

**Australian Education Union  
(SA Branch)**

**Submission to Legislative Council  
Select Committee**

**on**

**Disability and Access to Education**

## **Introduction:**

The SA Branch of the Australian Education Union welcomes the opportunity provided by Kelly Vincent MLC and the Legislative Council of the SA Parliament to make this submission to the Select Committee on Disability and Access to Education.

The SA Branch AEU represents some 13,500 education workers in SA public pre-schools and schools and in TAFE.

The ABS indicates that the national average number of students with disabilities comprise 8.3% of the total and that public schools are over-represented in the enrolment of students with disabilities (76% compared to 64% of all students).

The SA Branch has actively pursued improvements in the delivery of learning opportunities to students with disabilities and wishes to publicly acknowledge the professionalism and commitment of our members working with students with disabilities.

We note that a number of the Terms of Reference are framed to elicit a response primarily from students with disabilities, their parents, carers and advocates and trust that our perspective as educators of students with disabilities will help inform your deliberations.

## **Terms of Reference (a)**

On raw figures SA sits well above the national average for the proportion of students with disabilities enrolled in child care, pre-schools and schools. The ABS cautions that for pre-schools, the figures for 2013, which are used here, were affected by the transition from a quarterly intake to a single annual intake; for schools, they caution that the SA figures include students in the language and communication impairment categories who are not counted as students with disabilities in other states and territories, having their own specific categories instead. Nevertheless, the figures indicate the proportion of students recognised as students with disabilities across our childcare and public sector educational institutions.

The representation of students with disabilities in approved child care service centres in SA is the second highest in the nation at 4.2% (national average 3%). This is up from 3.5% in 2004. The proportion is less than the representation of the same

cohort in the community (6.7%), but the ratio of representation in child care to representation in the community is higher than anywhere else excepting the NT<sup>1</sup>.

The proportion of students with disabilities in pre-schools in SA is the highest in the nation (13.2% compared to a national average of 5.6%)<sup>2</sup>. While this has been affected by the change to the intake system, it also indicates that a greater number of parents and carers of students with disabilities see pre-school, rather than child care, as a more appropriate time to begin to entrust their children to the care of others.

The number of funded students with disabilities in schools in SA contains two categories of students not included in other state or territory figures; hence the figure of 8.9% of funded students with disabilities in SA government schools for 2013 is higher than the national average of 6.2% although we do not have access to data to indicate the extent to which the inclusion of the two additional categories have inflated this figure<sup>3</sup>. What we do know is that the proportion of students with disabilities in government schools to those in non-government schools in SA is higher (80.5%) than the proportion of all students in government schools to those in non-government schools in SA (63%)<sup>4</sup>.

As education workers in a system that carries a relatively high proportion of students with disabilities, our members are aware of, and are often the front-line respondents to, a number of common complaints from parents and carers of students with disabilities. These include:

- Excessive wait times for official recognition of disability and funding approval
- Waiting lists for entry into special schools, units and classes
- Arbitrary funding criteria that exclude a lot of students needing support
- Students' loss of funding (and a requirement to be reassessed) when transitioning from preschool to primary school and from primary school to secondary school
- Students funded for only part of their education, such as two days out of every five
- Funding arbitrarily cut off and schools forced to reapply.

These complaints largely correspond to, but are not exhaustive of, issues raised with us by our members. They include matters on which we regularly correspond with DECD.

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<sup>1</sup> Report on Government Services 2015 Table 3A.13

<sup>2</sup> Ibid Table 3.9

<sup>3</sup> Ibid Table 4A.31

<sup>4</sup> Based on ibid Table 4A.31

Lucindale Area School Principal Adrian Maywald has identified some of the overlap between inadequate resourcing of students with disabilities and teacher and school leader workload:

*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 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.*

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.

The shortage of DECD psychologists to handle the workload that currently exists in relation to assessments also impacts on the waiting times for referral to special options placements. These are schools, units and classes with specialist support.

DECD states that it has a process for placement whereby all requests for placement into special options are prioritised based on a student's individual, cognitive, adaptive, behavioural and social needs as assessed and verified by a DECD psychologist. The process is fine, but it is inadequately resourced and is depriving students with disabilities prepared to accept a special options placement of that needed support. If the process is to benefit students with disabilities there must be an expansion in the numbers of DECD psychologists available to work with students with disabilities and their families and schools.

Students waiting for assessment of eligibility for the DSP are placed into mainstream classes where the support provided to them is often inadequate in allowing them to reach their full academic potential. Whereas a student in a special options class would be taught in a class of no more than 12 students with disabilities with a full-time SSO present, and a teacher with expertise in special education, the same

student in a mainstream class of up to 30 students might have part-time SSO support at best, and a teacher without specialist training.

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.

In response to our concerns about increasing workload associated with students with disabilities, and arising from consultations during the Teachers and Leaders Workload Review, DECD announced a One Plan strategy for staff involved in writing more than one individual learning plan for individual students. Initially to be implemented in 2013, a series of DECD circulars during that year saw the implementation delayed, changed and expanded, and at the time of writing, it is still not implemented.

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.

The AEU through its Special education Consultative Committee has been seeking since 2002 additional staffing resources for students with severe autism. Like other sensory disabilities we believe that it should be funded on a staffing ratio of 1 to 4.

To date, DECD has not agreed to an AEU proposal to recognise dyslexia as a learning disability.

The Australian Early Development Census (AEDC) provides a snapshot of over 96% of children who are in their first year of full-time school. The most recent census was in 2015, but the most recent data available is from 2013. It found that across the nation 17.4% of children were listed as developmentally vulnerable in the language and cognitive skills domain, and 25.3% were vulnerable in the communication skills and general knowledge domain.

Based on AEDC data, a research unit at the Charles Sturt University found:

- of 27 communities across Australia that were home to children with high levels of developmental vulnerability in the language and cognitive skills (school-based) domain, none had access to paediatric speech language pathology services;
- of 27 local government areas with high rates of developmental vulnerability in the communication skills and general knowledge domain, just three had access to paediatric speech language pathology services and these three were in regional or metropolitan Australia<sup>5</sup>.

While we are unable to identify which SA communities were identified in this study, we can safely assume that there were some, and can cross-reference to submissions made to The Senate Community Affairs References Committee (Prevalence of different types of speech, language and communications disorders and speech pathology services in Australia) dated September 2014.

A Speech Pathology Australia submission made reference to the Playford region to the north of Adelaide:

4.24 The committee was impressed by the level of detail on projected demand provided in a submission from the South Australian branch of Speech Pathology Australia. The

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<sup>5</sup> McCormack, JM and Verdon, SE (2015) Mapping speech pathology services to developmentally vulnerable and at-risk-communities using the Australian Early Development Census, *International Journal of Speech-language Pathology*, Vol 17 No 3 Pages 273-286.

submission made the following observations about the demand for paediatric and early intervention services in the Adelaide metropolitan area:

Adelaide metropolitan growth is occurring at the extreme ends of the metropolitan area. Services are not being relocated to these areas as the population increases. An example of this is the growth in the Playford Council area in the Northern end of Adelaide:

- Children 0 to 4 years increased by 1 440 from 2006 to 2011 with no increase in the Primary Health speech pathology positions.
- In the Playford Council area the Australian Early Development Index identified 18.1% of children as being vulnerable in the Communication and General Knowledge domain.
- This means that since 2006 there are approximately 260 extra children requiring access to speech pathology services (18% of 1 440).

The increasing demand in disadvantaged communities like Playford Council area may be more efficiently serviced should speech pathology staff be employed to build capacity amongst teachers and child care staff so they understood how best to support speech and language development.

Further, 50% of three year old children in Australia are in formal child care and an increasing proportion of children aged 0–4 years attend out of home care. Building the capacity of these environments to support the development of children’s communication abilities would help address communication and developmental needs at a population level and also help support children who are not able to access speech pathology services for a range of reasons.

A National Rural Health Alliance submission made reference to 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.

These two submissions testify to the accuracy of problems for low SES and rural/remote communities in accessing speech pathology services for early years and primary aged students.

As far back as 2008 the Council of Australian Governments (COAG) agreed to work towards a nationally consistent approach to identifying students with a disability. Given the anomalies acknowledged at the start of this section, the AEU is supportive of the COAG approach and generally satisfied with trials of the gathering of data carried out in 2011 and 2012. The original Nationally Consistent Collection of Data

(NCCD) on students with disabilities was based on the exercise of informed judgement by teachers and other appropriate school staff to determine the level of adjustment required to enable students with disabilities to undertake their education consistent with providers' obligations under the Disability Standards for Education.

In 2014, 76% of schools nationally took part in the NCCD. (100% of schools are expected to have taken part in 2015 but that data is not yet available.) The 2014 data revealed a national disability rate of 16.3%. In SA, the rate was 17.6%. This data was apparently unexpected and unacceptable to some, so changes were made by the federal government to the criteria for identification of students such that teacher judgement was removed and adjustments confined to those with a formally recognised condition based on existing state and territory criteria. A DECD Bulletin of May 29 2015 places strict limits on teachers' assessments of the adjustment required for students. The level of funding verified students receive will now determine their adjustment level under the NCCD, not the professional judgement of the teachers who support them in class every day.

### **Terms of Reference (b)**

It is a moot point whether or not the interests of an individual student with disability are best served by their being placed in a mainstream class or a special options placement. This TOR refers to the provision of support for SWDs to "reach their full academic potential on an equal basis with non-disabled students". In the context of an education system driven by data-based accountability and NAPLAN, it is understandable that students with disabilities' needs are referenced against reaching full academic potential. However, many parents and carers of students with disabilities tell our members that they are equally concerned that their child reaches his/her full social and emotional potential, and for many parents and carers that means access to a mainstream class placement.

The relatively small number of special schools is an issue for those parents and carers seeking this option. According to a federal government report, in 2013 SA had 18 special schools compared to 46 in Queensland and 64 in WA<sup>6</sup>. (In a letter to the AEU from Phil O'Loughlin, Executive Director, Human Resources and Workplace Development, DECD on April 11, 2014, that number had declined to 15.) The relatively low number of special schools exacerbates the problems referred to earlier about delays in accessing such facilities.

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<sup>6</sup> Report on Government Services 2015 Table 4.2

Timely assessment of students waiting to be assessed for Disability Funding is an absolute requirement for those students to reach their full academic potential on an equal basis with non-disabled students. The Senate Committee referred to above contains the following section:

*The availability of speech pathology services for children in South Australia*

5.48 There were also concerns about the availability of speech pathology services in South Australia, particularly for school-aged children. The South Australian School Principals' Association stated in its submission:

The hardest thing to face is that unless these students are from families who are able to access private support these students are simply not getting the type of support that would make a positive difference to not just their education outcomes but their life chances. And our regional and rural school leaders report that even this private option, if affordable to the family is usually not accessible or available.[\[39\]](#)

5.49 The committee received a submission from the South Australian branch of SPA on some of the gaps in the State's provision of speech pathology services. These are:

- waiting times for treatment of stuttering in South Australia can be up to a year. At about 4 years of age, children with communication disorders will generally transfer to speech pathologists working in kindergartens and school. However, speech pathologists working within these settings do not currently provide specialised assessment and treatment for stuttering;
- the South Australian Department for Education and Child Development (DECD) employs 75.2 full time equivalent speech pathologists to provide services for students attending government funded preschools and schools. The Association of Independent Schools of South Australia (AISSA) and Catholic Education Office (CEO) of South Australia does not employ speech pathologists directly, but has some capacity to engage with private providers through sources including the federally funded 'More Support for Students with Disabilities' Initiative; and
- the majority of services target preschool aged children and students in their first few years of schooling. There is limited capacity for direct speech pathology intervention for children and students from the age of 7 upwards.[\[40\]](#)

5.50 In 2013, South Australia commenced an integrated single service system for paediatric speech pathology services. This model is intended to allow equitable access to speech pathology services, improve service coordination, consistency in service delivery and continuity of care for children and families. Specifically, it addresses a gap in services for children aged 3–3½ to 4 years due to SA Health services often ceasing to provide a service once a child commences at a state preschool. Due to waiting lists, referrals for children in this age bracket were not always accepted before they were eligible for a service through the education system.[\[41\]](#)

5.51 Under the single service model, SA Health and the Department of Education and Child Development are sharing responsibility for services for children aged three years to school entry.[\[42\]](#)

We concur with the observations from the South Australian Secondary Principals Association and Speech Pathology Australia, quoted above, but are less sanguine about the effectiveness of the Integrated Support Services Model referred to in 5.50 and 5.51 above.

We include here a statement written by two of our Special Education (Hearing) members to illustrate some of the problems with the model:

#### Impact of reduction in Hearing Support under the ISS model

1. The decision to reduce numbers of specialist staff to support hearing impaired children and students in mainstream DECD schools was made on the number of new referrals received. This did not reflect the proactive support that was being provided to approximately 1500 mainstream students across the state. These students were receiving support from a post graduate trained specialist teacher. Prior to this year they would have all received initial contact and support by the end of term 1. At this point in time the vast majority of these students have received no specialist support in the metro area this year.
2. In the past support services has provided a proactive support for hearing impaired students. We are now reactive, only responding if 'cross referred' by a Special Educator with no specialist qualifications in Deaf education. Under the new model the Special Educator is to provide the support and enlist specialist support from Special Educators (Hearing) if required. Without a specialised knowledge base how do they determine if specialised support is required? Our model was proactive for good reason. The effect of hearing loss on the deaf/hard of hearing cohort is not obvious with the major consequence being an inability to reach their potential. They sit quietly, comply and pretend they are engaged and understand when they don't to avoid embarrassment and attention. They usually don't complain or misbehave and as a consequence are not seen as urgent issues requiring attention. The majority of their parents have normal hearing and also do not understand the implications and often subtle effects of hearing loss that limit their child's potential. In the absence of parent advocacy they are not seen as a priority requiring attention.
3. Special Educators (Hearing) are meant to be part of the new 'Integrated Support Services'. Unfortunately, in the 'extended' Metro area we are 'segregated'. We are isolated from other support service providers by location. Inefficiencies caused by this include; lack of access to ICT resources like the database that records our work and referrals, lack of access to colleagues as part of a multidisciplinary team, lack of access to confidential files that have important information we require in order to provide informed support and advice. Inefficiencies include far greater amounts of travel than would otherwise be required **if**

Special Educators (Hearing) were located in local education offices. In the country we have service providers travelling across vast distances to provide minimal service.

4. Relationships with DECD sites, staff, students and families have all been affected to the extent that we have not felt comfortable offering the DECD Hearing Impairment Camp. This State-wide well-being program was a value added initiative that gave isolated hard of hearing students a sense of belonging and the opportunity to socialise with other students with hearing impairment.
5. Quality of service has suffered and will continue to suffer as service is to be provided by the Special Educator in the first instance. We are expected to develop the skills of Special Educators enhancing their capacity to support hard of hearing students. Upskilling has been hampered by the fact of our location, segregated away from the education offices in the metropolitan area. This (Time) does not allow us to efficiently impart the knowledge and skills required.
6. There are 5.0 FTE positions available in the extended metropolitan area. This is due to reduce to 2.0 FTE at the beginning of 2016. Previously this area was being supported by approximately 15 FTE. State-wide we have gone from 23.9 to 11.00 FTE, soon to be 9.0 FTE at the start of 2016. Prior to the new ISS model we were, unlike other services, able to provide significant amounts of hands on support when required. One of the goals of the ISS was to enable service providers to provide more hands on practical support. With a reduction of 12.9 FTE positions the hard of hearing cohort of students have had a significant reduction in hands on support.
7. Deafness/hard of hearing is a sensory disability. It is low incidence. These students have the same potential as any other student. Essentially it is an issue of access. Hearing is 'invisible' and when they become disengaged, no one notices. Consequently, they don't achieve their potential without specialist support. For many Hard of Hearing students we were their level of support.

Special Educators, (Hearing)  
(names deleted)

On 21 March 2015, the Branch Council of the AEU (our highest decision-making body comprising over 100 delegates representing members from all over the state) discussed many matters relating to the services provided by DECD for students with disabilities. There was a high degree of anger at the new Integrated Support Services Model and in particular the unacceptable delays in the assessment of children with disability. Under the current process, children with disability are not funded for individual support until they are assessed by a DECD psychologist. This may take many months and sometimes years.

Branch Council noted that the AEU and its members have raised these concerns and possible solutions to the problems with the DECD Chief Executive and other

DECD officers over an extended period but as yet they had not been addressed. Accordingly, Branch Council passed the following motions:

- 1. AEU Branch Council expresses its deepest concerns that students with disability are waiting many months and sometimes years to be assessed and to receive additional funding to support their needs. We believe these delays are unacceptable as they impact negatively upon the education of students in our schools, prevent reasonable adjustments being made, increase the workload of staff working in our schools and reduce employment opportunities of SSOs and teachers. AEU Branch Council expresses its dismay that despite having had these concerns raised with him on a number of occasions, the Chief Executive of DECD has failed to address members' concerns.*
- 2. AEU Branch Council calls on Education Minister Close to take immediate action to ensure that there are no more delays in providing funding to schools for students with disability and demands that immediate discussions be held to find a solution to this ongoing problem.*
- 3. That a delegation consisting of the AEU President, Vice-President and up to 4 Branch Council members meet with Education Minister Close to outline the concerns that members have with the introduction of the Integrated Support Services Model and the apparent failure of the Senior Executives of DECD to listen to the field and address serious issues raised with DECD staff.*

Whilst we acknowledge that DECD has made some efforts to broaden the pool of applicants for a small increase in DECD psychology services vacancies, the numbers of support services staff remain insufficient to enable timely assessments of eligibility for disability funding, and hence there is insufficient DECD support for enabling all students with disabilities to achieve their full academic potential.

Of similar concern to the AEU members is a lack of access to Special Educators. These are qualified teachers with qualifications and/or experience in special education. They provide specialist education support to teachers of students with special needs in mainstream schools.

In country areas where there may be limited access to special options and specialist teachers, special educators are vitally important in ensuring that students' education need are met. The AEU remains concerned with the number of Special Educators provided under the new DECD Integrated Service Model and we contend that the data used to set the model was flawed. The geographical distribution of the special educators in some cases requires extensive travel which decreases the time available for student support.

## Terms of Reference (c)

We are mainly concerned here with the matter of the toileting of those students with disabilities who require this support. The importance of proper procedures and proper facilities to support the personal care requirements of students with disabilities is obviously the focus of this TOR, but our concern as the AEU extends to the appropriate training and necessary protections for our members who may be required to undertake this service. In what follows we acknowledge that there is some overlap between comments relating to young children who simply need to be toilet trained and those students who have behavioural or medical disabilities requiring toileting support.

In our most recent correspondence with Education Minister Close (April 24, 2015) we stated “AEU members have raised concerns that the level of funding provided to schools for students on Health Care Plans and Continence Care Plans is inadequate to enable two adults to be present when students are being toileted. This puts children and employees at risk. School and preschool facilities are often not suitable and have not been designed for toileting of students with high needs.”

To put our concerns in a wider and somewhat historical context we offer the following summary of anecdotal information gathered from our members in 2012:

1. Anecdotal evidence suggests that an increasing number of students are reporting to pre-schools and schools who require assistance with toileting. Most of the increase appears to be students who are not yet toilet trained. There are also students with a range of medical conditions who generally have a continence care plan that needs to be implemented by pre-school and school staff.

- “I am a kindy Director and there are more and more children who are not toilet trained at kindies”
- “We have several students who are not toilet trained. This has been a growing problem over the past few years” (R-12 principal)

We are concerned that with the change to a single intake enrolment scheme for pre-schools and schools a younger cohort of students will be enrolled and the lack of toilet training issue will be exacerbated.

- “...in the future we will be dealing with far more children whose families expect them to be able to start school not toilet-trained (R-7 principal)

2. Pre-schools and schools are often not equipped with approved design standard change facilities that provide safe and hygienic platforms. In many pre-schools, nappies are changed

on the floor. There are OHSW issues arising from the requirement that some larger children need to be lifted onto a changing surface.

- “We had a Reception (with a disability) start in nappies...He had a health care plan and the boys’ toilet was modified to allow for nappy changing with a high table and curtains for privacy. He also had a frame around the toilet. We didn’t have a toilet for the disabled. I would not allow the changing to be done in the staff toilet” (primary school principal)
- “We had a change facility installed a few yrs ago now, when a ‘special needs’ child was enrolled and we currently have 5 children in nappies” (pre-school director)
- “We change children in nappies in the toilet cubicle if they are physically able to access it. It is better for our backs and more private for the child. A footstall in the doorway means we are not bending and we can wipe the child with wet wipes when they are sitting” (pre-school director)

3. There appears not to be an effective management plan for the timely disposal of soiled nappies.

- “Used nappies are put in the specific “bin’ and these bins are collected fortnightly – hence they are situated outside” (pre-school director)
- “We double wrap the nappy in recycled bread bags and put in a sealed bin. Not ideal, but a solution until change facilities becoming the norm in Kindergartens” (pre-school director)

4. In pre-schools, it appears that nappy changing is done by whichever staff member is available. In schools, the task often falls to SSOs who appear to be given little choice in the matter. In at least one instance, the changing task was given to a Christian Pastoral Support Worker (CPSW)!

- “...a continence care plan is provided by the family through a doctor and health management plan is completed. An SSO is then sought who is prepared to do the changing as part of their hours which are provided for this purpose” (principal R-7)
- “If his SSO was off sick I had arranged that our CPSW was given a DECS ID number and she would come in to support (the student)” (principal, primary school)
- “...if I have an SSO vacancy I always add the condition that some toileting may be required...” (primary school principal)
- “If no-one was available, I did the toileting and nappy change” (R-7 principal)
- “We deal with it – have continence care plans for the children with medical issues – and all staff change the children through the day. There is no hierarchy when it comes to this job in centres I have worked in!” (Kindergarten director)
- “...the teacher feels very uncomfortable changing him and the SSOs don’t like doing it either” (principal, primary school)
- “We have had a SWD start school requiring nappies, this was managed through health care plan and SSO support to change him. Some SSOs raised their eyebrows about this but have accepted this as necessary” (principal, area school)

- “It would be an interesting situation if we didn’t have SSOs prepared to support his health care Plan. Of course one of our preschool teachers would assist if the need arose, but I have told them that I firmly believe teachers need to be teaching, not cleaning butts!” (primary school principal)

5. In some cases, students with medical problems are enrolling without continence care plans and in others there are delays in assessing students’ needs for SSO support:

- “...one boy who needs assistance with toileting and very difficult to manage in a small site, with very little support offered (4 hrs funding per week). Afraid DECD cant seem to finish assessment with student but also can’t fund him” (pre-school director)
- “This boy has soiled himself many times and often does not know he has done it....Our Special Ed coordinator says we can’t stop him from coming to school. I have asked for an incontinence plan from his doctor, but so far none is forthcoming!” (principal, primary school)
- “...in my last school we had a year 1 who wore nappies and soiled himself, but he could at least try to clean himself. Then we’d complete the clean up. All the SSOs and I managed this as he did not have many support hours and didn’t necessarily soil himself when his designated SSO was at school” (R-7 principal)

6. There is lack of clarity about protections for staff engaged in toilet training. Many pre-schools and schools would prefer to have two staff present when a nappy is changed and a student is cleaned. There is conflicting advice and a lack of consistency in practice.

- “We did have issues about deciding if there had to be 2 people (I tried to argue for it in the interests of protective practices for staff) but I was told by the disability consultant that this was not necessary...” (principal, R-7)
- “These continence issues are very complex and difficult for us but I have the impression from xx in DECD that we just have to put up and shut up about these matters and accommodate whatever continence needs a child has as we are discriminating against them if we don’t” (principal, R-7)
- “...it is a duty of care issue if the teacher has to do it as the rest of the class are unattended. We are a small school and have 2 SSOs – one only works in the morning. When we do change him we always make sure we are not alone. Last year we had a male teacher who did it, always with another person present...Once we sent him home on the bus with a dirty nappy as we did not want to do it – it was after school and only a relatively small amount!” (principal, primary school)
- “Advice was to assist him if we could and better to have 2 teachers present if possible although there are many days we only have 2 teachers on site so he can interrupt learning programs” (principal, R-7)

These anecdotes were shared with DECD in 2012 to start a discussion on their commitment to developing consistent and supportive policies and practices in relation to the toileting of students.

The wording of our April 2015 letter to Minister Close indicates that our view is that the commitment sought from DECD in 2012 still falls short of the requirements of our members and of students with disabilities needing toileting support.

On 30 June 2014 we wrote to Trish Strachan, Executive Director, DECD and asked:

1. Under current industrial arrangements neither teachers nor SSOs are required to toilet students. If no staff member volunteers to undertake such duties, what is DECD's understanding as to who undertakes this role and how toileting fits within that employee's duties, roles and responsibilities?
2. Does DECD support the practice of one adult being alone with a special needs child to undertake toileting?
3. What is the minimum staff ratio required by DECD for the toileting of children?
4. Are staff required to have completed training to undertake toileting duties for students with special needs?
5. If appropriate toileting facilities are not available in a school or preschool, can a school principal or preschool director refuse the enrolment of a special needs child until DECD provides the facilities?

As Ms Strachan was on annual leave at the time, the reply, dated July 30, came from another Executive Director who stated that "the provision of personal care (including toileting) to special needs children is incorporated into the job and person specification of school service officers, particularly in special options settings." Of course, not all SSOs are in special option settings; the majority do not have a requirement to toilet students in their job description.

The response continued with the advice that "You may be aware many schools 'schedule' toileting to ensure adults are not alone with a special needs child in a toileting situation", which was a manifestly inadequate response to the direct questions in 2 and 3 above. It seems that there is no DECD policy and that the Department is happy to leave it to sites to find a solution, although our members' anecdotes make it clear that they are not resourced to do so.

Question 4 was answered with "Staff may need to be trained..." without any suggestion that DECD had guidelines or criteria in relation to this, or any indication of who would decide who would make the decision about any training requirement.

Question 5 was answered with the statement that the Executive Director "would expect" that "appropriate physical facilities are in place when the child enrolls at the school." It was stated that DECD had a "just in time" policy in relation to the provision of facilities requirements. Of course, JIT is a well-known phrase in manufacturing parlance and means that an item is only sourced when it is actually required and in the case of disability toilets, hoists and change tables that may

actually mean that there is a delay between the enrolment of the student and the installation and availability of the facilities.

Given the inadequacy of these responses, the same set of five questions was resent on 5 August 2014 to the Executive Director who had authored the reply. A response dated 21 August 2014 was sent to the AEU. The wording of the response to Question 1 now made no reference to requirements in job descriptions to assist with toileting, but took the default position that “there is nothing in the current industrial instruments governing teachers and SSOs that precludes staff from being required to undertake toileting of students”. Again, this was to be “determined and negotiated at the local level”.

In answer to Questions 2 and 3 the position from DECD now was that “in providing one to one assistance, staff members need to ensure the situation is public, authorized and timely...(and) needs to be provided with respect of the child or young person’s dignity and in a matter (sic) approved by the child and his/her parents”. In other words, DECD was not supporting a minimum staff ratio of two adults to each child requiring toileting support.

There was no real change to Question 4, although a DECD list of Health Support Trainers had been provided to sites.

In responding to Question 5, the JIT reference was dropped, the claim was made that all special schools and disability units “have compliant toilet facilities” and that if leaders of other sites felt their facilities were not appropriate, their Disability Coordinator could contact DECD for the provision of required facilities.

The response was again inadequate. On September 14 2014 we wrote directly to the Chief Executive stating that the toileting of students with disabilities “is currently based on SSOs volunteering for this task”. We pointed out that “in the current climate they (our members) are putting themselves at risk if they undertake toileting of students in isolation and one on one”. We called for “adequate provision so that no staff member is require to toilet students in isolation from other adult staff”.

The response from the Chief Executive, dated September 23 2014 was simply a cut and paste of the Executive Director’s letter of 21 August.

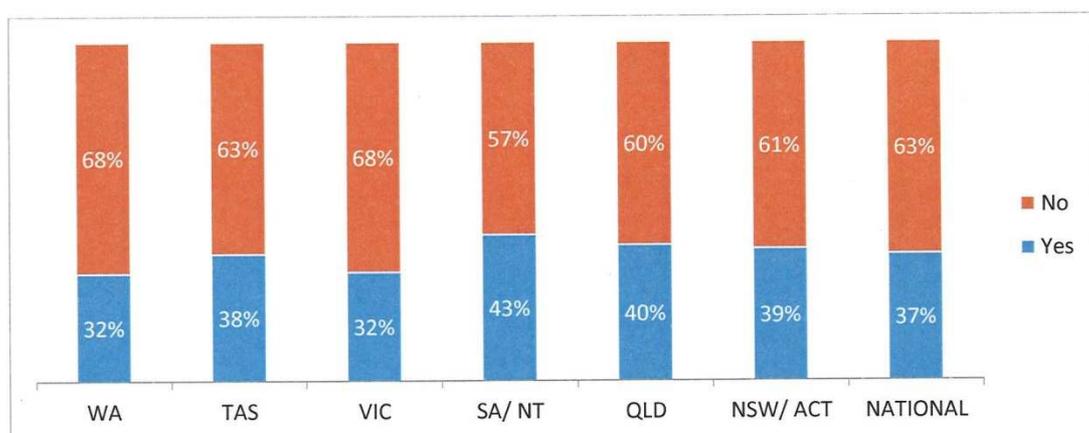
On 30 October 2014 the AEU asked the Chief Executive how he proposed to address the concerns relating to the toileting of students with special needs and the lack of funding to ensure that two adults are present during the toileting of these students. On 24 April 2015, the same questions were asked of Minister Close in a letter from the AEU.

We have taken some time to detail our frustrations in relation to this matter and we feel we are no closer to its satisfactory resolution.

### Terms of Reference (d)

The Annual AEU State of Our Schools Survey (2015) found that the percentage of SA teachers who felt that their training and professional development equipped them with the skills to teach students with disabilities was slightly higher than in all other states and territories. However, as was the case nationally, more teachers felt they had not been adequately equipped compared to those who believed they were adequately equipped (see Fig 7 below):

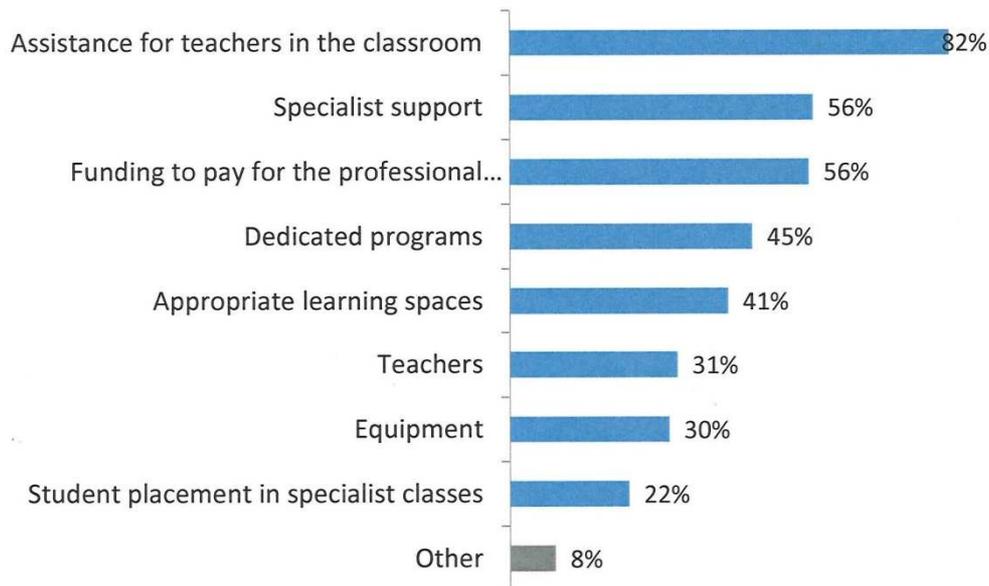
**Figure 7. Adequacy of training and professional development**



Source: AEU State of our Schools Survey 2015. Q: Do you believe the training & professional development you have undertaken give you knowledge & skills you need to teach students with disability? (Teachers  $n=2,195$ )

That a majority of teachers feel under-equipped to teach students with disabilities explains the needs identified by school principals, with 82% of those surveyed by the AEU identifying assistance for teachers in the classroom as a required disability resource. These responses, shown in Fig 3 below, are national but the variation in SA responses can be expected to be very slight:

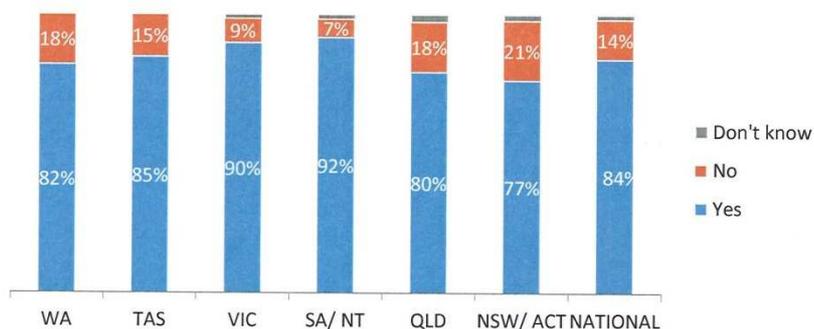
**Figure 3. Disability resources reported as lacking by school principals**



Source: AEU State of our Schools Survey 2015 Question: What resources are you lacking? (Principals with students with a disability and inadequate resources  $n=560$ )

What is also of concern, as revealed in the AEU State of Our Schools Survey, is that a greater proportion of SA principals with students with disability reported using funding from other areas to address the learning needs of students with disabilities compared to all other states and territories:

**Figure 2. Schools using funding from other areas to fund students with a disability**



Source: AEU State of our Schools survey 2015. Question: Are there students with disability at your school who you have to assist using funds from other areas of your budget because they are ineligible for targeted government funding or the amount you receive is inadequate? (Principals with students with disability  $n=709$ )

Although the AEU is disappointed with the failure of the TEMAG report to adequately address the issues of pre-service training in relation to students with disabilities, we do agree with its finding that “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 particular students with disability and learning difficulties, needs to be considered a core requirement of all teachers rather than a specialization.”<sup>7</sup>

In October 2014, we wrote to the Chief Executive, DECD and stated that “Many teachers and SSOs in mainstream schools are not trained to work with students with disabilities. This is a work health and safety risk. For some staff who do complete training the costs in both training and time are often borne by the employee.” The Chief Executive was then asked “How will you address the work health and safety issues created through lack of specialized training for teachers who are required to teach students with intellectual disabilities and special needs in mainstream classes?” On April 24, 2015 we wrote to Education Minister Close to say that we had not received a response to this question from the Chief Executive.

On 21 August 2015 the federal office of the AEU made a submission to the Senate Inquiry into Current Levels of Access and Attainment for Students with Disability and proposed the following recommendations in relation to teacher training and in-service, and these are supported by the SA Branch in relation to teacher training and in-service in SA:

- That at least one unit on special education be compulsory in all accredited Australian teacher preservice degrees.
- That some of the funding allocated under the 2015 Commonwealth Budget item Improving the Quality of Teachers and Teacher Education Courses be used to conduct research into improvements required to better prepare graduates for teaching students with disabilities.
- 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.

### **Terms of Reference (e)**

Our teacher and SSO members report growing incidences of violent and aggressive behavior from some students with disabilities. The support structures for school staff

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<sup>7</sup> *Action Now: Classroom Ready Teachers*, Teacher Education Ministerial Advisory Group, December 2014 pp 16-17

who encounter such behavior are inadequate. The response from DECD is that these are local matters to be dealt with at the local level. In the ordinary course of managing student behavior, such an approach is not an issue, but where the health, welfare and safety of DECD employees is threatened there must be support that can be accessed immediately should site leaders and staff require it. It should not be left to a school to call police to deal with a violent student with disability (or with the parent or carer who takes the side of the child with violent or threatening behavior of their own). We most certainly do not want our schools to go down the path of those in the US where cut-backs to support services increasingly see problem behaviours treated punitively:

Consequently, suspensions, expulsions, arrests and jail time have become routine for poor youth of color. Even more shocking is the rise of zero-tolerance policies to punish Black students and students with disabilities.[5] Instead of recognizing the need to provide services for students with special needs, there is a dangerous trend on the part of school systems to adopt policies “that end in seclusion, restraint, expulsion, and – too often – law enforcement intervention for the disabled children involved.”[6] Sadly, this is but a small sampling of the ways in which children are being punished instead of educated in US schools, especially inner-city schools. Rather than treating school infractions as part of the professional responsibilities of teachers and administrators, schools are criminalizing such behaviors and calling the police. What might have become a teachable moment becomes a criminal offense.[7]<sup>8</sup>

Our members are determined not to surrender the “teachable moment” and need system support to be able to work safely with some students with disabilities who exhibit challenging behaviours.

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.

DECD officers are required to show due diligence and put strategies in place to ensure that foreseeable risks are mitigated or removed. This is not happening in all instances. Requests for assistance from DECD with students with disabilities posing threats to our members’ health and safety are not always acted upon as quickly or as supportively as the situation requires.

We believe that school-based policies and funding mechanisms must be better supported by system-level policies and funding mechanisms so that our members

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<sup>8</sup> <http://philosophersforchange.org/2015/08/18/taking-notes-50-schools-as-punishing-factories-the-handcuffing-of-public-education/>

can more effectively retain control over the “teachable moment” in a non-punitive way and with their own health and safety guaranteed.

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.

### **Terms of Reference (f)**

The AEU welcomed the introduction of the Disability Standards for Education in 2005. However, far too much responsibility for complying with the Standards falls to teachers and principals rather than on the educational authorities which manage school systems. More onus needs to be placed on the bodies which fund schools, namely DECD and the federal Department of Education. Putting full responsibility on to schools which do not control their own level of resourcing places an unfair burden on educators.

We believe that children should be given greater access to special classes.

Concerns have been raised with the AEU by principals, teachers and parents about the DECD policies and procedures relating to the formation and placement of special classes in mainstream schools. Many of the concerns relate to country schools where options such as special schools and units are not readily available and if the number of students with special needs does not meet DECD enrolment thresholds, additional classes are not formed.

The concerns raised include:

- The DECD policy on the formation of special classes in mainstream schools appears to be economic rather than needs-based;
- Enrolment thresholds must be met before classes are formed;
- DECD approval must be given for a school to receive the required levels of funding to establish a special class. Local schools are unable to form their own special classes based on student need.
- Children may have to change schools to continue in a special class when they move from junior primary to primary school;
- Children who are in a junior primary special class are not always guaranteed a place in a primary special class. Once they move from the junior primary class, they may have to be enrolled in a mainstream class until a vacancy occurs.

School principals tell us that mainstream schools with special classes need additional leadership resources so that they can properly manage the increased complexity and administrative workload. They contend that the current DECD resourcing is inadequate and this discourages leaders from applying for schools which have special classes and units

## **Conclusion**

The public school system is educating a disproportionate amount of students with disabilities, despite having lower average resources per student than the private sector.

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.

We acknowledge that the SA government has pledged to honour its commitments to the full six years of Gonski funding, and that DECD has jointly determined with the AEU a funding model based on student need through which to deliver Gonski funds to schools and students.

It is reprehensible of the Abbott government to have told electors that it was on a “unity ticket” with Labor on the matter of the Gonski funds only to remove the bulk of those funds through its reneging on the commitment to the fifth and sixth years of funding.

We reiterate our introductory acknowledgement of the professionalism and commitment of our members - school leaders, teachers and SSOs –who work with students with disabilities.

We reiterate our commitment to fighting for the full six years of Gonski funding so that no educational disadvantage need be suffered by students with disabilities, and so that they may reach their full academic, social and emotional potential on an equal basis with non-disabled students.

August 31, 2015

