not have him excused from NAPLAN. If he can't do NAPLAN because he doesn't have the braille, the computer technology or whatever, so be it. Let it show that he can't do it. If his curriculum knowledge is not up to scratch because he hasn't been accessing a curriculum, let that show too.'[110]

The issue of educational institutions failing to provide technological adjustments was particularly emphasised in the submission by the Anne McDonald Centre, Australia's first organisation to work solely with people of hearing who have little to no speech. They highlighted that Australia is a signatory of the UN Convention on the Rights of Persons with Disabilities, as of 2008. Article 21 of the Convention covers the rights of people to exercise their freedom of expression through all forms of communication of their choice. They highlighted to the Committee three common breaches of this article within education settings:

> 1. Banning the use of communication aids by students who cannot speak.
> 2. Failing to ensure that the communication needs of all students without functional speech are addressed appropriately.
> 3. Administering intelligence tests requiring speech to students without functional speech.[111]

---

[108] Submission 18, Murray Bridge High School

[109] Submission 13, Quirky Kids Network

[110] Transcript of Evidence, Marina Everett, page 66

[111] Submission 1, The Anne McDonald Centre Inc.

The submission by Novita Children's Services also focused heavily upon how technological aids should be made more readily available to children with disabilities. They noted a large increase in the diversity and complexity of students communication profiles, and that a adequate level of awareness and training in technological supports for these needs was required amongst education staff[112]. Considering the need for more technology in disability education, they were concerned to see instances of awareness and understanding retreating rather than advancing:

> In this context, there is a concerning trend that some schools are deciding to support only one or two specific communication systems. There have been numerous examples of students moving to new schools or classrooms and being advised that their previously prescribed communication system will not be supported in their new setting. This is disempowering for the children and their parents or carers, who have engaged in the process of identifying and being upskilled on the best communication system for their child. The demonstrated ethos of the school system in supporting suboptimal communication systems that do not cater to a child's linguistic and physical needs is of particular concern. This highlights a need for additional training for teachers and in-class support staff regarding augmentative and alternative communication (AAC), and the positive impacts for both teachers and students of the contributing role that appropriate, individualised AAC has on student educational attainment.[113]

The Committee heard that the DECD had a potential role in rectifying this uncertain situation for students with complex communication needs (CCN). Speech Pathology Australia informed the Committee that the provision of ACC always needs to be tailored to the specific needs of the individual child. Speech pathologists often perform the adaptation and tailoring of these devices, as well as the training students, teachers and families in their use[114]. As accessing the curriculum is for many students dependent upon their access to technology, Speech Pathology Australia recommended to the Committee:

> That the DECD be funded to increase the EFT of speech pathology services within government schools to specifically ensure that students with complex communication needs (including those that use AAC) are provided with adequate, effective and timely support[115].

Further:

> That the South Australian DECD conduct a stocktake of the available resources to support schools to make evidence-based adjustments for students with communication disabilities.[116]

The Committee also heard evidence that the NDIS is being utilized to fund and provide AAC devices and systems for students and families. While the NDIS is in theory jurisdictionally and functionally separate from the education system, there is scope for students with disabilities to use their NDIS plans to access assistive technology for use in their education. This is a role the NDIA acknowledges and to a certain degree encourages. The NDIA acknowledged this when asked about the sorts of equipment that could be obtained under NDIS plans:

> In the early age groups, very commonly we would be providing people with support for assistive technology, for equipment… Generally, the conversation we would have with a

---

[112] Submission 39, Novita Children's Services, page 4

[113] Submission 39, Novita Children's Services, page 4

[114] Submission 34, Speech Pathology Australia, page 4

[115] Submission 34, Speech Pathology Australia, page 31

[116] Submission 34, Speech Pathology Australia, page 31

> family will be around providing the types of technology that children would use regardless of the setting that they are in. A communication device is a good example of something that you would use in your school setting but also at home and in a range of other community activities. That's the type of technology support that the agency would provide, and iPads are also included in that, but we are also very conscious that for some children an iPad is more relevant. The purpose is more around the use in school and for attainment of education and learning, in which case that is where the school sector would be involved in providing that rather than the NDIS.[117]

3.1.12 Incorrect, Late, Difficult or Absent Diagnosis and the problem of 'definition'

Diagnosis of disabilities and learning difficulties was also seen by the Committee to be an area suffering from significant complexities. Impediments and delays to proper education for students with disabilities were caused by problems surrounding diagnosis. The Committee received many submissions chronicling significant issues around incorrect, late, challenging or absent diagnoses for students, and the flow on effect this has upon children's education. One contributor informed the Committee about their son's troubles in this regard.

> Due to (my son) not been correctly diagnosed at an earlier age, he and his family have experienced immense distress over the years both ensuing from school and social activities caused from his inability to process verbal information and misinterpretation of social cues.[118]

Another contributor also submitted their son's experience for the Committee's consideration.

> My son's diagnosis in particular, because his IQ is well above 140, his 41 Autistic traits can't be formally diagnosed nor recognised by his Paediatrician, whom he has been a patient of since age 3. Which means he has NEVER qualified for any additional funding at school, there are no boxes for him, and many others whom fall between the current strict guidelines.[119]

One couple recounted their struggles with diagnosis, informing the Committee of the common dislike that parents have towards their children being labelled with a diagnosis. However, many parents are forced to concede to their children being diagnosed and labelled in order to access the best treatment and educational results:

> We initially resisted gaining a formal diagnosis as we feared what a label may do to our son's psyche. Yet, it became very apparent that without a formal diagnosis the school would not be able to access the necessary funding. So off we went to get the formal diagnosis of ASD (Aspergers) while he was still in reception.
>
> In fact a year later, we learnt a very good lesson in what a lack of labels can do to a child on the spectrum. Our son had a relief teacher who had not been told of his diagnosis and therefore did not understand his behaviour. This relief teacher told our son, in front of his entire class that he was the naughtiest child in the class. Our son, four years later still speaks of this experience and the teacher and how bad she made him feel. It is astounding what impact a few words can have.[120]

One witness spoke to the Committee about how the difficulty of diagnosing her son's vision impairment led to a significant delay in teaching to help minimise the disadvantage of his vision impairment. They felt the lateness of his start at the South Australian School for Vision

---

[117] Transcript of Evidence, NDIA, page 132

[118] Submission 6

[119] Submission 25

[120] Submission 14

Impaired (SASVI) put him at a disadvantage that children diagnosed earlier perhaps do not suffer:

> From SASVI's point of view, (my son) didn't fit the usual criteria. He wasn't identified as significantly vision impaired enough in his younger years, so he didn't start there. His vision was declining and, to this day, we have got an 'unexplained cause of blindness' diagnosis, so he doesn't fit. There were queries of ocular albinism and queries of albinism, and things were never kind of fully in keeping to make that confirmed diagnosis. His vision did deteriorate. He was an older child who came into that system and didn't start. Maybe their experience is better set up for children who started there at a younger age. That may well be, but that didn't benefit (my son).[121]

Sam Paior and Witness B offered to the Committee their experience of complications around assessment due to non-compliance of the student:

> So, it then became clear that he could not go back to his original school, and, as a team, we learnt a bit about the Blackwood Autism Intervention Program, and we had a behavioural consultant who suggested that we look into that—a privately hired behavioural consultant. This was denied, however, on the basis that an intellectual assessment could not be done on X. We tried to get him assessed, but psychologists were unable to have him comply enough to get a result. He was literally bouncing off the walls that day, wasn't he?[122]

Individual examples such as this are regularly found in the submissions. But more generally the Committee received evidence that the issue of diagnosis and funding eligibility is becoming a structural problem to the education system at large. The submission from the Australian Education Union (AEU), informed the Committee of their efforts to try and reduce the waiting times for assessments that determine the funding eligibility for students with disabilities:

> We share parental concerns about excessive waiting times for assessment of eligibility for funding under the Disability Support Program (DSP). We wrote to Minister Close on April 24, 2015 pointing out that "Students are waiting many months and in some cases years to be assessed by a DECD psychologist to ascertain their eligibility for funding. The concern for schools is that until the assessment is completed, funding is not provided. The AEU has put a range of alternative approaches to DECD which are aimed at ensuring that the funding is provided quickly." The AEU had proposed that sites self-assess students to access interim funding, to be confirmed following verification by DECD psychologists and speech pathologists but this has not been agreed by DECD.[123]

The Equal Opportunity Commission's submission also warned about the fact that certain sections of the community, such as the less advantaged and those from different cultural backgrounds, often find themselves less able to access diagnostic services. Late or no diagnosis in these situations leads to compromised educations for these children:

> Research shows that 'providing support early is linked with improved outcomes for children with disability. Failure to access support early has the potential to severely impact on a child's educational attainment level, their experience and ultimately on their long term economic prospects. The Commission notes that students from less advantaged backgrounds, different cultural backgrounds and those with a parent with a disability may face delayed diagnosis, and/or may have less capacity to access or afford specialist services,

---

[121] Transcript of Evidence, Marina Everett, page 63

[122] Transcript of Testimony, Sam Paior and Witness B, page 171

[123] Submission 20, AEU, page 4

> such as psychologists. These factors may limit a child's ability to access appropriate early intervention strategies.[124]

While the Principal of Tyndale Christian School, Michael Potter, requested that the independent school sector have access to assessment services that are taken for granted in the public system:

> Specifically, one of the things we would like to request is that DECD students with disabilities get free access to both speech and psych assessments. That is not the case for our schools, so we would love to be able to have our schools be able to access those assessments as well, without having to put that impost onto our parents. That is one of the things we would like to ask.[125]

This inconsistency between the government and non-government school sectors was also repeated in the Guardian for Children and Young People's recommendations. In their submission they brought up the fact that definitions for disability differed across the sectors. This made the ease, dependability and efficiency of the system problematic:

> The Guardian recommends;
>
> Agreement on a definition for learning disabilities that applies consistently across programs and across non-government and government schools.[126]

Some submissions seemed to allude to the basic inadequacy of having diagnoses, labels and definitions for disability at all. Gaining access to certain levels of support and adjustment based upon meeting certain disability criteria was seen by some to be a fundamentally flawed model. In its place, a system should simply be based around the individual practical needs of the student. If an educational need exists, the support should be forthcoming, regardless of any official clinical assessment or diagnosis. Catholic Education South Australia's testimony suggested such an approach. Asked by the Committee whether they provide support to students who may not necessarily have a formal diagnosis, they answered:

> Yes. In fact, most of the time we do not wait for a diagnosis, we say that if we understand that these are the characteristics of the child, if we know how to work with that child and the family, we will put that in place. It may be less formal than it becomes when we have a diagnosis, but it is the process. It is not about the diagnosis but about the needs of the child.[127]

The difficulty of defining 'disabilities', and the problem of how support is determined by such categorisations, was most comprehensively expressed in the Speech Pathology Australia submission. They argued that the 'perception in some parts of the education system that "disability" only refers to students who are eligible for DECD individualised disability funding,' was problematic. While diagnosis was straightforward in some obvious cases such as Down Syndrome, Fragile X or Cerebral Palsy, the vast majority of cases of impairment, especially in language and communication, were not straightforward to diagnose and categorise as a 'disability' eligible for funding. They make the point that "'unfunded' students with disabilities still require reasonable adjustments to be made in order for them to access and participate in education on the same basis as their peers"[128]. A two-tiered system of funded

---

[124] Submission 49, Equal Opportunity Commission, page 12

[125] Transcript of Evidence, Michael Potter Tyndale Christian School, page 157

[126] Submission 35, Office of the Guardian for Children and Young People, page 5

[127] Transcript of Evidence, CESA, page 14

[128] Submission 34, Speech Pathology Australia, page 26

and unfunded students with additional needs creates a contradictory "environment where the emphasis for schools is to make reasonable adjustments only for funded students"[129]:

> Explicit efforts need to be undertaken to ensure that discussions of 'disability' are not seen to apply only to students who are eligible for individualised disability funding. The current resourcing arrangements in which funding is linked to diagnosis or clinical thresholds rather than functional educational needs place a significant burden on individual schools, principals and educators to manage the educational needs of all students with disabilities – whilst only being directly funded to do this for a minority of those with individualised funding. …The situation is untenable even in the short term. Significant gains in access, participation and educational outcomes for students with disability will not be achieved unless schools and education providers are supported with appropriate resourcing to educate these students. [130]

Finally, they warn that there is a 'widening gap' between students with individualised disability funding and the actual number of students who require some form of educational adjustments. This is a gap that they predict will be confirmed when the Nationally Consistent Collection of Data on School Students (NCCDSS) with Disability obtains a better picture of this situation[131].

3.1.13 Transitioning Between Educational Environments

Repeatedly the Committee heard that students with disabilities, especially those with ASD, find it difficult to negotiate and cope with change. Because of this, transitioning between educational environments can be a severe challenge for them. It is also a fact that children with disabilities will often experience more transitions in their educational journey than their non-disabled counterparts. Transitioning between preschool, primary, middle and senior schools, alongside potential transitions between mainstream and special education, combined with parents needing to 'shop around' to find the right school fit for their child, all combine to make education a fluctuating, unsteady and trying experience for children with disabilities. The Equal Opportunity Commission highlighted this issue in their submission, and the efforts needed to improve the situation.

> There is currently a lack of guidance over transitional periods in the education of students with disability. Transitional periods (between primary and high school, and high school to employment, for example) are often stressful for students and their parents. Where the student in question has a disability, the difficulties associated with such transitions may be magnified. Students may have complex transition requirements, resulting in the need for greater support during transitional times. An acknowledgement that students may require extra support during particular times in their lives may help strengthen policies and procedures related to students with disability, and improve their educational experience of students with disabilities.[132]

The Council for the Care of Children also highlighted the problem of transitions for students with disabilities, emphasising the heightened disruption that they experience:

> We think it would be pretty important to know what is happening across the education system with children with disabilities. Where are they being educated, and what are those

---

[129] Submission 34, Speech Pathology Australia, page 26
[130] Submission 34, Speech Pathology Australia, page 26
[131] Submission 34, Speech Pathology Australia, page 26
[132] Submission 49, Equal Opportunity Commission, page 13

> transitions like? Because every time you make a change in somebody's education—beyond going from early education to primary school to secondary school—there is a potential for disruption and we think that that is a key risk for children with a disability, and clearly many of them are actually feeling that they have no other choice but to move back into some form of special education.[133]

While these submissions spoke generally of the problem, the Committee also received individual stories from parents about their struggles with transitioning. One parent submitted to the Committee her encounter with a lack of transition planning for her son:

> My son (…) is 16 years old and is on the Autism Spectrum. He commenced school at the Briars (Special Kindy) in 2003. The Briars was excellent and greatly assisted my son. In 2004, (my son) commenced school in a special unit at the (school name removed). His first year at the school was very difficult as he didn't cope well with the change. From what I can recall there were only about 2 or 3 transition visits from The Briars to (school name removed) – this definitely was not enough for a child with ASD.[134]

Novita Children's Services also tendered to the Committee a recent example from their case files. The example shows how flexibility is required by schools to help children with disabilities make smooth transitions to education. It also demonstrates the lengths that parents will go to find and secure optimal education for their children:

> One recent example, which caused great stress for the family concerned, was a move from northern to southern Adelaide, where a special class placement could not be found. The option provided by the education sector was enrolment in a mainstream school with support for childcare (as an interim measure). These options were suboptimal for the child's learning, due to the child's difficulties in coping with change. Minimising change was important. The lack of recognition of this important component to the child's learning success was a source of considerable concern, and the resultant impacts have been that the family has elected to drive 1.5 hours each way for the child to attend the original school and the parent is unable to take up another employment opportunity as a result.[135]

Advocacy for Disability Access and Inclusion Inc. also gave the Committee a lengthy but illuminating example of poor transitioning arrangements by schools. It provides a useful snapshot of how challenges and problems can accumulate upon students with disabilities and their families, stemming from the simple failure to prepare a student for a transition:

> At the end of the Reception year the mum requested to find out who the teacher would be for Year 1 and asked if her child could be put in a class where his friends would be. The school told her they don't do this and the family would need to wait until a few days before school starts to find out this information. They were assured he would be with some friends. The reality in Year 1 was that he was placed in a classroom that the mother described as 'sensory overload'. Every single wall space was covered with charts, posters, artwork and things hanging from the ceiling. She said it was the worst environment for a student with ASD. The student was seated in between other students in full view of the classroom and was in a class with none of his friends. The mother became concerned when the teacher asked her if his meltdowns were like epilepsy or if he was able to control them. The concern here was the mother was told this teacher was experienced and trained in dealing with students with ASD. The students behaviour progressively got worse over the year and the teacher and the deputy principal made many inappropriate comments such as: "He takes up too much time"; "I don't understand why he behaves like that, other students with ASD

---

[133] Transcript of Evidence, Council for the Care of Children, page 116

[134] Submission 15

[135] Submission 39, Novita Children's Services

> don't do that"; "He belongs in a special school (despite him receiving B grades)"; "It was good he didn't come to school today, that way the class and I could have a break from him and we needed that".
>
> The mother said that he started resisting going to school and his behaviour deteriorated until the school bought in a Behaviour Coach. Eventually the mother ended up ringing the Education Department to get some support. The Department said they were disappointed the school hadn't asked for support already. The mother said eventually he was suspended and the mother provided education at home. She decided to send him to a new school for the start of Year 2 and was happy this school was working to put in place support strategies before he started.[136]

A further witness also spoke about the effort, determination and resolve that parents need to have to find the right support for their children's transition to school:

> I advocate for my child and say I have arranged to take eight weeks off of work to support his transition, and I can be available to collect him early and slowly build up his time in the classroom. I wanted assurance that he would be well supported initially until he settled, supporting a more positive experience in the environment. The district manager stated that he could not guarantee how much support he could access for [my son], and I said that I was aware that other children were receiving full support in mainstream schools and that is what I wanted initially to support his successful transition. I also said I was prepared to advocate at the most highest level for him, and if I needed to I would go to the minister. During the planning phase we did not know who the teacher would be and because of the DECD system and employment of educators, I was anxious about their skill and experience level regarding autism.[137]

The witness concluded that, "Opportunities to visit the child in previous learning environments are not always supported by the department or the school. Standard transitions to support, which is about three visits to either preschool or school, are totally inadequate."[138] However, the experience of frustration and failure is not universal, and there are examples pointing the way to better outcomes. The Committee heard of success stories based upon on receptivity, understanding and careful management. In their submission, a couple provided the Committee with just such an example:

> The Director identified the extra needs that our son had, even before an official diagnosis was sought. She organised for our son to have time at the kindergarten which meant our son was able to start school in the middle of the year and have 18 months of reception. We firmly believe that this extra time at the kindergarten and at school gave our son the time required to emotionally develop to successfully navigate mainstream schooling. The transition to Primary School was so carefully managed and coordinated by the Director and the Principal of the School; with many site visits and resources created to assist in the process.
>
> When our son started Reception, he attended school part-time. This gradual introduction into schooling ensured that he was not overwhelmed by the experience and that his experience was positive albeit short… We are shocked to hear that more schools do not take this steady introductory approach.[139]

The Committee also heard about the fact that students with disabilities often experience the constant transitioning of suspension to and from school. This will be explored in more depth

---

[136] Submission 29, Advocacy for Disability Access and Inclusion Inc., page 5-6

[137] Transcript of Evidence, Gloria Debba, page 72

[138] Transcript of Evidence, Gloria Debba, page 73

[139] Submission 14

later in this report. Dr Margaret Kyrkou pointed out that being suspended regularly from school can have detrimental effects on students' abilities to manage transitions, not just in and between schools, but in life generally:

> Students being regularly suspended do not learn the skills required to manage Post-School options. They are also regularly suspended from Day Options, with no chance of getting off the Disability Support Pension, and are unlikely to be eligible for accommodation services, leaving parents (and often by then it is the mum trying to cope alone after the father moves out of home) and siblings to cope. The cost to the taxpayer would be much more than it would have cost to ensure inclusion in school was managed effectively.[140]

While easing the transitions between and within schools for children with disabilities is broadly a matter for individual schools, much can be done by the DECD to manage these issues. The DECD spoke to the Committee about some recent initiatives and reforms to their administrative systems that should help students move between educational environments. They informed the Committee about their new education management system, which would allow schools and educators across the public school system to access real-time data on students. This would allow them to, "create a chronology and history for children"[141]. The hope was that access to this system would stop duplication, simplify the transfer of knowledge about children between educational settings, and speed up the provision of needed supports:

> For example, it should avoid the repetition of assessment processes as children move across schooling systems. We will have assessment data and criteria captured electronically, and within a very short period of time we are hoping that educators and special disability support workers will have that data available to them on mobile devices. Whether that be an iPhone, an iPad or a smart device, that information will be available at their fingertips to actually look at the history or the chronology, the assessments, the resource allocations and the needs of individual children. I think that will really accelerate our ability to be more responsive in providing services for children with disabilities as well.[142]

This new information management system could also potentially reform the way in which NEP's are managed and implemented. It could also make educators across the whole sector more aware of provisions for individual students, and thereby improve any potential transitions. Speech Pathology Australia highlighted the important role that NEP's have in this area. They maintained that a student with disability should never enter a school for their first day without having been in contact with the school and staff well beforehand. The child's first day should be the culmination of a series of preparations, involvements and discussions between parents and school staff. And adjustments and frameworks should be put in place for the child well before the first day of term, so that the transition is as manageable as possible:

> The development of Individual Education Plans (IEPs) for students is a critical support to facilitate smooth and effective transition for students with speech, language and communication disability. It provides the opportunity for teachers, students and parents to identify what works well for an individual child and what is a challenge and ensure that this is communicated to the new school/teacher as part of the transition arrangements. Opportunities for a student to spend some time in a new classroom and meet a new teacher can be of significant benefit. Similarly opportunities for a speech pathologist (or other support staff) to work with a teacher prior to the student being transitioned into their classroom can be of enormous benefit both to the teacher, the speech pathologist and ultimately to the student. These opportunities are not routinely available. When liaison does occur, the speech pathologist is usually called in to 'consult' with the teacher after a period

---

[140] Submission 42, Dr Margaret Kyrkou

[141] Transcript of Evidence, DECD, page 28

[142] Transcript of Evidence, DECD, page 28

> of 'settling in' by the student. During this 'settling in' period the student may have experienced failures and anxiety (leading to behavioural reactions and difficulties with peers) – much of which may have been avoided if advice was sought prior to the transition occurring.
>
> This reflects a lost opportunity to identify key strategies and adjustments that support a student's access and participation at school, and ultimately impacts on a teacher's workload as they need to 'get to know' the student and determine appropriate strategies each year.[143]

The Guardian for Children and Young People's submission also stressed to the Committee the vital importance of managing life transitions for children in state care:

> In a 2013 report from the CREATE Foundation young people talked about the disruption caused by having to move schools due to placement change… The interruption to learning is significant at each change of school, as is the breaking and re-forming of friendships and relationships with trusted adults. For many children in care there is the added embarrassment of more people knowing their circumstances.[144]

This was a theme they returned to in their testimony before the Committee, where they spoke of:

> … the importance of transitions, which is particularly an issue for this group of young people into and through the different stages of education, but also at that point when they turn 18, that suddenly they don't just have supports drop off because they are no longer minors.[145]

The Guardian also suggested that much more is needed to be done to know what happens when students with disabilities transition out of the education system. Knowing this would help also to review school's performance. They called for the sector to work towards:

> Improving knowledge of year 12 completion rates and post-school activity so that we understand better the pathways from school.[146]

On the issue of transitioning out of the education sector into life beyond school, the JFA Purple Orange submission recommended a program in Queensland called My Future: My Life.

> My Future: My Life is a ground breaking initiative which encourages and supports Queensland secondary students living with disability to prepare and plan for their life after school.[147]

The program provides workshops to parents, educators and disability professionals to build knowledge and capacity around life after school for people with disabilities. It also provides Transition Preparation Support for students with disabilities from years 7 to 12, as well as financial assistance for students in year 11 and 12 (year 10 in rural areas). JFA Purple Orange hoped that such a program could be rolled out in South Australia.[148]

---

[143] Submission 34, Speech Pathology Australia, page 11
[144] Submission 35, Office of the Guardian for Children and Young People, page 9
[145] Transcript of Evidence, Office of the Guardian for Children and Young People, page 99
[146] Submission 35, Office of the Guardian for Children and Young People, page 5
[147] Submission 28, JFA Purple Orange, page 22
[148] Submission 28, JFA Purple Orange, page 22

And finally the Committee was informed that much could be done regarding transitioning by simply having schools show more understanding, openness and a little flexibility. The Quirky Kids Network summed up these possibilities with their succinct and to the point suggestion:

> All schools should be open to parents being onsite to help their child transition into a new school setting.[149]

3.1.14 Allied Health Support in Schools

Of the education authorities that spoke to the Committee, the Association of Independent Schools SA was keenest to embrace the skills on offer by allied health services. They hoped for more integration of these supports within their school environments. They also acknowledged the role of the South Australian State Government in providing funding support for their AISSA Allied Health Specialist Support Services Program, recognising the program as a valuable resource for their schools. This was particularly the case in rural and regional areas where access to allied health support services can be limited[150]. Within their submission they described the importance of the program as:

> The AISSA Allied Health Specialist Support Services Program provides additional specialist services, including Speech Pathologists, Psychologists, Occupational Therapists and other professionals, to schools to support students with identified special needs. The intention of the program is to build the capacity of school staff to cater more effectively for students with special needs especially to those students who have been identified as 'at risk' in developing their educational potential. Schools with an Early Learning Centre or kindergarten are also assisted with the early identification of children with special needs and are supported to implement early intervention strategies. The specialists also assist teachers to support students transitioning into school or into different stages of schooling.[151]

Despite the strength of this program, AISSA also admitted that the program was not being extended fully to all those in need. In responses to questions taken on notice, it was disclosed that the funding agreement with the government initially ran from 1 June 2013 to 31 December 2014 and was then extended for 2015 and 2016[152]. However, while they admit that most school requests for support in that time have been met, AISSA has now put on hold the program due to budgetary constraints:[153]

> All school requests that have met the Program criteria have been generally granted. As we have come to the end of the 2015 allocations, we have put a hold on requests at this stage and schools have been advised to contact us from November onwards for support in 2016.[154]

Asked if the program was fulfilling the amount of need within their school sector, AISSA admitted that there is a gap in the provision of allied health services:

> I know that it's not fulfilling the need. It's going a long way towards it. We have to carefully manage our budget to ensure that we don't overspend. We have more demand than we can meet in that area but it is particularly valuable for schools to have an expert—

---

[149] Submission 13, Quirky Kids Network
[150] Submission 44, AISSA, page 2
[151] Submission 44, AISSA, page 2
[152] AISSA Questions on Notice, question 4
[153] Transcript of Evidence, AISSA, page 4
[154] AISSA Questions on Notice, question 3

> someone who understands students and teaching, plus has that professional background.[155]

Because of the precarious year-by-year funding arrangement of the program, and the increasing need for such services within their schools, AISSA suggested that securing appropriate and dependable levels of allied health support for their schools was one of their high priorities. When asked what their recommendations would be, their first thought was:

> …allied health support being available to all nongovernment schools throughout the state, and all schools really, with that expert assistance of high quality people who understand education and differentiation and all that goes with that, done in a way not only to focus on the students but to build the capacity of teachers to be able to assist other students, I think that would be incredibly powerful and effective if it was to happen.[156]

Catholic Education SA's systems for allied health support were reported to the Committee as being more complicated and precarious. Unlike the State Government funded program available to the Independent school sector, the Catholic sector had previously had access to the federally funded More Support for Students with Disabilities National Partnerships (MSSD). This program wound up in 2014, but Mary Carmody, Senior Education Advisor at CESA, informed the Committee that there was still an oral language program continuing via State Government funding. Other than this, almost all of the allied health service support for Catholic schools was coming out of CESA's recurrent funding, from which they earmarked around $7 million for the purpose[157]. Asked if this disparity between the Independent sector's program funding and their own supplementary funding was something they would like to see remedied, they replied:

> We would be very inclined to apply for almost any kind of funding that would allow us to have the kind of partnership and professional learning for staff that we know to be effective.[158]

3.1.15 Autism Spectrum Disorder

The Committee received a disproportionately large amount of evidence registering the complaints, the experiences and the challenges for students with Autism Spectrum Disorder (ASD), their families and the schools that educate them. The sheer volume of testimony received by the Committee points to an escalating challenge for the education system. The submissions also point to an ASD community that is growing increasingly frustrated by their educational options and more vocal and insistent about changing it. The scale of the challenge is well presented by Autism SA, who provided data that demonstrated that the vast majority of students with ASD are being educated within mainstream settings:

> Autism SA has currently over 9000 individuals registered with Autism Spectrum Disorder in South Australia… On average 66% of the cohort are in school settings at any one time. Of the school aged cohort 10% are in special schools and 87% are in mainstream settings. Of the over 6000 individuals aged between 6 and 18 years old in education settings registered for service with Autism SA, 5196 are in mainstream settings, 517 are in special schools and at least 42 are home schooled. 418 have an unknown education setting.[159]

---

[155] Transcript of Evidence, AISSA, page 4
[156] Transcript of Evidence, AISSA, page 9
[157] Transcript of Evidence, CESA, page 13
[158] Transcript of Evidence, CESA, page 13
[159] Submission 4, Autism SA

Autism SA's submission also noted the increased diagnosis and identification of ASD within the community as a mounting and urgent issue for education authorities. They informed the Committee that increased requests for their organisation's services (1:1 support) not ordinarily offered by the education sector, confirmed both the increased identification of the disorder, as well as the education system's inability to offer adequate support. They had seen an increase from 499 requests in 2012/13 to 676 in 2014/15[160]. This growing need requires action to protect the educational rights of ASD students:

> Given the increased rates of identification it is crucial that educational sectors are able to provide services that cater to the specialised needs of these students. Educational service provision must also be in accordance with the Disability Discrimination Amendment Act 2005 Act and the subsequent Disability Standards for Education 2005.[161]

The Association of Independent Schools SA conformed this picture of increasing demands for ASD services, especially on their allied health services:

> To date, 72 schools, including three Early Learning Centres, have requested Allied Health funding. The majority of the requests have been for a psychologist to work in schools to build staff capacity to support students with an Autism Spectrum Disorder {ASD) and/or challenging behaviours.[162]

The Department for Education and Child Development spoke to the Committee about some of their specific efforts regarding ASD students within their cohort. The recent establishment of specific autism intervention schools was cited.

> We have the Autism Intervention Program at Modbury, we have two at Blackwood (one at the primary school and one at the high school), and two preschool programs… it is a very high intervention program, a very intense intervention program. It has significant success in enabling children to then return to mainstream schooling… And they are designed on more of an intensive approach to autism, so it is for that additional support. They generally occur over a one or two-year period of time and then we look at the opportunity for going back to mainstream schooling if that is applicable, or some other intervention approach as well.[163]

One of the key characteristics of these intervention schools is the fact that they are designed only as temporary intervention respites for ASD students. The aim for these students is to reintegrate and transition them back into mainstream schools, and as such, an 8-term limit is placed upon student enrolment. Some parents objected to this restriction seeing it as arbitrary. While the DECD testimony describes 'significant success' regarding these programs, it may be that this is not a solution for all ASD students. The DECD was asked about their policy of an 8-term limit on enrolment in these schools, answering:

> I have had, I think, two particular cases where parents were looking for an extension of the eight terms. It is up to eight terms, that is what we suggest, but some children need more and some children need less of that more intensive intervention approach. We are looking at whether there is any greater flexibility if we get to the end of the two years and we and the parents agree that their child requires a continuation of that intensity of intervention, what are the options.[164]

---

[160] Submission 4, Autism SA
[161] Submission 4, Autism SA
[162] Submission 44, AISSA, page 2
[163] Transcript of Evidence, DECD, page 47
[164] Transcript of Evidence, DECD, page 48

One submission raised the issue of whether a temporary 'intervention' model is best suited to some ASD students. Sam Paior from The Growing Space, a South Australian parent of two boys with disabilities who is also a disability consultant, community educator and advocate, questioned whether such methods of reintegrating students back into mainstream schooling were practical. She asked whether a more permanent solution within mainstream schools themselves was a more viable alternative. She acknowledged the correctness of the motive behind instituting these ASD schools (temporary support for ASD students who should ideally be mainstreamed schooled), but questioned the execution:

> I suspect the AIP programs (Blackwood and The Heights) were an attempt to achieve this, but these units are completely segregated from the mainstream classes, there is little if any crossover into the family home, and Blackwood, at least, in pretty much enclosed in a cage.
>
> I think we can do better. [165]

Dr Margaret Kyrkou also felt that these intervention schools were perhaps an unnecessary form of segregation, easily remedied by specialist staff training. These specific, temporary intervention schools also made transitioning demands on ASD students, something to be avoided as they do not cope well with such changes:

> You have to have really good staff in those autism-specific schools but those students have come from schools where they've struggled. If you keep them in the autism-specific school and don't have staff grading back into their own school, they're going to have the same problem again. In many ways, I personally think it would be better to have people working in the school with the school staff rather than segregating the student who then has to cope with that setup and those people and then back to this school.[166]

Sam Paior went further than merely criticizing these schools, adding a proposal of her own. Her submission thoughtfully explored a proposal for a new educational option for students with ASD, a proposal that received sympathetic support online from her network of parents. Noticing that many students with ASD showed great signs of educative capacity, were clever and verbal, but suffered from terribly debilitating behavioural issues, Sam was forced to consider how the current educational options simply did not cater for this type of student. Dr Kyrkou also noted how the needs of ASD students differed from those with intellectual disabilities stating, "The difficulty is that what you think a person with intellectual disability needs and what the person on the spectrum needs in terms of understanding and management are quite different"[167]. Desperately needing to control their environments, ASD student's extreme anxiety and reactions of verbal and physical violence simply meant they struggled to be accommodated in mainstream schools. However, their lack of an intellectual disability, along with their extreme behaviours also made them unsuitable for special options classes and schools. Thus Sam Paior proposed:

> I've been doing a lot of thinking, and would like to make a proposal to the education department (and the Parliamentary Committee) that we look at creating special options classes just for these "high functioning" kids with serious behavioural support needs, that includes a package of in-home visits and supports which could be funded by NDIS. Classes of six or less, with two full time teachers (not SSO's), but also with SSO time allocated to each student for integration into mainstream classes and yard-time as appropriate with 1:1

---

[165] Submission 47, Sam Paior and The Growing Space, page 20

[166] Transcript of Evidence, Margaret Kyrkou, page 150

[167] Transcript of Evidence, Margaret Kyrkou, page 147

> supervision as necessary - with a goal to be fully included back into the mainstream in time.[168]

The rise in prevalence of ASD within the school system seems to be adding considerable burdens on classrooms. Dr Kyrkou, in her testimony pointed to the efforts of the DECD to deal with the issue, efforts unfortunately hindered by understaffing:

> Can I make the comment that within the education department they have a senior autism advisor and also a program manager for complex needs and mental health. The current director of special education (I think it is special education) has been sending them out to schools where they have difficulties, and they are able to work through it, but two people cannot do all of that. At one stage the education department was going to employ 20 disability inclusion officers, particularly to work with school staff with children in the spectrum, but the union blocked that.[169]

Dr Kyrkou's reference to the education union blocking efforts to employ more disability inclusion officers, was clarified in the Australian Education Union's (AEU) own submission. They provided more context to this recruitment obstruction, which they blame DECD for. Their discussion of this issue also further documents the widespread belief in the escalating number of ASD student within mainstream schools:

> Many members have reported a large increase over a number of years in students with autism in mainstream classes. The AEU took this into account when negotiating with DECD the allocative mechanism for the distribution of Better Schools (Gonski) funding, won by the AEU at a federal level after a quarter of a century of active campaigning to close the resources gap between public and private schools, and within the public school system itself. The initial year's Gonski funds were to be distributed to schools on the basis of a Measure of Socio-Educational Need (MOSEN) that had been earlier developed by the AEU and DECD in consultation with principal associations. The AEU proposed, and DECD accepted, that $2.8 million of the new Gonski funds be taken for the creation of 20 additional Disability Coordinators to work specifically in the area of autism. This was entirely within the spirit of the Gonski Review Panel's recommendations on identified needs-based funding. Regrettably, DECD used these positions to cover reductions in disability support staff positions that it made as part of its introduction of the Integrated Support Services model, and the "new" positions lost their autism-specific focus. DECD failed to honour its agreement with the AEU and much-needed support for students with autism spectrum disorder has not been given.[170]

The Committee received no further information regarding the issue of these 'missing' or 'redeployed' disability support staff. Regardless, there is obviously confusion and disagreement about how to deploy resources to support ASD students. Without such extra support the work falls mainly upon the regular teaching staff. In this regard, the Committee encountered a belief amongst some parents of ASD students that there was a culture of exclusion, reticence and sometimes resentment amongst teaching staff in relation to ASD students. A collective submission from parents of children with ASD concluded:

> Clearly, there is a view by teaching professionals that students with ASD should not be included in the mainstream school system due to "lack of resources" and that their needs are best served in a special school environment.[171]

---

[168] Submission 47, Sam Paior and The Growing Space, page 20

[169] Transcript of Evidence, Dr Kyrkou, page 148-149

[170] Submission 20, AEU, page -56

[171] Submission 9

Dr Margaret Kyrkou also elaborated on the problem that many teachers resent having to educate students with ASD. She spoke about how this opposition from teachers can sometimes express itself in punishment and discipline rather than understanding:

> Rather than seeking to work out what is causing the behaviour, many school staff seem to consider it to be just bad behaviour to be cured by suspension. They mistakenly believe that the student with ASD really wants to be at school, so by suspending the student he/she will 'see the error of his/her ways' and return to school well-behaved, which rarely if ever happens. For students with ASD the suspension often has the opposite effect, as students feeling less stressed at home quickly realise that if they cause trouble at school they will soon be suspended again.[172]

Dr Kyrkou attributes this problem to teachers simply not being equipped with an understanding of the ways students with ASD can be triggered to anxiety and stress. Sometimes this is as simple as a reaction to medication:

> Most challenging behaviour is due to staff not understanding how to support a student with ASD, resulting in severe student anxiety which is not recognised as such. Many prescribing medical practitioners did not understand how extremely sensitive to medication people with ASD can be, so some challenging behaviour was found to be due to severe medication side-effects.[173]

More commonly, many teachers simply do not understand that there is a large imbalance in ASD students between their communication and their problem-solving and self-awareness skills. Dr Kyrkou again elaborated:

> No two people on the spectrum are alike. There are similarities but they each have their individual bits and pieces. One of the big difficulties is that a number have good speech and people, including teachers, assume that because they can speak well they can understand well. Unfortunately, they cannot. So, the teacher thinks that by giving them information they will understand it, but they do not. They do not have problem solving, they do not understand consequences, and I have had principals say, 'We have suspended them so that they will learn by their consequences,' but they do not learn from the consequences. That is one of the difficulties.[174]

The difference between intellectual and emotional development is also a major difficulty for ASD students. Dr Kyrkou spoke of her colleague, Dr Jenny Curran, at the Centre for Disability Health, who assesses children with ASD along a ‘SPICE’ distinction. SPICE stands for social, physical, intellectual, communication and emotional development.[175] While ASD students can often demonstrate quite high levels of development on some levels, their emotional development is often disadvantaged.

> Within that, what we have found is that Jenny has assessed a number of people on the spectrum at Centre for Disability Health and, even though their physical and intellectual and even communication might be quite reasonable, their social skills are not good but their emotional level—and we are talking about 16 to 18 year olds—is often emotionally down at 18 months to two years of age.[176]

---

[172] Submission 42, Dr Kyrkou

[173] Submission 42, Dr Kyrkou

[174] Transcript of Evidence, Margaret Kyrkou, page 145

[175] Transcript of Evidence, Margaret Kyrkou, page 146

[176] Transcript of Evidence, Margaret Kyrkou, page 146

Dr Kyrkou also observed that, when educators are informed about the SPICE template, they are often very enthusiastic about its potential for understanding the needs of ASD students. However, for unexplained reasons, “they were not able to then take it into their workplace in terms of working with the students”.[177] Due to this lack of understanding about the emotional and social difficulties faced by ASD students, suspension unfortunately remains the standard behaviour management response for many teachers and principals. Dr Kyrkou stated that this can have negative consequences for these students:

> Where students are being suspended regularly, and the parent is unable to manage the challenging behaviour, these students end up in emergency accommodation, sometimes at a very young age, a heavy long-term cost to the taxpayer. We know that a disproportionate number of people with ID and particularly ASD languish in our gaols.[178]

Another ASD advocate, Rick Neagle, who appeared at the Committee also spoke about the social and financial costs of not supporting ASD children early in their education. Quoting from a report by Synergies Economic Consulting, (which looked at the issue from a Queensland perspective) he gave the Committee a basic cost benefit analysis of the failure to support ASD students:

> The full report based these figures on the lifespan of each person with autism who has not had access to early intervention resulting in the need for lifelong allied health support. The average annual increment cost equates to $87,000 per person with autism. So… if you invest $87,000 … over a 2½ year period, that is $40,000 per year—the cost saving to the community is about $2 billion in Queensland but it is far greater, almost a billion dollars, to the community. Obviously, the repercussions of no early intervention have made people with autism subject to the welfare sector, the corrections system and the like.[179]

It is for this reason that Mr Neagle consistently impressed upon the Committee the need for early diagnosis of ASD:

> An early diagnosis of autism spectrum disorder is an urgent priority before the introduction of an early intervention program. The most important role of any organisation or body supporting people with autism spectrum disorder is to facilitate this process and implement some of these resources. One such organisation is clearly Autism SA.[180]

While early diagnosis is essential, he also maintained that it was pointless unless also followed up by meaningful and high-quality early intervention programs. He felt this was the most significant challenge to the sector because of the variable, and in some instances questionable, quality of early intervention services:

> Early diagnosis is meaningless without the immediate provision of Early Intervention programs. Currently there is no panacea of options within the Autism Community...ranging from Applied Behaviour (ABA), Verbal Behaviour Therapy (VBA), Floortime and so on. Many of these programs are accredited and favour some consumers in preference to others. It is noted that there are some non-accredited early intervention programs available to consumers which have varying outcome benefits, and thus their efficacy is questionable.[181]

---

[177] Transcript of Evidence, Margaret Kyrkou, page 147
[178] Submission 42, Dr Kyrkou
[179] Transcript of Evidence, Richard Mark Neagle, page 51
[180] Transcript of Evidence, Richard Mark Neagle, page 50
[181] Transcript of Evidence, Richard Mark Neagle, page 50

3.2 Terms of Reference 2

The experience of discrimination, including victimisation and harassment, of students with disabilities, including, but not limited to, educational institutions failing to provide students with the support needed to reach their full academic potential on an equal basis with non-disabled students.

3.2.1 Victimisation and Harassment

Undoubtedly victimisation and harassment of students with disabilities is one of the core worries for parents, carers and young people themselves. It was widely expressed across the submissions that students with disabilities are frequent targets of abuse and bullying within schools. The Quirky Kids Network notes that, "Students with disabilities are often the target of bullying" and that hence, "additional monitoring and support is required [to] prevent bullying and to identify it early on when it occurs."[182] Speech Pathology Australia notes also that students with communication disability are particularly at risk.

> The social effects of communication disability can be compounded by the experiences of bullying. Young people with communication disabilities are more at risk of bullying than their peers, and more likely to experience persistent bullying. For some groups, such as young people who stutter, bullying risk is extremely high – with over 80 per cent of adults reporting bullying during their school years.[183]

While Rick Neagle highlighted to the Committee the harm that arises from bullying:

> It is highly likely that students with ASD would be subjected to years of isolation and abuse within the mainstream schools. It is well documented that students subjected to bullying develop severe mental health issues and as a result they are likely to self-harm, engage in challenging behaviours and project their anger onto others. [184]

While many examples of harassment from the submissions are referred to elsewhere in this report, many submissions outlined instances of bullying and harassment that are confidential.

One witness spoke of their foster child's struggles with bullying in a school which he had chosen specifically because of its low student-to-teacher ratio:

> When he came to me, I thought, 'Well, schooling needs to be schooling, and he needs to be more challenged,' and that is what we did. We went to a different school at Enfield when it was still there, before it got super-sized. That was a low population school, so I thought, 'This will be really good; he will have a small classroom,' and that did not work at all. He was bullied and harassed, and I thought, 'How can you have management issues in a classroom when there are only 15 kids?' The state school system didn't work for him, and we ended up taking him out and putting him into a private school. So, he went to CBC, and that was the best thing that happened to him.[185]

Another submission also provided the Committee with cases of children being bullied and harassed by fellow students, and how this bullying can often aggravate and worsen the behavioural issues of disability:

---

[182] Submission 13, Quirky Kids Network

[183] Submission 34, Speech Pathology Australia, page 8

[184] Transcript of Evidence, Richard Mark Neagle, page 51

[185] Transcript of Evidence, Rob O'Brien, page 90

> For the past three years [my son] has experienced bullying behaviour from children at school. This bullying has led to [my son] having numerous negative behavioural issues. For the first year [my son] totally withdrew from his peers by spending his break times in the school library. On the days that he was unable to be in the library and was forced into the playground, which for him was a very unsafe environment, he would come home completely withdrawn and distressed. I would eventually get out of him that he had on that day experienced ridicule, name calling and often physical assault by his peers and frequently, older children…All these issues stem from one disability – the inability to effectively articulate and to shut out "white noise".[186]

Bullying by teachers and other educational authorities is also in evidence. One witness submitted their distressing experience to the Committee:

> A really sad situation recently arose with his long term private Christian school where the 7 foot tall new deputy Principal and they clashed. Only after this DP called his sister 4 eyes in front of her class last year and made her cry, my son never forgave him. This DP continued bullying my son on the quiet until my son refused to attend any of his sport classes, he then called my son a DICK in front of his mates. I withdrew him immediately, which is so sad as he and his sister had always attended that school. The private system doesn't care, I complained and it got me nowhere, other than devastating my son and his education potential. Breaking all our hearts. He had to start all over again in a new public school!![187]

Another parent's submission, which in many parts was highly positive and complimentary of the education their son had received, nonetheless reported that bullying has been a part of their child's journey:

> The vast majority of our son's peers have known him since they were in kindergarten together. They accept our son for who he is. Since he received his diagnosis in Reception, we have been very open about it and have sent books home with other families explaining what Aspergers is. There have been only two children who have repeatedly bullied our son and they were both new to the school and consequently did not have the same level of understanding or acceptance of ASD. This highlights the need for peer awareness training.[188]

The Cora Barclay Centre observed that bullying of students with disabilities can often manifest itself in their reactions of misbehaviour and disobedience. In order to deal with the bullying, they act out of perceived misbehaviour. Often this ends with students with disability being doubly punished, firstly by those who bully them, and then by teachers who punish the behaviours. Because of this they noted that there was no "support for student behaviour control in instances of bullying, discrimination and marginalisation."[189]

One witness advised the Committee of her experience of requesting assistance to combat the bullying of her son, only to have her concerns not acted upon:

> We had also asked for an autism buddy system to be employed for our son, so that he could be partnered with a senior student to assist him in navigating the school's social system. We knew that our son was the subject of much teasing and derision in the school yard because he was alone for much of the time. I observed this on many occasions in the

---

[186] Submission 6

[187] Submission 25

[188] Submission 14

[189] Submission 2, Cora Barclay Centre

> morning session before the start of the school day. We felt that a buddy system would counteract some of the negative school yard behaviour. However, our request was met with response that there already was a buddy system, when there clearly was no such system in place.[190]

The organisation Life Without Barriers provided to the Committee the story of one of their clients who experienced bullying at one school, and how this problem was combatted by a change of school and a change of policy. Nevertheless, while incidences of bullying for this student lessened, their social isolation remained:

> At the second Primary School the student experienced bullying and social isolation. It was stated that teaching staff seemed to be addressing some of the trauma behaviours of the student, but not the student's developmental, social or additional learning needs. The carer advocated for support to address bullying and social exclusion, however no individual support was provided. The carer felt "the student had to fit to the school, rather than the school fit to the student".
>
> During her time spent at the third Primary School, the student was much happier and bullying had reduced. The carer considered this to be due to the school's "Zero Tolerance Policy". Social exclusion and additional individual learning needs however, were not addressed. Staff expectations appeared higher than student capacity, without acknowledgement of student disability albeit being undiagnosed.[191]

The DECD informed the Committee that their commitment to combat bullying in schools was highly focused on a 'zero tolerance' regime, and taken even more seriously regarding students with disability:

> The schools treat this extremely seriously nowadays. It really is a zero tolerance approach to bullying generally, but bullying in relation to disability, I think, would even have a higher level of importance because of the nature of the type of bullying on a person who may have some vulnerabilities. For example, it may be non-verbal and they actually can't speak up and say that they are the subject of bullying-type actions or activities.[192]

They also reported that it was a departmental expectation that each school individually develop their own anti-bullying response plan, and make such plans transparent and public:

> Certainly, we have a very high expectation of having an individual tailored approach by every single school site in response to bullying. Every school in our system is required to have an anti-bullying strategy and intervention program, reporting and resolution component to it as well, and that must be placed on the school's internet site so that it's publicly available (that document), but it is taken extremely seriously, I guess, in the sense of bullying. We have individual education awareness programs, strategies and so forth which are rolled out across the year as well. [193]

Despite these efforts, the overwhelming feeling reported to the Committee was that bullying of students with disability is still a considerable challenge. Richard Neagle who spoke to the Committee reminisced about the time when state politicians last explored this issue in the lead up to the 2010 election. He unfortunately did not feel that much improvement had been achieved since that time:

---

[190] Submission 9

[191] Submission 27, Life Without Barriers

[192] Transcript of Evidence, DECD, page 42

[193] Transcript of Evidence, DECD, page 42

> I think it is imperative that the government of the day equips children with a variety of strategies to deal with bullying in mainstream schools. Back in 2010, I was on FIVEaa, I think, with the Hon. Isobel Redmond and Jane Lomax-Smith talking about this issue after the Liberal opposition released its policies about trying to prevent bullying. I think at that time I would probably have had 15 or so people communicate with me about their children being homeschooled as a result of this issue, which the government of the day ignored. As soon as the interview was finished on the Leon Byner show, there was a flood of phone calls saying there were about 100 or so at least that I know of. Despite whatever effective strategies are in place to prevent bullying, the existing ones are certainly inadequate and that still remains true to this day. I strongly recommend that governments reassess these strategies and fund a task force to assess their current strategies and remedies to prevent bullying, and I think this needs to occur on an annual basis.[194]

The Council for the Care of Children spoke extensively on what needs to be done to reduce the incidence of bullying for students with disabilities. They identified the fact that students with disabilities are particularly vulnerable to bullying because of their visibility to the general student population. A situation of 'spot the difference' can easily occur in schools, and students with disabilities represent an easily identified minority[195]. According to the Council schools need to be vigilant on threats to vulnerable students:

> In the end, schools need to not just have policies but enact policies that actually deal with bullying and treat it as seriously as any other form of abuse, because that's what it is. It is abuse and, unfortunately, children and young people are like adults, and there will be people who will take advantage of others and can be quite cruel and mean. It needs to be picked up and dealt with in a pretty tough way, I think, at that school level. The responsibility lies back at the school level with the leadership of those schools to make sure it doesn't occur.[196]

3.2.2 Culture

The Committee heard repeatedly of the need to 'improve the culture' with schools regarding disability. While the Committee acknowledges the difficulty of making concrete recommendations on such indistinct concerns as 'culture', it is convinced that culture is critical. One witness said that such things can never be deemed 'intangible', because they are made up of the most substantial things in any child's life, namely 'relationships':

> I don't think culture and nurturing and relationships are that intangible. I don't want it turned into a system, because then it becomes bland and it becomes bureaucratised, but I think there has got to be some way in which principals and the governing system of schools—so principals who have to talk to regional directors—that relationship at a regional level needs to change, and we need to get out of this whole risk management and litigation headset and get back into what's real for kids and what's going to actually make a difference in the end.[197]

This witness laid down the key elements of effecting a culture-shift within the education system. The witness appealed to what he called the three C's:

> Consistency—so, again, clarity, consistency and the right sort of nurturing. Being very clear about what the rules are, and what the expectations are, and making sure they are

---

[194] Transcript of Evidence, Richard Mark Neagle, page 51-52
[195] Transcript of Evidence, Council for the Care of Children, page 116
[196] Transcript of Evidence, Council for the Care of Children, page 117
[197] Transcript of Evidence, Rob O'Brien, page 95

> always followed through… it's care, consistency and clarity; those are the three Cs I was looking.[198]

The Guardian for Children and Young People also identified the issue of culture within schools as being something that significantly affects children with disabilities. They determined that culture seemed to emanate from the top down in school structures, with effective and considerate leadership being the key:

> I think the culture within schools is a significant component. Where we have seen very good practice and support for children in care, it has very much been driven by the principal; it certainly is around leadership within the school. Where we have seen punitive approaches, again either a principal or assistant principal has been the driving force behind that as well.[199]

The Guardian also described for the Committee what happens when the culture of schools and their communities become disillusioned and unpleasant. Often this is accompanied by expectations for certain students becoming pre-determined and reduced. While the Guardian here speaks particularly to the experiences of children in state care, the Committee also heard instances of the same happening to many children with disabilities:

> For instance, there are clusters of schools within particular regions that have been reported to us as not being particularly welcome to children under guardianship and basically used a term that children and young people in care consider derogatory, which is 'GOM'. They consider them as problem students, so the expectation before the child actually starts is that they are going to be a problem in the school because they are under guardianship, so the culture there is something that significantly contributes to that.[200]

Richard Neagle also seemed to be of the opinion that as empowering and positive cultures within schools is highly dependent on the leadership within the school a flourishing and supportive school culture is always at risk of personnel change. He spoke of his own experience of St Marys Unit at Cabra College:

> Firstly there is the St Mary's Unit that is within the independent school system of Cabra college. I remember going there on an open day and I had a prefect of the school take me for a tour, and I could tell whatever culture they had there was beautiful. These prefects were totally engaged with the sector, in terms of St Mary's Unit, but also within the whole school, and you could see that the leadership there was outstanding. Obviously, leadership comes from the principal down and, unfortunately, when a principal goes some of that culture disappears, which is something we can't extinguish.[201]

3.2.3 Discrimination through Negative Attitudes and Low Expectations

Associated with the fostering of positive school cultures is the issue of combating negative attitudes and low expectations within schools. Quoting a UK Department of Education report, the Guardian describes this problem as the ‘soft bigotry of low expectations’[202]. It was impressed upon the Committee that there is a great need to challenge the pessimistic views of educators, social workers and carers about the capacity and capability of children with

---

[198] Transcript of Evidence, Rob O’Brien, page 95

[199] Transcript of Evidence, Office of the Guardian for Children and Young People, page 101

[200] Transcript of Evidence, Office of the Guardian for Children and Young People, page 102

[201] Transcript of Evidence, Richard Mark Neagle, page 52

[202] Submission 35, Office of the Guardian for Children and Young People, page 28.

disabilities. The Growing Space network provided many examples of low expectations denying students their opportunities. Below are a selection of these:

> “I was told my our previous school principal that "children like mine, bring his Naplan average down.”[203]
>
> “No shit! I was asked if my daughter could please be “sick” during NAPLAN week...”[204]
>
> “When I tried to enrol my son at my local DECD high school, I was told “This is a traditional academic high school. Our teachers wouldn’t be able to modify curriculum for him. We don’t have any children like him here. Have you looked at (local disability unit)?”[205]
>
> Our children always suffer the “burden of low expectation”. I can barely count the number of times I’ve been told “Your son will never....” only for them to proven wrong. If they don’t expect my child to achieve, how can he?[206]

Another submission also complained about poor attitudes amongst staff, and how their misinterpretation of the real reasons behind her daughter’s behaviour contributed to her education needs not being met. This submission condemned a range of things, but especially:

> … the school’ history of preferring to label her behaviour’s as disruptive and negative rather than address her difficulty hearing and processing information not to mention part of her academic issues relates to the huge amount of time she has been unable to learn due to her needs not being met.[207]

One parent described her son’s slow decline over many years due to an unsupportive and negative school system:

> During the 2003 - 2009 period of schooling, his quality of life gradually receded as he struggled to cope with the lack of understanding and negative attitude exhibited by teachers and support workers in the school system. In the final term of his schooling, his academic skills, social skills and general self-esteem collapsed.[208]

Another parent spoke of her visually impaired son not being challenged by the curriculum and expected workload, exposing the low academic expectations that would keep him behind his actual year level:

> Well, I have four children and I am a teacher. He is the youngest of my children and I have an idea from public schools, private schools, varying children, varying = levels and my own teaching of what is expected of a year 7. The work that (my son) was doing was not what I would consider appropriate for a year 7. I think he did one piece of writing the entire year that he was there—one piece of writing, one genre. That is not what you are expecting of a year 7.[209]

One witness was blunt in her interpretation of how her autistic son was treated by educators:

---

[203] Submission 47, The Growing Space, page 6
[204] Submission 47, The Growing Space, page 6
[205] Submission 47, The Growing Space, page 6
[206] Submission 47, The Growing Space, page 5
[207] Submission 5
[208] Submission 9
[209] Transcript of Evidence, Marina Everett, page 65

> It's like, 'Well, he has got autism, so we don't expect anything,' and I can't stand that either. They need to be seen as unique individuals, and they all have strengths. We just have to look.[210]

Another witness talked about the successes that can be gained by simply increasing the expectations that someone has in a student. This witness experienced this with his own foster child, where raising expectations led to the child applying himself more to his education. Being amongst peers also contributed to raising the educational expectations for his foster child:

> To his credit, he took that opportunity, and in year 9 he was actually coming home and doing an hour's homework on his own, independently. It was just textbook stuff—copying out of a textbook. It wasn't rocket science, but in terms of achieving and performing within a mainstream school, he was doing all of that. That was largely the school's effort in just expecting him to do stuff, but also mine. It was also that availability of ordinary peer relationships, rather than being removed and taken away and put into a little bubble of kids with disabilities, and you all hang out with each other, and that's what you have in common. You need to find your own peers. That peer relationship changed a lot for him.[211]

For this witness, "going to the right school and having the right people around to increase an expectation of his performance and ability" demonstrated for him the importance of constructive and enabling attitudes for children with disabilities[212]. But the witness had also experienced its opposite. He had also seen situations where children with disabilities are segregated, where their education is stalled rather than progressed, and where students are coped with rather than cultivated:

> … then you have these little satellites—I call them cul-de-sacs—that shunt kids off into places to wait out their time in a lot of ways. They are usually under-resourced and they are either like mini penal colonies or they are just feelgood stuff that just keeps kids going… Those kids should be having the opportunities other kids have to have ordinary peer relationships—and I say 'ordinary' rather than normal—but just that ordinary stuff that everyone else gets a go at. It seems that in schools everyone gets bell curved and they just cut off the ends and each end is too difficult.[213]

The DECD was asked about whether there were any mechanisms in place to challenge low expectations for students with disabilities. They answered that they were aware of the situation, and hoped that performance reviews would help raise the standards in their schools. Mentioning the AusVELS program, a foundation to Year 10 curriculum of prescribed content and common achievement standards, the DECD hoped that this system of progress reporting could help lift standards for all students:[214]

> That has been a concern that I think we have recognised, not just for students with disability but for other cohorts within our system. I think the introduction of the performance review process is focusing schools' and preschools' attention on increasing the expectations for all our students to achieve, irrespective of any additional needs that they may have.
>
> We are working in the office for education at the moment to put in standards that will be able to track a child's progress so that even when a child has a significant disability we will

---

[210] Transcript of Evidence, Gloria Debba, page 79

[211] Transcript of Evidence, Rob O'Brien, page 90

[212] Transcript of Evidence, Rob O'Brien, page 90-91

[213] Transcript of Evidence, Rob O'Brien, page 91

[214] See the AusVELS website for further details, http://ausvels.vcaa.vic.edu.au/Overview/Home

> be able to see improvement and we will be able to clearly articulate that we have expectations for that child, irrespective of their functionality.[215]

While it remains to be seen whether a set of standards and performance evaluations will achieve such outcomes, the Committee did here some modest, everyday solutions to the problems of low, mismatched or misinterpreted expectations. Asked about how we can raise expectations for children with disabilities, the Guardian for Children and Young people put forward the simple assertion that often expectations simply need to be collected from the children themselves, by asking them what they think they are capable of:

> I think part of it is a culture shift around the inclusion of everyone, and the inclusion of their voices in terms of asking people what they believe they are capable of. What we don't tend to do very well is ask children, and at times the carers who are with the children, what they believe the child is capable of. So, since decisions are made that are not informed by all the available information—there is a culture shift. There are some good practices in place that could promote it, but we're not realising the full potential.[216]

3.2.4 Institutions Failing in Providing Support

JFA Purple Orange provided to the Committee an overview of the dissatisfaction felt by students with disabilities and their parents to their educational experiences. They graphed the various findings from a survey of their clients. In one survey question respondents were asked if they felt they had received the support needed at school to reach their full academic potential. The results were overwhelmingly negative.

Does/Did your child receive the support needed at school to reach their full academic potential?

Do/Did you receive the support needed at school to reach your full potential?

[217]

Results indicate:

- 71.43 per cent of parents and supporters responded that their child does/did not receive adequate support at school to reach their full academic potential; 12.24 per cent of parents and supporters were unsure and 16.33 per cent felt their child did receive adequate support to reach their full potential.
- 52.94 per cent of current or former students felt they did not receive adequate support; 12.65 per cent were unsure and 29.41 per cent felt they did receive adequate support[218]

---

[215] Transcript of Evidence, DECD, page 45

[216] Transcript of Evidence, Office of the Guardian for Children and Young People, page 100

[217] Submission 28, JFA Purple Orange, page 10

[218] Submission 28, JFA Purple Orange, page 10

On an individual level, the Committee also received numerous stories of institutional failure. One contributor, a teacher with personal experience in the disability field, registered their disappointment at the way students with a disability are treated by educational staff:

> I am constantly dismayed at the way principals, teachers and coordinators behave towards parents and the things that are said to them in meetings about their child… Examples include – inference to a friend's child with CP – it's hopeless - I can no longer help him – this comment was made in front of the child's parents, school principal and two professionals – a psychologist and a speech therapist (both provided by the NDIS funding) by the teacher at their organized meeting earlier this month. No one redirected the comment and asked the teacher to explain how a) that is inappropriate, against the Act- he must be provided with and is entitled to an education and b) how that made everyone in the meeting feel. The parent burst into tears, and the professionals felt hopeless at having to work with the teacher who has this approach.[219]

This submission also recounted to the Committee an encounter where a child with a hearing impairment had their school not accept their need for support. When a hearing coordinator came to meet with the parents, she was shocked by the poor support supplied. This coordinator then approached the school:

> She spoke with the school to set up some support but then a term later the school removed the support stating that giving the child one on one support was disruptive to the classroom setting and that their child become more disruptive with support. The parent, as it's a small community, works in admin at this local school so finds it extremely hard to challenge the schools negative attitude towards her daughter.[220]

Another parent reported to the Committee their son's rejection from an extracurricular activity due to what appeared to be funding constraints, a problem that later vanished upon the arrival of new principal:

> My son's grandparents are Italian immigrants. The school ran a "Mother Tongue" program for children who came from an Italian background. I received a form 2 years in a row. I filled in the form, returned it to the school, but [my son] was never allowed access to the program. I was advised by the school there was not enough funding for [my son] to attend. As it turned out, once that particular principal left the school and a new principal commenced, the children from the unit were allowed access to Italian Language lessons. Italian became [my son's] favourite subject. At the time I did not pursue the discrimination levelled at my son because I was frightened of the consequences.[221]

One parent submitted to the Committee the problems she encountered when trying to access information from schools:

> Our family doctor recommended that he should not resume school until he had fully recovered. At the time, our doctor suggested that he had a better chance of recovery if we could access some of the records to determine the most appropriate therapy to pursue. However, the school repeatedly denied having any records of our child and when we asked the then Archbishop of Adelaide (Archbishop Philip Wilson) to intervene for us, he responded inadequately by saying that the records were probably lost. We were not prepared to spend money on lawyers to force the school to respond to our request. The Freedom of Information Act in South Australia only gives us the right to request access to

---

[219] Submission 5

[220] Submission 5

[221] Submission 15

> documents held by State Government agencies, Government Ministers, Local Councils or State Universities.[222]

This parent asked the Committee to consider remedying this by amending the Freedom of Information Act 1991:

> Since, Catholic Schools obtain considerable government funding to maintain the Catholic school system, we would like to see the Freedom of Information Act extended to apply to all schools and educational institutions receiving government funding to encourage accountability.[223]

The Equal Opportunity Commission also provided the Committee with examples collected from their cases of institutions failing in providing support:

> Case study: Susan's son told he can no longer continue in his class Susan's son was in junior primary school, in a special options class for children with a disability. She complained that she was given an assurance that he could continue in this class, but that the school later told her that he would have to move, as there was no place available for him. She lodged a complaint, and after conciliation, arranged a place for her son at the same school.
>
> Case study: Omar's daughter denied access to an early learning centre Omar's daughter has been diagnosed with mild autism. Omar has applied for her to attend an early learning centre. However, after mentioning her needs, Omar was told that the school did not have the resources for his daughter to attend the school, and that they should apply elsewhere.
>
> Case study: Pearl's daughter not allowed to attend after-school care for the same hours as the other students. Pearl arranged after-school care for her autistic daughter, Li, after obtaining employment. However, the school has told Pearl that Li is not entitled to stay for the same hours as the other children, including her other daughter Chen, and is not entitled to full hours during the holidays. As a result, Pearl believes she will be unable to accept her offer of employment.[224]

The Committee also heard evidence from parents who had sent their children to the South Australian School for Vision Impaired (SASVI) about their disappointment. One such witness was initially hopeful upon her son's acceptance to SASVI. She was relieved that finally people with expertise in VI would be guiding his educational journey. This hope was not met in her experience, which was also an experience she said was shared by other parents who sent their children to SASVI:[225]

> … I'm a teacher and I have certain knowledge of schools and the curriculum and the Australian curriculum and where my child should be. I think that when [my son] got to the point of entering SASVI I actually felt this huge overwhelming relief that there's somebody who knows more and who knows the specifics around teaching a VI student and offering a suitable program, and that wasn't our experience.[226]

A range of flaws and problems with the schools instruction soon became apparent to this parent:

> So why then did [my son's] year 7 at SASVI not provide any tuition in braille, not provide a cane for mobility until I repeatedly asked and then only an ID cane with one training

---

[222] Submission 9

[223] Submission 9

[224] Submission 49, Equal Opportunity Commission, page 10

[225] Transcript of Evidence, Marina Everett, page 61

[226] Transcript of Evidence, Marina Everett, page 61

> session? Why did SASVI staff cancel a guide dog referral for orientation and mobility initiated by [my son’s] private ophthalmologist and myself? Why was his specialist teacher only just beginning to learn braille via a remote correspondence course, therefore unable to teach braille to [my son] in the class?... Why would SASVI not welcome specialists and encourage support from other organisations? Why would SASVI not accept reports from organisations such as RSB regarding [my son’s] visual functioning?[227]

A mother of an autistic son and a former disability support worker, observed from her experience that some private independent schools were reluctant to include children with learning challenges, even when the child's siblings attended the school, and they were eligible to receive Commonwealth funding[228]. She observed that there was a clear lack of commitment to inclusion in these schools. The Association of Independent Schools SA acknowledged this challenge in their testimony, but felt that these were isolated and rare examples, and maintained their broad commitment to inclusion:

> My view is that in the vast majority of cases it works very well, but there are always cases where we have challenges. It could be that we are just not in a position to provide the support that's needed for that particular child, and that could partly be because of funding where funding is limited or it could be because the environment just doesn't work. We do want it to work, but it could be, for example, that a child has a particular issue with a behavioural matter, or something like that, that just can't be addressed within that environment (that is very rare that we reach that situation) or the school has difficulty providing all the necessary resources, but in the vast majority of cases I think it is worked out and worked through.[229]

Alongside deficiencies in the independent sector, this witness noted similar issues with the public school system, especially around the availability of allied health support:

> DECD do not seem to value the input and work of occupational therapies and don't have them in their suite of support services for preschools or schools, yet they can often provide an essential insight into a child's behaviour.[230]

Trinity Gardens Primary School also felt that more resources were needed for the Department’s Special Education Resource Unit (SERU), which was experiencing a significant excess of demand over supply. They asked for:

> Continuation and expansion of SERU as they provide schools with support. SERU has had funding cut and yet there are more students in schools with disabilities.[231]

Quirky Kids Network also suggested the need for the DECD to engage occupational therapists (and other therapists) in their work with students with disabilities:

> Occupational Therapists should be employed by the Education Department. A significant increase in the number of speech therapists and psychologists employed by the Education Department is required.[232]

Speech Pathology Australia also submitted to the Committee their belief that their members were underutilized within the DECD. Specifically they felt their efforts and skills were wasted

---

[227] Transcript of Evidence, Marina Everett, page 60-61

[228] Transcript of Evidence, Gloria Debba, page 74

[229] Transcript of Evidence, AISSA, page 2

[230] Transcript of Evidence, Gloria Debba, page 75

[231] Submission 7, Trinity Gardens P-7 School

[232] Submission 13, Quirky Kids Network

by being asked to overly focus on assessments, rather than reviewing adjustments and developing classroom capacity.

> Our members report that an unintended consequence of limited speech pathology support in South Australian government schools is that frequently speech pathologist time is spent completing assessments so that schools can access targeted individualised funding. Once eligible, the speech pathologist can make recommendations as to how the funding is spent, but there is no capacity for the speech pathologist to review the impact of such intervention or update plans in response to progress. Another inadvertent effect is that the majority of DECD speech pathologists' time is spent in individual assessments as opposed to working within classrooms and helping to build the capacity of all students (under the RTI model discussed previously).[233]

Speech Pathology Australia were also of the opinion that the push to 'devolve' responsibilities and decision making to individual schools and away from the Departmental head office, was having unintended consequences that effected the proper use of disability funding:

> The devolution of responsibility to schools that has been seen across Australia in recent years and provides an opportunity for schools and principals to make more autonomous decisions about how their schools operate in order to meet the needs of their students and local communities…. The inadvertent effect of the devolution of responsibility is that the use of funding and decisions made regarding support for students with disability is at the discretion of the Principal. The appropriate use of funds to support students with disability relies then of the understanding of their needs by their Principal and teachers. If a student with communication disability finds themselves in a school where there is very limited understanding of their needs and of the potential positive impacts of evidence based interventions to assist their participation and educational gains – then they are unlikely to be appropriately supported… Principals and teachers cannot be expected to have a fine-tuned understanding of the broad range of disability effecting students in Australia…. Advice and information for Principals is essential in order for Principals and teachers to meet their legislative obligations under the Disability Standards for Education.[234]

This criticism about funding decisions being in the hands of principals was echoed by another witness, who felt this funding model lacked transparency and accountability:

> I felt it was inappropriate for the Principal of the school to hold the budget for the special needs classrooms. I felt the money was not spent on the children's needs but placed in a general pool for the school. A request was made by myself and other parts on many occasions to ascertain what funds were available for our children and where the money was spent – responses were vague.[235]

Schools fulfilling their support obligations and making educational adjustments for students with disabilities often comes down to the level of funding they have access to. The Committee received ample evidence of schools using lack of funding as the reason behind their denial or withdrawal of support. AISSA spoke about this problem in their testimony when they complained about the hefty salary costs of providing one-on-one support for students with disabilities:

> If, for example, the best approach for working with a child is that they need a bit of one-on-one time with someone, when you look at the salary costs that go with that as part of the program, even in a small group, they are just enormous, and that is the capacity that all

---

[233] Submission 34, Speech Pathology Australia, page 24

[234] Submission 34, Speech Pathology Australia, page 28-29

[235] Submission 15

> school sectors face and that is the challenge, because not everything can be with some kids in the classroom all the time with everybody else because we have to differentiate based on their particular needs, and that is the real challenge. That is what principals raise with me all the time, that exact issue.[236]

3.2.5 Institutions failing in providing 'reasonable adjustments'

As mentioned previously in the report, the Disability Discrimination Act 1992 (DDA) creates a duty on authorities to make reasonable adjustments for people with disability to make their education accessible. There is only one exception provided in the Act, where avoiding the discrimination would impose unjustifiable hardship on the discriminator[237]. The Australian Council of Human Rights Authorities (ACHRA) informed the Committee their findings on this provision of the legislation:

> While there were variations in complaints and trends submitted by ACHRA members, a number of key issues were identified. These included the following:
> The highest number of complaints appeared to relate to alleged failure to provide reasonable accommodation or adjustments to support students with disability.[238]

The Committee also received numerous similar complaints, some of which are dispersed through this report. The findings of the ACHRA on the current working of the Act, also agreed with the conclusions reached by the Equal Opportunity Commission. Both organisations expressed concern regarding the interpretation of some key concepts in the legislation that open the door to the denial of adjustments:

> The terms 'reasonable adjustments' and 'unjustifiable hardship' are often misunderstood by both educators and individuals. There continues to be inconsistency in the interpretation of these terms, as well as assumptions made about the potential cost of accommodating people with disabilities. Educators, students and their families would benefit from a better understanding of these terms and how they should be applied.[239]

The Equal Opportunity Commission also attempts to clear up the difference between 'the ability to participate' and 'same basis', about which it also received many inquiries asking to clarify the intention of the Act:

> The Commission has received a number of enquiries in relation to the meaning of the phrase 'ability to participate', and whether this means providing enough support to allow the child in question to meet the minimum standards or whether this means supporting a child to reach their full potential…. Being treated on the 'same basis' is important for students with disabilities to ensure they have the same opportunities as students without disability. To be treated on the same basis requires accommodation and adjustments in the education setting. It is important to distinguish between being treated the same compared to same basis. Creating equal opportunity is about creating equal bases, and to do so, means providing additional supports for students with disabilities such as reasonable accommodations and adjustments to create and establish the 'same basis'. It is crucial that educators, parents, support providers and others understand the distinction.[240]

---

[236] Transcript of Evidence, AISSA, page 6
[237] Submission 22, Australian Council of Human Rights Authorities, page 4-5
[238] Submission 22, Australian Council of Human Rights Authorities
[239] Submission 49, Equal Opportunity Commission, page 8
[240] Submission 49, Equal Opportunity Commission, page 8-9

On the evidence of these organisations, clearly there is more work that needs to be done in educating parties in how the DDA Act should operate, and how its key concepts are to be interpreted and implemented at schools. Despite these findings, the Committee was presented with numerous statements from education authorities about their willingness to provide adjustments, and the structures and policies that are in place to ensure they are made. For instance, Catholic Education SA spoke at length about their arrangements for adjustments, which comprised a four tiered categorized system:

> So, there are adjustments that are made just routinely with equality teaching and learning programs that is differentiated, so that it's not just one task for everybody and that's how it goes. Then there's a supplementary adjustment, substantial adjustment and extensive adjustment. Routinely we would see maybe an intervention program of one kind or another around literacy. It might have something to do with the child's mobility, if that was their need; it may well be in social, emotional learning. That might be part of the school program or it might be an intensive program. There's a range of adjustments made for students around curriculum, personal care, mobility, communication; so it's based on the need of the child.[241]

Despite the work of authorities to implement these adjustments, the Committee heard repeated examples of failures to deliver. An example of the ineffective working of the ‘unreasonable adjustment’ concept was ably demonstrated in the personal experience of one parent, who submitted:

> From our personal experience the differing perspectives on what constitutes an ‘unreasonable adjustment’ was illustrated in the following example of the use of headphones for my daughter. When the noise and strain of social interaction became too much for her, we requested that she be allowed to use headphones to listen to music which calmed her and sit away from the group and just work quietly until she felt able to join the group again. There was much discussion amongst the teachers about the ‘unfairness’ of this adjustment, that they had a blanket ban on listening to music for other students so it would not be fair to them. Eventually they decided to allow the adjustment as long as it was not in a part of the lesson that required good listening manners if the teacher was speaking to the class. However this had the effect that the adjustment no longer functioned to fulfil my daughters need to take time out when she was becoming overwhelmed, which sometimes included listening times. Her only option at these times then became withdrawing completely from the classroom to the counsellor’s room, which very soon was also considered unreasonable by the staff who expected her to not miss lesson time and just manage. A meeting with the principal revealed his view she just needed to learn to ‘self-manage’ and my point that allowing her those 5 minute ‘down’ times whenever she needed would help her to more quickly return to participate was dismissed, with the result that her anxiety attacks and school refusal returned. Teachers expressed their disapproval of my daughters times out of class publicly in front of the other students and the other students began to ridicule my daughter which led to bullying.[242]

3.2.6 Inadequate Facilities

Schools are not only required by law to make reasonable adjustments to the curriculum and classroom practices to enable children with disabilities to access an education on an equal basis as their peers. They are also obliged to provide physical facilities that make that access possible. The Committee received reports about the failure to provide such adjustments and alterations to school facilities. One submission suggested this problem is caused by DECD’s

---

[241] Transcript of Evidence, CESA, page 12

[242] Submission 9

ardent adherence to the Disability Discrimination Act, and its use of a policy that potentially sees adjustments being made too late for students:

> Although the DECD has the appearance of enforcing its administrative units to comply with state and commonwealth parliament's protective legislation for individuals with disabilities via its policies. These can only ever be reactively implemented at the level of the administrative unit, since according to the Minister for Education, "DECD adopts a "just in time" principle for facilities… ensures facilities are modified or upgraded only when a student with a disability is enrolled or a staff member with a physical disability starts work. DECD follows the Disability Discrimination Act methodology". So an administrative unit cannot be identified for modification or upgrade of its facilities to enable general access to students with disabilities or carers or siblings with disabilities unless a student with a disability is registered on the Department's Disability Register. I wonder then how much time would elapse for that student before appropriate adjustments could be made?[243]

The lack of timeliness of this 'just in time' policy was revealed to the Committee in The Growing Space's submission. They provided an example of a significant delay in the provision of a step and rail for a child in reception. Sam Paior, who moderates the Growing Space online community, asked for suggestions for improvement and the following submission was received:

> Reception, DECD school-ensuring correct equipment is sourced and available from start of year. We are now up to term 3 and my son's school still does not have step and rail needed for my son at school. They have had 3 delivered, and even though sending photos and measurements of the one we have at home, still cannot provide the correct size -all are too dangerous for son to use. They now say there is no more in stock, so will not be sending anything else. It also took 2 terms for slope board to arrive at the school -these items, and other changes still not fully done were identified by his OT, and the school in term 2 last year when he was at pre-school -so no excuse for the items not being there ready at the beginning of school this year. We are sending his step and rail from home so he can toilet safely.[244]

Another example of poor planning and neglect regarding school facilities was provided in the JFA Purple Orange submission:

> There were definitely instances where I would be left downstairs because the lift didn't work or had to sit out of PE (our school didn't have health and I would have loved to do P.E. without the physical stuff in year 12) or I had to sit out of home ec. (cooking) because of benches, had to try to learn how to use a sewing machine without being able to use my feet. Also our lift was a stair lift, not an actual elevator for the first three years I was at school which meant I was late and I could never sit with friends, the designs of the classroom pretty much made this impossible too.[245]

Sam Paior highlighted the case of one of her clients having trouble with a school's bus hiring policies, which led her to speak more generally about the poor planning and provision of facilities surrounding school excursions:

> One family wrote to me stating that their child uses a wheelchair and the school has contracted out a bus service for excursions that does not have an accessible bus plate. So, whenever there is an excursion the mother has to take the day off work and drive her child to the excursion and has to pay for parking and do all those things. She says she loses an

---

[243] Submission 30

[244] Submission 47, The Growing Space, page 10

[245] Submission 28, JFA Purple Orange, page 23

> average of $200 a day for each excursion that she has to take her child to, otherwise he misses out. Camps are the same.
>
> I hear this about excursions all the time, particularly the lack of preparation. Instead of a family of a child with a disability getting the excursion notice in the backpack the week or two weeks before like everyone else does, there needs to be a system where there is always a discussion with a parent before any excursion to ask: what do we need to make this excursion a success? How can we help you make this happen? The idea of contracting out an inaccessible bus service is just not acceptable, particularly when the school knows that it has children with those needs as part of their school group.[246]

The Committee was encouraged that the expectation is reasonable by examples of best practice put to it:

> A good example of access was given at the Julia Farr Youth Conference by one of the conference speakers. He told of modifications made for him when he attended school including ramps and handrails and a desk with a drawer for easy access. He said he participated in physical education lessons and played cricket for his school team with the aid of a runner. During exams he had the use of a scribe and someone to explain the question. At university he had an access plan which included automatic extensions to assignments (if needed), the use of automated voice activated software and extra time in exams and tests.[247]

It should also be remembered that classrooms as a whole should be treated as a facility that can improve the educational outcomes of students with a disability. As such they should be organised on this basis. This is especially the case for students with ASD who require predictable and appropriate sensory environments to work in. Without wishing to drain classrooms of their fun, and colour, especially in the early school years, the Quirky Kids Network felt that efforts could be made to make classrooms more agreeable to students with ASD:

> Organise classrooms in a manner that is more predictable and calm… The reduction of visual distractions in the classroom, such a hanging artwork, would make the classroom less overwhelming and chaotic.[248]

3.2.7 Relations between schools and external service providers

The lives and welfare of children with disabilities are not limited to their school. Students with disability often have numerous persons, clinicians and organisations devoted to their benefit and success. However, the school gate can sometimes be a barrier to the coordination of, and access to, these elements. The Cora Barclay Centre spoke in their submission of the difficulties they encountered in their dealings with schools:

> The Cora Barclay Centre has a long history of providing support to students in schools. With currently over 150 school-aged students on service, the Cora Barclay Centre has in-depth experience with the challenges students with a disability and their families face, in the state and private education systems.
>
> Challenges include:
>
> - Lack of choice in family wishes as to the support provider engaged to support the student

---

[246] Transcript of Testimony, Sam Paior and Witness B, page 177

[247] Submission 28, JFA Purple Orange, page 23-24

[248] Submission 13, Quirky Kids Network

- Exclusion in the decision making process when a support provider is appointed by the school to assist a student
- No engagement with the student or family as to how the support is to be delivered and if it meets the student's goals
- Lack of access to facilities needed to implement the appropriate support for the student
- Lack of access to counselling services at schools for students that require support
- Lack of a partnership approach between schools and parents in considering classroom and curriculum modification required to support the child
- Failure to make suitable adjustments in the classroom which will assist a student with a disability to achieve their educational outcomes [249]

Parents too have complained about schools behaving like isolated enclaves, seeking to be independent and sheltered from any outside professional influences. The Growing Spaces submission provided the example of Alex and his speech therapist:

> Alex is vision & hearing impaired so we will, more than likely, be using a system that requires training and complete implementation. The problem I have at the moment is that he attends The Briars which I was informed by his Speech Therapist now have a blanket ban on therapists attending. As he is completely non-verbal and intellectually impaired he is unable to demonstrate to us (his family) what he is learning at preschool. I do not want to run two different systems for him as I believe this to be a waste of resources and confusing for him & us. As a parent I am also not allowed to attend The Briars to see what they do with him I am feeling terribly confused.[250]

Another case was relayed to the Committee by a parent. When she tried to gain a school's cooperation in allowing a speech therapist access to the school grounds for her child's therapy needs (in this case 3 x 45 minute sessions a month for a non-verbal student), the parent encountered what she found to be resistance from the schools' principal:

> We contacted the Principal of (school name removed) who advised us she will not allow this to happen. There are no 'actual' written school or Catholic education department rule-her advice was "It is at her discrepancy". I belong to many groups of autism mums and this seems to be the exception most mothers who contacted me have no issues with their school allowing this in fact the schools embrace it this included a number of Catholic Schools.[251]

The mother challenged this arbitrary and contradictory decision, especially within a special school that proclaims on its website that people with disabilities are 'entitled to, and deserving of an education supporting them to live life to the full'[252]. Another witness also found resistance at a school that refused to accept professional advice other than its own, believing that the school and its staff were the only relevant experts. Speaking of her vision impaired son:

> I imagined that as soon as he got there the first thing that they would have done would have been to take into account independent reports from RSB, because we had already had an independent assessment done by RSB on his functional vision. We were told by the principal that they don't accept reports from RSB.

---

[249] Submission 2, Cora Barclay Centre
[250] Submission 47, The Growing Space, page 7
[251] Submission 3
[252] Submission 3

> We had a report subsequently from Guide Dogs, who they apparently do deal with, saying that [my son] needs braille, and we were laughed at. They are the experts here and braille is not the way to go, although research will show that having a knowledge of braille is a significant indicator of future employment and success.[253]

This issue of advocates being accepted and welcomed as part of the educational journey of students with disabilities is also a concern within the submissions. Advocacy for Disability Access and Inclusions Inc. relayed how schools can sometimes treat their advocates suspiciously:

> Most times the presence of an advocate is accepted and welcome, although there are times that some schools have been suspicious and unaccepting of an advocate supporting the family. Our presence can on occasion be viewed as confrontational.[254]

Speaking from the perspective of education providers, the Association of Independent Schools SA offered the following analysis of their school's relations with external supporters. They admitted to finding encroachments upon their teaching time difficult and testing for staff:

> One thing that sometimes schools do find difficult is if their school day is disrupted for a student. That can be a challenge, if they take it out of doing whatever, and how that fits into that overall program about whether that is the best time for the provision of that support.[255]

In their questions on notice they expanded considerably upon this complaint, offering the following observations and concerns about allied health therapists working with students in the school setting. From their perspective there were issues surrounding:

1) Dealing with parental expectations that therapy is expected and going to occur at school or during school hours.
2) A lack of space for therapy sessions to occur.
3) The amount of time spent out of the classroom, which can interrupt student's learning time.
4) Students missing out on core educational programs due to scheduled therapy sessions.
5) Location of rooms, and duty of care issues.
6) Little or no communication between the therapist and teacher/school staff regarding speech/OT programs.
7) The need for a policy regarding process for visiting therapists; and
8) Concerns regarding legal issues and implications for schools in the event of an incident.[256]

The DECD seemed to be aware of the challenges that external service providers pose to instruction when they seek access to schools. They were also more aware that this challenge was only likely to increase due to the NDIS. With a great influx of people being funded for therapy support, the DECD said it was preparing for more requests for these services to take place on school grounds. It was developing a policy for these occurrences, but saw the whole issue as a transitional challenge rather than an 'insurmountable' problem:

> We have brought practitioners, principals and preschool directors from the field to comprise part of review teams to look at how we actually transition but prepare ourselves for the future environment of not-for-profits, commercials and others who have access to

---

[253] Transcript of Evidence, Marina Everett, page 62

[254] Submission 29, Advocacy for Disability Access and Inclusions Inc., page 3

[255] Transcript of Evidence, AISSA, page 6

[256] Transcript of Evidence, AISSA, Questions on Notice.

> individualised funding wanting and demanding access into the school environments. The project has done a review. We're in the process of developing a new policy, literally this minute, in relation to ensuring that we have clarity and consistency across the schooling system for access for providers into the geographical space of schools, but also the associated environments.[257]

The National Disability Insurance Agency also spoke to this issue in their testimony. They admitted that while they are aware of the situation, the "agency is not in a position to be providing any advice, particularly, to the education sector about that; that is a determination they will need to make":[258]

> We have also heard similar circumstances for families, where their preference would be to have their therapeutic intervention delivered during school hours. My understanding is that at this stage each school principal is able to determine how many people and what space is available, and who was able to come onto each site. I think it would be fair to say that we are hearing quite varying experiences… I think what we face nationally—it's not unique to South Australia—is the challenge that schools have routines and cultures and they work for the population. That needs to be respected in thinking about this.[259]

The Council for the Care of Children also seemed to consider that the DECD was progressing well in its planning for this new world of interaction between schools and external service providers. But they also admitted that other schools were dragging their heals in the matter.

> I know that DEDS has developed a draft process of how therapists can come into the school and checking credentials; they have their proper safety records or whatever. Some schools negotiate directly with them and say, 'This is the child's plan, you're telling me, and these are the therapies; these are the times that they are appropriate.' Other schools have just banned them totally—a flat ban and said, 'No, that's not appropriate.'[260]

The Council described the situation as a "mixed bag" of approaches, finding that special schools were generally a little bit more accommodating to outside staff, especially around student's physical needs or the training of school staff.[261] They also pointed to the fact that most schools did not have a general policy regarding access to schools for therapists and other professionals. More often they simply negotiated this access individually during an NEP planning process. They did, however, warn that being too open to the provision of external services within schools can tip the balance away from the welfare of the child:

> Although the parent might say, 'I want this therapy in the school environment', some therapists and schools say, 'That therapy is probably best done at home because it's about role modelling with the family about supporting this child more effectively within the home environment and how they interact.' I don't think there's a blanket answer to that… Sometimes you might have three therapists for the same child in one day: (1) that's exhausting for the child, but (2) it's very disruptive to their education as well.[262]

Speech Pathology Australia pointed to a potential system whereby some allied health services normally secured from outside the school should in fact be employed within the system, and deployed within schools. Under this arrangement, allied health services are seen to be an integral part of the school ecosystem, instead of an imposition:

---

[257] Transcript of Evidence, DECD, page 29
[258] Transcript of Evidence, NDIA, page 136
[259] Transcript of Evidence, NDIA, page 136-137
[260] Transcript of Evidence, Council for the Care of Children, page 113
[261] Transcript of Evidence, Council for the Care of Children, page 113
[262] Transcript of Evidence, Council for the Care of Children, page 113

> In some states and territories, speech pathologists are employed directly by departments of education, and increasingly directly by school principals, who recognise the value in having expert advice about supporting students with communication problems. This is the case in South Australia. Evidence from a number of high-quality Australian studies indicates that about one in five South Australian children starting school have a speech, language or communication impairment that will impact on their ability to access, participate and achieve at school.[263]

Children with disabilities often require far more external and allied support from a range of different professional groups than their mainstream peers. Services like speech pathologists, occupational therapists and psychologists are often needed for some students to have equality of access and opportunity to learning. The Quirky Kids Network believed that schools cannot afford to behave as isolated domains, and suggested some ways to open schools up to outside professional influence:

> Schools need to be willing to work with therapist during school time so as to reduce the time children are absent from school due to transportation to and from therapists. This is relevant for children in Mainstream settings as well as children in Special Schools / Classes… A specific room should be set aside in each school for therapists to be able to work in. If a room is not available, a transportable should be used. The school also should work collaboratively with the children's speech therapists.[264]

In negotiating the right balance between the rights of children with disabilities and the practical necessities of school environments, the decision should always be directed to the best interests of the individual student, as described by the Council for the Care of Children.

> I think the principle that we would start from is: what is in the child's best interest? That's not always about providing that. It maybe in the carer's best interest or it might be in the therapist's best interest to do it during the day at school, but it may not necessarily be in the child's best interest. If you start from that premise and work out what the best outcome would be then you are likely to get the best answers to it. Therefore, I don't think it's a matter of saying, 'Never in schools,' or, 'Always in schools,' but one does need to consider what impact it has on their education. If in fact it takes up a lot of their education experience then, yes, they are getting the therapy that's needed but at the expense of their education.[265]

3.2.8 Mainstream schooling and students with disability

The Committee heard considerable testimony that many parents desire to have their children with disability educated within mainstream school settings. While some parents with children who have complex disabilities simply do not view mainstream schooling as a viable option, the vast majority of students with disabilities are currently being (and wish to remain being) educated within mainstream schools. One witness spoke to the Committee about the history of the attempt to bring mainstream schooling and education for students with disability together, but admitted the integration was not well realised in the early days. However, the witness reports seeing improvements in the integration:

> Back in the 80s, integration was the big thing; you know, we should integrate all kids with disabilities into the mainstream school. That had lots of people very concerned. What I saw then were special classes and special units within mainstream schools but they just operate

---

[263] Transcript of Evidence, Speech Pathology Australia, page 119-120

[264] Submission 13, Quirky Kids Network

[265] Transcript of Evidence, Council for the Care of Children, page 113

> really as isolationist. They don't actually really do much relationship building, and so kids continue to see other kids as different and odd. Again, it's cultural I think, because I've seen some units that do really good relationship stuff and others that don't.[266]

The reality within the system today is very different. Many parents of children with disabilities demand that mainstream schooling be an option available to them. Often the worry now is that segregation away from mainstream schooling places children with disabilities into the category of ‘different’ and ‘other’. This presents some very real challenges that the education system must meet. The deeply personal and agonising negotiation that some parents undergo (with the system and with themselves) regarding mainstream schooling for their children, was poignantly demonstrated to the Committee by one witness’s decisions about her son’s education:

> When [my son] was five, the disability coordinator suggested, at the NEP meeting again, that [my son] is eligible for a special class and stated that that would be the best learning environment for him. It was a very emotional time for me at the time, so I'm sorry if I am a bit wobbly. We did not agree and we said that we actually wanted him to go to a mainstream school as we valued inclusion, and that [my son’s] imitation skills are his strength and his potential to learn from other children as language models... The department stopped supporting [my son] in kindy saying that he had exhausted his funding entitlement in the kindergarten after six terms of support which includes the one term of early intervention… When I challenged the disability coordinator about the availability of ongoing funds, she stated, 'You have made your choice to go to mainstream, so now you have to deal with it'.[267]

The Growing Space network provided some examples that showed the discouragement educators often gave to families of children with disabilities regarding the option of mainstream schooling. One member reported, “I was told “If you put him in mainstream, he will never have any friends”, while another stated, “I was told, by a school psychologist, when my son was four, that if I put him in a regular school "He will NEVER have any friends". She was wrong.” [268] Another parent advised the Committee she has experienced this discouragement on the part of mainstream educators in relation to her son:

> His access to education has been restricted by…[t]he attitude of teaching professionals (and the wider community) who believe that the resources required to educate a disabled child are a drain away from the more worthwhile education of non-disabled children.[269]

While she managed to secure funding to support her son’s mainstream schooling, ironically the funding had the effect of segregating him from the mainstream class he was attempting to integrate into:

> The primary school received funding for a full-time support worker in the classroom to assist our son to integrate into the classroom. The effect this had was one of social isolation and segregation, because our son was often doing something different to what the rest of the class was doing. Our perception was that there was a tone of resentment amongst teachers and parents based on the presumption that the funding for a full-time support worker was draining much-needed resources for other children. So it was more a question of attitude as opposed to adequate funding that developed over the schooling years.[270]

---

[266] Transcript of Evidence, Rob O’Brien, page 92
[267] Transcript of Evidence, Gloria Debba, page 72
[268] Submission 47, The Growing Space, page 6
[269] Submission 9
[270] Submission 9

Her son's situation deteriorated considerably upon a leadership change in the school. The parent's lengthy account of the breakdown of relations between a mainstream school and her son is worth reflecting on as it reflects the fact that many students with disabilities attempt mainstream schooling before eventually deciding it is not worth the trouble:

> In 2007, there was a change of school principal and with this a change in attitude from tolerance to that of outright hostility. Parent – teacher meetings were often adversarial rather than cooperative. With this poor leadership model, a lack of tolerance and acceptance insidiously spread into the school environment. The principal and teachers restricted access to his favourite objects - books and videos. Our son was promised rewards for performing tasks and those rewards were not consistently honoured. This resulted in him having meltdowns and calls to come and pick him up from school in the middle of the day. We tried to negotiate with the principal to ask that the school adopt a behaviour management system that was consistent and not confusing to our son. This was met with disagreement on their part because they explained we were asking for therapy and that they were not qualified to deliver therapy. Our perception was that there was a rigid unwillingness to try to help our child. Thus, the situation gradually regressed until our son had a complete breakdown in the school environment. We were therefore advised by our family doctor to withdraw him from school.[271]

The Office of the Guardian for Children and Young People, (quoting a Council for the Care of Children report) also demonstrated for the Committee that the above situation is not isolated:

> The CCC Report also said that although many parents initially were committed to mainstream education and that the first year or so had gone reasonably well, this changed over time because "as their children matured, and their peers without disability surpassed them academically and socially, their differences became more noticeable.[272]

In its testimony before the Committee, when asked why so many students with disabilities who had started out in mainstream schooling had left by around the age of 8, the Council for the Care of Children suggested:

> … the families found or believed that the school system that their children were in did not understand the needs of their child. This was particularly true for kids with autism and who might present many challenges to themselves and others, and needing quite specialised support in order for them to grow and develop. I think that teachers are really under the gun; and if they're not in a special class, they are in an ordinary class with limited support structures.[273]

In its written submission to the Committee, the Council had described the difference between mainstream and special education in stark terms. They interviewed students with disabilities who had been moved away from mainstream schooling, and also those who attended special schools:

> Their families said the reasons for the move from mainstream to special schools included; bullying, teasing, suspension, emotional distress about school life, low expectations of academic achievement, and/or a lack of awareness by the school about the challenges for their children as a result of disability.
>
> Generally, the families whose children (of all ages) who attended special schools, spoke along these lines:

---

[271] Submission 9

[272] Submission 35, Office of the Guardian for Children and Young People, page 20

[273] Transcript of Evidence, Council for the Care of Children, page 109

> - the school community was inviting, encouraging and non-judgemental
> - their children were able to learn at their own pace
> - an expectation that each child had the ability to learn new skills
> - the teachers worked from a model of skills development and strengths, not a deficit model
> - the school had behavioural strategy policies and teachers were experienced in implementing the strategies
> - children were less likely to be lonely, had more in common with their fellow students and made friends more easily.[274]

Novita Children's Services also noted the substandard and inconsistent attempts at integrating mainstream and special schooling:

> Novita's has experienced a marked lack of consistency of response by the education and care sector towards the inclusion of students with disability. It would appear that inclusion is dependent upon individual discernment, and relative to variables such as school sector, location, type of disability and levels of additional support required. While there has been an emphasis on co-location of special schools at mainstream school sites, the experience of integration for students is variable. [275]

Despite these findings of inconsistency and poor outcomes, many advocacy organizations in disability education are firm in their opinion that mainstream schooling is the best possible option for many children with disabilities. The JFA Purple Orange submission was foremost amongst these. Amongst their findings and suggestions were:

> Other young people and their families report experiencing difficulties at mainstream schools – difficulties getting around, difficulties getting enough supports and difficulties with "fitting in", including bullying. This is not good for an education. An education is meant to assist with building confidence, developing who a person is and what they want, and set people up for employment as a productive, contributing adult.[276]
>
> JFA Purple Orange gives unequivocal support for inclusive education (i.e. 'mainstream education') in the South Australian education system (subject to the wishes of parents/primary carers and students living with disability). We support genuine choices for education options for young people living with disability, and particularly opportunities for inclusion in local mainstream schools as a genuine option for successful inclusion.[277]

Speaking as an education authority, the Association of Independent Schools SA spoke to their attempts to provide students with disabilities with education in the mainstream cohort:

> The harder issue is working out what is the appropriate practice and structure to be able to provide that support, and that varies at a whole range of levels, such as whether particular students are most appropriately suited to be within a particular school or whether they should be in a different school that meets their needs. Or it could be within the school: how that school is structured or whether there is separate support to what happens in a particular classroom and if there is that support, how does that fit into the teaching and learning focus at the school?[278]

---

[274] Submission 26, Council for the Care of Children, page 28
[275] Submission 39, Novita Children's Services
[276] Submission 28, JFA Purple Orange, page 8
[277] Submission 28, JFA Purple Orange, page 9
[278] Transcript of Evidence, AISSA, page 2

Catholic Education SA also admitted to the challenges of guiding parents expectations about what their schools are capable of. They spoke of the need to provide:

> … guidance for parents at every stage of development along the way to understand the various stages of development for their child and also the role of schools and educators so that they don't come to school expecting something that it's not, particularly mainstream schools. So, parents would have that guidance around schooling and educators before they get there.[279]

The SA Special Education Principals and Leaders Association also informed the Committee that the curriculum is not tailored to, or flexible enough for students with disabilities, and that this causes issues for mainstream teachers:

> The education of all students in SA is based on the Australian Curriculum. When the Australian Curriculum was developed it contained little or no reference to learners whose skills, knowledge and understandings were not yet at those described for learners at foundation level. It requires an in- depth knowledge of the curriculum, aspects of child development and the learning styles of individuals with a range of disabilities to create meaningful teaching and learning programs that incorporate the demands of the Australian Curriculum whilst meeting the needs of students with disability. Some teachers in mainstream schools are not confident with this process and this can result in students with disability being assigned tasks that do not necessarily meet their needs or offer them opportunities for intellectual stretch.[280]

The Australian Education Union also highlighted the pressures on schools and teachers to meet the demands of parents for mainstream schooling. They highlighted that class sizes need to be a consideration in making such inclusions possible. However, they maintain that such efforts to reduce class sizes are blocked by a Department that passes responsibility back to the schools. The Department encourages school autonomy to make decisions on the one hand, but does not support them with the needed infrastructure on the other:

> The desirability seen by many parents of students with disabilities in having their child mainstreamed following assessment of eligibility for funding has increased the complexity of those classes. It is rare for mainstream classes to be reduced in size as that complexity grows, SSOs are not always present when the class is taught, the teacher often does not have special education training, and there is limited access to appropriate curriculum materials and additional teacher non-instruction time (NIT). The AEU has won support measures such as reduced class size and additional NIT (Enterprise Agreement 2012 Clause 5.3.10) but AEU members report that the responsibility for the implementation of these measures falls onto schools and not the system, and that schools are often unable to provide the support required. The lack of support from central office to sites indicates the hollowness of certain assurances often made by DECD bureaucrats and politicians about the effectiveness of local school autonomy in driving improved learning outcomes for all students.[281]

Two schools suggested to the Committee that to facilitate integration between mainstream and special class options (something both schools wanted to achieve) funding for staff development and specialist training was needed. Michael Potter from the Tyndale Christian School recommended:

> Thirdly, we would love it if there was funding to enable to provide further professional development for our own staff, not our special ed staff but our general staff, because we

---

[279] Transcript of Evidence, CESA, page 21

[280] Submission 38, SA SEPLA

[281] Submission 20, AEU, page 5

> are mainstreaming all of our kids with disabilities; they are not in a separate program. We believe for the students we have, we want to mainstream them as much as possible. We want them to feel as if they are part of the cohort rather than locked away in a room somewhere.[282]

Mount Barker Primary School made similar calls for such support:

> We would welcome further development of specialist training to support teachers when planning and teaching students with disabilities. We would also be supportive of a review of the funding models in relation to Disability Student Funding to enable students to spend more time in mainstream classes with 1:1 support. Inclusion in mainstream classrooms is of high importance to our families with disabled children and we make our best efforts to allow our students to have regular experiences. For students who are placed at a site through the special options panel placement and have goals to move to mainstream schooling, a funding model that allows the freedom to access both educational experiences would be of great benefit.[283]

One submission was most instructive of the difficulty surrounding integrating mainstream and special education options. The submission made clear that the educational system really only provides a choice between the two options of mainstream and special education. There is a gap between these two realms that unfortunately many students fall into. While the phenomenon of disability (both in the community and individually) is a very diverse and fluctuating one, the general feeling in some submissions is that the education system does not really service this individuality. The system's essentially two-fold choice between mainstream and special options education just does not reflect the diversity of need out in the community. The submission observed:

> In my conversations with families with children on the Autism Spectrum I have found there seems to be a gap between eligibility for Special Options and the suitability of mainstream classes for some students with Autism. There seems to be a limit to how far acceptance of differences in education will extend and the extent to which adjustments are considered fair and reasonable within mainstream schools. A child needs to meet strict criteria to access special units or schools, and some children seem to fall through the gap between these options.[284]

Sam Paior suggested students with severe behavioural issues could transition towards mainstream schooling better by being provided with some private therapeutic interventions:

> DECD should consider the possibility of funding supported alternative education placements for children with severely challenging behaviours, which may include funding student placement in private therapeutic environments for an appropriate time, particularly as for many children, the initial stages of implementing a behaviour support plan will be met with even more challenging behaviours that put the child and those around them in great danger.
>
> These therapeutic settings are designed with significant safety features, but more importantly have highly qualified and trained staff who can then work with schools directly both in their settings and at the DECD settings to support transition back to school. Outsourcing this work privately offers so many more opportunities. [285]

---

[282] Transcript of Evidence, Michael Potter Tyndale Christian School, page 158

[283] Submission 37, Mount Barker Primary School

[284] Submission 9

[285] Transcript of Testimony, Sam Paior and Witness B, page 174-175

When asked if there were any local examples of such therapeutic environments, Ms Paior mentioned the work being done with one of her clients with Flinders Therapy House in Inclusive Directions:

> Right now we're working with Flinders Therapy House in Inclusive Directions. They're doing great work with X and we're seeing some great behavioural work happening. They can do some of that work in the classroom as well, but if we were to imagine the ideal setup for X at this stage it would probably be half a day at Inclusive Directions and half a day at school, with trending back out and those supports transitioning slowly across to the school and the training of the DECD people there.[286]

Finally, the JFA Purple Orange submission advocated for mainstream education to be a living possibility for all children with disabilities, recommending the Canadian non-for-profit education model of Inclusion Alberta. They hoped that a single inclusive education standard would give all students the opportunity to attend their local neighbourhood school, and that all parents should be able to freely choose an inclusive education for their child:[287]

> Inclusion Alberta is an example of an inclusive education model that is working well. They advocate for quality inclusive education where children living with disability are welcomed into mainstream classrooms at their local school. Children living with disability, their peers and teachers receive the support they need to be successful. Curriculum and instruction are individually adapted and children participate in all school activities.
>
> Inclusion Alberta works with teachers, schools and school districts to develop quality inclusive education from pre-school to high school. During the year Inclusion Alberta offers workshops on inclusive education for school personnel and parents that are typically led by internationally acclaimed authorities on inclusive education. They also provide consultation to schools and teachers and have a vast array of inclusive education resources for the regular classroom teacher.[288]

3.2.9 Relations between mainstream students and students with disability

Meaningful and beneficial relations with their peers without disability are part of creating successful outcomes with students with disabilities. The Committee was provided with several submissions from schools who spoke proudly of the harmonious and positive relations between their mainstream and disability students. The St Morris Unit at Trinity Gardens School has strived to bridge the gap between their mainstream cohort and the students at the Unit:

> Students are not victimised in the school as they are recognised as being learners. Students in the mainstream come into the unit to have lessons on disabilities. Our students are known to the rest of the school as they also attend buddy classes, assemblies, sport's day and all other whole school events.[289]

Murray Bridge High School was also working towards integrating their cohort of students, and driving away any practices of segregation and differentiation. They were experimenting with various forms of cooperation between their student populations:

---

[286] Transcript of Testimony, Sam Paior and Witness B, page 174-175

[287] Submission 28, JFA Purple Orange, page 18

[288] Submission 28, JFA Purple Orange, page 18

[289] Submission 7, Trinity Gardens School.

> However, the DU needs to ensure that it collectively shapes points of integration with the mainstream school to reduce any unintentional perceptions of exclusivity, and such positive social assimilation creates valuable understandings and broader collegiate practice. For example, a Year 10 Science class joins the senior students in the DU to exchange their projects with Lego Mindstorms, and some Year 11 students undertake their Research Project focussing on students with disabilities etc.[290]

Mt Barker Primary School also related to the Committee their efforts in integrating their students with disabilities into the life of the school:

> We also run a buddy program where we visit each others classrooms and take part in a variety of activities within the school. All disabled students are part of whole school processes and routines, we all attend assemblies, incursions, sports days, graduation ceremonies, Christmas concerts and the list could go on. Many of our students regularly spend time in mainstream classrooms with their peers enjoying lessons such as drama, art, and science.[291]

Michael Potter, the principal of Tyndale Christian School, was delighted to recall the manner in which his mainstream students developed rapport with their students with disabilities:

> I am incredibly proud of our kids at Tyndale. I have been amazed at the way in which they have embraced our students with disabilities. I see them fight over who is going to push James across the oval in his wheelchair.[292]

Even the Chief Executive of the DECD also felt moved to acknowledge and commend a particular school within his network. He singled it out for the atmosphere of acceptance and inclusivity he encountered on a visit there.

> I visit a lot of schools. I visit around about 100 schools per year. I was talking to the student representative at Nuri high school (Nuriootpa) on Tuesday, yesterday morning when I visited, and what is so pleasing to see is that, with a more integrated model for inclusivity regarding disability is the far improved level of acceptance by other students to be more inclusive rather than exclusive in relation to children with disability. It is certainly far different from when I went to school in relation to children largely being excluded owing to disabilities more so than being included. Rhianna, who was the student representative on council spoke about how inclusivity had become normalised across the school structure despite the fact that they had a special education unit at Nuri high school, that there wasn't the segregation or the exclusion which maybe had been more evident in years gone by.[293]

These submissions point towards a significant and broad improvement in the sense of openness, belonging and welcoming for students with disabilities within mainstream schooling.

The Committee also received submissions from pleased and appreciative parents. Richard Neagle, who struggled to find the most appropriate school for his child, also noted the stark change he was seeing in how children with disabilities are treated today, compared to previous times:

> At the moment, my daughter's friends are amazing around Mitchell. There's a general empathy amongst the next generation that I believe will improve this sector, and I'm

---

[290] Submission 18, Murray Bridge High School

[291] Submission 37, Mt Barker Primary School

[292] Transcript of Evidence, Michael Potter Tyndale Christian School, page 160

[293] Transcript of Evidence, DECD, page 27

> confident of that. Taylor's boyfriend even plays with Mitchell and reads him books at night, extraordinary things that I confess I never would have done as a 17 year old or 18 year old. It's extraordinary.[294]

Another witness attributed much of their son’s growth and achievement to the social relations built with other students. She felt this underlined the vital importance of getting things right for students with disabilities from the beginning of their education. However, she still sounded a note of caution for the future:

> On a positive note, we can measure [my son’s] success by his ongoing relationships and connections to the children he met in Reception, and that first teacher really set a good foundation for those children in terms of respect. He has been invited to several birthday parties and catch-ups during the holidays over the years and the school ensures a cluster of familiar children move with him every year. He loves school and he has a sense of pride and belonging there and he continues to be a part of that school in the events and he is making steady progress. We are now embarking on planning his transition to high school and that again fills me with angst.[295]

Despite these affirmative stories, the reality is that for many students with disabilities life amongst their peers can be difficult, lonely and painful. There are a number of examples of harassment and bullying outlined within this report. More generally the Council for the Care of Children found in their survey of 66 families, children and young people that:

> Young people who were attending mainstream schools, in either general classrooms or special classes, were more dissatisfied with their school settings than those in special schools. The reasons for their dissatisfaction included not having friends, being teased or bullied, having literacy and numeracy problems and being suspended from school.[296]

This reality is the reason why the Quirky Kids Network offered the following suggestions and initiatives to the Committee. They advise that the below measures are vital to maintain effective relationships between mainstream students and students with disability:

> Peer-awareness programs should be run in all schools as it has been shown that such programs reduce the incidence of bullying.
>
> Mentoring programs could help develop social skills in children with disabilities, help to provide peer support and identify/prevent bullying and develop leadership and understanding in non-disabled children.
>
> Each class should be made disability aware without signalling out the children with disabilities. Education leads to enlightenment and acceptance.
>
> Each school should have an Inclusion Committee that meets regularly and provides a voice for children with disability, special needs or feels isolated.[297]

---

[294] Transcript of Evidence, Richard Mark Neagle, page 57

[295] Transcript of Evidence, Gloria Debba, page 73

[296] Submission 26, Council for the Care of Children, page 4

[297] Submission 13, Quirky Kids Network

3.3 Terms of Reference 3

***The experience of segregation, restraint, lack of social opportunities and inadequate supports for personal care requirements, and other personal care routines such as toilet use for students with disabilities*;**

3.3.1 Segregation

Numerous submissions to the Committee on the subject of the segregation of children with disabilities in schools conveyed a sense that the issue was complicated and at times contradictory. Personal safety is a real consideration for many students, where some form of segregation, respite or separation is both required and welcome. Conversely, numerous submissions to the Committee spoke disparagingly about such arrangements. These submissions worried about firstly what such arrangements said about their children, and secondly, the message that was sent to other students. They were also quite concerned that the practice of temporary segregation was being used too liberally and inappropriately by schools and teachers. The Growing Space's submission expressed well the contradictory and problematic nature of segregation to the Committee:

> Other less frequent, but concerning comments from parents were about the lack of adequate fences or boundary lines (and training) to teach their children or keep them safe. On the other hand, other parents mentioned the cage-like perspective of many disability units with inadequate play-yards. One parent verbally stated that other students referred to the segregated fenced yard at their daughter's school as the "retard cage".[298]

For the sake of clarity it is helpful to separate those instances of segregation that occur on school grounds, and those that occur within classrooms themselves. Speaking firstly on segregation within school grounds, Richard noted what many parents feel when they see a special school designed specifically for children with disabilities:

> It had two double-lock doors with security codes on them. It had a big glass cage around a playground that you could see from outside the school. You could imagine that two things that went through my head were, firstly, the zoo and, secondly, sad to say it, the correctional services system.[299]

Another witness also noted the same about an unnamed school, stating, "(school name removed) special unit did not feel like part of the school, felt quite segregated"[300]. Whilst such perceptions are subjective, they were not uncommon amongst the submissions. One parent also spoke about her experience of a special unit within a mainstream school. While attempts are made to reduce the separation between the unit and the rest of the school, the efforts, she felt, had minimal impact.

> When he started in the Disability Unit 3 and a half years ago, we had great optimism of getting the best of both worlds; a learning environment with suitable teacher to student ratios, curriculum delivered at an achievable pace with a heavy focus on life skills, occupational and speech therapy and gross and fine motor skills, whilst having access to the important social aspects and influences of mainstream peers and opportunities to be involved in mainstream classes and activities, improving understanding, inclusion and social outcomes for all the children. While the school and Unit try to do what they can to

---

[298] Submission 47, The Growing Space, page 3

[299] Transcript of Evidence, Richard Mark Neagle, page 53

[300] Submission 15

> make this a reality, the Unit remains segregated and separate from the rest of the school by fencing, the kind you could be forgiven for mistaking for a cage, and a lack of funding for adequate staffing to meet requirements, let alone assist the students with mainstream integration and social opportunities.[301]

Despite the disappointment of some parents and students about segregated units and schools and the message they send to the wider community, educators generally deem them necessary elements of fulfilling the educational needs of certain children. Mt Barker Primary School provided us with their reason for enclosing-off the disability units in their school:

> Having a purpose built unit on site facility allows our students with disabilities to access a range of personal care facilities which ensures their dignity and encourages independence. Our unit was built with undercover learning areas which are enclosed using pool fencing. Parents visiting our learning space often comment that the pool fencing gives impression of segregation or restraint. Our enclosed areas were created with our student's safety in mind. We do have several students that are at risk of running away and our school does not have secure boundaries. The safety of our students is paramount and we therefore made the decision to enclose the unit.[302]

It is not always easy to balance safety and openness, inclusivity and focussed support. There is often a disturbing impression of segregation and restraint behind infrastructure that is used to keep students safe. Striving to get the balance is important for both students and the wider community. The SA SEPLA highlighted the value of aesthetics:

> Some sites have secure learning and play areas that are intended for and essential to the safety and independence of students. It would be beneficial for the on-going development of sites and improvement of facilities if these learning areas and play spaces could be more aesthetically pleasing and in harmony with the natural environment.[303]

Another useful suggestion was provided by Novita Children's Services, who advised that more could be done to make access between the classroom and the outside environment easier. This would help provide children with disabilities more opportunities to socialise in break times:

> While classroom access is essential, suitable access to outdoor environments (e.g. playgrounds, sporting fields, eating areas) is also critical to support socialisation opportunities. Challenges in a child pushing themselves in a wheelchair over grassed areas, or peer/teacher assisting them, can lead to the child, by default, 'falling back' or not being exposed to activities in outdoor school settings. This is just one illustration where restraint and prevention from socialisation and other activities of childhood are the negative result for a student with a disability. [304]

Segregation within the classroom itself, or segregation from class during classroom hours, raises different issues. The Committee received significant evidence to the affect that segregation is a widespread and frequent strategy for managing students with disabilities within mainstream schools. The JFA Purple Orange submission relates the story of one of their clients:

> One parent commented:
> [I have had] mixed experiences. Some teachers (and principals) did NOT want him [my son] there and took every opportunity to send him home, emphasise the negative, have him

---

[301] Submission 10

[302] Submission 37, Mt Barker Primary School

[303] Submission 38, SA SEPLA

[304] Submission 39, Novita Children's Services

> work outside of the class with the SSO instead of including him within the class and excluding him from activities. It often took 'detective work' on my part to find out that he was spending a lot of time out of class as I was not informed. Other teachers have gone out of their way to be encouraging, and facilitate great inclusion, modify work and keep me well-informed.[305]

The Council for the Care of Children has found that removal from the classroom is particularly a problem for children on the autism spectrum:

> Things that can set a child off with autism are noises around them, stimulation around them, and there is no quiet space that they can go to, and so you tend to have quite an inflammatory sort of situation within the classroom. So it is through no fault of the teacher either, if he or she has not got enough resources, but the way that that child often is dealt with is through exclusion, so they are either removed and placed in a corridor where all hell can break loose, or the family is rung up and told, 'You need to take your child home because they are not complying with the rules of the classroom', and the rules of the classroom can be extremely difficult for many children with autism to actually understand completely.[306]

Speech Pathology Australia notes that some schools are good at managing such incidents within their classrooms. Teachers need to be equipped with intervention strategies that avoid the need to remove children from the classroom. Some schools seem to succumb to segregation as an easier option:

> In some schools it's used really well, with a responsive intervention model where a teacher will actually step in and provide extra access to the curriculum. In other schools, where there is perhaps a bit more dissatisfaction, kids are routinely taken outside of their classroom and work on a remedial program, and are then put back in to the classroom having missed out on an hour of literacy, so that actually works counterproductively.[307]

In a submission, one parent spoke of her experience with segregation occurring within the classroom itself, with her son being left on his own when teachers send him to devices that he himself had made:

> My own son suffers from stress related to childhood trauma – he has been left for whole weeks sitting in self made safe cubbies under desks with teachers preferring to leave him in these situations rather than contact me or seek the necessary support as at least when he was in the cubby he was not disruptive. I find this behaviour frequently applied to students with disabilities.[308]

Segregation within school classrooms is a nuanced phenomenon. Often the forms it takes are not as obvious as physical separation. Sometimes a student simply being allowed to choose not to take part in the class is indistinguishable from exclusion. Teachers who allow students with disabilities to ‘opt-out’ like this are effectively segregating them from their peers, as well as disengaging them from learning. A previously quoted parent offered examples from her experience of this sort of soft segregation:

> Other students at my local school are given small amounts of support then allowed to pick multiple free time activities of their choice for the rest of the day to avoid melt downs and

---

[305] Submission 28, JFA Purple Orange, page 10

[306] Transcript of Evidence, Council for the Care of Children, page 109

[307] Transcript of Evidence, Speech Pathology Australia, page, page 122

[308] Submission 5

> challenging behaviours. There is very little criteria set in checking that their educational needs are being met - with a higher focus given to avoiding class disruption.[309]

Segregation and restraint from education can also be self-inflicted, and educators need to be aware of how to combat this. Inattentiveness to students can sometimes be equivalent to neglect of their education journey. The Quirky Kids Network noted that educators needed to:

> Appreciate that many children avoid work or use avoidance behaviour because they feel overwhelmed or unsure of how to start a task and do not have the confidence to ask for assistance.[310]

Life Without Barriers also noted that the neglect of educators can go beyond merely missing student's attempting to avoid their work in the classroom. It can also occur that students simply do not attend the classroom and the school in the first place, and no one notices:

> The carer stated that the student missed a lot of school, due to "hiding" in the library, which staff did not pick up for months, and at times, from staying at home.[311]

3.3.2 Restraint

Few issues involving students with disabilities and the education system provoke more emotion and indignation than the issue of restraint. The Committee has received evidence that physical restraint is practiced in South Australia schools. The DECD maintains that their expectations surrounding the use of physical restraint are rigorous, and they take any incident extremely seriously. Their policy is that restraint is only ever a matter of last resort, and is a subject generally raised and discussed with a family during a student's NEP process. The Chief Executive stated:

> I will start by saying that we have a very strict compliance expectation and regime in relation to restraint as a last resort. Generally you would find it would be part of and articulated with an individual plan, which is generated in consultation with parents and/or carers through that process. For any incident of this nature records must be kept, with justification and reasoning.
>
> However, as I said it is very much a last resort and, as a general proposition, it would be to prevent danger to the individual or to others. Imminent danger, real danger to themselves or others would be the applicability of circumstances that it could be used in and only in those circumstances, as well.[312]

The Department also acknowledge that they need to be vigilant to ensure that restraint does not become a 'normalised' part of the education journey for students with disability. The Chief Executive assured the Committee of the Department's alertness to this potential:

> Being familiar in the intellectual disability sector myself, you risk potentially normalising responses if you do not stay acutely attuned to having very, very high standards and expectations and compliance regimes in and around the uses of restraints—irrespective of the form of the restraints, whether they are physical and/or medical. The department's approach is that we would have the highest of expectations for justification and ensuring

---

[309] Submission 5

[310] Submission 13, Quirky Kids Network

[311] Submission 27, Life Without Barriers

[312] Transcript of Evidence, DECD, page 39

> consistent compliance because you can risk potentially seeing a normalisation of restraints if this is not of the highest of priorities.[313]

Finally, the Department stated that any serious breach of standards would lead to an investigation:

> …if there was deemed to be a disproportionate response or a breach of policy and/or compliance of that nature, it would be deemed to be of such importance it would go through a formal investigation process in the form of a critical incident. Critical incidents are generally speaking conducted independently by the incident management division, so forensically trained investigators would conduct an investigation process and ultimately I would make a decision in relation to whether or not there had been a breach of practice policy and/or the code of conduct and we would take action appropriately against individuals if there was a breach of policy and/or practice in those circumstances.[314]

As the Committee did not receive tangible data from the Department about the reporting of such incidents, it was unable to determine the prevalence of incidents across the system. If the submissions to the Committee are any indication, however, it is clear that students with disabilities are experiencing significant levels of physical restraint across the sector. While the forms and appropriateness of restraint are difficult to assess, it is clear that families are concerned about its use. The JFA Purple Orange submission demonstrated this concern in the community. Their survey provided the following results based on the question of whether restraint was experienced at school by students with disability.

Does/Did your child experience ‘restraint at’ school? We define restraint as the practice of keeping someone under control.

Do/Did you experience ‘restraint at’ school? We define restraint as the practice of keeping someone under control.

[315]

> Results indicate:
>
> - 30.61 per cent of parents and supporters responded their child had experienced restraint at school; 10.2 per cent of parents and supporters were unsure and 59.18 per cent stated their child had not experienced restraint.
> - 18.75 per cent of current or former students indicated they experienced restraint at school; 25 per cent were unsure, and 56.25 per cent said they did not experience restraint.[316]

The JFA Purple Orange also included in their submission some quotes from their clients about the experience of restraint used on students:

---

[313] Transcript of Evidence, DECD, page 39

[314] Transcript of Evidence, DECD, page 39

[315] Submission 28, JFA Purple Orange, page 12

[316] Submission 28, JFA Purple Orange, page 12

> “Frequent restraints [used] instead of getting expert help or using methods and visuals proven to be effective. Restrained by up to five staff including one male employed for that specific reason but never discussed with parents.”
>
> “He was put in a calm down room which was locked, he hit his head, his nose bled, he was dehydrated.”
>
> “No forced control, but sometimes she is put in sick or sensory room if noncompliant when the teachers or SSOs can't be bothered with her.”

Restraint is reportedly only being used when sympathetic inclusive measures, preventative strategies, or appropriate behaviour management has not occurred. As such, restraint of any kind signals failure. There are other examples of restraint in the submissions, and some of them have been included in other areas of this report. To stress just how sensitive and troubling the experience of restraint can be for students and families, it is helpful to relate one particular story submitted to the Committee. The story also underscores how exceedingly careful and vigilant educators have to be about the use/misuse of restraint. The story was told to the Committee by disability advocate Sam Paior and the child’s parent Witness B. They both described this student’s multiple experiences with restraint and physical force. The first recalled event occurred while the student attended a behavioural centre:

> During the last session that he was at the behavioural centre, he started refusing to attend, and it turned out he had been locked into a room at the centre; not maliciously nor anything particularly horrible, but this kid had obviously experienced trauma in that department before, with an abusive father, and this was not appropriate for him, and it scarred him, and as you may have heard, a lot of children with autism can get fixated on something, so once he had had that singularly bad experience, it meant that all the other things around it were tainted. So, you could have the most perfect setting in the world, but if they had locked him in a room for one minute, nothing about that school would have been acceptable to him anymore. That is part of being autistic.[317]

On another occasion the student experienced restraint when he had returned to school, and he encountered a teacher given to a disciplinary approach to behaviour management.

> The NDIS-funded team developed a behaviour support plan in partnership with the school and the department, but the teacher was clearly and vocally resistant to the positive behaviour support that was developed, and instead insisted on punishment, including using a time-out chair, grabbing and dragging him to enforce compliance, and other counterproductive behaviour management techniques for a child of his needs.
>
> She was not a bad teacher; she was not a rough teacher; she just didn't understand positive behaviour support and she didn't implement it and she didn't want to.[318]

Eventually the student’s behaviours deteriorated to a point where a serious incident occurred:

> In the early weeks of this term, X's behaviours of concern increased significantly. He destroyed the front office, he hurt other children—biting, kicking, punching—and teachers, throwing items, etc. The behaviours came to a head three weeks ago, with his absconding from school naked, running blindly across local roads to a local park. This happened again the next day when the principal was away and two male teachers, who were unaware of the positive behaviour support plan, entered an escalating situation and attempted to intimidate and overpower X while making multiple demands of him, at which point he once again absconded at great risk.

---

[317] Transcript of Evidence, Sam Paior and Witness B, page 170

[318] Transcript of Evidence, Sam Paior and Witness B, page 172

> At this time, one of the teachers repeatedly yelled at X's mother that she was a stupid idiot for refusing to allow him to manhandle her son. Once again, he ran blindly across several roads to a local park and stripped naked. At this point the principal, who was to be away from work for the next five days, asked that X not return until he was back on campus.
>
> However, X's mum, with his team's full support, have decided that X is not able to return to school without a different teacher and on a greatly reduced schedule, to try and rebuild X's trust in school. This is also with the great support of his psychiatrist and psychologist. X's team have also worked with the minister's office and Flinders Street DECD managers to see if the Blackwood AIP program might be a better place for X at this stage. We are, in fact, meeting with DECD this afternoon to discuss these options.[319]

Individual cases such as this, which record the deteriorated school cultures and poor individual attitudes that can be found in some South Australian schools, are to be found amongst a number of submissions. The ideal would be that restraint should never need to be used in schools at all. Situations of restraint can often be avoided by some prior proper classroom practice that would eliminate its future need. The use of restraint is likely to become more normalized if schools and teachers fail to train themselves in inclusive education principles and positive behaviour supports and techniques.

All the educational authorities asserted that they had a demanding range of policies and codes of practice for their staff in relation to the appropriate use of restraint. On the other hand, submissions indicated that more needs to be done to inform students, families and staff about the existence of these documents. One contributor demonstrated this lack of communication when she asked the Committee:

> Overall the school system might have worked well for our son if: There was a "code of conduct" for principals and teachers (similar to those encountered in a corporate environment) which regulates their behaviour so that it is respectful and inclusive;[320]

Not only do parents and carers need to be more aware of these existing policies and codes of practice, but educators need to be more familiar with how they are expected to behave.

Finally, while the DECD does have a complaints unit, and South Australia does have a Commissioner for Equal Opportunity, the Committee nonetheless received suggestions that further complaints mechanisms are required. Speech Pathology Australia called for the South Australian Government to, "establish an independent body such as an Ombudsman or Complaints Commission to evaluate complaints about access and participation in education by students with disabilities."[321]

3.3.3 Personal Care Routines

Few issues in the field of disability education provoke more emotion than incidents around toileting and personal care. Poor practices lead to the loss of personal dignity and undermine self-worth. The Committee was provided with some unfortunate examples of failure and poor practice in this area.

---

[319] Transcript of Evidence, Sam Paior and Witness B, page 172

[320] Submission 9

[321] Submission 34, Speech Pathology Australia, page 31

Sam Paior told the story of Jacob. Jacob is a child with an intellectual disability in regional South Australia. Despite enrolment resistance from the school, Jacob now attends part time, but discussions around the practical toileting needs of the student did not progress. The family and Sam Paior (who was advocating on their behalf) were told that the school did not have adequate toilet facilities for Jacob, and that if he soiled or wet his nappy, the family would have to come to the school to change him. However, he could not be changed anywhere on the campus as there was not a spare room available for the task. Jacob's mother is unable to drive due to a medical condition, his father works away from home some weeks in the mining industry, and the family has another toddler to care for:[322]

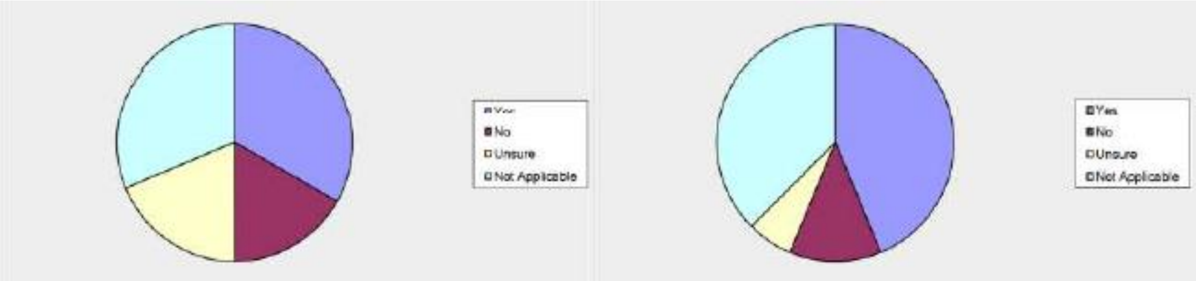
> In order for this mum to attend to the toileting needs, she would have to catch a taxi to school with her toddler (without a car seat), ask for the taxi to wait with the meter running, pick up Jacob, put him in the taxi in a soiled nappy—I can imagine the taxi driver's joy at that—drive him home, change his nappy with the meter running, then catch the taxi back to school and then back home again with the toddler.
>
> The school was adamant that it would not allow the mum to change his nappy anywhere on a surface at the school, which she needed due to her medical condition because she is unable to change him on the ground.[323]

The school suggested that Jacob go back to the local kindergarten or special school until the necessary toileting facilities could be accessed. When this was declined the school offered him one hour of school instruction per day, which was eventually negotiated to 2½ hours a day. A storeroom closet was considered for conversion into a change room, but an NDIS funded therapist eventually disallowed the room's conversion because of its inadequate size. A hired portable accessible toilet was suggested, but after 5 months no progress has been reported. No other suggestions or solutions have been proposed to the family, and so "his mother has to catch taxis to pick him up to change him if he wets or soils, at a cost of $30 each time out of her pocket".[324]

JFA Purple Orange devoted a whole section of their submission to the issue of personal care support. Their results indicated the proportion of students living with a disability having support for their personal care routines. The graphs showed:

Does/Did your child have adequate support for personal care requirements or any other personal care routines when at school?

Do/Did you have adequate support for personal care requirements or any other personal care routines when at school?



325

---

[322] Transcript of Testimony, Sam Paior and Witness B, page 173-174

[323] Transcript of Testimony, Sam Paior and Witness B, page 173-174

[324] Transcript of Testimony, Sam Paior and Witness B, page 173-174

[325] Submission 28, JFA Purple Orange, page 14

> Results indicate:
>
> - 16.67 per cent of parents and supporters responded their child did not receive adequate support for personal care requirements when at school; 18.75 per cent of parents and supporters are unsure, 31.25 per cent of parents and supporters felt this question was not applicable and 33.33 per cent of parents and supporters felt their child received adequate support for personal care requirements when at school.
> - 12.5 per cent of current or former students indicated they did not receive adequate support for personal care; 6.25 per cent were unsure; 43.75 per cent felt they received adequate support and for 37.5 per cent of respondents it was not applicable.[326]

JFA Purple Orange also included some of their client's experiences regarding access to food and toileting while in secondary school. Amongst the comments were:

> "Toileting is worked around the school's schedule not the student."[327]
>
> "My child was not allowed to be toileted when needed, it was based on staff availability. My child was not given her nutrition when needed it was based on staff availability. The staff were turning her oxygen off because they didn't want to take responsibility for it."[328]
>
> "For 3/5 of my time during Secondary School I had no staff member to equip me with appropriate seating/table and help me to access my food during recess and lunch breaks and I had to phone call a relative on occasions when I was unable to manage toileting independently."[329]

The Growing Space also relayed the experience of one of their member parents who was confronted by the ignorance of a teacher regarding the level of her son's disability:

> "A teacher told me that I perpetuated my son's "laziness" for not being toilet trained (he actually has no physical sensation of bladder/bowel awareness)"[330]

The Growing Space submission also pointed to 14% of their member parents saying their child needed more SSO support and that very young students were missing out on social opportunities because toileting could only be supported at recess[331]. One witness submitted the experience of her daughter who has selective mutism. Her submission highlights how schools that ignore or disregard a child psychologist's recommendations can lead to entirely preventable, upsetting experiences for students:

> If there was more awareness of this condition, perhaps better planning could be implemented. For example, school have been reluctant to give her use of cue cards to use in emergency situations, in case she becomes too dependent on them and today, she had a toilet accident and couldn't tell anyone about it and came home in a pair of heavily soiled undies. Certainly not an experience which is likely to reduce anxiety.[332]

One example provided to the Committee demonstrated of the lengths that a personal care situation can reach before adjustments are made. In this case, a student had to place himself in danger before appropriate action was taken:

---

[326] Submission 28, JFA Purple Orange, page 14
[327] Submission 28, JFA Purple Orange, page 14
[328] Submission 28, JFA Purple Orange, page 14
[329] Submission 28, JFA Purple Orange, page 26
[330] Submission 47, The Growing Space, page 6
[331] Submission 47, The Growing Space, Page 3
[332] Submission 8

> In year 5, the classroom teacher made several requests to the Principal for an extra staff member to be on yard duty at lunch time as (my son) was having difficulties in the yard with the noise and movement of the other children. As a result of inaction, my son absconded and the principal and her staff searched for him in the streets. Interestingly, the next day I was inundated with phone calls from the school and DECS wanting to set up meetings, etc. From that point on there was another staff member on yard duty during recess and lunch specifically there for the children with special needs. My son was put at risk for something to change.[333]

Another submission told of a case of a teacher denying her son his lunch as a disciplinary act. Isolated examples such as this obviously point to the stresses and pressures that teachers find themselves under, but they also demonstrate the lack of awareness about disability that exists within some parts of the teaching profession:

> My son in his first year at school also experienced similar attitudes from one teacher in particular. He ran constantly from the classroom when stressed and one day, aged barely 5 when I picked him up from school, he vomited. When I asked what he had eaten, he said the teacher wouldn't let him eat. When I went back to the classroom the next morning to talk with the teacher about this, his lunchbox was on top of a high cupboard. The teacher explained she had enough of him running out and if he was going to run out during eating time he was not allowed to eat when he came back in, eating time was over. So she had snatched the lunchbox from him when he came to find it and placed it out of reach. It was completely untouched at the end of the school day; he had not been allowed to eat even a single bite. A complaint to the principal put a stop to her refusing him food, but of course did not improve his desire to be in the classroom where he struggled to cope.[334]

Even well intentioned acts regarding personal care can have unseen and unanticipated consequences. Life Without Barriers relayed a story about a student who needed management of their eating, where the management caused the student distress:

> As part of a behavioural management approach to food gorging before school, teachers would lock her food in their drawers and disperse it only at allocated eating times. This drew attention to the student and is recalled as an experience of segregation.[335]

Advocacy for Disability Access and Inclusion Inc., provided the Committee with an instance of a student with a disability having their dignity undermined by a teacher using a toileting incident to victimize and harass a student:

> A year 6 student at a public primary school with ASD has been having regular outbursts and meltdowns followed by a number of suspensions. This has resulted in exclusion with him recently being sent to Beafield Education Centre. However the victimisation and discrimination this student experienced from a teacher was highly inappropriate. This student, when he is most upset and anxious, will soil his clothes. It was recently found out by the student's mother that a teacher has been telling him he stinks, his breath stinks and asked him if his parents ever wash his clothes. He later told his mother this was the reason he melted down and was the final suspension resulting in exclusion.[336]

Obviously there is a complicated issue around roles and responsibilities for educational staff around toileting children. One witness acknowledged the fact that often the lack of toileting

---

[333] Submission 15

[334] Submission 9

[335] Submission 27, Life Without Barriers

[336] Submission 29, Advocacy for Disability Access and Inclusion Inc., page **6**

provisions comes down to the lack of suitable facilities and the impact of staff job descriptions. Parents are often called upon to fill the void:

> That was just something I observed when I was working for Inclusive Directions, that if they didn't have the facilities, it's not in the teacher's job description to do that kind of thing. If they don't have an ECW who's prepared to do it, then they will call the parent to come and do it.[337]

Trinity Gardens St Morris Unit, a dedicated special education centre, demonstrated their procedure for respectful, safe and supportive personal care:

> In the unit there are 2 bathrooms in which our students are able to be changed. We ensure that there are always 2 staff members in the bathroom with the students to comply with Protective behaviours.[338]

It is rare for such amenities and staffing to be provided in mainstream schools. Many teachers within the education system do not consider personal care to be part of their job description, or are confused about what is required of them. This was a situation the Australian Education Union spoke on at length in their submission. The Union noted that the focus of the Committee is on the requirements of students, but that their focus is on their members having appropriate training and adequate support/protection to provide this service to children.[339] They relayed to the Committee that they had had a lengthy and involved correspondence with Minister Close and Departmental representatives on this issue. They informed the Committee that their members are experiencing an increasing number of students requiring toileting (including many who were simply not toilet trained and did not have underlying medical conditions or disabilities).[340] The Union's submission went into detail on their interaction with the Department regarding this issue. Issues still left open for clarification were whether provision of personal care was incorporated into job and person specifications; confusion about whether such provisions are placed in the industrial instruments or determined and negotiated at the local level; the status of SSO's in providing these provisions; the lack of guidelines around training if such provisions are included in job descriptions; the problem of the Department's 'just in time' policy in delaying the provision of toileting facilities; and lastly, whether DECD would provide support for minimum two staff ratios for children needing toilet support.[341] After repeated requests for clarity on these toileting questions, the Union felt that "we are no closer to its satisfactory resolution".[342]

The DECD told the Committee that they were aware of toileting incidents and admitted that such incidents raised significant challenges for their operations. They dealt with each on a case-by-case basis, and demonstrated their due diligence in isolating the causes of such failures. However, they also impressed upon the Committee that despite best efforts, the routine everyday realities of schools meant the loving expectations of parents will often not be met. The Chief Executive of the Department spoke personally:

> I personally have been involved in some cases where parents have levelled criticism that we have allowed a child to stay in that condition for an extended period of time and that we should have been more responsive and contacted parents earlier.

---

[337] Transcript of Evidence, Gloria Debba, page 75
[338] Submission 7, Trinity Gardens School
[339] Submission 20, AEU, page 13
[340] Submission 20, AEU, page 13
[341] Submission 20, AEU, page 16-17
[342] Submission 20, AEU, page 18

> Those cases that come to my attention, we literally review on a case-by-case basis as they are brought to our attention to see whether the way we respond, the culture within the organisation, the policies surrounding our responses are appropriate and reasonable in those circumstances. I guess I would highlight the point that there are most likely always going to be subtle differences at least between the expectations of a caring, loving, nurturing parent of a child with a disability and children generally and maybe that of a system that has to continue functioning in and around that child or those children.[343]

The National Disability Insurance Agency also addressed these issues in their testimony before the Committee. While individual schools and the education system generally should provide basic personal care support, the agency considers that needs relating to complex self-care could certainly be handled through NDIS funding:

> So, from a very low level, reminding people to take their jumper off, to eat their lunch before they go out to play, and those kind of things. Regardless of whether or not a student has a disability, we would expect that the education system would be doing those types of supervision. Where children have far more complex self-care needs—and that may be around toileting or feeding, as an example—that is the type of support that the NDIS would certainly be considering as a funded support.[344]

Shine SA, the State's leading not-for-profit sexual health and relationship wellbeing service provider, felt they had a part to play in negotiating the difficulties in area. They spoke of the need to educate parents/carers and teachers about the realities of appropriate 'touching', so that children with personal care needs can be protected as well as supported:

> The need to distinguish between different types of touch as opposed to a fear based approach which focuses only on inappropriate touching. Young people with disabilities are more vulnerable to inappropriate touching from adults and the teaching of protective strategies is a very important aspect of any relationships and sexual health program. However the other side of this discussion is that we now have many adults in our communities feeling anxious about any form of touch. Parents/carers often describe being concerned about the physical changes of puberty and touching private sexual body parts (eg. penis) when help is needed to wash or shower a young person. This is a similar experience for staff that are required to assist with toileting in the school setting. Positive education strategies regarding touch need to be in place to reduce both the vulnerability of young people and the anxiety of adults.[345]

Finally, Speech Pathology Australia pointed out that the DECD provides parents with the ability to inform and discuss their child's personal care needs. However, such opportunities may not be as consistently available in the independent and catholic school systems:

> In South Australian DECD preschools and schools, parents and carers are asked upon enrolment to indicate if their child has an oral and eating drinking need by checking the appropriate box on a standard form. Schools in the independent and Catholic sectors in South Australia may develop their own enrolment forms, under which parents are encouraged to talk about any special educational requirement their child may have, including eating and drinking or communication need.[346]

---

[343] Transcript of Evidence, DECD, page 43-44

[344] Transcript of Evidence, NDIA, page 134

[345] Submission 50, Shine SA, page 3

[346] Submission 34, Speech Pathology Australia, page 21

3.3.4 Lack of Social Opportunities

The Committee heard evidence of children with disabilities experiencing high levels of social isolation and a lack of peer and friend engagement. Having a disability not only means that you need additional support in your education, but also that an actual and perceived social distance is set up between students with disability and their mainstream colleagues. The more this difference is sustained, the more isolated students with disabilities become socially. Research provided by Speech Pathology Australia demonstrated that people with disabilities are over-represented with regard to social isolation and exclusion:

> Longitudinal research has demonstrated that whilst not all young people with communication disabilities have problems with social relationships, a significant proportion of them do. They are at greater risk of social isolation and the development of mental ill-health (specifically anxiety and depression).[347]

The Guardian for Children and Young People also confirmed such social exclusion from their perspective, both amongst children with disabilities as well as children in state care:

> Exclusion from mainstream social and institutional opportunities is a feature of the lives of many children and young people with disabilities as it is, to some extent, with children in care. The Council for the Care of Children (CCC) reported recently that "[f]amilies said as their children grew and differences between them and their peers without disability became more obvious, their child(ren)'s exclusion from social and recreational events increased".[348]

The JFA Purple Orange submission usefully demonstrated limited social opportunities are affecting the lives of children with disabilities:

Does/Did your child experience limited social opportunities at school?

Do/Did you experience limited social opportunities at school?

[349]

> Results indicate:
>
> - 69.39 per cent of parents and supporters responded their child had experienced limited social opportunities at school; 12.24 per cent of parents and supporters were unsure and 18.37 per cent stated their child had not experienced limited social opportunities at school.
> - 43.75 per cent of current or former students indicated they experienced limited social opportunities; 18.75 per cent were unsure, and 37.5 per cent said they did not experience limited social opportunities[350]

---

[347] Submission 34, Speech Pathology Australia, page 8

[348] Submission 35, Office of the Guardian for Children and Young People, page 20

[349] Submission 28, JFA Purple orange, page 13

[350] Submission 28, JFA Purple orange, page 13

A parent’s comments also give context to the experience of isolation. The case study demonstrates how the simplest of things, such as being able to eat lunch in a communal environment, can sometimes be denied students with disabilities:

> He wasn't having the opportunity to sit with the other children and teachers in a social setting to have his lunch due to no (other) reason (than) that he keeps wanting to get up from the table. This is not helping him at all with his social skills by locking him in a room so they don't have to be bothered in assisting him with sitting down when eating. I find that even the staff spend little time with him to help improve his social opportunities.[351]

Another highlighted the difficulties of providing an appropriately varied and full social life for a child who is home-schooled. While parents make the best of this often-enforced educational choice, in this parent’s experience it simply does not compare to the real social engagement that school provides.

> Through home-schooling and extra-curricular activities, we have been able to teach our son to read novels, paint and win art prizes, ride a horse, swim laps of a pool and many other achievements. But this is at the expense of having a rich social experience that school provides and learning about the rules of social engagement in the community. So it should have been possible for the school to provide our son with an education using fair and reasonable adjustments.[352]

Life Without Barriers chronicled the years of social isolation experienced by a student in one of their case studies, and the small instances of social engagement remembered fondly by the child:

> A common thread in school setting observations in regard to social skills, the student needed social 1:1 support, especially having no established or maintained friendships. The student remembers that she often sat alone on school benches during lunch and recess or spent lunch time in the library. Her recollections of bullying, she felt, were related to her “wearing glasses and sucking her thumbs”. Her Carer advocated for help around bullying and social exclusion issues, however no individual support was said to be provided. Teaching staff were said to look at trauma behaviours but not developmental or social issues. Psychologist recommendation for OSHC enrolment to advance friendship opportunities and a change of school, were the only strategies offered in assessment around this time. A change of school ensued highlighting also that the student needed extra help with school work. When the student was placed in the special education section, she said there were mostly boys with disability in the unit. The student fondly recalled a memory of a staff member during sport lesson having 1:1 “throw and catch” sessions with her stating “she threw a ball to me until I could catch it”. [353]

SA School for Vision Impaired detailed how they combat the lack of social interaction that vision impaired students experience:

> To minimise the lack of social opportunities, the school works closely with classes from Ascot Park Primary School, and involves groups in specific projects with other Marion Inland Partnership schools. Students participate in Ascot Park choir. SASVI has also worked with Brighton Secondary School and Glenelg PS students. Staff and families discuss community programs and social activities that students can access in their local areas at NEP meetings.[354]

---

[351] Submission 28, JFA Purple orange, page 13 (please note words in brackets are added by the report author)

[352] Submission 9

[353] Submission 27, Life Without Barriers

[354] Submission 23, SA School for Vision Impaired

The Committee did hear evidence that raised concern at the social environment at SASVI. The complaints of this witness were not focused upon the lack of social initiatives at the school, but on how the inadequate provision of educational aids and adjustments led to a socially reduced school life:

> Academically, his year was a disaster as he had only very low vision in his left eye and that was the eye that he then had to manage with. His class teacher was not skilled or interested enough to explore any alternative teaching methodologies, so (my son) sat with an outdated CCTV monitor as his desk companion to enlarge his work and spent play times often excluded by the limitations on his mobility… The damage to his self-esteem, social capabilities and education levels was significant and long lasting. He was the boy who couldn't see in a seeing world.[355]

The Committee also heard of excellent initiatives to increase the social opportunities for people with disabilities within their school environments, often organised by students themselves. One couple informed the Committee of their son's involvement in a school 'Inclusion Committee' that has seen his social involvement increase:

> Last year the school established an Inclusion Committee of which our son is a founding member. The purpose of this committee is to ensure that people with disabilities and special needs participate fully in school life. This committee has enhanced our son's feeling of self-efficacy and self-worth. It would be ideal to see each school create a similar committee.[356]

Finally, the JFA Purple Orange submission also reported to the Committee the success of their peer-to-peer mentoring program, where mentees aged 11 to 18 are mentored by other young people with disabilities aged 18-30. The program also offers opportunities for group mentoring and e-mentoring. The program was awarded multi-year funding from the Minister for Education and Child Development in 2012, and externally evaluated in 2014:[357]

> External evaluation of the initiative in 2014 identified mentees have experienced increased confidence levels in many areas of their lives, including transitioning to higher education, building social skills and networks, exploring ways to address challenges and becoming more active in their community. Mentees are feeling more informed about life situations and choices, and are making positive decisions based on newfound knowledge.
>
> JFY has also run group mentoring sessions. The group mentoring information sessions provide mentees with the opportunity to chat with mentors with lived experience of disability about topics such as school transition, employment, making friends, dealing with anger and frustration, anxiety and building resilience, rights and leadership, and living on the autism spectrum to name a few. Evaluation has found that young people come away feeling more confident, resilient, resourceful and willing to try something new.[358]

3.3.5 The segregation of reduced attendance patterns

Forced part-time attendance mean that students do not receiving the full complement of their education, imposes segregation, and facilitates isolation. Part time attendance or reduced school hours is sometimes used as a strategy used to help students with disabilities ease into their schooling, and help them manage transitions. It also notes that many parents seek out such arrangements for their children. However, the Committee has heard of instances whereby

---

[355] Transcript of Evidence, Marina Everett, page 59-60

[356] Submission 14

[357] Submission 28, JFA Purple orange, page 22-23

[358] Submission 28, JFA Purple orange, page 23

this strategy seems to be demanded of parents to lessen the burden on the school, because the school only has the resources for part time instruction. Dr Margaret Krykou brought this fact to the Committee's attention in her submission:

> The other thing that concerns me is that a number of parents I am seeing are still saying that their children are only attending two to three hours a day and I don't know, being realistic, how much that shows on the records. The parents say, 'Well, we're told that that's all the support they've got; if we speak out we'll lose that as well.' So, the parents are really being put under pressure.[359]

The Growing Space noted that:

> 25% of parents said their children were only allowed to access school part-time, were told to stay home when their regular teacher was not available and/or were not allowed to attend school events such as camps, sports days, excursions etc. due to lack of staff support.[360]

One witness also experienced her son's school asking for him to begin school part-time, a proposal she thought made no sense:

> When our son commenced Reception, he was only permitted to attend in a part-time capacity. The rationale was that his hours would be gradually increased over time as he became accustomed to the environment. This is true for all children (disabled and non-disabled) commencing school for the first time and so we were puzzled as to why all children were not treated in the same manner. By the time our son finished Kindergarten, he was already used to spending up to 30 hours outside the home environment. This rationale by educators acts a barrier to the full-time inclusion of disabled children in school, especially in their first year.[361]

While asking children to attend school part-time in their reception year is relatively common, full-time attendance after the age of six is a legal requirement. Dr Kyrkou notes that for some students with disabilities this requirement is not being met with schools claiming a lack of support personnel as the reason for neglecting their responsibility. She also suggested that schools were complicit in covering up this failure:

> Although children are legally meant to be attending full time school once they turn 6 years of age in South Australia, many parents have told me that their son/daughter is only attending school 2 hours per day, the hours for which there is an extra support person. Parents are told not to report lack of full-time attendance, at the risk of losing even part-time attendance.[362]

The DECD was questioned on the rates of part-day absences, which they took on notice, and later provided the Committee with the following information.

> Absence rates are calculated for Semester 1 (Terms 1 and 2) for the total school population (full time students) in South Australian government schools and for specific cohorts, including students with disabilities. An absence rate is not calculated for the cohort of students without a disability.
>
> The absence rate is derived from the total number of days absent and includes students who meet the following criteria: absent for a whole day or half day, full-time only, enrolled during semester 1.

---

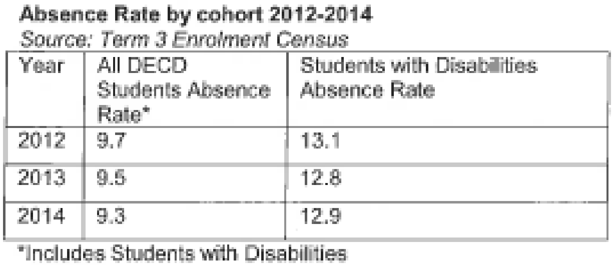
[359] Transcript of Evidence, Margaret Kyrkou, page 147

[360] Submission 47, The Growing Space, page 2

[361] Submission 9

[362] Submission 42, Dr Kyrkou

> Part day absences (morning or afternoon) are included with full day absences in the calculation of the Department for Education and Child Development student rates and students with disabilities absence rates. Separate analysis of part day absences is not conducted and an absence rate is not calculated for part day only absences.



Absence Rate by cohort 2012-2014

Source: Term 3 Enrolment Census

Year	All DECD Students Absence Rate*	Students with Disabilities Absence Rate
2012	9.7	13.1
2013	9.5	12.8
2014	9.3	12.9

*Includes Students with Disabilities [363]

Despite these official figures, Dr Krykou suggests there may be underreporting, and these figures might not be complete. The DECD's information does not stipulate how exactly these figures are compiled, for example, whether schools self-report these absences to the Department. There is thus a potential inconsistency in our awareness about reduced attendance patterns for students with disability. The Office of the Guardian for Children and Young People highlighted this gap in information when they recommended:

> Monitoring and reporting on part-time attendance of students, with the aim of gradually increasing the hours of school attendance and participation.[364]

The Council for the Care of Children warned the Committee that the segregation of part-time enrolment and reduced attendance could leave students with disabilities disadvantaged:

> In terms of the outcomes for, and the social inclusion of, children and young people with disability in education settings, the conversations have highlighted that: regularly excluding a student from school could further disadvantage the student in terms of having access to training or employment after school and/or to accommodation services.[365]

The Committee was also informed of an emerging way in which schools and principals can increase a student's part-time enrolment to full time, if NDIS supports are provided to the school by families. Sam Paior brought this innovative, although unorthodox, approach to the Committee's attention:

> Personally I work with five families intensively whose children are not accessing fulltime education. They usually only attend two hours a day and that seems to be the standard, including one child who has recently left the school at the age of 12 to the department's inability to support him nor to find or train appropriate staff. I also have a group of families whose children were excluded from school and offered only part-time schooling who are now accessing full-time education, though this is in all cases due to the supports offered to the school through the NDIS funds, and principals and teachers willing and able to accept the support and carry through with established behaviour plans.[366]

---

[363] DECD Questions on Notice (Part 2), page 1

[364] Submission 35, Office of the Guardian for Children and Young People, page 5

[365] Submission 26, Council for the Care of Children, page 5

[366] Transcript of Testimony, Sam Paior and Witness B, page 172-173

3.4 Terms of Reference 4

The current level of initial and in-service training for teachers and other staff regarding students with disabilities, and suggestions for broadening and improving such training;

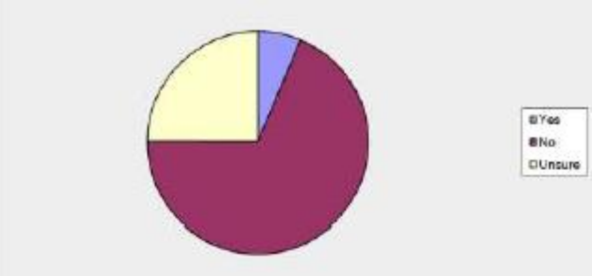
3.4.1 Teacher Training

Teacher training and the capacity of teachers to instruct students with disabilities was a reoccurring theme in evidence to the Committee.

JFA Purple Orange provided a snapshot of the way teacher disability awareness and training was assessed by families and children with disabilities. Their survey of parents and students found a majority of their respondents were unimpressed by the current levels of teacher preparedness and ability.

Parent Responses: Do you feel the current level of training for teachers and other staff at school is adequate? This includes initial and in-service training.

Students Responses: Do you feel the current level of training for teachers and other staff at school is adequate? This includes initial and in-service training.



[367]

Results indicate:

- 65.31 per cent of parents and supporters responded the current level of training for teachers and other staff at school is not adequate; 18.37 per cent of parents and supporters were unsure and 16.33 per cent felt the current level of training for teachers and other staff was adequate.
- 68.75 per cent of current or former students felt the current level of training for teachers and other staff at school was not adequate; 25 per cent were unsure and 6.25 per cent felt the current level of training for teachers and other staff was adequate.[368]

One of JFA Purple Orange's respondents located the problem at the lack of disability components in university teaching degrees, as well as a lack of ongoing professional development for teachers once they are in the profession[369]. Another respondent spoke about

---

[367] Submission 28, JFA Purple Orange, page 15
[368] Submission 28, JFA Purple Orange, page 15
[369] Submission 28, JFA Purple Orange, page 15

the stark difference between a disability trained teacher and a teacher who has only received the standard training:

> "We have been lucky to have one teacher in grade 4 who was special needs trained. Boy, can you tell the difference!"[370]

JFA Purple Orange also pointed out that the teaching profession needs to be seen as an attractive career option for people if any progress was to be made towards inclusive education. They also pointed to potential barriers that might turn people away from the profession:

> Obtaining graduate and/or post-graduate teaching degrees, teaching accreditation and screening is a large investment undertaken by both individuals and the State. Benefits accrue to current and future members of our community by these investments. This investment, at least for individuals, may grow considerably if, for example, proposals to deregulate University fees, or continued reductions in Commonwealth funding for student places, continues. The recruitment, placement and ongoing professional development of educators should not be placed in jeopardy by governmental or institutional policies. In short, people attracted to the education sector, who are committed to inclusive education, should not have barriers erected for them by increased, or increasing, costs of education or other inhibiting initiatives.[371]

The JFA Purple Orange submission noted the excellent work that some universities did in the field of disability education, especially the work of Flinders University with its combined Bachelor of Disability Studies/Education degree. However, they were also interested in seeing disability inclusive education become a core and mandatory part of all undergraduate teaching courses:

> JFA Purple Orange would, nonetheless, support the inclusion of inclusive education (e.g. as a unit of study) as a necessary part of undergraduate courses of study for all aspiring teachers/educators in South Australia. Furthermore, we would support any such initiatives that have practical relevance for teaching practices related to students living with disability at all levels of the education system.[372]

Finally they also applauded efforts to increase in-service training, with some suggestions of their own:

> The necessity of ongoing teacher (and support staff) training to meet the challenges and demands of inclusive education is very apparent. The South Australian Minister for Education, Dr Susan Close, recently announced $700,000 funding for Flinders University to design and teach a specialised postgraduate course in teaching children with autism spectrum disorders (ASD) [in mainstream schools] to 80 teachers from across the State, Catholic and independent school sectors.
>
> We applaud the investment in teacher training and recommend the following to further support this initiative:
> - Expand the postgraduate mainstream teacher training on ASD to also include teacher training and inclusive best practice knowledge to support students living with physical, neurological, hidden, mental health and intellectual disability.
>
> - Introduce compulsory inclusive best practice teacher training for undergraduate teachers, not limit this to postgraduate opportunities or specific disability degrees.

---

[370] Submission 28, JFA Purple Orange, page 15
[371] Submission 28, JFA Purple Orange, page 19
[372] Submission 28, JFA Purple Orange, page 20

> - Design and introduce a teaching module that is run by people living with disability who share their experiences with teachers at university and at teacher training/staff development days.[373]

Sam Paior's was clear where she though teacher training was failing. She was convinced that the solution had to be found at the university level, restating the fact that teaching children with disabilities is simply no longer a niche or speciality area. All teachers will engage with these students in their careers, and hence disability inclusion should be a prerequisite for all teacher training:

> Absolutely, and that has to start at the universities, teaching our students. They have to learn this. Disability has to be a core element. Twenty per cent of kids will have some level of extra learning need or disability. If they are only being taught how to teach four out of every five kids, that is not good enough. They need to learn about behaviour support too, because the core of a lot of this stuff is, if you can get a child engaged, they will want to learn and they will learn.[374]

Teachers are the most central agent of education in a school, and they have the most important role in achieving better results for students with disabilities. The Equal Opportunity Commission emphasised how pivotal individual teachers can be:

> …positive educational experiences can be dependent on individuals. Students with disabilities may have a very positive experience with one educational provider or teacher, but may struggle under another.[375]

Thus teachers must be adequately prepared for their engagement with students with disabilities. Unfortunately, the evidence to the Committee was unambiguous in its assessment that teachers are inadequately skilled to deal with the needs of children with disabilities. The statement of one witness was typical: "I believe the leadership and staff at the school did not have sufficient training in dealing with special needs children".[376]

While disappointment with teachers was present in a number of submissions from parents and students, schools and educational authorities were otherwise keen to tell the Committee about their efforts and successes in teacher training. These two divergent perspectives, from educators and parents, points to a need to lessen the gap between these two perceptions on teacher capacity. We will examine the responses of the educational authorities later in the section, but first let us examine the claims, experiences and conclusions reached about teacher preparedness from parents, students and disability advocates.

In their survey of parents and students, The Council for the Care of Children's findings were typical of many submitted to the Committee:

> In terms of the outcomes for, and the social inclusion of, children and young people with disability in education settings, the conversations have highlighted that: teachers and other staff at schools may lack the training and knowledge to support students with disabilities, especially those with a diagnosis within the autism spectrum disorder.[377]

---

[373] Submission 28, JFA Purple Orange, page 20-21

[374] Transcript of Testimony, Sam Paior and Witness B, page 178

[375] Submission 49, Equal Opportunity Commission, page 9

[376] Submission 15

[377] Submission 26, Council for the Care of Children, page 5

The Growing Space determined from their feedback that there is certainly a concern amongst parents, students with disabilities, and disability advocates that teacher training is inadequate to the amount of the community need:

> 21% of parents felt that staff training was a big issue preventing their child from reaching their full potential in the educational setting, or felt that poor staff attitudes were a barrier. A further 5% specifically mentioned that staff and all students should be trained in disability awareness.[378]

Another witness was concerned that teacher training was not up to standard, and worried that teacher capacity seems to be being lost over time:

> Teachers' qualifications and experience are sometimes completely inadequate and the lack of consistent support provided by school support officers is compromised. Relevant knowledge can be lost from year to year setting children up to fail.[379]

The issue of whether teachers are retaining the knowledge they gain through training, was also questioned by another contributor. She felt that while training may occur, if it is not ongoing and consistent, the learnt skills are at risk of slowly disappearing. The consistent application of disability training techniques seems to diminish after the training has occurred:

> Initially, Autism SA consultants were brought in to train teachers in how to manage and teach autistic children. While they were utilised, our son thrived in the school system. However, over time teachers did not consistently apply the principles of their training and refresher training was not offered. Neither was Autism SA brought back to train teachers in the following years. Overall, there was a lack of professional development and refresher training to assist teachers.[380]

Richard Neagle told the Committee that in his experience the teacher training culture at St Patrick's Special School was excellent. They provided a full day at the end of every term for teachers to improve their professional skills. He also mentioned that autism childhood and early intervention centres such as AEIOU had excellent connections with experts in ASD at Griffith University. He also understands that Griffith University (in Queensland) provided a teaching degree that put teachers through a six week roster at an autism centre to better understand the condition. However, his assessment of the situation more broadly here in South Australia was less positive:

> I think this is something that is severely lacking in our system; they are just not skilled up in terms of dealing with this. What happens a lot is that the teachers are usually first or second or year three graduates—although that is not always the case—but they are just thrown into a pond to learn how to swim in terms of this. This happens in private schools as well as public schools; in fact, it is prolific in private schools. There is an example of one of our constituents at Scotch College who recently told me of this situation.[381]

Another witness identified the problem of teacher pre-service training at colleges and universities. He lamented that practical hands-on experience has been replaced by the gaining of theoretical knowledge that was disconnected from any real-world application:

> I think teacher education and training is a real issue. I think the whole training experience of teachers is different. When I went through, back in the day, we did a lot more real

---

[378] Submission 47, The Growing Space, page 2

[379] Transcript of Evidence, Gloria Debba, page 74

[380] Submission 9

[381] Transcript of Evidence, Richard Mark Neagle, page 54

> practice teaching, and that seems to have gone away so that teachers are now academic. Teacher training is academic rather than: are you actually a really good teacher?[382]

The Committee also heard that there is a lack of awareness of the most basic things that teachers needed to know about students with disabilities, namely their basic rights and the responsibilities that teachers have for them. Regarding teacher's awareness of the Disability Standards for Education, the Guardian reported:

> At a leadership level, I wouldn't be able to answer that in terms of perhaps governing councils and principals. In terms of our experience, the personnel, which is often the teachers who engage in the IEP process, don't seem familiar with the standards, but I can't comment on school leaderships.[383]

The Council for the Care of Children reported that teacher knowledge, capacity, training and awareness are vital. Parents report that their satisfaction with their child's education is almost entirely dependent on the teacher their child has. They also indicated that parents' perceptions of a certain teacher's proficiency, and the school's belief about their teacher's strengths, often did not match.

> The families of the four young people in a special class said their satisfaction rating was dependent on which teacher oversaw the class. The teachers that were regarded by the school as being experienced in teaching young people with disability, were not necessarily regarded by the families as good teachers.[384]

Dr Margaret Kyrkou spoke about the relative absence of training for autism awareness in university teaching courses:

> Many of them, going through university and teachers college, etc., if they were lucky they may have got one semester on autism; not everyone would get it. The thing is that autism has so many different faces—as I said, every person is a bit different—but a lot of teachers do not quite come to grips with those factors. They are a teacher and they should be teaching the whole class and they should take notice, etc., and it doesn't quite work that way.[385]

Dr Kyrkou also suggested that more staff with specific developmental and assessment credentials needed to be employed in schools to boost the teaching workforce. She mentioned the good work done by the Flinders University disability studies unit:

> In many ways, some teachers understand autism and they would be fine, but the other group that has a lot of background training and understands function assessment and things like that are the developmental educators who have done the disability studies course out of Flinders; that is, in fact, where my daughter got her experience, because she did her disability studies degree. If I am making recommendations, it is more alerting the staff to what's leading up to the issue and perhaps working with staff on how they can get around it. It wouldn't be taking over the teacher's role, for example.[386]

One couple was very enthusiastic about a program called positive partnerships. This program had not only provided great results for their son with ASD, but also assisted the teachers at his school in their interactions with him:

---

[382] Transcript of Evidence, Rob O'Brien, page 92
[383] Transcript of Evidence, Office of the Guardian for Children and Young People, page 103
[384] Submission 26, Council for the Care of Children, page 28
[385] Transcript of Evidence, Margaret Kyrkou, page 148
[386] Transcript of Evidence, Margaret Kyrkou, page 154

> Shortly after his diagnosis, we attended a Positive Partnerships workshop and it was fantastic; so enlightening and supportive. As a consequence of our attendance, two teachers from the school also attended another workshop later. This increased awareness in the teachers resulted in a very understanding environment for our son to thrive in. Each educator should be able to attend a Positive Partnerships workshop.[387]

The Quirky Kids Network made a range of suggestions for better teacher knowledge that included suggestions for Positive Partnership-styled workshops. They also emphasized that teacher education on disability issues should be built upon a foundation of seeing all children as different and hence with unique sets of needs.

> Each child should be seen as an individual with individual differences and not placed within a perceived box. Educators should strive to understand the child's diagnosis and how it uniquely pertains to them.[388]
>
> Training is woefully inadequate and needs to be improved. Teachers need to be trained in what it is to be inclusive and how best to integrate students with disabilities into a modified task rather than segregation with an alternative task. All educational staff should attend Positive Partnership styled workshops. Training in the following areas should be provided.
>
> - Assistive communication
> - Children's executive functioning skills
> - Different learning styles
> - Disability awareness
> - Dyscalculia and
> - Dysgraphia,
> - Dyslexia,
> - Positive behaviour support
> - Sensory integration
> - Sensory processing[389]

Autism SA had much to say about the provision of quality teacher education for ASD, having previously undertaken research on this question in the past. Their research pointed to the continued need for teacher training, but most importantly, that training needed to occur over the life of a teacher's career, and be tailored to the teacher's career stage also.

> In 2013 Flinders University, Autism SA, TAFE SA and Aspect undertook research regarding training for ASD in the education sector in South Australia on behalf of the then Minister of Education. The research outcomes showed there was a clear need for significant and sustained knowledge and skills development across South Australian schools and early childhood settings. Parents, educators and sector representatives all indicated the need for continuous professional learning (PL) opportunities that were specific to children with ASD. Furthermore, there appear to be gaps in PL opportunities across all experience levels; pre-service level educators indicated the need for more basic, preparatory training, while more experienced educators wished to extend their knowledge and required more advanced training opportunities.[390]

---

[387] Submission 14

[388] Submission 13, Quirky Kids Network

[389] Submission 13, Quirky Kids Network

[390] Submission 4, Autism SA

Alongside the capacity development and awareness for teachers about ASD, Speech Pathology Australia also notes that more needs to be done to equip teachers in relation to speech and communication disabilities:

> Some of those children would have been picked up by their teachers, but I think predominantly we would feel that there is a great need for a lot more education at the preservice training level of teachers in terms of the impact of speech, language and communication problems and the very strong relationship with literacy difficulties, and that this should occur at that preservice, (undergraduate) teacher training level, as well as there being ongoing professional development for teachers.[391]

As previously mentioned, Speech Pathology Australia also complained to the Committee that their member's work was focused more at the student assessment stage. They believe that they would be better utilised in classroom preparation and teacher training:

> We know that our member speech pathologists are spending a lot of time doing assessments for eligibility for individual targeted funding and not necessarily having the opportunity to work closely with teachers, and also to be able to provide the intervention to individual children as well.[392]

They continued later in their testimony:

> … our concern at the moment is that, while there is a solid base of speech pathologists employed by the department, as we've said before, there is limited opportunity to work across that full, three-tiered response to intervention approach where speech pathologists would be working collaboratively with teachers and educators and providing input at a whole of school level to working with students who have got particular speech and language needs, perhaps working in a focused way with groups of students to then, at that third level, working in terms of providing individual intervention to students with specific speech and language disability... As we said earlier, the primary amount of time tends to go into assessments rather than being able to work with children.[393]

The Speech Pathology Australia written submission listed a range of problems in relation to teacher knowledge about CCN students:

> Unfortunately, there are various barriers to the implementation of best practice of supporting students with CCN in South Australian schools. These include:
>
> - Teachers and support staff often have little or no access to training about a student's AAC system or AAC intervention practices.
> - Teachers having limited knowledge and skills to customise, update and maintain the AAC system
> - Teachers and support staff unable to identify barriers to successful communication
> - Teachers and support staff are unable to structure/engineer the classroom environment to include the student using AAC
> - Teachers and support staff are unable to model AAC use during interactions or identify communication opportunities

---

[391] Transcript of Evidence, Speech Pathology Australia, page 121
[392] Transcript of Evidence, Speech Pathology Australia, page 122
[393] Transcript of Evidence, Speech Pathology Australia, page 126

> - Teachers are unable to appropriately differentiate the curriculum or make adjustments for an AAC user, embed AAC techniques into classroom practice or promote the student’s social, linguistic, operational and strategic competence.[394]

Speech Pathology Australia’s ultimate view was that pre-service teacher training did not adequately cover issues around disability, especially relating to communication disability. They were also concerned that many opportunities for in-service training were unplanned and unprepared, and that their quality and availability would be altered with the implementation of the NDIS. Finally, they were concerned that in-service disability training on things such as oral language and dyslexia were delivered online, opt-in only, and not mandatory. There was also no database or record of staff training to determine the levels of engagement and completion of this training.[395]

Regarding the desire of teachers to extend their learning in disability studies, SA SEPLA revealed to the Committee that in many cases teachers are self-funding their own post-graduate education:

> Many teachers or school leaders wishing to further develop their knowledge in the area of education for learners with disability are doing so through self-funded post-graduate qualifications.[396]

They also called for a review of teacher training in the special education sector. Specifically, they noted a gap between the opportunities given to their teachers for extra training and the DECD’s lack of allocation for these opportunities. They also wanted more training in areas that provide increased safety for children with disabilities:

> A review of teacher training, specifically aimed at those entering into the special education sector, would be extremely beneficial. Across our sites leaders provide many opportunities for staff to access training in relation to students with disability. The DECD allocation to schools for professional development does not cover the training that is implemented. Specialist training that staff working with students with significant disability need, including Oral Eating and Drinking and Manual Lifting and Transfers, Medication Management and Epilepsy should be delivered annually to ensure the safety of students and staff. This training is costly but necessary.[397]

SA SEPLA also highlighted the lack of qualifications required of SSO’s who work in disability settings. Considering that qualifications are needed for workers in the early childhood sector, they called for there to be a program of support for SSO’s to gain extra training and qualifications.[398] This also seems of critical importance considering the Committee heard about SSO’s that are asked to deliver services well above and beyond their qualification levels. Sam Paior and Witness B told the Committee of examples of SSO’s being expected to teach:

> We managed to get him back at the Southern Learning Centre by hiring our own support worker, who also happened to be a registered SSO at the school—not at the school, but in the system. We paid for that out of NDIS funds, even though that was not technically allowable. We were doing it as a transition to try to actually physically get him back into school.

---

[394] Submission 34, Speech Pathology Australia, page 12
[395] Submission 34, Speech Pathology Australia, page 27
[396] Submission 38, SA SEPLA
[397] Submission 38, SA SEPLA
[398] Submission 38, SA SEPLA

> While that SSO was at the school, the school started to rely on him to actually do teaching, and that was not his training nor his position. He was really there just to get this kid to school. He had to stay there to give him that confidence and to reduce his anxieties, for him to be able to stay there and feel safe.[399]

And further about SSO's working at the Southern Learning Centre:

> These workers at the respite house were Certificate III Disability Support Workers, with no experience in a school system, or teaching. Not necessarily any skillset in this area at all. It was an unusual thing that these people were actually even allowed into the school, and we were very grateful that the school did that, but they then tried to defer their part of the program.[400]

In relation to the lack of appropriate training, the SA School for Vision Impaired highlighted the scarcity of specific vision impaired training around Australia, as well as teachers self-funding their training. They asked for there to be:

> More focus on the needs of students with disability, including vision impairment during teacher training, is necessary. This should be a compulsory component of the training. In recent years all SASVI's new teachers have had to self-fund to gain the necessary post graduate degree in vision impairment…. A lack of trained specialist staff is having an increasing effect in other states around Australia. There is currently only one tertiary teacher training course in Australia to train teachers in the specialisation of vision impairment and blindness.[401]

Undoubtedly the discussion around teacher training and capacity must look at the issue of teacher workloads, as well as their own expectations and experience teaching students with disability. The Australian Education Union (SA Branch) raised such concerns in their submission to the Committee, especially considering SA has a larger proportion of their school cohort with disabilities compared with the rest of the nation.[402] The SA Branch reported that their members who felt they that their training and professional development had equipped them with the skills to work with students with disabilities was slightly higher than the rest of the country (43%). But like the rest of the country, the majority of teachers reported that they were inadequately equipped (57%)[403]. Furthermore, 82% of principals reported to the AEU that assistance for teachers on disability issues was a resource that they required more of.[404] But what really concerned the AEU was the fact that 92% of South Australian principals reported using funding from other areas to support students with a disability, the highest percentage in the nation.[405] Summarising from the 2014 Action Now: Classroom Ready Students report, the union summarised:

> Teacher education programs are not consistently equipping beginning teachers with the evidence-based strategies and skills needed to respond to diverse student learning needs" and its suggestion that "the ability to work effectively with special needs students, and in

---

[399] Transcript of Testimony, Sam Paior and Witness B, page 170

[400] Transcript of Testimony, Sam Paior and Witness B, page 171

[401] Submission 23, SA School for Vision Impaired

[402] Submission 20, AEU, page 3

[403] Submission 20, AEU, page 18

[404] Submission 20, AEU, page 18

[405] Submission 20, AEU, page 19

> particular students with disability and learning difficulties, needs to be considered a core requirement of all teachers rather than a specialization.[406]

AEUSA's view was that the lack of consistent, generalised and mandatory disability training for teachers was in fact a work health and safety risk for their members. They informed the Committee that they had asked both the Chief Executive of DECD and the Minister about how they planned to address such work health and safety concerns. They also informed them that those teachers who do embark on specialised training often bear the cost themselves. They report their queries have not been answered[407]. The SA Branch's suggestions for how to improve teacher training were the same as the Federal AEU office's suggestions to the Senate Inquiry into Current Levels of Access and Attainment for Students with Disability, which were:

> - That at least one unit on special education be compulsory in all accredited Australian teacher preservice degrees.
> - That all beginning teachers have access to advice from someone with expertise in special education during their first two years of work.
> - That all teachers receive high quality, regular professional development to assist them to support students with disability.[408]

The JFA Purple Orange submission also noted the AEU's concerns about how increased teacher workloads are making the possibility for extra teacher training more difficult:

> AEU surveys also found that teacher's workloads have increased. The reasons for such increases are many. Significant proportions of surveyed teachers identified two factors of importance: large class sizes and the need for additional support/resources for students living with disability. Both factors contribute to limiting opportunities for in-service teacher training i.e. increased workloads indicate that teachers have less non-contact or training time available to them. Increased workloads include all necessary administrative and professional tasks that are associated with teaching in the early twenty-first century.[409]

The Life Without Barriers submission was wide ranging in its recommendations for improving teacher aptitude. They focused on the need for an assortment of training options to address problems for students with disabilities. Amongst their suggestions were:

> All teachers working in special schools should have a minimum requirement of a Degree in Special Education.
>
> Further training is required for staff in special school or units who are working with children with disability and developmental trauma.
>
> Further training for teachers is required on positive behaviour support and how to develop preventative strategies to minimise behavioural escalation by students.
>
> Further training about disabilities in general, especially intellectual disability, for all teachers.

---

[406] Submission 20, AEU, page 20, Quotations from *Action Now: Classroom Ready Teachers*, Teacher Education Ministerial Advisory Group, December 2014, pp 16-17

[407] Submission 20, AEU, page 20

[408] Submission 20, AEU, page 20

[409] Submission 28, JFA Purple Orange, page 25-26

> Information and training is required for Educators and school leaders on how to work collaboratively with disability and other specialists outside of the Education Department when students have challenging behaviours.[410]

The submission by Novita suggested the novel approach of increasing the capacity of teachers by creating a meaningful two-way communication between parents and schools. Parents/carers being able to 'train' or 'educate' teachers with their experiences (as they are often the intimate 'experts' of their children) would potentially see a great deal of pertinent and applicable knowledge passed on:

> A suggested positive innovation in teacher training would include greater participation by parents of children with disability at schools, to teach the teachers about what works at home, so that continuity of care and support across school and home can be provided. This positive partnership approach would also create more opportunities for families to learn from school teachers, and enhance communication between the two parties.
>
> Inadequate communication and lack of continuity of approach for the child between school and home is the cause of many issues of concern reported by parents and carers. Quite often the concerns stem from one-way communication.[411]

Many of the schools which engaged the Committee were also keenly aware of teacher disability training issues. Many schools, as well as the three educational authorities, informed the Committee of their efforts at enriching their teaching staff with disability instruction and awareness. Trinity Gardens School spoke to the Committee about their efforts in communication therapies:

> Communication is recognized as a fundamental necessity for students to succeed in learning and communicating with the larger community. We employ a speech therapist who supports and trains staff in communication systems. We have encouraged parents of students on the NDIS to employ the same therapist to come into the school to assist our students with their communication. Staff have had many training sessions on communication.[412]

Mt Barker Primary School stated that they proactively encourage and support their staff to access training in the area of disability. However, in common with other submissions, they said they would welcome more backing for their support staff also:

> We have been proactive in our networking with similar sites, including special schools. This has allowed us to access training and development for all of our staff in the Disability Unit. This training has resulted in our staff developing and extending their knowledge in many areas and being able to make contact with colleagues working with similar cohorts of students. We would welcome funding to enable support staff to access training also. Our staff need specialised training in transfer and positioning, oral eating and drinking, medication administration and seizure management all of which are at the cost of the school.[413]

Michael Potter from Tyndale Christian School spoke to the Committee of his school's efforts at providing professional development, which he framed in the context of enabling teachers to be proficient across the wide and unique range of needs for all children. He felt that fostering attitudes for differentiated instruction amongst staff was the key challenge:

---

[410] Submission 27, Life Without Barriers

[411] Submission 39, Novita Children's Services

[412] Submission 7, Trinity Gardens School.

[413] Submission 37, Mt Barker Primary School

> So, we provide ongoing professional development to our staff because we want staff in classrooms where it does not matter what child comes into their classroom, they have the skills and also the passion to be able to embrace that child and say, 'I can do this.' So, a lot of it…is around differentiated learning, moving staff from, 'I teach to the middle, and the bright kids get bored, and the slow learners get disillusioned.'[414]

SASVI, who earlier advised about a lack of professional development opportunities in the vision impaired arena, spoke of their efforts to address this shortage.

> Most in-service vision impairment training is undertaken by SASVI‘s more experienced staff. SASVI has also organised to have international experts on Expanded Core Curriculum for Students with Vision Impairment to present at the school when they are visiting Australia. This is coordinated through RIDBC’s Renwick College, Sydney. South Pacific Educators of Vision Impaired biennial conferences provides the only opportunity for educators, parents, ophthalmologists, orthoptists and VI agencies to liaise, collaborate and learn about new innovations and research in the field of vision impairment.[415]

The Association of Independent Schools SA was forthright in where they thought improvement of teacher training should come from:

> What I would really wish is that universities would focus more of their attention in this area but that is beyond the capacity of anyone in this room to achieve, but we keep trying.[416]

From their perspective the failure at this university level was restricting teachers’ abilities from the outset of their careers:

> …there is always a lot more that can be done in that area including at the university level. A lot of teachers, I think when they join the teaching workforce, really haven't got the knowledge to be able to adapt their practice to meet the particular needs.[417]

AISSA felt that the fact that the association had to embark upon so much in-service training and support this was evidence that the pre-service level of training on disabilities at the university level was falling short. Much of their testimony on the issue of teacher training related to their efforts at bringing in external experts and consultants to visit schools and advise on disability issues. They informed the Committee that they have expert staff available to assist in schools, and were undertaking research in the ways they can instil best practice and structural change[418]. In addition to this, they bring in external consultants to visit schools and work on one-on-one training and sharing of knowledge:

> What we have done, including this year, was run some workshops involving some of the consultants who visited schools. People from all schools could come along and hear that. We've done quite a lot of that. We also have our staff who are educational consultants and experts in this area as well who work closely with the external consultants, and they work very closely with schools and they visit schools and work with schools as well. So, often, it's that one-on-one sharing or working with a particular school that is the most advantageous.[419]

---

[414] Transcript of Evidence, Michael Potter Tyndale Christian School, page 163

[415] Submission 23, SA School for Vision Impaired

[416] Transcript of Evidence, AISSA, page 9

[417] Transcript of Evidence, AISSA, page 2

[418] Transcript of Evidence, AISSA, page 2

[419] Transcript of Evidence, AISSA, page 5

Catholic Education SA also went into great detail about how much teacher development they were investing into their schools. Their first line of support services for students with disabilities is an Inclusion and Learning Team that is deployed to schools to work with teachers and support staff. They also created partnerships with allied health support professionals to support students with disabilities. They encourage teachers to participate in professional learning courses that were supplied online, face-to-face, in groups and within schools and classrooms[420]. A number of other specific projects that they were embarking upon were also discussed:

> We have another project that started with the MSSD but is now going to be partnered with Flinders University around scholarships for some teachers to understand and complete a GradCert in autism spectrum learning, and we will provide support for some schools around that. That is over time; we expect that that will be over a couple of years. We have an oral language project that has speech therapists in classrooms—18 visits over the year, working with teachers in classrooms and helping them to prepare and differentiate, understanding how speech affects a child's early learning and leading them to being able to read and write. So, it is those types of longer term, deep learning for teachers. We also have engaged in an online learning course and we have had teachers from over 50 of our schools engage in learning around dyslexia and reading difficulties. We are making a huge commitment to building the capacity and the professional learning of staff.[421]

Catholic Education SA highlighted their commitment to enabling whole schools to meet the challenges of educating students with disabilities, not just individual teachers. While they were happy to support an individual teacher who is experiencing difficulties (which occurred from time to time), they were more interested in implementing a ‘whole of school approach’ to ‘build capacity within the school’[422]. They also expressed their enthusiasm for the Reimagining Childhood project of former Thinker in Residence Professor Carla Rinaldi, who introduced the Reggio Emilia education approach to the state:

> For the last three years our focus has been on a project called Re-Imagining Childhood, inspired in part by the Thinkers in Residence program and Professor Carla Rinaldi. Some of the premises or beliefs that underpin that is that every child is a citizen from birth with rights and responsibilities, every child is a competent and capable learner, and every teacher is a learner and a researcher. So, as Mary said, when we provide professional learning it is about a teacher being a researcher of their own practice and reflecting with colleagues. It doesn't mean that every one of our teachers can deal with these situations on a day-to-day basis, but we are working to ensure that we build the competence of our teachers and our school leaders.[423]

The Department of Education and Child Development was frank about the issues they faced matching their staff profile to the needs of students with disabilities. In 2014 they audited their support and assistance services for children with disabilities to see what were the most common impairment types referred to their services. They did this in order to determine the staffing skillset they had within those services:

> We found a significant mismatch between the skill set of our staff and the impairment type of children; for instance, one of the challenges we face is that there has been a 94 per cent increase in the number of children diagnosed with autism spectrum-type disorders in the

---

[420] Submission 32, CESA, page 4

[421] Transcript of Evidence, CESA, page 16

[422] Transcript of Evidence, CESA, page 18

[423] Transcript of Evidence, CESA, page 18

> last three years… So we had this imbalance, and we went through to reshape the workforce to get a better match between the skill set and the requirements of staff.[424]

The DECD outlined to the Committee other initiatives, programs and policies they have to improve teacher capacity. In much the same way as the Department has a 'just in time' policy for the provision of facilities and infrastructure at schools for students with disabilities, the DECD also deploys a similar 'just in time learning' model to the provision teacher instructional support[425]. This system provides teachers with training and information about disability learning on a needs basis, rather than having to wait for a course of instruction 6 months down the track. Ms Jayne Johnston, the Deputy Chief Executive and Chief Education Officer, offered this description of the approach:

> Part of it is about saying, 'How do we ensure that we've got the learning in place and the opportunities for teachers to be able to build their understandings in the moment in which they need it?'…
>
> Quite often, it is when a teacher in a mainstream setting gets a student with a particular disability that they haven't had experience of before and they need some information quickly, there and then, and can't wait until we offer a course in six months' time. So, we have been developing some really terrific online learning packages, and we are also part of a signatory to the e-learning courses in the disability standards that the University of Canberra has been developing and rolling out.[426]

The Chief Executive of DECD also outlined the numbers of teachers in the sector who had undertaken these online e-learning programs. The programs ranged across areas such as understanding autism spectrum disorder; understanding dyslexia and significant difficulties in reading; the inclusion of students with speech, language and communication needs; understanding motor coordination difficulties; and understanding and managing behaviour:[427]

> Since May 2012, 4,400 employees, including SSOs, teachers, principals and special educators have participated in those.[428]

The Chief Executive also pointed out that a new stream of specialist staff had been introduced into the Department's systems.

> Also, last year (2014), we introduced the role of disability inclusion officers. We identified that's there was an opportunity to have specialist disability inclusion officers that worked in and across schools to work side by side with educators to better case manage and develop response intervention programs and plans. Those people obviously have specialist training and qualifications as well.[429]

Asked to comment on teacher pre-service training, DECD noted that a new set of standards had been brought in 5 or 6 years ago with components of disability knowledge and proficiency. These standards were recently reviewed, and their implementation was found to be lacking:

> The recent national review really has identified that the implementation of those standards is probably a little bit less than we would want across the 30 or so universities that provide teacher training. So, there is a fair bit of work going on now about how to strengthen the

---

[424] Transcript of Evidence, DECD, page 34
[425] Transcript of Evidence, DECD, page 35
[426] Transcript of Evidence, DECD, page 35
[427] Transcript of Evidence, DECD, page 36
[428] Transcript of Evidence, DECD, page 36
[429] Transcript of Evidence, DECD, page 36

> processes by which the universities demonstrate that their courses are preparing the students for day one as a teacher. We are also doing some work, just in response to the needs of early career teachers, about how we can have a better transition into those early years as well.[430]

To conclude, Michael Potter of the Tyndale Christian School articulated that teacher training is about equipping teachers with a confidence and passion to educate all children. He maintains that providing teachers with skills and abilities to work with children with disabilities is about helping them overcome their fear of inadequacy and inability. Providing these skills helps to dispel prejudices that exist within the teaching profession about how to teach, and who to teach.

> … because if you are not training the staff in the classrooms to be able to deal with the wide range of children that are coming, no program is going to be successful. I can be as passionate as I like and I can rally people around the flag on a Monday morning about our commitment but unless it is being worked out in the classroom, unless it is being owned by the teachers in the classroom— and they are not going to own it if they have not been provided with the skills and abilities; they will just see it as a fear factor and that is just the reality.
>
> They will say, 'I've got these kids in the classroom; I don't know what to do with them.' If we are providing them with the skills and the tools to be able to do it, they will overcome their fear. Sometimes they are prejudiced but then they will begin to engage with these kids, and that is certainly what we have seen.[431]

3.5 Terms of Reference 5

The appropriateness or otherwise of school based policies and funding mechanisms for behaviour management for students with disabilities;

3.5.1 Suspensions

The Committee was concerned of reports of suspension being increasingly used as a behaviour management strategy for students with disabilities. The Australian Council of Human Rights Authorities reported to the Committee their experience in this area:

> While there were variations in complaints and trends submitted by ACHRA members, a number of key issues were identified. These included the following:
>
> A large number of complaints as well as anecdotal information appeared to relate to exclusion, reduced attendance patterns and suspension and expulsion.[432]

Many other submissions reported that suspension and exclusion were being used too liberally with students with disabilities. The submissions also generally complain that such tools are ineffective in promoting positive behaviour, and simply end up reinforcing feelings of difference and isolation. The use of suspension is also reported to have the opposite effect to its intended purpose. The Council for the Care of Children commented that, "It is a reward

---

[430] Transcript of Evidence, DECD, page 35

[431] Transcript of Evidence, Michael Potter Tyndale Christian School, page 167

[432] Submission 22, Australian Council of Human Rights Authorities

system rather than a punitive one".[433] This contradicts the DECD's assertion that the purpose of suspension is "to signal that the student's behaviour is not acceptable."[434]

Dr Margaret Kyrkou warned the Committee of flow on effects on the family home, unintended consequences that the education system cannot see.

> In actual fact, it is the reverse. I have had a lot of parents tell me that their person on the spectrum has learnt that if they play up they get to go home. Because the mum is generally the only person at home, she cannot stop them getting onto the X-box, the computer or whatever. In actual fact, they play up more and more to get home. We are setting up more and more worry in terms of their suspensions actually doing the reverse of what we are anticipating it doing. It is not a punishment but a pleasure for people on the spectrum, [435]

Some submissions expressed the view that suspension and exclusion were being used by educators not as a disciplinary tool, but simply as a way of moving a problem beyond the school perimeter. Dr Margaret Kyrkou felt that some schools simply did not have the will to explore a child's underlying issues, simply using suspension to avoid such difficult tasks:

> I have become increasingly concerned at the number of students being repetitively suspended or parents called to pick them up as little as half an hour after the student arrived at school. Whereas 20 years ago school staff would be wanting help to determine the underlying cause of the behaviour in order to help the student attend and achieve, schools no longer seem able to 'look behind' the behaviour, and some schools seem to be actively avoiding any outside scrutiny even by DECD Support Staff, let alone other services. In part this is due to the increased demands on school staff over and above their teaching roles.[436]

One witness was of the belief that the incidence of suspension was an evasion tactic used by schools:

> I suppose that sending kids home rather than doing something internally is a good example. It's like, 'It's not our problem anymore because you've broken this rule for the tenth time so you're out.' It just doesn't work. It's actually not a solution to an issue, so I think there does need to be increased support for behaviour management within schools.[437]

This witness also expressed his frustrations with this punitive system being repeatedly used with his foster child:

> What I see suspension doing is also getting rid of the problem. It's just like, 'Oh, we'll suspend.' I was getting calls every day. I would get a call saying, 'You need to come and pick him up.' 'Why?' 'Well, he's been suspended.' So I'd go and pick [him] up. He has a day's suspension. So we would go back the next day and it would be like, 'You need to come and pick him up.' It was like, 'I can't keep doing this.'[438]

Another witness also considered suspension was overused with her son; a situation that she knew from experience could be avoided simply by managing behaviour differently:

> My son had behavioural issues and was suspended by the school on many occasions – the school did not deal with his behaviour, they just sent him home! In one week I received 3

---

[433] Transcript of Evidence, Council for the Care of Children, page 118

[434] DECD Questions on Notice

[435] Transcript of Evidence, Margaret Kyrkou, page 146

[436] Submission 42, Dr Margaret Kyrkou

[437] Transcript of Evidence, Rob O'Brien, page 93

[438] Transcript of Evidence, Rob O'Brien, page 94

> phone calls to pick him up. My son currently attends the Adelaide East Education Centre where his behaviour is dealt with and I think I have received maybe one or 2 phone calls in 4 years.[439]

In contrast to the above witness eventually finding a positive educational environment for her son, a further witness's experience with suspension and a lack of effective behaviour management led to her decision to home-school:

> We didn't have an Autism Spectrum Disorder (ASD) diagnosis yet (were in the process) when we started, but had a gifted one - from the DECD psychologist in kindy. I called the school immediately and was assured they could "handle" him and his needs. When it came down to it, the school wasn't willing to use the resources - specifically the Autism room "right next door" to his classroom for when he needed time out. They would send him home. They suspended him, because he realised he could get to go home if he hurt someone! After he returned to school on a structured plan to help him cope, they suspended him again on the 3rd day! That's when we started home-schooling.[440]

SHineSA highlighted an example of a student's inappropriate behaviour leading to their suspension. In their view, the approach taken was not supportive, educational and preventative, but instead overly punitive and condemning:

> Situation: A year 7 student is accused of inappropriate behaviour with another student in a school toilet.
>
> There was a reactive response to the event resulting in a suspension which left the accused student feeling angry, confused and upset. An action plan was put in place by the school but this focused on the inappropriate behaviour and a series of consequences. The plan lacked reference to any educational intervention strategies that could actively promote a contextualised discussion around the associated issues of relationships, sexual feelings, public/private, relationships and touch, the rules about touch and the right to be safe. The parent felt unsupported in their negotiations with the school and made to feel as though it was their 'problem'. It was suggested the parent could pay for external counselling as a means for the young person to gain knowledge about "appropriate behaviour'.
>
> This scenario strongly supports the need for the education system to engage with parents in a developmental way, as communication partners, as opposed to just suspending children who exhibit problematic behaviours.[441]

Advocacy for Disability Access and Inclusions Inc. provided the Committee with an example from their case files, where repeated and consistent suspension ultimately led to the school simply giving up on the student. This then led to the school confronting the family with the termination of the student's enrolment:

> After almost a year of suspensions and other issues the family finally were advised that the student's enrolment had been ceased and he should find another school.
> The family believe that had the school actually worked with the student and implemented some of the supports that he needed then the relationship with the school would never have broken down to that point. The family do acknowledge his needs are complex but with the right support he could have finished his schooling in this school.[442]

---

[439] Submission 15

[440] Submission 9

[441] Submission 50, SHine SA, page 5

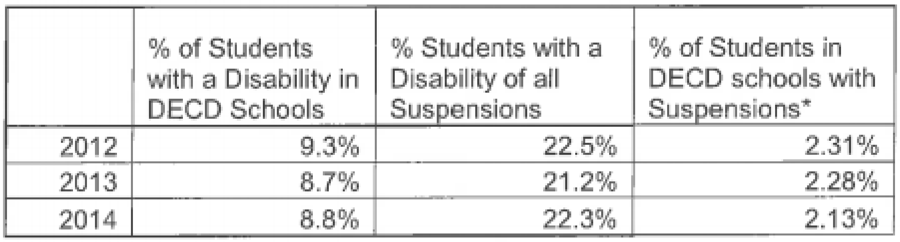
[442] Submission 29, Advocacy for Disability Access and Inclusions Inc., page 5

Autism SA considers that students with ASD are more likely to be suspended than their peers: "Evidence suggests that they are significantly more likely than their typically developing peers to be suspended or excluded".[443] The Quirky Kids Network submission similarly summed up the situation felt by many families of children with ASD:

> Educators need to recognise that a parent's presence is a reward for most children on the spectrum and that suspensions are also rewarding for most children as the child is able to be in their preferred environment and with their preferred people i.e. at home with their parents. Therefore, calling in a parent when a child is having a meltdown will actually reinforce the behaviour.[444]

Despite these individual examples, the DECD informed the Committee of their efforts at reforming the use of suspension as a behaviour management tool. They made it clear that suspension and exclusion are supposed to be used only as a last resort when problematic behaviour is repeated, and the student has not responded to a range of behaviour management processes[445]. They also provided the following statistics:

> Behaviour management data relates to data recorded for Term 2 each year and is collected and validated with the Term 3 Census data.
>
> Suspension from school means that the student does not attend school for a period of time ranging from one to five school days.
>
> Suspensions are not calculated for the cohort of students without a disability.



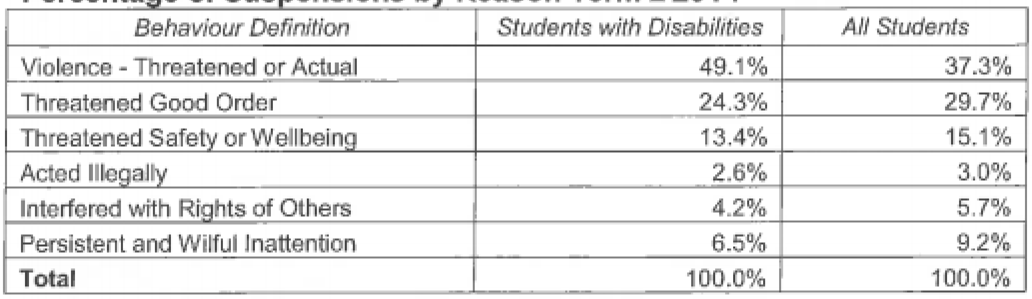
	% of Students with a Disability in DECD Schools	% Students with a Disability of all Suspensions	% of Students in DECD schools with Suspensions*
2012	9.3%	22.5%	2.31%
2013	8.7%	21.2%	2.28%
2014	8.8%	22.3%	2.13%

Source: SCS Term 3 Census

* Includes Students with Disabilities

> Of all suspended students in Term 2, 2014 22.3% were students with a disability compared to 8.8% of the total school population.

Percentage of Suspensions by Reason Term 2 2014



Behaviour Definition	*Students with Disabilities*	*All Students*
Violence - Threatened or Actual	49.1%	37.3%
Threatened Good Order	24.3%	29.7%
Threatened Safety or Wellbeing	13.4%	15.1%
Acted Illegally	2.6%	3.0%
Interfered with Rights of Others	4.2%	5.7%
Persistent and Wilful Inattention	6.5%	9.2%
Total	100.0%	100.0%

Source: SCS Term 3 Census [446]

The Chief Executive of DECD, also spoke about the progress they were making in decreasing the practice of suspension:

---

[443] Submission 4, Autism SA

[444] Submission 13, Quirky Kids Network

[445] DECD Questions on Notice.

[446] DECD Questions on Notice

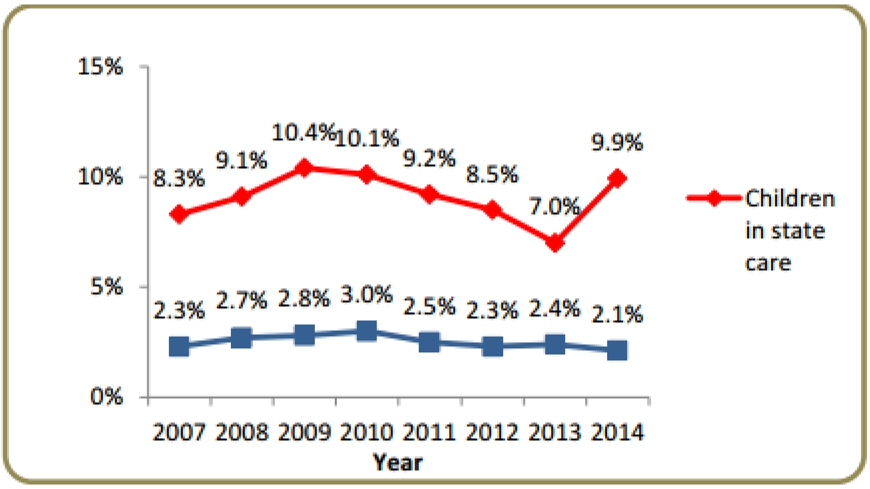
> I would start by saying that, generally speaking, the department as a whole has come a long way in the last couple of years in relation to its reliance on suspensions and exclusions. We have seen schools drop dramatically—I know one particular school that was having in excess of 400 suspensions and/or exclusions a year to less than 40 a year over a period of two or three years—by implementing a different culture, a different climate, a different standard, and different ways of dealing with behavioural and discipline-type issues.
>
> As a system, if you look at suspensions and exclusions, there has been a dramatic fall across the board, and it has been inclusive of children with behavioural challenging needs, and some of those have been incorporated together with disability at the same time as well. So, we have come a long way.[447]

These assertions contrast with the evidence of the Office of the Guardian for Children and Young People. While the Guardian is charged with overseeing the wellbeing of children in state care, many children in state care also have disabilities and trauma development issues. As a vulnerable group in the education system the rates of suspension of children in state care do indicate how difficult and challenging students are treated by the education system. The Guardian offered the following to the Committee:

> Our experience has been, and it certainly could be explained in terms of what triggers individuals to make contact with our office, that suspensions and exclusions do seem to be more commonplace for children in care, and at times for children in care with disabilities, than they would for students not in care.[448]

The submission of the Guardian also provided statistics that illustrate this discrepancy:

> Data from Term 2, 2007 to 2014 show that from 2009 to 2013 suspension of children in care had steadily dropped. In 2014, however, there is a sharp rise, with the rate almost returning to the 2009 rate. Suspensions for the state as a whole have remained relatively constant (see Chart 5).
>
> Chart 5: Rate of suspensions, children in care compared with school population, 2007 to 2014, Term 2



449

---

[447] Transcript of Evidence, DECD, page 30

[448] Transcript of Evidence, Office of the Guardian for Children and Young People, page 101

[449] Submission 35, Office of the Guardian for Children and Young People, page 6 of the appendices

Asked about what might be causing schools to use suspension with more frequency on children in state care, the Guardian noted that many children in state care were presenting with increasingly complex needs. These complex needs and challenges were perhaps frustrating some schools and teachers and leading them to disregard the ‘last resort’ policy of suspensions:

> The education department does have a policy for children in care that suspensions and exclusions are used only as a last resort. We don't believe that that is the case. There is certainly evidence in individual situations where suspension and exclusion has been the first response.[450]

For these reasons the Guardian recommends that the education system needs to begin by, “Enhancing participation and engagement of students in care by, among other things, adopting alternative disciplinary measures in place of suspension and exclusion”[451]. This suggestion is also a common hope amongst the disability advocacy groups in South Australia. Life Without Barriers recommended that new policies surrounding suspension and exclusion should be developed. They called for:

> Policies which do not permit schools to use exclusion or suspension from school as the default behaviour management strategy for children with disabilities and challenging behaviours.
>
> Policies that ensure schools must demonstrate that they have followed and implemented formal behaviour support plans provided to them before they move to exclude/suspend a child with a disability from school. [452]

SA SEPLA also recommended the need for new behaviour management plans and policies, stating that, “The implementation of positive behaviour intervention strategies across the South Australian education system would assist to reduce the instances of segregation and suspension of students with disabilities resulting in loss of educational opportunities.[453]” The Council for the Care of Children argued similarly:

> In terms of the outcomes for, and the social inclusion of, children and young people with disability in education settings, the conversations have highlighted that: using suspension alone to manage the behaviour of a student with disability is counter-productive and negatively impacts on the family including on their physical and mental health and employment options.[454]

While positive policies and alternate management plans were often called for in the submissions, Michael Potter of Tyndale Christian School highlighted that what needs to happen is educating and equipping teachers with the skills to manage their classrooms. Increasing teacher capability and capacity is most likely to reduce the incidence of suspension. By easing teacher frustration, he maintains it is possible to stop exclusion being seen by teachers as the easiest and most effective option for behaviour management. In outlining this approach, Michael Potter gave the Committee his vision of a teacher-based solution to the prevalence of suspension for children with disabilities:

> We are trying to be ahead of the game. We then train our teachers about what's going to spark this child, what's going to cause this child to have a meltdown, what's going to cause this child to disengage, how we make sure that we are creating an environment in the

---

[450] Transcript of Evidence, Office of the Guardian for Children and Young People, page 102

[451] Submission 35, Office of the Guardian for Children and Young People, page 5

[452] Submission 27, Life Without Barriers

[453] Submission 38, SA SEPLA

[454] Submission 26, Council for the Care of Children, page 5

> classroom that mitigates against the need for behaviour management or pastoral care, because they are already in place, they understand what the trigger points are…So we are trying to train the staff to understand the trigger points within our students so that we are able to create the environment for their day so that they don't have the meltdowns, and therefore they don't have to be excluded and they don't have to be disciplined.
>
> The only thing that is obviously of critical importance to us is safety for others. If we have a student who has a violent tendency, then we work with them, and we work with the psychologists… Alternatively, we have some of our specialised ESOs who will come in and work with the kid in the classroom. They can pick when the kid is escalating, and they are able to then work with them, take them for a walk, get them down into the sensory room and enable them to de-stress. A lot of it, especially for the autistic kids, is about anxiety and stress. It's about how we mitigate that so they can then go back into the classroom and work well.[455]

From a system perspective it is important to discuss the efficacy of school based policies. While there were numerous calls for suspension and exclusion policies to be reformed, the whole gamut of policies surrounding students with disabilities needs to be reconsidered. Richard Neagle gave expression to many parents/carers' thoughts regarding the existence and application of policies affecting their children:

> I can't tell you how it works because words on paper don't work sometimes, it is actually putting those words into action.[456]

The JFA Purple Orange submission also surveyed their clients about the value of policies within disability education. These surveys pointed to a widespread dissatisfaction about their appropriateness:

Do you feel school based policies are/were appropriate for your child at school? For example, inclusion in all classes.

Do you feel school based policies are/were appropriate for you at school? For example, inclusion in all classes.

[457]

Results indicate:

- 51.02 per cent of parents and supporters responded that school based policies were not appropriate for their child; 14.29 per cent of parents and supporters were unsure and 34.69 per cent stated that school based policies were appropriate for their child.

---

[455] Transcript of Evidence, Michael Potter Tyndale Christian School, page 159-160

[456] Transcript of Evidence, Richard Mark Neagle, page 55

[457] Submission 28, JFA Purple Orange, page 17

- 42.86 per cent of current or former students felt that school based policies were not appropriate for their needs; 21.43 per cent were unsure and 35.71 per cent stated that school based policies were appropriate.[458]

One of their respondents suggested that reform of the policies should be guided by the legislation and standards that have been enacted and agreed upon:

> Until school based policies reflect 'Disability Standards in Education' and 'Disability Discrimination Act' it will be difficult to have any faith that education sectors are willing to conform. The Convention on the Rights of the Child should also be considered and reflected in policies.[459]

Others called for policies to be tested for what outcomes they actually create for children with disability. The JFA Purple Orange submission discussed this issue of school based policies not matching the reality of various situation, and that a policy is not a panacea to real problems. They argued that school policies should be audited against the reality they produce:

> Feedback from young people and their families is that school policies do not always reflect the reality of the school environment. Over time, reality may drift further and further from the stated policy positions. A yearly independent audit carried out in all schools with students, parents, teachers and principal having input, is one way of ensuring reality matches policy. Young people are also keen to be involved:
>
> Create a social inclusion committee within schools made up of students [to] audit schools.[460]

3.5.2 Understanding and Managing Challenging Behaviours

The issue of suspensions and exclusions is importantly linked to the contentious issue of managing challenging student behaviours. The Committee received much more information and testimony on behaviour management than it did on suspensions and exclusions specifically. Clearly, this subject is a flashpoint in the education of many children with disabilities. The educational authorities all mentioned this area as one of their biggest challenges and worries. The Association of Independent Schools expressed this difficulty in their testimony:

> I think one of the areas where it gets particularly difficult is if there are behavioural issues arising from the disability, and managing those circumstances, particularly if it may impact on the health and safety of other students or the staff. How we manage that is probably one of the bigger challenges… but that's one of the hard things, how we handle that, work through that, and get that expertise and knowledge.[461]

Catholic Education SA also cited violent behaviours as a considerable pressure upon their schools:

> But it would be fair to say that physically aggressive behaviours from any child are a significant stress point for teachers in a classroom where you have 28 or 25 students. That is a significant stress point for schools. We have very clear guidelines around what we are

---

[458] Submission 28, JFA Purple Orange, page 17
[459] Submission 28, JFA Purple Orange, page 17
[460] Submission 28, JFA Purple Orange, page 25
[461] Transcript of Evidence, AISSA, page 7

> and are not able to do in terms of how we work with students who are, in particular, having a meltdown. Those protective practices are consistent across the three schooling sectors and so physically aggressive behaviours are a significant stress point for teachers.[462]

The DECD expressed a degree of trepidation about the gap in expectations between families and the school system. They reminded the Committee that how a child may be handled and treated in the home environment is very different from what is possible and manageable within school settings. This problem was mentioned when they were questioned about how teachers differentiate between normal age-related behaviours in students and behaviours that might be attributed to a disability:

> I guess if I can just reflect on the last couple of years. I have become aware of different examples involving cases that you may be suggesting, and I guess what I would say is that it's always hard to align the realistic expectations of parents and their care for their children, particularly their children with a disability, and that which the system actually provides and responds to. In the main, I have a very strong belief that teachers and educators are very attentive and alert to being very empathetic and caring towards the needs of children.[463]

CESA was posed the same question about differentiating between behaviour that is a manifestation of an underlying disability, and that which reflects the development of someone regulating their emotions and dealing with their world. They responded:

> I guess our approach would be that behaviour is a child's way of telling us something, so our behaviour consultants who work in schools would be on hand to work with schools and say, 'What's the behaviour trying to tell you? Is a child frustrated? What is it that the behaviour is trying to tell us?'[464]

CESA has attempted to improve their teaching force's understanding of behaviour as communication. They were working with the Australian Childhood Foundation on a project around building trauma sensitive schools:

> As part of that project, we have had some professional learning across the sector, and teachers have said to us that there were some real 'Ah-hah' moments in that. When you understand how the brain works, and you understand what's happening when a child is elevated and that trying to talk them through is not a successful thing because their brain cannot compute at that stage, people can say, 'Okay, I can understand what's going on here. I know what to do.'[465]

Their hope was that by providing such professional learning, their teachers would become "researcher(s) of their own practice", reflect with their colleagues, and implement the lessons learned on a day-to day basis.[466]

Yet despite these positive initiatives, the Committee still received reports that children with disabilities are discriminated against because of the perceived threat of their difficult behaviour. A witness noted that the concern over behaviours too often took precedence over the needs of children with disabilities. This prioritising denied such students the basic right of education enjoyed by all other children:

---

[462] Transcript of Evidence, CESA, page 18
[463] Transcript of Evidence, DECD, page 43
[464] Transcript of Evidence, CESA, page 17
[465] Transcript of Evidence, CESA, page 18
[466] Transcript of Evidence, CESA, page 18

> The consistent messages I got from schools were from people saying, 'We're not equipped to manage this sort of behaviour,' and, 'The needs and the safety of other children outweigh the needs of the one.' The continual cycle of suspending kids because they're too difficult and they send them home—and working full-time that's a real challenge as well and even if I wasn't working full-time, home is not where they should be: they should be at school having an ordinary experience of being children in this country, which is that we go to school.[467]

Another witness also complained that many teachers simply misunderstand student behaviour. From this witness's experience, teachers too often failed to view behaviour as 'communication', instead seeing it as 'disobedience':

> Many teachers have little knowledge of disability or inclusion principles. They can sometimes unintentionally reinforce negative behaviour or stress children out. This often results in children being excluded. Many teachers misinterpret behaviours as disobedience rather than dysregulation which is not a choice, it is a reaction to sensory overload.[468]

One parent's submission reported their frustration with teachers whose negative authoritarian attitudes blind them from seeing the underlying causes of a student's behaviour:

> Another teacher who yelled at my daughter in front of the class for wasting his time even bothering to turn up after all her absences, refused to call me to arrange a meeting for 4 weeks and when he finally rang me angrily said he wondered what I hoped to achieve by meeting with him as we weren't going to get anywhere with my daughter until her attitude changed. She has autism! She has problems with emotional regulation and this needs to be taught and modelled, the model she had with him was one of losing his cool and yelling at her, she wanted to do things a better way, but if he could not regulate his emotions, how was she to learn to around him, she was highly anxious, suffering multiple panic attacks and self-harming by cutting and starving herself by this stage. The day he yelled at her publicly as she cried in front of the class is the last she spent in school.[469]

Sam Paior suggested to the Committee that what is needed in the area of behaviour management is not just 'student' management, but also 'teacher' management. Teachers should have a protocol for the way that they look upon and report poor behaviour. Not only would this improve the way parents are informed of what is going on, but it would also help teachers to inform their own practice and understanding of the child. She suggested what she called an 'ABC' approach:

> Another idea is that when a student is known to have behaviours of concern, all incident reports should be completed from an ABC approach—that is antecedent, behaviour and consequence—so that everybody knows what happened before the behaviour, what the behaviour was, and then what was done afterwards.
>
> There is no way to identify and adjust and adapt and change a child's behaviour without actually knowing that whole process. Also, these reports should not just be tucked away in a DECD system; they should be sent directly to families and therapists on a daily basis, because the sooner we adjust what we do the better it is to assist with frequent behaviour support plan adjustments and communication. Too often I hear that the first a family hears of a child's poor behaviour is with a suspension. There have always been things leading up to the suspension; it is never a first time affair. Schools think they are doing the best thing by not bothering parents, but parents need to know and they want to know. Like I say, on

---

[467] Transcript of Evidence, Rob O'Brien, page 91
[468] Transcript of Evidence, Gloria Debba, page 73
[469] Submission 9

> further digging the family finds there has been a build-up of reported incidents that they have been unaware of.[470]

One witness provided the Committee with an excellent example of best practice in action. She mentioned how occupational therapists can:

> … really help look at environmental things that are triggering children's behaviour and also can help build strategies for regulation. If I try to give you a visual about what this might look like, when my son first started in reception, when the children are sitting in the group while the teacher might be doing a short lesson, he would be at the back of the group bouncing on a big physio ball or pacing up and down. It did not mean he was not listening, but he could not sit and attend. He had to move to be able to concentrate to focus.
>
> Someone from the outside looking in would think he's not participating or she's not got control or something like that, but that's actually not the case. It's about building that understanding about what learning looks like for this child and also teaching, and this is what was priceless about my first teacher. Once she understood that, she helped other teachers understand his sensory needs and learning and he helped the children. We made a book that kind of helped demystify 'Sid-isms', if you know what I mean—why he did what he did—and that also empowered other children to support him. So, don't be distracted by him doing that, he's just trying to concentrate, but you can help by staying focused on the teacher, or if he bumps into you, you can remind him to be gentle—those sorts of things.[471]

Advocacy for Disability Access and Inclusion also reflected upon the variable levels of ability and willingness of schools to tackle challenging behaviours. They believed that the balance between a school's concern for workplace health and safety practice, and their responsibility to service the needs of students with disabilities, needed to be rethought:

> One of the biggest hurdles students with disability, their families and schools face is the best way to manage outbursts and meltdowns. Students with intellectual disability; mental illness such as anxiety; or those on the Autism Spectrum often are unsure how to control their behaviour particularly in situations where they feel overwhelmed. Some schools are really good at implementing Autism Spectrum strategies across the school and providing education to staff and other students about what to do and how to reduce some known triggers for students, however some schools still struggle with the management of these incidents.
>
> Workplace Health and Safety overrides everything in these instances and students deemed to be putting staff or other students at risk through their behaviour are removed from the school. Obviously the safety of all staff and other students is important, however the way that schools manage these incidents both in the moment, and after the fact, needs a significant focus.[472]

The Equal Opportunity Commission (EO) reported that the issue of balancing the rights of students with disability, and the rights of other students and staff to be safe from violent and threatening behaviour, was a thing they were increasingly having to decide upon. Balancing these requirements is difficult because:

> Where this occurs, clashes between the *Work, Health and Safety Act 2012* (SA) (WHS Act), in which section 19 imposes a primary duty of care on educational facilities to both employees and students, and the requirement not to discriminate under the EO Act and DDA may arise. In these circumstances, educational

---

[470] Transcript of Testimony, Sam Paior and Witness B, page 175
[471] Transcript of Evidence, Gloria Debba, page 75
[472] Submission 29, Advocacy for Disability Access and Inclusion, page 3

> organisations are left with the difficult task of balancing the risks to the organisation. In such cases, the Commission has received anecdotal evidence that educational facilities may place their duty under the WHS Act above that of the EO Act or DDA.[473]

They found that this occurs because the penalties under the WHS Act are significantly higher than the EO Act. Also, the courts have historically been narrowly and inconsistently constructing anti-discrimination laws, which has seen a history of low compensation outcomes. They also noted that the Equal Opportunity Tribunal is a no cost jurisdiction, meaning that a complainant will not be able to recover costs even if they win. If a complainant faces a well-resourced opponent, the risk becomes a considerable deterrent to going ahead with complaints. Finally, they point to the fact that the WHS Act is rigorously enforced, with an external agency (SafeWork SA) that has the power to investigate unsafe workplaces. The EO Act and DDA on the other hand rely on an individual complaints system, and the role of the Commissioner has more limited investigatory powers. All these factors conspire to make two competing legal requirements more often settled against the interests of children with disabilities.[474]

In their submission, the Australian Education Union SA's main concern was around teacher safety. Despite a brief reference to their members not wanting to "surrender the teachable moment", the submission was focused on the securing of safe workplaces. They reported to the Committee certain incidents that demonstrate the dangers involved:

> Some of our members report that they are regularly being assaulted by students, including being hit, scratched, kicked and bitten. We have situations where staff have been hospitalised. These behaviours are not confined to, or perhaps even mainly coming from, students with disabilities but certainly there are a number of students with disabilities who pose threats to our members' health and safety.[475]

Despite their overt focus upon work, health and safety issues, the Union did also make reference to the same legislative imbalances that were reported by the Equal Opportunity Commission:

> School leaders have reported that at times there are tensions between the requirements under the DDA to provide access to education for students with unpredictable and challenging behaviours and their responsibilities under the WHS Act to remove or mitigate foreseeable risks to staff. This is an area where there needs to be clearer information, resources, greater support and training for school principals as they are required to manage competing interests.[476]

It was often conveyed to the Committee that the only real solution to this problem was to view difficult student behaviour as communication. SA SEPLA expressed this idea in their submission, focusing their concern on children with communication problems:

> Understanding the purpose of any behaviour is paramount. Behaviour is communication. Ensuring that students who are non-verbal have access to and are taught a range of communication strategies, from low to high tech, is a vital step in reducing stress levels, frustration and dangerous or undesirable behaviour.[477]

---

[473] Submission 49, Equal Opportunity Commission, page 11
[474] Submission 49, Equal Opportunity Commission, page 11
[475] Submission 20, AEU, page 21
[476] Submission 20, AEU, page 22
[477] Submission 38, SA SEPLA

Speech Pathology Australia also spoke of undiagnosed communication/language issues often being perceived as poor behaviour instead:

> What tends to happen is that speech pathologists will work very early on in the presentation of children at schools. So what sometimes happens is that the diagnosis may happen early but, with 90 to 95 per cent of services being delivered very early on, if actually your language disability happens a little bit later you may not be diagnosed and the difficulties then start to be described in terms of behaviours. We have a lot of research that shows that a number of children who are suspended or excluded from schools have an undiagnosed or undetected language disorder.[478]

Autism SA speaks about the lack of understanding for adolescent ASD students struggling to come to terms with their social worlds:

> As adolescents become more aware of their inability to “fit in” socially, rates of anxiety and depression increase (Attwood, 2006). A survey of 173 families of children with ASD in mainstream schools by Whitaker (2007) found over 40% of parents to be concerned by the lack of understanding of the reasons for their child’s challenging behaviours among school staff.[479]

Dr Margaret Kyrkou said that student ‘bad behaviour’ is in many cases not something that needs to be ‘managed’ but should be avoided in the first place. This can sometime come down to the most innocent and ordinary of a teacher’s decisions:

> What bothers me is that with a number of the schools—and it is not just special schools, it is mainstream as well—any behaviour they see they assume is just bad behaviour and you manage bad behaviour by behaviour management.
>
> What they don't understand is that what they have actually done has often caused the behaviour. For example, they may have changed something within the classroom without warning the student. They might have suddenly decided that, instead of the program the student has set out in front of them, they are going to go to the library or somewhere else, on the spur of the moment, without any warning.[480]

She also warned against embracing the typical responses to behaviour management from educators, such as requests for more staffing support.

> Many school staff believe that the entire solution for management of students with challenging behaviours is having more staff, but in some instances more staff crowding the student increases the student's anxiety leading to increased challenging behaviour. Often staff do not understand that their accustomed way of relating to students with ID, more commonly effective, is not appropriate for students who also have ASD.[481]

Advocacy for Disability Access and Inclusion brought to the Committee’s attention a relatively unrecognized problem within behaviour management for students with disabilities. They pointed about an unusual situation where students had to fail repeatedly in order for supports to be put in place, a perverse situation where success comes through failure.

> Additionally staff within the Department for Education and Child Development are extremely knowledgeable but rather than being able to put in place prevention strategies in schools have to use evidence based responses where the student has to continually fail and

---

[478] Transcript of Evidence, Speech Pathology Australia, page 212

[479] Submission 4, Autism SA

[480] Transcript of Evidence, Dr Margaret Kyrkou, page 146

[481] Submission 42, Dr Margaret Kyrkou

> fall into a heap so there is enough evidence gathered before any supports can be put in place. The focus in these situations is all on behaviour management rather than prevention and education.[482]

The Shine SA submission discusses a similarly unrecognised problem about the sexual and relationship health of students with disabilities. They advised that often behaviour management stems from sexual behaviour that is difficult for educators and parents/carers to discuss, broach or understand:

> An indicator of the low priority given to relationships and sexual health education is evidenced by the fact that often the first point of contact with SHine SA by a school or parent/carer is in response to a perceived problematic or inappropriate behaviour. This is often the result of a lack of investment and consideration into aspects of the child or young person's relationships and sexual health developmental needs… Teachers and support staff who have direct contact with children and young people often advocate strongly for access to relationships and sexuality education as part of the curriculum. However they can experience resistance from parents/carers who may be overwhelmed by the developmental needs of their children or who are unable to perceive any sexual health needs, seeing their child as asexual or lacking the capacity to establish intimate, consensual relationships. Resistance can also come from internally within a school where budgeting demands and/or academic priorities result in insufficient resources being directed into this area of learning and support.[483]

Alongside the complexities of sexual health for students with disability, Dr Margaret Kyrkou also spoke about how health complaints in students with disabilities can sometimes become complicated with their disability:

> A person with disability is still entitled to get other conditions—they are entitled to get pain for broken legs, the females with period pain, etc.—and that is often over looked.[484]

Overlooked health issues can include mental health conditions. One parent's submission provided evidence of bullying that led to deteriorating mental health in a student, which was 'explained away' as a sign of the disability:

> Her absences that frustrated the school were due to her declining mental health and needed to be treated as any other illness, my attempts to negotiate part time schooling to help her manage, even with the support of her psychologist, was dismissed by the principal. The bullying surrounding her mental health, and the ridicule around the belief she was just faking her issues 'to get out' of school became unbearable. After several hospital admissions and increased self-harm, we withdrew her from school and now home-school her.[485]

The DECD shared with the Committee that they were aware of increasing mental health needs of students with disabilities. Trish Strachan, the Executive Director of the Office for Children and Young People, outlined some of their actions in this area. These included schools being involved in Beyondblue programs such as MindMatters, as well as government funding for primary school counsellors. They also stated that when challenged by complex and difficult cases of mental health, the DECD partners with the health system:

---

[482] Submission 29, Advocacy for Disability Access and Inclusion, page 4
[483] Submission 50, Shine SA, page 1
[484] Transcript of Evidence, Margaret Kyrkou, page 153
[485] Submission 9

> At the more complex end, DECD also has a partnership with the Women's And Children's Health Network. So we work with the child and adolescent mental health services at the Enfield campus where children with significant mental health issues actually have their teaching and their mental health interventions provided at the one site. There is also a Child and Adolescent Mental Health Behaviour Intervention Service.[486]

However, the Committee heard concerns about the Behaviour Intervention Service in relation to their practice and commitment to cooperation. Dr Margaret Kyrkou gave an example of a student with disabilities and their unhelpful relations with the Intervention Service:

> The other comment I can make on the Behavioural Intervention Service — and this is only one parent's comment — is that when her seven - year - old son went to the Behavioural Intervention Service, he was in mainstream schooling and the psychologist and the service coordinator from Disability SA were there also because they had been working with him. The Behavioural Intervention Service said, 'We work our own way, so we don't take notice of what ways you've found have helped him.' That seemed to be pulling against each other and we haven't got enough services as it is.[487]

Closely aligned to the mental health of students with disabilities is the issue of abuse, neglect and developmental trauma inflicted upon children. The Committee heard that this issue poses a significant challenge to the education system. The topic was charted with concern by the Guardian for Children and Young People, who advised the Committee of the interconnected reality of abuse and trauma upon students:

> In 2015, the Queensland Department of Education and Training provided an overview of the impacts, and they talked about the insecure disorganised attachment disorders; medical conditions, in terms of the failure to thrive, hearing loss and brain damage; mental health issues in addition to depression, anxiety disorders, eating disorders and post-traumatic stress; and, later in life, issues associated with alcohol and substance misuse; behavioural problems, such as aggression disruptive behaviours and hyperactivity; and a range of social issues. So, there is a sense of interconnectedness and interplay between all of those.[488]

The Guardian was of the strong view that the key to supporting students who experienced trauma was the provision of early intervention strategies and flexible learning options within schools[489]. Their submission called for teacher training on the effect of trauma on students development, asking for the provision of, “information and skills development for school staff in understanding and responding to children with learning disabilities resulting from early childhood trauma”[490].

The fact that students with disability can come to the education system from backgrounds of abuse and neglect was a feature of the Life Without Barriers submission. The submission spoke at length about the story of “Anna”, a girl under the guardianship of the Minister, with developmental trauma due to early abuse and neglect. She exhibited “aggression, emotional outbursts, hyper-vigilance and hyperactivity, stealing food, defiance, inappropriate language and violence” at her special school, after she was placed in emergency respite care. The organisation identified the problems within the school in dealing with this particular student. “Anna” is now doing well after securing long-term placement and moving to a new school.

---

[486] Transcript of Evidence, DECD, page 38

[487] Transcript of Evidence, Margaret Kyrkou, page 150

[488] Transcript of Evidence, Office for the Guardian of Children and Young People, page 98-99

[489] Transcript of Evidence, Office for the Guardian of Children and Young People, page 99

[490] Submission 35, Office of the Guardian for Children and Young People, page 5

> However, at her previous Special School the following issues were identified:
>
> A general lack of understanding by the school staff (at a Special School) of the impact of developmental trauma and how it impacts on behaviours for children with a disability. The school was reactive rather than preventative in their overall approach to Anna and did not implement the preventative strategies that directly met Anna's needs.
>
> A persistent view by the school that exclusion was the best way to respond to her challenging behaviours, despite advice against this by professionals in the care team.
>
> A simplistic understanding of Anna's presentation and belief by teachers that that she could/should control her behaviours herself and should be able to conform.
>
> An observed inflexibility in the school staff's ability to view Anna as an individual with differing needs from other children and young people in their school i.e. a "one size fits all approach to behaviour management"
>
> A lack of openness and willingness by the school leaders to take on board professional advice on the young person's needs and behavioural strategies SSO staff that were reportedly 'afraid' of Anna and were not skilled enough to manage behaviours.
>
> Staff at school appeared to be heightened emotionally when dealing with Anna themselves and had difficulty managing their own emotions and reactions. They demonstrated few skills in being able to de-escalate or calm Anna when she became stressed.
>
> Unprofessional comments were made to the care team about Anna that were discriminatory in nature.
>
> School staff did not appear to understand that they needed to adjust their explanations to Anna to accommodate her intellectual impairment.
>
> Behavioural strategies that were negative and shaming
>
> Strategies of segregation were used by school leaders. This included shutting Anna out of classes and leaving her in the yard alone to 'calm down'.
>
> There was also an inability to protect Anna from bullying and harassment in break periods at school, specifically: a lack of intervention and supervision during lunch and recess breaks.[491]

In conclusion, it is worth noting that other behaviours that are less severe and aggressive, (such as simple disengagement and distraction) can equally interfere with a student's progress, and thus should not be ignored. Speech Pathology Australia reminds us of this in their submission:

> Not all students with complex needs have challenging behaviours, however, it is well documented that as students with unmet or poorly supported communication needs move through the education system teachers observe changes in behaviour. These students either become withdrawn, disengaged, socially isolated from their peers or they do not participate in class. Students and their parents across Australia report to our members that students are bullied by other students for not being able to contribute effectively in class. At the other end of the scale, the students can become "class clowns", constantly distracting themselves, and others, from the task so that they do not look inadequate.[492]

---

[491] Submission 27, Life Without Barriers

[492] Submission 34, Speech Pathology Australia, page 5

3.5.3 Interoception Rooms and Practices

The Committee received many requests for the education system to explore and trial new ways to manage behavioural issues, especially for students with disabilities. Advocacy for Disability Access and Inclusion provided an example of why such things are needed:

> [A] 16 year old student enrolled in a Catholic school has Autism Spectrum Disorder (ASD) plus some other physical disabilities. Family contacted us for support after the student started to receive reports on his behaviour. The family felt that there were unreasonable demands being placed on the student and that there was no understanding of how ASD affects the students behaviour. For example one particular trait is the need to escape somewhere 'quiet and safe' when things get overwhelming and his anxiety levels where high. Despite several requests for a space to be provided and there being nothing the student was reported for continually accessing the stairwells where students were not allowed. He was only accessing these as they were a safe place away from other students.[493]

While some submissions called for such rooms of reprieve for students with disability, others felt there was no place for such rooms in modern education settings because they have been so poorly implemented in the past. Sam Paior especially put forward this sentiment in her testimony, where she had earlier referred to such isolation spaces as ‘crash and bash’ rooms:[494]

> DECD should also mandate that time-out, chill and seclusion rooms are banished. They have no place in our society today. Closed doors and small isolation rooms are simply not an option; all the research shows that the trauma these create far outweighs any of the short-term benefits.
>
> I was incredibly frustrated to see that my own children's primary school, when they built two new special options classrooms only a few years ago, they built in a seclusion room—and you know that it is a seclusion room because they put the handle too high for a child to reach and there is a window in the door and the whole room is sealed with literally padded walls, softened walls. They can call it the therapy room if they like, but that is not a therapy room.[495]

Dr Margaret Kyrkou had a different view. She spoke to the Committee about student’s need for respite and emotional adjournment from the pressures of the classroom. Her employer, the Centre for Disability Health, had often been a resource for such students and families struggling with anxiety and needing help to manage the stresses of the classroom. However, the Centre for Disability Health is earmarked for closure:

> It's not the school staff's responsibility to identify anxiety: it's more the fact of referring them to services who may be able to identify that and manage it. As you know, the Centre for Disability Health does that, but we won't be in existence as of June next year, so that's another issue from our point of view. We don't know where families are going to go then.[496]

In the absence of the Centre for Disability Health, Dr Kyrkou stated that she would like to see all schools equip themselves with ‘withdrawal’ spaces that students can access. These spaces should provide students, with and without disabilities, with respite from the anxieties the classroom can cause:

---

[493] Submission 29, Advocacy for Disability Access and Inclusion, page 5

[494] Transcript of Testimony, Sam Paior and Witness B, page 171

[495] Transcript of Testimony, Sam Paior and Witness B, page 175

[496] Transcript of Evidence, Margaret Kyrkou, page 149

> I would like to see that in virtually all schools because all schools will have students—not just the ones on the spectrum with disability but mainstream students—who get pretty anxious, etc., and if they've got a withdrawal area that's not a punishment, where they are actually actively doing things.[497]

Dr Kyrkou also spoke of her and her colleague's efforts at developing new body awareness techniques that can be utilised by students experiencing anxiety, tension and overwhelming emotions.

> As I said, in another role I am working in elsewhere, with Jenny Curran and other staff, I am working on big body type stuff: body awareness, where your body is in space, what it's feeling like inside, what it feels like to be anxious, etc. Those things are all teaching things that would be of far more use for them than suspensions.
>
> But I can understand the teacher's point of view, they have a duty of care to their staff and to the other students, so they are caught. If they don't suspend the student and the student hits someone, either it's a staff member and the department is on their head or it's another student and they have parents on their head, so I can understand both sides of it.[498]

The Committee was informed of a comparable initiative in the provision of 'withdrawal' rooms to help children with their behaviours in a body conscious/aware fashion. A trial has been occurring at the Gawler East Primary School with a new method of disability support using 'interoception rooms' and 'interoception exercises'. Mr Ken Randall, the Acting Principal at the school, explained the reasons that lead to the trial:

> At Gawler East Primary School, we were looking to cater more effectively for a group of students who were having difficulty in self-regulation. They were students who regularly left classrooms without permission because they were not able to cope with what was going on in the classroom, having meltdowns, tantrums, and often aggressive towards other students.
>
> So, we were looking at ways that we could cater for them more effectively and get them more engaged with their learning in classrooms. Part of our idea was to actually create a room that they could go to, to learn some of those self-regulation skills.[499]

The idea was for this area of respite to be available not only for children with disabilities who felt overwhelmed but any student experiencing stresses and anxieties. In this room students would engage in programs, strategies and exercises that help them self-regulate their emotions through interoception. Interoception was described as the awareness of internal bodily regulation responses to such things as respiration, hunger, heart rate, temperature, digestive elimination and the like. Interoception is defined as one of the eight sensory modalities, which includes the five basic senses (sight, smell, etc.), the vestibular (balance), proprioception (body in space), and interoception (internal bodily state) systems. Interoceptive awareness is defined as the conscious perception of internal bodily cues such as breathing and heartbeat, and how these are related to emotional experiences. A lack of interoceptive awareness, or lack of understanding about physical internal bodily cues for students may be a core factor in emotional overloads, shutdowns, meltdowns and challenging behaviour.[500] The program's

---

[497] Transcript of Evidence, Margaret Kyrkou, page 151

[498] Transcript of Evidence, Margaret Kyrkou, page 151

[499] Transcript of Testimony, Gawler East Primary School, page 179

[500] See, https://mindfulbodyawareness.com/resources/ accessed 26/07/2016. 20 minute presentation on interoception from the Aspect Autism in Education Conference in Melbourne – May 2016 giving early research results in school trials.

architect, Dr Emma Goodall, a senior advisor on ASD at the Office for Education and Early Childhood, explained her interest in the concept of ‘interoception’ to the Committee.

> I reviewed some research into interoception at the end of last year. Interoception is the awareness of your internal body states— your biological and physiological states— and also your emotional states because emotional states are just a collection of biological changes. The research was around interoception and autism, but there was also another body of research that I then looked at which was around interoception and trauma and how it was helping minimise aggression and violent outbursts following PTSD in Iraq war veterans.
>
> It was the two groups of people, those on the spectrum and those who have trauma. I thought that this looked really interesting, so I wrote a curriculum for it for a school to trial… Gawler East was very kind and agreed to trial a combination of the two. I wanted to put them together and see if that worked well for what their needs were. They chose to call it The Nest.[501]

This interoception room trial was conducted to determine if such methods of behaviour management delivered a noticeable decrease in poor student behaviour, but also if the use of such rooms and practices increased student’s engagement in learning. While the current trial focuses on qualitative behaviour and engagement and does not assess quantitative academic increases, the early outcomes are encouraging:

> So far, the data has shown it's effective overall…Where there have been less gains, we've know that it's due to further trauma happening or medication changes just before we have collected the data. Our qualitative data is really interesting because that's shown that staff find it easy to teach and students are actually developing self-management skills. They are being able to be co-regulated much more easily and they are learning to connect to themselves— which for those on the spectrum is really important— and to connect to other people.[502]
>
> The three-month results on kindness and positive behaviours from the families were all increased on the baseline data.[503]

Interoception principles and exercises are also practiced in all the classrooms, not merely in the interoception room. All teachers have to be trained in the exercises:

> Our plan really is to have the exercises that are going on in The Nest going on in all classrooms. We expect all teachers to learn the program and use it with all children in the classrooms, because it's not just benefiting those students with self-regulation difficulties. It will benefit all students.[504]

Dr Goodall was also careful to separate interoception principles from mindfulness meditation exercises.

> It is often described as mindful body awareness, and there are some breathing exercises. It was chosen not to be using the mindfulness language and techniques partly because mindfulness to some people is associated with spirituality and religion, and this is a very 'connect to yourself, connect to other people' thing.
>
> Also, mindfulness programs have been shown to be problematic for children with trauma

---

[501] Transcript of Testimony, Gawler East Primary School, page 180

[502] Transcript of Testimony, Gawler East Primary School, page 180-181

[503] Transcript of Testimony, Gawler East Primary School, page 184

[504] Transcript of Testimony, Gawler East Primary School, page 181

> and this is not being problematic, because all we are teaching them to do is notice their bodies in the moment— not all the time. We are not asking them to do that when they are experiencing trauma or to revisit the trauma, but to do things like learn that if they touch their face with their hand at different times they can feel whether it is hot or cold, and that will prompt how you respond to that temperature. So, do I put a jumper on or do I take a jumper off?[505]

There is also the hope that such initiatives will help reduce stigma, because the Nest is not exclusively for students with disabilities, but for all students in the school. It is also hoped that this approach will help normalise the idea that students of all types need support at some time or another. Dr Goodall again explained:

> …because it's about normalising needing support. Everybody has strengths and everybody has support needs. That is very much something that goes into the policy that I write and the programs that I am developing, and I think that, if that goes into the thinking of the other students too, then the stigma will decrease.
>
> So we are doing qualitative collection of data along with this. We do talk to the students themselves, to the teachers and the parents, as well as the target students, to find out how it is changing things for them and what they are finding. We are finding they are connecting to other people more, their peers, which will decrease the stigma.[506]

3.6 Terms of Reference 6

The availability of specialist staff in rural and regional South Australia

3.6.1 Regional and Rural Staffing

A number of submissions highlighted the particular challenges facing students with disabilities in rural and regional areas. Advocacy for Disability Access and Inclusion Inc. provided a case study which illustrates the plight of these children, and the deterioration that can occur in regional educational settings:

> Advocates know of one family in a regional area where the now 18 year old child who has ASD and Down Syndrome was removed from primary school at age 7 because they would not provide the appropriate support. The mother says they refused to do very much and would lock him in a broom cupboard if he had a meltdown to remove him from the other students. She also said they were using the disabled toilet as storage and refused to clean it out.[507]

Catholic Education SA registered their concerns about the issues facing their regional schools, stating that “in rural and remote areas it is often very difficult, and sometimes when the need is right there the wait times are quite long”.[508] AISSA admitted hat there are substantial challenges in securing specialist services for their regional schools. They also reminded the Committee that providing such services can change worlds for both students and staff.

> One of the issues in your terms of reference relates to specialist staff, and the access to specialist staff has always been a big issue for us, particularly in regional areas, where often

---

[505] Transcript of Testimony, Gawler East Primary School, page 182

[506] Transcript of Testimony, Gawler East Primary School, page 183

[507] Submission 29, Advocacy for Disability Access and Inclusion Inc., page 8

[508] Transcript of Evidence, CESA, page 21

> the access to a speech pathologist is just not there. Our experience is when that expertise is available it can really make a difference, it can really enhance the capacity of the teacher to actually work with the student and adapt their practice, and it can also help the student in their own ways to advance.[509]

AISSA also directed the Committee's attention to the fact that they once had had access to the Department of Health's allied health services. This support has now disappeared. This was a situation they hoped would be rectified to provide for their students with disabilities in regional areas:

> I think some of it in regional areas has been a bit frustrating in the past where we were able to access some of the Department of Health's allied health support but that doesn't seem to be available now. For example, if you are in Whyalla, if there's someone in Whyalla who works for the government who has got that expertise, I think they should be available to help a child in any school, and that has been a cause of frustration that we have pursued for many years with government, without success. That's not an education department thing: that's a broader government issue.[510]

DECD also spoke about the challenges recruiting staff in rural and regional South Australia. However, they hoped that their recently instituted channel structure for departmental schools would help improve the staffing shortfalls. They reported that their new 'channel' structure saw schools now exist in partnership relationships with other schools, linking preschool, primary and secondary components. These channels were overlaid with the state-wide support services for a more integrated and aligned system of delivery.[511] The hope is that channels will deploy allocations and services efficiently to the school partnerships:

> I think all systems are challenged by recruiting skilled staff in country areas, and DECD was no exception. The notion of the channel was actually to have a really flexible workforce. The channels support quite a number of partnerships, but they include both metropolitan and country services, so there is an obligation for that channel to make sure there's flexibility to support students in rural areas. We've actually started then putting in place fly-in fly-out services and obligations for the staff we recruit to provide both metropolitan and rural services, or to bring in either contract outsource some of our services in rural areas.[512]

The Council for the Care of Children reported that some of their survey participants had firsthand experience with this FIFO support:

> Rural families mentioned fly-in fly-out (FIFO) therapy services that had come to their children's schools, once every school term.[513]

The Council highlighted that one of the parallel problems with a lack of resources in regional settings, is the lack of knowledge and awareness of disability services amongst the population. Families simply were not aware of what services were on offer and how they could access them. A lack of resources is compounded by a lack of knowledge, and a lack of confidence to advocate for what families need:

---

[509] Transcript of Evidence, AISSA, page 2
[510] Transcript of Evidence, AISSA, page 4
[511] Transcript of Evidence, DECD, page 28
[512] Transcript of Evidence, DECD, page 34
[513] Submission 26, Council for the Care of Children, page 30

> Rural families continue to face additional challenges in terms of access to and/or a lack of services. A few of them also spoke of a lack of personal knowledge or confidence to achieve the best outcome in their children's plans.[514]

Speech Pathology Australia also spoke of the fact that many people, even in metropolitan areas, simply do not know where and how to access services. When they do finally connect with services, the reality is that people find waiting lists, delays and expired eligibility. This is a situation that is greater in the country:

> Ms DIXON: I also think that people just don't know where they can access it or if they try, they're told, 'We've got a two-year waiting list,' and by the time the child gets to the top of the waiting list, they've moved on to the next system, they're not eligible for the next system or they've got to wait another however many years. I also think inaccessibility is one of the major issues.
>
> Ms MULCAIR: Which of course is even more exacerbated in rural and remote areas, we know that.[515]

The need for informed families of children with disabilities in rural areas is especially urgent due to the impending rollout of the NDIS. As the introduction of NDIS is a significant national reform of disability services Australia-wide, there is a corresponding need to create viable rural and regional markets, comprised of appropriate service providers and knowledgeable consumers. The NDIA noted this necessity and challenge in their submission:

> If you live in remote parts of Australia, if you live in parts of Australia where there is very limited choice, an ordinary life is very different to someone who may live in a capital city. I think we have a range of constructs that we approach this from, and then where we do see significant shutout or significant market limitations due to accessibility or market capability, that's where we should be putting some of our effort around market development.[516]

Developing this market is likely to be an area needing significant intervention and encouragement for rural areas. The size of the challenge was ably demonstrated by Richard Neagle, who confirmed that many services are entirely absent in regional South Australia.

> I have the good fortune of going on the Variety Bash every year, where quite often we make good with the appeals around country centres. From talking to the people in these communities, these services are non-existent. However, what we usually do at Variety is donate equipment in the main, not programs, but the programs don't exist. If they do exist they exist from St Patrick's, with all their facilities to outsource it in some manner. But that is only done through the information technology systems.[517]

The AEUSA submission usefully provided some specific examples of problems in rural disability education. The Lucindale Area School Principal, Adrian Maywald, identified some of the overlap between inadequate resourcing of students with disabilities and teacher and school leader workload. While this is an issue affecting all schools, including the metropolitan sites, the problems are intensified in the regions:

> Teachers are spending hours outside class on paperwork or preparing individual lesson plans, because otherwise it would reduce the time children get for support. We still have

---

[514] Submission 26, Council for the Care of Children, page 4

[515] Transcript of Evidence, Speech Pathology Australia, page 128

[516] Transcript of Evidence, NDIA, page 140

[517] Transcript of Evidence, Richard Mark Neagle, page 55

> concerns with students not being funded for the entire term. We are in rural SA and there is a lack of expertise or access to specialist schools in our area. At times in the past we've struggled to get people to attend our site in a timely manner to undertake assessments but we've seen an improvement since a restructure earlier this year in some areas, although, with a shortage of staff for some key positions this has continued to be an ongoing concern.[518]

The AEUSA also demonstrated some significant problems of extreme delay in service provision that were occurring in Kangaroo Island:

> For example, until recently there were no paediatric speech services (and other early intervention services) on Kangaroo Island in South Australia, until the child reached school age. At that time, he or she would be placed on a waiting list for up to eight years for a visiting service team, who only attended twice during a school term. Children with severe difficulties (such as feeding difficulties) were directed to the mainland. The consequence of this delay is that problems are not picked up early enough, leading to poor educational and health outcomes.[519]

AEUSA felt that these two examples show the chronic nature of the problems experienced by low SES and rural/remote communities in accessing education and support services for children with disabilities[520]. They also relayed concerns from principals, teachers and parents about DECD policies that further complicated these issues. Regarding the formation and placement of special schools, DECD maintains a policy of student number thresholds to determine when and where such schools will be created. Unfortunately, the numbers of students with special needs in rural and regional communities rarely meet such thresholds, and hence additional classes are not formed.[521]

Finally, one submission spoke of the often overlooked fact that families in rural and regional settings are restricted not simply in the services and professional resources available but also restricted in their choice of school. A parent's ability to 'shop around' for the right educational environment for their child is impossible in a setting where perhaps only one school services an entire area:

> In particular in country schools due to financial restraints and physical distance parents are limited to enrolling their child in the local school and can't look at other options. If this school or the management has a negative attitude to their or other students with extra needs they feel extremely isolated and the wait time or the availability of specialist support is extremely long – with irregular visits, long waiting lists to get referrals and staff sometimes wanting to push parents into accepting a diagnosis in the autism spectrum to qualify for the latest round of funding - if they can't put their child into a diagnosis box.[522]

---

[518] Submission 20, AEU, page 4

[519] Submission 20, AEU, page 7

[520] Submission 20, AEU, page 7

[521] Submission 20, AEU, page 22

[522] Submission 5

3.7 Terms of Reference 7

Any other related matter.

3.7.1 The NDIS

The NDIS will have a profound impact on the lives of people with disabiltiies, including students. The impending promise of a fully implemented NDIS had many of the contributors to the Committee both hopefully expectant and carefully concerned about its effects upon the education system. Largely the concerns were various forms of confusion about the overlapping jurisdictions of the federal NDIS and the state-based education systems. Autism SA put their concerns this way.

> Currently there is ongoing confusion between the interfaces of education and now the newly created National Disability Insurance Scheme adding yet another layer of complexity to supporting individuals with a disability in Education settings. Disability does not disappear and reappear dependant on the location of an individual i.e. school or home, the supports required are the same and pervasive, systems need to learn to work together for the best outcomes of the individual.[523]

Children with a Disability Australia predicted that confusion over roles and responsibilities between state and federal systems would be a possibility.

> The interfaces with mainstream sectors are critical to the success of the NDIS, given the Scheme's defined goal of supporting inclusion and participation of people with disability in all areas of the community. It is imperative that there are clear processes regarding coordination, assessment, entry points and evaluation between these life areas. Traditionally education and disability services have been distinct policy and practice areas. The challenge now is to forge a shared pathway with the mutual goals of ensuring the specific needs and supports of children with disability are better identified and provided.[524]

More specifically they predicted that issues of resources, school capacity, and program coordination could complicate the interface between disability support and educational providers:

> Cost allocations, funding responsibility and new funding possibilities are driving much interest in the NDIS from the education sector. While this is important in looking at how the growing demand for education support for students with disability can be managed in the future, there are other practical dilemmas around definitions, cross program coordination, resource use, school capacity and transition management that are also needing resolution through this process.[525]

The Equal Opportunity Commission advised that they were already beginning to receive complaints about schools and families who are in disagreement about the provision of NDIS funded therapies on school grounds. The NDIS is a "person-centred" approach to service provision, an approach which is recognized as best practice both nationally and internationally. This individual-based system results in increased purchasing power to buy individualised disability support services, and leads in demand for these services to occur on school grounds. The fact that a school is not in control of the services and activities that are increasingly being

---

[523] Submission 4, Autism SA

[524] Submission 45, Children with a Disability Australia, page 71

[525] Submission 45, Children with a Disability Australia, page 71

requested to take place on their grounds and under their supervision, is a significant point of contention between families and schools. The individual approach of the NDIS and the community concerns of the school often lead to conflict. They conclude that guidance on how families and schools will have to cooperate "under the NDIS may be required in the future".[526] The SA Special Education Principals and Leaders Association noted that these demands were increasing, and perhaps interfering with student's right to education and instruction:

> With the implementation of the NDIS an increasing number of non DECD service providers are requesting preschools and schools to allow them to provide services to individual children and young people during the hours of entitlement in preschools and the compulsory hours of instruction in schools. This has become problematic for sites as it impacts on their core business of teaching and learning. Students with disability may not be receiving their full entitlement of teaching[527]

Novita Children's Services also confirmed this emerging situation. Their submission noted that individual children accessing individual therapies under the NDIS was creating a whole new level of therapeutic access. This new level of choice and access meant a broader range of service providers, and hence, "more variability in therapeutic approaches employed".[528] The demands upon educational sites, especially those sites with high numbers of students with disability such as special schools, meant schools were increasingly stipulating that these services could not occur at school or during school hours. They admit that this situation has impacts that are "multiple, varied and interrelated", which they outlined for the Committee:[529]

> <u>For the children:</u>
> - Reduction or no therapy services in the child's most significant naturalistic community setting (preschool or school), reducing the scale of outcome opportunity for functional skill acquisition
> - an increased need to attend therapy appointments before or after school, resulting in longer days for a child to be engaged in formal instruction
> - missing school and opportunities to engage in the full curriculum, in order to attend therapy appointments
> - education staff less equipped to adapt the curriculum to meet a child's individual needs, leading to lower educational outcomes.
>
> <u>For the parents and carers:</u>
> - compromised ability to engage in paid work when they are required to take children to external therapy appointments during school time
> - longer, more demanding days taking children to therapy appointments before or after school hours
> - increased demand and frustration negotiating with their preschool or school for therapists to be able to see their child in that setting.
>
> <u>For the care and education staff:</u>
> - reduced access to therapists to develop their skills to meet the individual needs of students with disabilities and to create quality inclusive environments
> - reduced access to hands-on assistance by therapists in classrooms.

---

[526] Submission 49, Commissioner for Equal Opportunity, page 12
[527] Submission 38, SA SEPLA
[528] Submission 39, Novita Children's Services, page 4
[529] Submission 39, Novita Children's Services, page 4

> For the therapy service providers:
> - concern by therapists at not being able to provide best evidence-based therapeutic interventions in care and education settings; i.e. one of childhood's major naturalistic settings
> - high demand for appointments before and after school hours, constraining availability for appointments
> - an increased demand overall for therapy services, resulting in workforce response issues, and implementation of wait lists for services; adversely affecting the ability to provide timely early intervention.[530]

Finally, Novita warns that while the transition of school age students to the NDIS is currently limited, its continued rollout is likely to amplify all these tensions unless appropriate policies can be implemented. They warn that this anticipated 'congestion of service delivery' will only worsen, and needs to be managed by schools so that the advantages of the NDIS for students can be felt.[531]

In general, the Association of Independent Schools SA were realistic about the effect that the NDIS would have upon their school environments. They didn't see the NDIS as some future potential source of support, admitting to the Committee that they "(thought) the NDIS basically stops at the school gate".[532] They were asked whether they had encountered any difficulties with NDIS-funded external service providers seeking access to their schools, and answered that it was not a significant problem. They admitted that perhaps finding appropriate facilities might pose an issue, though such things were not insurmountable.[533] They also dismissed concerns about occupational health and safety being a barrier to the access of these providers, which was something they felt could be easily managed. The particular concern of their members was the interruption of the school day and student learning because of these therapeutic sessions:

> One thing that sometimes schools do find difficult is if their school day is disrupted for a student. That can be a challenge, if they take it out of doing whatever, and how that fits into that overall program about whether that is the best time for the provision of that support. I'd be surprised if health and safety was an issue. There are certainly child protection steps we'd have to go through, but I'm not aware of that being an issue.[534]

Catholic Education SA also admitted to the tension between a student's therapeutic needs (which make education more accessible for the student) and appropriate time spent on the curriculum (which is necessary for student attainment). This was a negotiation that they understood needed to be made between schools and parents:

> So the parents have to decide what's best for their child therapeutically; schools have to be part of that equation in that partnership in saying, if we expect outstanding learning outcomes in a child having a post school pathway that they can choose, that means meeting SACE requirements, and so to get there you have to have adequate time, adequate resources and adequate learning, and you can't do that if you're doing that part time… So, the tensions for us are around what is our core business and how we have to advocate for that. So, yes, there are some tensions, but we would work on a case by case basis.[535]

---

[530] Submission 39, Novita Children's Services, page 4-5
[531] Submission 39, Novita Children's Services, page 4-5
[532] Transcript of Evidence, AISSA, page 5
[533] Transcript of Evidence, AISSA, page 6
[534] Transcript of Evidence, AISSA, page 6
[535] Transcript of Evidence, CESA, page 20.

CESA were also aware of the challenge that the NDIS posed to their own decision making. Where previously they had chosen the services that their students would have access to, the NDIS now largely takes this power out of their hands. They noted a large increase in the costs of such therapeutic services for students with disability in the wake of the NDIS:

> We welcome the notion of NDIS as being really significant in giving parents agency; it's just fantastic. I suppose it's new for us, and it's working through the detail of what that actually means. So, some of the challenges for us would be that in the past we connected with organisations or individuals who provided therapies. We had a process over years where we would, I guess, select those organisations and those individuals that we believed enhanced the learning outcomes of students. Our capacity to have some input into which therapists work with children is diminished… What I've noticed is the cost of accessing therapies has increased, where a number of therapists have moved out of organisations and set up individually. In some areas, it's increased almost 80 or 90 per cent.[536]

The DECD spoke of the need to evolve and liaise with the incoming NDIS:

> I guess one of the most challenging areas for us at the moment is the transition with NDIS and the new national disability program… The committee is, I am sure, aware that South Australia was a launch site, as it was referred to, for the 0 to 5 and then up to 0 to 15.
>
> We know that it's probably tracking behind the time that governments would have liked in relation to the transition to the integration of a more national disability insurance-type approach. We will have to be very conscious of how that impacts on the provision of things such as transport, support services, special education as well, and we are doing a lot of work behind the scenes with the Department for Communities and Social Inclusion, who have the lead in this particular area in relation to those transitional arrangements.[537]

Similar to AISSA, DECD were relatively undisturbed about the potential effects the NDIS would have upon their educational systems. They too believed that the education system should not regard itself as being supplemented by this new support regime, and plan themselves accordingly. Asked if the NDIS provided any specific support of an educational nature; the CEO answered:

> I think that is a very moot and debatable point at the moment. I think probably the answer is most likely not, even though you could argue strongly that if you provide the wellbeing, care and support owing to the disability and the need, that is going to be very contributory towards better education outcomes for children.
>
> But, I understand would be that the precise details of an assessment or rating of educational need is not precisely picked up in the assessment through an NDIS individualised funding. [538]

While the educational authorities were relatively confident about solving any emerging problems around interacting with the NDIS, they also downplayed any expected or explicit gains to their systems and procedures coming from the scheme. They recognised that the NDIS would in some way impinge upon their services, but they largely saw their domains as separate:

The Council for the Care of Children highlighted the potential problem of the growing 'demarcation' between the education and NDIS systems, noting that the three year NDIS pilot operation was already showing signs of cementing this separation. They felt that reinforcing

---

[536] Transcript of Evidence, CESA, page 20.
[537] Transcript of Evidence, DECD, page 28
[538] Transcript of Evidence, DECD, page 41

this separateness represented a lost opportunity to coordinate and cooperate disability services in an all-inclusive manner:

> …education and health are seen as the state domain, and disability is the commonwealth domain. One of the things that concerns me from having talked to, probably over the last two or three years, over 300 families around the NDIS and its impact, or waiting for its impact, is that what we are seeing is this very clear demarcation now.
>
> So, instead of this holistic approach which is what we have all been working toward to sort of see the whole child, because of this demarcation, there is now a schism with what is disability-specific and not part of the DECD domain, so you can't actually mesh those two together.[539]

While the Council felt that jurisdictional separation and demarcation was the key issue facing the sector, Speech Pathology Australia offered a contrary view to the Committee. They felt that a more pressing problem was the blending and muddling of NDIS funded services within educational settings. What they felt was needed was not continued integration, but a clear understanding of roles and responsibilities between the sectors.

> Previously, there was the notion that there was a divide at the school gate in terms of what was potentially NDIS and what services are provided by the Department for Education. That divide is not really there anymore, so we are seeing a lot of services by speech pathologists being provided within school hours because the parents are wanting that to occur, and that has created confusion.
>
> There are ways in which that confusion could probably be reduced. I think there needs to be a lot more collaboration between the different sectors. There needs to be more of a seamless and streamlined service, and there needs to be an understanding around the different roles and what aims for that child the different practitioners might be focusing on.[540]

They also provided a striking example of the problems associated with a congestion of therapeutic and educational services:

> An example from a primary school in the current NDIS trial site in South Australia illustrates the emerging problems. In a single junior primary based 'Speech and Language Classes' class, there are eight students with NDIS funding. There are over 20 visiting NDIS providers/therapists for these eight children. Some practitioners see two or three children in a block. This has made it increasingly difficult for the teacher to meet the obligation to delivery 300 minutes of literacy, 300 minutes of numeracy and 150 minutes of science each week for these children. It is not just the students who are 'missing out' on the required educational instruction, but the teacher (and remaining students) must lose time throughout the day to manage interruptions from NDIS providers entering the classroom. This situation undermines, collaborative, cross-discipline working relationships between teachers and speech pathologists or other specialists practitioners.[541]

Speech Pathology Australia also noted that one of the aspects they value most about their working with the education sector, (namely helping teachers to work with children with disability) is something that NDIS regime makes difficult. If speech pathology develops largely as a service bought mainly by individuals and families, the potential for institutions such as DECD to stop providing speech pathology services to their schools is one of their

---

[539] Transcript of Evidence, Council for the Care of Children, page 111

[540] Transcript of Evidence, Speech Pathology Australia, page 123

[541] Submission 34, Speech Pathology Australia, page 28

concerns. The NDIS potentially encourages the education sector to retreat from some of their previous support services:

> The great benefit of having speech pathologists working within schools and within a classroom is, as I was discussing earlier, around working collaboratively with the teacher and being able to make suggestions around particular strategies that will help that child with their particular difficulties. Unfortunately, with the NDIS, the funding does not allow that to happen.
>
> So, while it does happen in terms of education department speech pathologists working closely with teachers, the NDIS funding does not allow that, so it has tended to be more that the child is receiving a service, but it is not all linked in; it is not wrapping around the child in terms of working at a whole-of-class or whole-of-school level.[542]

They conclude that, "Where the provision of reasonable educational adjustments finish and where the provision of reasonable and necessary disability supports starts", is a decision that awaits a settlement.[543]

However, the committee did hear evidence of good working relationships between schools, parents and their NDIS-funded services. The St Morris Unit at Trinity Gardens School pointed out that actively inviting parents to use their NDIS funded therapists within the school was a successful arrangement:

> Communication is recognized as a fundamental necessity for students to succeed in learning and communicating with the larger community. We employ a speech therapist who supports and trains staff in communication systems. We have encouraged parents of students on the NDIS to employ the same therapist to come into the school to assist our students with their communication. Staff have had many training sessions on communication.[544]

Asked to respond to these issues and challenges, the National Disability Insurance Agency spoke to the Committee about the ways in which they currently intersect with the educational system. Their testimony helped to clarify where they think their supports ended, and where the educational authority's obligations began. In the main, the supports they were willing to provide were associated or extraneous supports that aided in access to education, rather than actively providing it:

> In the early age groups, very commonly we would be providing people with support for assistive technology, for equipment. In some cases, for their family we would be looking at additional support, so modification to a vehicle so that parents are able to transport their children to school, as an example. Personal care for people when they are in a school setting. There has been some assistance for some families and participants with transport to school where that has been required because of the child's disability.
>
> There has been some support certainly in early intervention, so therapeutic supports and transition to school supports to help children to be ready for the transition to school and between school sittings: primary to secondary, as well as the transition from early childhood settings to school, so a whole range of different settings. There has certainly been a focus for a number of the older children also on some behaviour management supports, so assisting not just the children but families and also teachers in those school settings to help children to manage some of their behaviours.[545]

---

[542] Transcript of Evidence, Speech Pathology Australia, page 124

[543] Submission 34, Speech Pathology Australia, page 28

[544] Submission 7, Trinity Gardens School.

[545] Transcript of Evidence, NDIA, page 132

The key determining factor for the NDIS's support of students with disability seems to be that which 'enables' participation. This enabling might occur on school grounds, but the participation itself is left to the educational system:

> Some examples of the interface in mainstream with education is that the NDIS will fund supports that enable participants to attend school education, which include assistance with self-care at school related to the participant's disability such as assistance with eating or mobility; specialist transport required because of the student's disability; equipment that is transportable such as a wheelchair, personal communication device or hearing aid; and specialised or intensive support to transition between schools or from school to post school.[546]

The NDIS draws a line between enabling supports and 'attainment' measures that are seen to be within the school's province:

> The education system has responsibility then for assisting students with the educational attainment, including through teaching and educational resources—things like learning-specific aids and equipment such as computers and textbooks; making reasonable adjustments to the school curriculum to enable access by the student; reasonable adjustment to school buildings such as installing ramps and transportable equipment such as hoists; and also transporting students for school activities such as excursions.[547]

The NDIA was also questioned about the possibility of improved integration between themselves and the education sector, similar to what was suggested by the Council for the Care of Children. They stated that they were aware of this desire within parts of the community, and thought they would have to continue monitoring and working upon the possibility of such integration carefully. They reported being open to negotiation to achieve some level of this integrated vision. But they did allude to the fact that having some distinction between the NDIS and education is a 'strength' of the scheme:

> These concepts of holistic bundling and collaboration are very large questions that we will continue to work with jurisdictions on because the mainstream interface principles, while giving good guidance, don't give a step-by-step how to. That's a strength, but it's also a weakness.[548]

People need relevant information to make informed market choices. The NDIA was questioned on whether providing this information and education for parents/carers can be included within a child's NDIS plan:

> There are a number of different supports that can be included in plans. Some examples of those are information for family members and for carers to understand more about the particular disability and the impact of that that may flow from that disability or condition. That includes not just parents and carers but siblings as well. That certainly has been a feature of many planning conversations in South Australia.[549]

The need for consumer information and knowledge to sustain a viable NDIS market was also looked into by the NDIS. As the NDIS is soon to transition towards a more fully market-based system of supports, the NDIA acknowledged that such markets are only ever effective if participants are equipped with quality information to make informed choices within that

---

[546] Transcript of Evidence, NDIA, page 133
[547] Transcript of Evidence, NDIA, page 133
[548] Transcript of Evidence, NDIA, page 135
[549] Transcript of Evidence, NDIA, page 137

marketplace. Empowering the consumer with knowledge is a vital precursor for NDIS success. Discussing the idea of a disability services 'market', the NDIA commented:

> In fact, the other day we had a discussion—a group of us at a forum that we had—talking about how do we change the behaviour of markets, and how do we change the behaviour of some current providers, not just encourage new and emerging markets. One of the ways we really believe is a powerful way is actually to inform consumers, so participants, and get them to drive the market behaviour because they actually can, particularly if they can do it in large numbers: they can actually change the market.[550]

They also provided the Committee with an example of NDIS participants pooling their knowledge and resources, empowering themselves to collaborate to achieve good outcomes for their children:

> An example… which I have seen recently, is with transport, shared transport: because participants received individual plans and funding they were able to negotiate a shared approach —the parents, in fact, negotiated a shared arrangement for their children, and that worked quite well. So there are a range of things where that could happen—exactly that—and where we may be able to help facilitate.[551]

Other evidence tendered to the Committee suggested that there are shortages of knowledge amongst participants. The Council for the Care of Children spoke about NDIS participants experiencing a lack of information and understanding to guide their involvement with the scheme, especially in rural areas:

> Some families spoke of the challenges associated with the Trial including a perceived lack of understanding by some planners of their need for respite. Other challenges, especially for rural families, included a lack of personal knowledge or confidence to achieve the best outcome in their children's plans. Some families mentioned difficulties with understanding the components of their children's final plans, poor communication with planners and being uncertain about how the NDIA complaints process worked. As in previous conversations in 2013 and 2014, the conversations again highlighted the difficulties in terms of access to and/or a lack of services for families in country areas.[552]

The Council for the Care of Children recommend the following from their key findings:

> At the very least the conversations with families from April to July 2015 have highlighted a need to:
>
> - simplify the application forms and the planning process
> - improve training for planners including to enable them to respond to queries promptly
> - open more NDIA offices, including in rural areas, and consider funding for travel for rural families
> - include information on the NDIS website about the planning process, the duration of funding and the amounts allocated and what the next steps will be once allocated funding ends
> - list service providers, including their state/territory on the website.[553]

---

[550] Transcript of Evidence, NDIA, page 140

[551] Transcript of Evidence, NDIA, page 140

[552] Submission 26, The Council for the Care of Children, page 44

[553] Submission 26, The Council for the Care of Children, page 5

Finally, the Child Death and Serious Injury Committee submitted a purely practical and procedural matter with the NDIS that required fixing. There seems to be some governance and transparency issues surrounding the NDIS's operations, and how this affects the proper functioning of the Child Death and Serious Injury Committee's legislative commitments:

> As an entity established under SA legislation the Committee is unable to request information from or make recommendation that will affect the NDIA. Without access to such information the committee's ability to undertake a systematic review of the services provided to a child and their family will be severely constrained. In addition there is no Minister, or SA Government agency, like Disability SA, who will have oversight of the delivery of services and to whom recommendations about service improvement can be made. The Committee has requested NDIA to develop an MOU that will enable access to information, but this request has not, as yet, been successful.[554]

3.7.2 The Use of Language

Some submissions also impressed upon the Committee that language was a relatively under-discussed area in the field of disability. CESA's testimony recommended that a shift needed to occur in the way we refer to disability, and that such a shift would help introduce a more inclusive attitude and environment for students with disability. They spoke of their organisation embracing Emilio Reggio concepts and terminologies such as 'rich normality':

> If I might respond, I would like as a recommendation is that we actually change some of the language around all this. Increasingly in our schools we are encouraging people to consider children with disability as children with special rights rather than special needs, so it is not viewed as a deficit, and also the whole definition around—we are starting to use the terminology of 'rich normality'.[555]

Speech Pathology Australia also pointed out that much of the language surrounding disability is construed in a negative way. To overwhelm students with negative labels was a stigma that the community rarely acknowledges it places upon students. Such labels can function as continual reminders of student's difficulties:

Speech Pathology Australia said that such reframing of the language should not distract people from the necessary additional needs and adjustments that such students require. A balancing act of being aware of disability, but not weighed down by it, was required.

> It is important to acknowledge that there are a range of terms used to describe a student's speech, language and communication impairments – such as 'problems', 'impairments', 'difficulties', 'delay' and 'disorders' which teachers and speech pathologists may use interchangeably. Many speech pathologists are reluctant to use the term 'disability' when referring to an individual student's speech, language and communication skills. 'Disability' is a confronting 'label' for children, parents, teachers and professionals alike due to the 'invisible' nature of many communication disabilities and the sometimes absent outward signs of any problem with their physical development. Regardless, the evidence is clear that speech, language and communication problems have a profound and long standing effect of educational participation and attainment – and as such, should be considered a 'disability'.[556]

---

[554] Submission 21, Child Death and Serious Injury Review Committee

[555] Transcript of Evidence, CESA, page 22

[556] Submission 34, Speech Pathology Australia, page 5

Finally, the Equal Opportunity Commission advised that the language used in the large number of policies, guidelines and documents related to disability needs to be reframed. Policies should be written from the perspective of people with disabilities, in recognition of their increasing place at the centre of decision making about their lives:

> With the increasing move towards placing people with disability at the centre of decision-making processes, there may be a need to re-examine the language used in policies and guidelines related to disability and employment developed in South Australia. This will ensure that the emphasis on personal choice is reflected to enable students and their families a greater voice in their education.[557]

3.7.3 Ethnicity and Disability

The Committee is aware of the challenges for students with disabilities and students from culturally and linguistically diverse backgrounds. While having a disability may make a student more susceptible to isolation and rejection from many aspects of education, coming from a different cultural background can compound these cha further. Both groups require considerable advocacy and services to reach educational parity with their mainstream peers. The Equal Opportunity Commission advised that:

> In the Commission's experience advocacy requires that a student with a disability have a proactive parent or carer with the capacity to understand and act on the student's behalf. This is particularly relevant at the primary and secondary stage of education.
>
> This may be significant for parents from different cultural backgrounds, particularly those from culturally and linguistically diverse or Aboriginal backgrounds, or those without higher educational attainment rates, as well as those parents who may have a disability themselves. As the primary advocates for their children, a parent's inability to understand their children's rights may significantly disadvantage their child.[558]

One witness before the Committee worried about the practicalities of how the system could support CALD families in their dealings with educational staff:

> Then, I think about CALD families, or families from non-English-speaking backgrounds, where there is another barrier yet again. Do we translate that material? Do we just have an advocate who can speak? That resource needs to be available, so someone can interpret because, otherwise, people are agreeing to things that they don't even fully understand.[559]

The Council for the Care of Children reported that not only do CALD students with disabilities need to be supported, but their families also needed guidance to effectively advocate and make decisions about their children's welfare. Asked about how to provide and build capacity for such culturally and linguistically diverse communities, they answered;

> …we are just looking at that now. If somebody said, 'Well, this is in plain English,' but if you don't read or you have problems processing plain English, or if you're an Aboriginal family, it means nothing. It is about how we disseminate information in a way that makes sense for people so they can learn and grow and develop. It's not only about the person with the disability but quite often their families are also advocating for their best outcomes. If you don't know what the best outcomes are, it's all of those issues, and this

---

[557] Submission 49, Equal Opportunity Commission, page 13
[558] Submission 49, Equal Opportunity Commission, page 12
[559] Transcript of Evidence, Gloria Debba, page 78

> became very clear in rural and remote areas where families couldn't get to information sessions.[560]

All three educational authorities recognised the challenge that disability and differing cultural backgrounds posed to their policies and procedures. DECD admitted that there was a certain lack of integration and cooperation between their disability and EALD divisions. Some programs existed, but they acknowledged that more could be done to lessen the organizational distance between these two groups:

> We do have programs that are really about engagement with the curriculum for students from the EALD backgrounds, some of whom have disabilities. I guess I could say that I think one of the opportunities that we are now opening up by joining up our two divisions is the interaction between disability support and our support for students from culturally and linguistically diverse communities. There's not an explicit program but there are two programs that should come together in terms of support for students with disabilities who also have cultural and linguistic diversity.[561]

The Association of Independent Schools SA noted that students with disabilities and their families often engaged in more negotiation, communication, information gathering, consultation and dialogue, both written and oral, in order to achieve their educational aspirations, compared with their mainstream peers. This increased volume of consultation and discussion was a significant hurdle for CALD families:

> One of the key principles of working with students with disabilities is for there to be consultation with parents and to involve parents in the discussions. They need to be able to access appropriate resources to make informed judgements and informed views on that as well, because they're clearly a partner in the development of their child and in their education. I think that communication issue can sometimes be more challenging and I know that has arisen at a number of schools when the allied health professionals speak English only and you look at the different cultural backgrounds which come into it.[562]

Catholic Education SA highlighted the challenge of overcoming certain cultural understandings around disability. Where certain institutions are devoted to inclusion and support, some communities look warily upon such efforts at inclusion. Sometimes these communities worried about the stigma that comes from asking for such help and receiving such aid. The Committee repeatedly heard that fear of stigma is relatively indiscriminate, and a common reaction of many within the disability community. However, it certainly seems that this attitude is more demanding and pronounced within some CALD communities:

> One of the issues that we come to understand a lot more is also the social context within which cultures understand disability, and I heard you allude to that earlier. From my heritage I know that historically and culturally, people with disability were quite excluded whereas in Australian culture we tend towards inclusion. Often when we work with families, we need to help them understand a different cultural understanding of disability. I was in a school recently where families would not access support provided by CAMHS because it had 'mental health' in the name, and that was such a stigma for them. What we need to understand from their cultural perspective is to remove some of those names we use that are a barrier to them accessing the support that we negotiate for them. So, it is having a cultural sensitivity as well, and the only way we can do that is by spending time with those families and understanding their perspective on those matters.[563]

---

[560] Transcript of Evidence, Council for the Care of Children, page 114

[561] Transcript of Evidence, DECD, page 43

[562] Transcript of Evidence, AISSA, page 7

[563] Transcript of Evidence, CESA, page 17

The Office of the Guardian for Children and Young People stated that more needs to be done to strengthen "capacity to build culturally supportive connections between Aboriginal and Torres Strait Islander students in care, local Indigenous communities and schools".[564] They reported that:

> In 2013-14, Aboriginal and Torres Strait Islander children and young people were seven times more likely than non-Aboriginal children to access child protection services (136.6 per 1,000 children compared to 19 per 1,000 respectively). In South Australia, of 2,786 children on care and protection orders in June 2014, 812 were Aboriginal or Torres Strait Islander (29.15 per cent).[565]

They submitted that help for this over-represented group needed to be culturally sensitive because Aboriginal young people in care all stressed the vital importance of cultural identity to their schooling[566]. They also directed that any supports should be in line with national programs such as the Commonwealth's Indigenous Advancement Strategy and COAG's Closing the Gap framework[567].

3.7.4 Funding

The Committee heard many grievances about the way funding is allocated within shcools. The most consistently voiced problem was the issue of inadequate funding that then needs to be 'topped up' from other areas of a schools budget. Mt Barker Primary School noted that the funding they get from DECD for their disability units is inadequate, and that they have to reallocate funds from other revenue to maintain the services:

> We would like to draw the Select Committee's attention to the funding model of the Disability Units across the DECD system. The school provides substantial financial support to the Disability Unit to enable the students to have access to a full curriculum that is personalised to their needs. We would welcome funding to enable us to maintain and improve the facilities, ensure resources are up to date and relevant to the changing cohorts of students and ensure all staff are receiving adequate training to offer the highest levels of education and developmental achievement. We spent a significant amount of school funds as the funding model for the unit did not cover the amount of money spent on maintaining the learning environment.[568]

This problem was also documented in the JFA Purple Orange submission, which quoted surveys undertaken by the AEU which showed that the funding shortfall is widespread throughout the DECD system:

> It is of concern to JFA Purple Orange that surveys undertaken by the Australian Education Union (AEU) clearly indicate the problems faced by public school principals in allocating funds. Approximately 80 per cent of principals surveyed have "shift[ed] funds from other parts of their budget to educate students with disability." Approximately 90 per cent of schools surveyed in South Australia by the Australian Education Union (AEU) stated funds were drawn from other areas of the school budget to fund students living with disability i.e. to fund the inclusion/education of those students without official funding.[569]

---

[564] Submission 35, Office of the Guardian for Children and Young People, page 5

[565] Submission 35, Office of the Guardian for Children and Young People, page 17

[566] Submission 35, Office of the Guardian for Children and Young People, page 17

[567] Submission 35, Office of the Guardian for Children and Young People, page 17

[568] Submission 37, Mt Barker Primary School

[569] Submission 28, JFA Purple Orange, page 25

The JFA Purple Orange submission also reached the conclusion that more funding was required based upon their own surveys. Their own survey's findings found that 71.43 percent of parents and supporters felt their child does/did not receive adequate support at schools to reach their full academic potential[570]. They concluded that a, "significant boost in school funding would assist with alleviating some of these issues combined with individual funding options for students living with disability. A big part of this is students and their families having control over where money is allocated so that they can have the best possible educational experience".[571]

This issue was not isolated to the public school sector. CESA also confirmed that their schools were devoting funds beyond what was earmarked for students with disability:

> Schools regularly commit resources, as does the system, way beyond what has been provided through funding for disability and, along with this, the system also offers support to fund assessments for children, provide allied professional support where needed, and to support those system projects that we know have a long- term view about developing the capacity of schools.[572]

CESA's specific request was not just for adequate funding, but also for consistent funding across the public and private educational sectors:

> Then I think we would wish for consistent funding—I probably should say consistent adequate funding—for every child, no matter which sector they are in, and that we would hope for access to assessment and therapeutic services when they're needed, for every child.[573]

Hopes such as these were also repeated at the school level, with Michael Potter from the Tyndale Christian School requesting that funding 'follow a child' regardless of their choice of school:

> In terms of Tyndale, our specific request to the committee would be that there is sector blindness when it comes to the total funding going to students with disabilities, and that the funding should always follow the child.[574]

Such inequities in the funding systems between the education sectors was also pointed out in Sam Paior and Witness B's testimony. They again asked why money cannot simply be attached to the child:

> We wanted to mention that there's a big issue with inequities between state, catholic and independent schools and funding. Every family on the planet wants to know what that is; why is it so different; why can't the money be attached to my child in an individual as funding way, and move between schools as I wish? Inconsistencies between DECD schools as to what supports and services are available: it's human nature but children should not be discriminated against because of their parents' poor relationship with the school.[575]

---

[570] Submission 28, JFA Purple Orange, page 26

[571] Submission 28, JFA Purple Orange, page 26

[572] Transcript of Evidence, CESA, page 11

[573] Transcript of Evidence, CESA, page 21

[574] Transcript of Evidence, Michael Potter Tyndale Christian School, page 157

[575] Transcript of Testimony, Sam Paior and Witness B, page 177

A further witness spoke to the Committee about the fact that the current funding arrangements were confusing for parents. The witness cited the example that individual children's needs are classified by a letter system. Under this system, 'I' is deemed as full support by the DECD, but this classification "does not actually mean the child is fully supported every day they attend school"[576]. She felt it was a system that compels schools to be 'creative' with their resources, that it lacks transparency for parents about the use of funds, and can be used to create hurdles to full-time attendance:

> Schools organise support in clusters or small groups as a way of supporting several non-eligible children. This needs to be transparent for families. I do not actually have an issue with that. I think that is a creative use of funding and meeting the needs of others but people need to be up-front about that. I am aware that many families are told their children cannot attend kindy or school without full support so as a result children attend part-time, sometimes for many years in school. This is not in the best interests of the child, rather a solution to a funding shortage.[577]

Sam Paior highlighted both the peculiarity of the disability classification system, and the lack of transparency about how funds are allocated and then spent:

> There is also a culture of secrecy among DECD. Parents don't know what the child's classification is and they don't know how the school is planning to use the child's budget. There needs to be a standard letter stating the child's classification, the budget and the proposed spending and rationale from the school, along with an explanation that while they are welcome to discuss it the use of funding is at the principal's discretion. Parents should be welcomed to discuss the proposal and encouraged to work as a team with the school around their child's education. The lack of transparency is not acceptable.
>
> The school resource entitlement document, for example, is absolutely buried. I found it this morning but only because I know what it's called… This is the document that outlines exactly what funding is assigned to what levels of disability. So, parents are not told what their child's funding is or how it's going to be used.[578]

The Quirky Kids Network brought to the attention of the Committee the precarious nature of funding for students with disability. Funding is not awarded unconditionally once need is established. Instead, additional evidence of a student's need is a recurring condition for continued funding. The Network worried about the transparency and accountability of funding:

> Once funding has been established for a student with a disability, evidence should be required to remove or reduce the funding, rather than additional evidence required to continue funding.
>
> When children with disabilities attract support in schools, this support should clearly be communicated to parents, in terms of what is available and how it is being utilised.
>
> There needs to be greater accountability and transparency as how a child's funding is being utilised by the school.[579]

The Equal Opportunity Commission placed the issue of funding shortfalls within the context of anti-discrimination laws. The lack of adequate funding for supports often places schools outside the law. Schools are forced to accept students due to legislative requirements but then

---

[576] Transcript of Evidence, Gloria Debba, page 74

[577] Transcript of Evidence, Gloria Debba, page 74

[578] Transcript of Testimony, Sam Paior and Witness B, page 177

[579] Submission 13, Quirky Kids Network

left without the means to fulfil the reasonable adjustments students require once enrolled. They saw needs-based funding, and adequate data to determine levels of need, as the potential solutions to this problem:

> Although this submission does not consider the issue of funding or funding models in any specific detail there is a link between funding barriers and the ability for education providers to comply with anti-discrimination laws by providing reasonable accommodations and adjustments. As a general principle, any funding model should also be needs based to ensure students with disability can participate in school on an equal basis with others. It is important for governments to have the necessary data to develop such a model. In this regard, finalising the Nationally Consistent Collection of Data is crucial to the development of appropriate needs based funding models.[580]

3.7.5 Gonski Funding

Connected with issues of funding for students with disabilities are the problems surrounding the needs-based Gonski funding model. The Committee has received a number of submissions speaking to the positive effects this funding has had for their schools and students. AISSA referred to the fact that current funding arrangements were constraining their efforts at providing education for students with disabilities. They hoped that the remaining Gonski funding would be forthcoming:

> There are times when concerns arise, as they can with any parent with any child, and we seek to work through those. In some cases I am aware that people aren't always happy about the particular outcomes, but it is hard because of the funding situation. We are hopeful that if we get the last two years of the Gonski funding, which are years 5 and 6, that would make a significant difference to all schools in South Australia.[581]

This was reiterated in their written submission where they suggested that Gonski, "if fully implemented, (would) go some way to addressing the issues faced by schools in relation to access to adequate funding support for students with disabilities".[582] Michael Potter of Tyndale Christian School was also grateful for the Gonski funding, outlining how his school deployed their funds for the benefit of children with disabilities:

> We do receive significant funding and we are very grateful. There may be some negative comments about the Gonski funding that have come in over the last three years but, for Tyndale, our student with disability funding loading has increased under the Gonski funding and we are very grateful for that. We get, at Salisbury East, $1.4 million through the student with disability loading— that's what we got last year. Of that, we spent $1.3 million on staffing for special needs. We have 6.0 FTE special education teachers and we have 13 special education support staff or administration staff who work with the students. That leaves us about $100,000 to spend on resources and services.[583]

The Australian Education Union concluded their submission with a statement about the necessity of the Gonski reforms. They argued that needs-based funding, the cornerstone of the Gonski reforms was the best funding system to support students with disabilities:

> The public school system is educating a disproportionate amount of students with disabilities, despite having lower average resources per student than the private sector.

---

[580] Submission 49, Equal Opportunity Commission, page 12
[581] Transcript of Evidence, AISSA, page 2
[582] Submission 44, AISSA, page 2
[583] Transcript of Evidence, Michael Potter Tyndale Christian School, page 156

> The AEU conducted a nation-wide campaign for the better part of the last three decades to try and convince governments to close the resources gap between public and private schools. The Review of Funding for Schooling led by David Gonski was the product of that campaign and extended to schools and their students the promise of additional funding based on student need, with loadings for complexity of needs (compound disadvantage), including disability. We cannot adequately educate students with disability unless our resourcing system is based on the extra resources promised in the full six years of the Gonski funding.[584]

3.7.6 Data collection and management, disability identification standards

Some submissions to the Committee spoke about the need for improved data and information on the experiences of children with disabilities in the education system. The Council for the Care of Children in particular called for improved data, identifying data collection and accessibility as ‘fundamental’ to “inform us in terms of other policy choices that we can make”[585]. Specifically they believed that having such data would help children with their transitions within the education system.[586] They acknowledged that asking for such reforms is easy when your organization is not the one collecting and managing the data, but they were nevertheless of the opinion that such an initiative would not be a “difficult thing to actually achieve”.[587] The South Australian Special Education Principals and Leaders Association also reported to the Committee that there needed to be a different method of recording academic achievement for students with disabilities. As current standardized NAPLAN assessment is not an accurate measure of the attainment and capability of students who cannot partake in NAPLAN testing. There is a gap in our knowledge about such students:

> Reporting and assessment of progress and achievement for students with disability is not consistent across South Australia. DECD collects NAPLAN data along with PAT-R and PAT-M data for most students but there is currently no system of data collection for the state that includes the achievements, learning improvements and progress of students who cannot yet participate in these assessment tasks.[588]

The DECD did not speak directly about assessments and calculations for students with disability who escape identification through NAPLAN. They did however feel that some headway was being made with a national approach to disability identification data. They stated that they were currently engaged in this national project. They were hopeful about the potential benefits better knowledge would bring to ascertaining demand and need, as well as distributing resources:

> The other thing that will probably help us is the current process that we are collectively in with all states and territories, which is a national approach to the collection of data to better identify disability, its complexity and its need from a national perspective. We're currently in year 3 of that pilot collection process. In coming years, we should be in a more sophisticated environment to identify need and allocate resourcing and funding accordingly owing to this current process as well.[589]

---

[584] Submission 20, AEU, page 23

[585] Transcript of Evidence, Council for the Care of Children, page 117-118

[586] Transcript of Evidence, Council for the Care of Children, page 117-118

[587] Transcript of Evidence, Council for the Care of Children, page 117-118

[588] Submission 38, SA SEPLA

[589] Transcript of Evidence, DECD, page 29

Lastly, the Office of the Guardian for Children and Young People noted that all these efforts are dependent on there being accurate, consistent and uniform disability identification standards. The Guardian's submission spoke of this as a, "complicating issue for understanding and addressing the needs of South Australian children and young people"[590]. They believed that the disability sector generally had, "no consistent definition of disability used across relevant programs" and that this "may apply most critically in relation to identifying and responding to their psychosocial needs".[591] The Guardian reiterated this belief and request in person to the Committee:

> What I would like to see, across a number of settings, is consistency in the identification of disabilities. We just don't have it… It certainly is an area that the select committee could look to make recommendations on; it would certainly be of help.[592]

---

[590] Submission 35, Office of the Guardian for Children and Young People, page 34

[591] Submission 35, Office of the Guardian for Children and Young People, page 34

[592] Transcript of Evidence, Office of the Guardian for Children and Young People, page 104

4. ACKNOWLEDGMENTS

The Select Committee extends its thanks to all those who provided information and evidence during its inquiry, including education representatives, government agencies, professional bodies, families and carers.

Hon. Kelly Vincent
Chairperson
30 May 2017

EXTRACT FROM THE MINUTES OF PROCEEDINGS OF THE LEGISLATIVE COUNCIL FOR WEDNESDAY, 6 MAY 2015.

Access to the Education System for Students with Disabilities - Motion for Select Committee on.

13. The Hon. K. L. Vincent, pursuant to notice, moved -

I. That a Select Committee of the Legislative Council be established to inquire into and report on access to the South Australian education system for students with disabilities, their families, and support networks, including:
   (a) The experience of students with disabilities, additional learning needs and/or challenging behaviours, and their families and advocates in the South Australian education system, including early childhood centres, junior primary, primary and high schools;
   (b) The experience of discrimination, including victimisation and harassment, of students with disabilities, including, but not limited to, educational institutions failing to provide students with the support needed to reach their full academic potential on an equal basis with non-disabled students;
   (c) The experience of segregation, restraint, lack of social opportunities and inadequate supports for personal care requirements, and other personal care routines such as toilet use for students with disabilities;
   (d) The current level of initial and in-service training for teachers and other staff regarding students with disabilities, and suggestions for broadening and improving such training;
   (e) The appropriateness or otherwise of the current DECD and school based policies and funding mechanisms for behaviour management for students with disabilities;
   (f) The availability of specialist DECD staff, including speech pathology and psychology staff in rural and regional South Australia; and
   (g) Any other related matter.

II. That Standing Order No. 389 be so far suspended as to enable the Chairperson of the Committee to have a deliberative vote only.

III. That this Council permits the Select Committee to authorise the disclosure or publication, as it sees fit, of any evidence or documents presented to the Committee prior to such evidence being presented to the Council.

IV. That Standing Order No. 396 be suspended to enable strangers to be admitted when the Select Committee is examining witnesses unless the Committee otherwise resolves, but they shall be excluded when the Committee is deliberating.

V. That the Committee hearings be disability accessible and resourced with Auslan interpreters as required.

On motion of the Hon. J.S.L. Dawkins, the debate was adjourned until Wednesday, 13 May 2015.

EXTRACT FROM THE MINUTES OF PROCEEDINGS OF THE LEGISLATIVE COUNCIL FOR WEDNESDAY, 3 JUNE 2015.

Access to the Education System for Students with Disabilities - Motion for Select Committee on.

19. On the Order of the Day being read for the adjourned debate on the motion of the Hon. K. L. Vincent -

I. That a Select Committee of the Legislative Council be established to inquire into and report on access to the South Australian education system for students with disabilities, their families, and support networks, including:
   (a) The experience of students with disabilities, additional learning needs and/or challenging behaviours, and their families and advocates in the South Australian education system, including early childhood centres, junior primary, primary and high schools;
   (b) The experience of discrimination, including victimisation and harassment, of students with disabilities, including, but not limited to, educational institutions failing to provide students with the support needed to reach their full academic potential on an equal basis with non-disabled students;
   (c) The experience of segregation, restraint, lack of social opportunities and inadequate supports for personal care requirements, and other personal care routines such as toilet use for students with disabilities;
   (d) The current level of initial and in-service training for teachers and other staff regarding students with disabilities, and suggestions for broadening and improving such training;
   (e) The appropriateness or otherwise of the current DECD and school based policies and funding mechanisms for behaviour management for students with disabilities;
   (f) The availability of specialist DECD staff, including speech pathology and psychology staff in rural and regional South Australia; and
   (g) Any other related matter.

II. That Standing Order No. 389 be so far suspended as to enable the Chairperson of the Committee to have a deliberative vote only.

III. That this Council permits the Select Committee to authorise the disclosure or publication, as it sees fit, of any evidence or documents presented to the Committee prior to such evidence being presented to the Council.

IV. That Standing Order No. 396 be suspended to enable strangers to be admitted when the Select Committee is examining witnesses unless the Committee otherwise resolves, but they shall be excluded when the Committee is deliberating.

V. That the Committee hearings be disability accessible and resourced with Auslan interpreters as required:

Debate resumed.

The Hon. T. T. Ngo moved in Paragraph I(e) to leave out the words “the current DECD and”, and in Paragraph I(f) to leave out the word “DECD”.

Question - That the amendments moved by the Hon. T. T. Ngo be agreed to - put and passed.

Question - That the motion moved by the Hon. K. L. Vincent, and as amended by the Hon. T. T. Ngo, be agreed to - put and passed.

Select Committee appointed.

The Hon. K. L. Vincent then moved - That the Select Committee consist of the Hon. T. A. Franks, the Hon. J. S. Lee, the Hon. T. T. Ngo, the Hon. S. G. Wade and the mover.

Question put and passed.

The Hon. K. L. Vincent moved - That the Select Committee have power to send for persons, papers and records, to adjourn from place to place and report on Wednesday, 27 July 2015.

Question put and passed.

CLERK OF THE LEGISLATIVE COUNCIL.

APPENDIX 1

SELECT COMMITTEE ON ACCESS TO THE SOUTH AUSTRALIAN EDUCATION SYSTEM FOR STUDENTS WITH A DISABILITY

SCHEDULE OF WITNESSES

(In order of appearance)

Witness	**Page No.**
Mr Roger Anderson, Acting Chief Executive, Association of Independent Schools of South Australia Ms Bronwyn Donaghey, Senior Policy Advisor, Association of Independent Schools of South Australia	1-9
Ms Monica Conway, Acting Director, Catholic Education South Australia Mr Bruno Vieceli, Assistant Director, Catholic Education South Australia Ms Mary Carmody, Senior Education Advisor, Catholic Education South Australia	11-22
Mr Tony Harrison, Chief Executive, Department for Education and Child Development Ms Jayne Johnston, Deputy Chief Executive and Chief education Officer, Department for Education and Child Development Ms Trish Strachan, Executive Director, Department for Education and Child Development	25-48
Mr Richard Neagle	49-58
Ms Marina Everett Ms Genevieve Everett	59-69
Ms Gloria Debba	71-79
Mr Rob O'Brien	89-96
Mr Simon Schrapel, Chair, Council for the Care of Children Ms Lis Burtnik, Council Member, Council for the Care of Children Ms Magdelena Madden, Principal Consultant, Council for the Care of Children	107-118
Ms Gail Mulcair, Chief Executive Officer, Speech Pathology Australia Ms Gaenor Dixon, National President, Speech Pathology Australia Mr Tim Kittel, Speech Pathologist and Board Member, Speech Pathology Australia	119-129
Ms Amanda Shaw, Guardian, Office of the Guardian for Children and Young People Mr Alan Fairley, Senior Policy Officer, Office of the Guardian for Children and Young People	97-106
Ms Vicki Rundle, General Manger, Operations, National Disability Insurance Agency Ms Jo Wickes, Acting Regional Manager, National Disability Insurance Agency, South Australia Mr Peter de Natris, Strategic Adviser, National Disability Insurance Agency	131-143

APPENDIX 1 - cont.

Witness	**Page No.**
Dr Margaret Kyrkou, Medical Practitioner	145-154
Mr Michael Potter, Principal, Tyndale Christian School	155-168
Ms Sam Paior, Disability Consultant, The Growing Space Witness B	169-178
Ms Kathryn Bruggerman, Education Director, Gawler Partnerships Portfolio Ms Emma Goodall, Senior Advisor, Autism, Office for Early Education and Childhood Mr Ken Randall, Acting Principal, Gawler East Primary School	179-185

APPENDIX 2

SELECT COMMITTEE ON ACCESS TO THE SOUTH AUSTRALIAN EDUCATION SYSTEM FOR STUDENTS WITH A DISABILITY

SCHEDULE OF SUBMISSIONS

1 Anne McDonald Centre
2 Cora Barclay Centre
3 Michelle Taylor
4 Autism SA
5 Rachel Neumann
6 Fiona Revolta
7 Trinity Gardens P-7
8 Katie McKenna
9 Renee Franks, Margret Eusope and Ann Marie Betros
10 Layla Norris
11 Name redacted
12 Carol Koehler
13 Quirky Kids Network
14 Peter Luczak and Victoria White
15 Angela Carlesso
16 Name redacted
17 Name redacted
18 Murray Bridge High School
19 Name redacted
20 Australian Education Union
21 Child and Death and Serious Injury Review Committee
22 Australian Council of Human Rights Associations
23 SA School for Vision Impaired
24 Name redacted
25 Ronda Pauling
26 Council for the Care of Children
27 Life Without Barriers
28 JFA Purple Orange
29 Advocacy for Disability Access and Inclusion
30 Anne Fisher
31 Name redacted
32 Catholic Education SA
33 Windsor Gardens Secondary College
34 Speech Pathology SA
35 Office of the Guardian for Children and Young People
36 Name redacted
37 Mount Barker Primary School - Disability Unit
38 South Australian Special Education Principals and Leaders Association
39 Novita Children’s Services
40 ‘Anne’
41 Name redacted
42 Dr Margaret Kyrkou
43 Name redacted
44 Association of Independent Schools of SA
45 Children with a Disability Australia
46 Wayne Lines - Ombudsman
47 Sam Paior – The Growing Space
48 Ms Jennifer Reeves
49 Commissioner for Equal Opportunity
50 Shine SA
51 Dr Bev Hall
52 Carers SA

APPENDIX 3

SELECT COMMITTEE ON ACCESS TO THE SOUTH AUSTRALIAN EDUCATION SYSTEM FOR STUDENTS WITH A DISABILITY

GLOSSARY OF ACRONYMS

AAC – Augmentative and Alternate Communication
ABC – antecedent, behaviour, consequence
ACHRA - Australian Council of Human Rights Authorities
AEIOU - Autism Early Intervention Outcomes Unit
AEU – Australian Education Union
AEUSA – Australian Education Union: South Australian Branch
AISSA – Association of Independent Schools South Australia
ASD – Autistic Spectrum Disorder
CaFHS – Child and Family Health Services
CALD – Culturally and Linguistically Diverse
CAMHS – Child and Adolescent Mental Health Service
CCC – Council for the Care of Children
CCN – Complex Communication Needs
CESA – Catholic Education South Australia
CYH – Child and Youth Health
DDA –Disability Discrimination Act
DECD – Department of Education and Child Development
DSP – Disability Support Program
EALD - English as an Additional Language or Dialect
EOA – Equal Opportunity Act 1984 (SA)
ESO – Education Support Officer
IEP – Individual Education Plan
ILP – Individual Learning Plan
MSSD –More Support for Students with Disability National Partnerships
NAPLAN – National Assessment Program – Literacy and Numeracy
NCCDSS – Nationally Consistent Collection of Data on School Students
NDIA – National Disability Insurance Agency
NDIS – National Disability Insurance Scheme
NEP – Negotiated Education Plan
NIT – Non-Instruction Time
OSHC - Out of School Hours Care Service
PAT-M - Progressive Achievement Tests in Mathematics
PAT-R – Progressive Achievement Tests in Reading
SA SEPLA – South Australian Special Education Principals and Leaders Association
SASVI – South Australian School for Vision Impaired
SERU – Special Education Resource Unit
SPA – Speech Pathology Australia
SPICE – social, physical, intellectual, communication and emotional development
SSO – School Services Officer
TATC – Team Around the Child
TER – Tertiary Entrance Rank
WHS – Work, Health and Safety Act 2012 (SA)