Not even remotely fair

Experiences of students with disability during COVID-19

Report on CYDA's Education Survey 2020:
Learning in a time of crisis COVID-19 (Coronavirus)
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For Children and Young People with Disability Australia

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Executive Summary

In this report we explore the experiences of students with disability in relation to the educational changes made necessary by the COVID-19 pandemic.

Research evidence from before the pandemic suggests that despite a number of policy commitments and initiatives at local and national levels, we have seen only limited progress in moving towards inclusive education and that children and young people with disability often fare poorly in the education system. This is despite the fact that all of the evidence suggests that inclusive education is not just better for children and young people with disability, but can have significant positive impacts for the whole classroom.

The survey and the respondents

This survey conducted by Children and Young People with Disability Australia (CYDA) provides vital information on respondents' experiences when schools had mostly closed to students, and covered the period of transition back to face-to-face teaching for the majority of students. We received over 700 responses in total, providing a significant amount of quantitative data as well as 1,145 free text comments.

Responses were predominantly received from family members of children and young people with disability. Only 5% of respondents were students with disability, and of those most were high school or university age. We have featured comments from children and young people where possible in the body of the report.

There was representation in the sample from each state and territory. Two thirds of respondents lived in metropolitan areas, with the remainder in regional, rural and remote Australia. People from a non-English speaking background were underrepresented in the sample, but there was good Aboriginal and Torres Strait Islander representation. Most respondents attended government mainstream schools, but all educational settings were represented in the sample. Three quarters of the students were in receipt of National Disability Insurance Scheme (NDIS) funding and more than half in receipt of additional funding because of disability or learning difference, indicating a relatively high level of support needs represented among this cohort.

> " We found that social support had the strongest association with students feeling supported, part of a learning community, engaged in learning, and feeling less socially isolated. "

What didn't work?

Key finding

Schools were unable to provide or reduced dramatically support for students in their education during the first COVID-19 lockdown

There were significant reductions in the provision of usual supports for students with disability from education facilities, most notably supervision, social supports and individual support workers.

Level of support during COVID-19 versus level of support prior

Curriculum modification
down
18%

Behavioural support
down
27%

Social support
down
34%

Supervision
down
38%

Individual support worker
down
44%

Assistance with personal care
down
19%

Specific aides and equipment
down
30%

Access to specialist allied health
down
23%

Overall, it is concerning (although perhaps not surprising) that many parents reported receiving supports only after significant advocacy work, raising questions regarding issues of equity.

Key finding

Despite the well-known inequities they face in their education, there was a lack of assertive and proactive support for students with disability during the first lockdown

- During the COVID-19 pandemic there were many students with disability who were left behind
- More than half did not have:
  - Regular contact with the education provider to ensure the learning is accessible
  - Curriculum and learning materials in accessible formats
- 61% (or about three in five) said students with disability had not received adequate educational support during the pandemic
- Some children were unable to engage online and so missed out on being part of a learning community and others felt schools had not done enough to facilitate access to this
- As a result, nearly three quarters of respondents reported that students with disability felt socially isolated from their peers
- Many reported that this and other consequences of the pandemic were having a significant impact on their mental health: just over half of respondents indicated a negative impact on the mental health and wellbeing of either themselves or the child or young person disability under their care

Key finding

The onus and thus 'heavy lifting' for providing inclusive education shifted from school staff to students and their families

- 80% of respondents reported that responsibility for education shifted away from teachers and schools and on to parents
- Many parents reported having to do significant work to translate learning materials into a useful format for their children. Some reported receiving exactly the same materials and support as those provided to students without disability, with the onus entirely on parents to make the necessary adjustments. This caused some family members to feel they were letting students with disability down because they did not have the skills required to adjust the materials appropriately
- Others felt the support was no worse during the pandemic, but this was mostly because they had not been well supported even prior to the pandemic. Where support had been received, it was often in response to advocacy work done by parents who had contacted schools (sometimes repeatedly) and requested the materials and adjustments their children required

Key finding

Individual Education Plans (IEPs) are not working in the way they should

While a well-designed IEP might not need to be changed to accommodate a pandemic, many families did not feel that IEPs were operating well to begin with before the pandemic, and modifications and accommodations were not being made to support the shift to remote learning.

Does the child or young person have an Individual Education Plan (IEP) in place?

- Yes (70%)
- No (21%)
- Don't know (9%)

Has the child or young person's IEP been updated or modified since the COVID-19 outbreak?

- Yes (9%)
- No (77%)
- Don't know (14%)

- Nearly half of respondents indicated that the child or young person's need for NDIS funding to assist in accessing education had changed since the start of the pandemic, although just 5% had requested a plan review and had it approved

- Funding changes were needed for tutors, support workers, technology, therapies, personal protective equipment (PPE) and other forms of equipment

- Where parents had not requested changes to funding it was often related to not having the time and effort to navigate the plan review process, or thinking that the NDIS would not assist with educational support

- A number of parents reported redeploying support workers from personal care and into helping children engage in learning, with the risk that they would not have enough support worker hours left at the end of their plans. Others had requests for more funding turned down by the NDIA on the basis that education supports should be covered through mainstream services

- There was a lack of clarity about how the NDIS could be used to support remote learning

What worked?

Key finding

Making sure students with disability are socially connected to their peers and the school is critically important

Of all supports, social support during the remote learning phase had the strongest association with students feeling supported, part of a learning community, engaged in learning, and feeling less socially isolated.

"

This suggests that providing support had an impact on reducing isolation and making children and young people feel more engaged.

Key finding

The importance and role of planned and intentional support for students with disability

These results tell us that planned and supportive actions by schools during the COVID-19 pandemic can have a significant positive impact on the lives of children and young people with disability.

When **1 TYPE** of above educational and social support was provided, it was reported students were:

24% **more likely** to feel part of a learning community

36% **more likely** to receive adequate support in their education

When **2 TYPES** of educational and social supports were provided, it was reported students were:

88% **more likely** to feel part of a learning community

109% **more likely** to receive adequate support in their education

48% **more likely** to be engaged in their learning

18% **less likely** to feel socially isolated

Key finding

Flexible NDIS supports helped students with disability during the first lockdown

Many NDIS participants were able to use the NDIS funding in creative ways to help engage children and young people with disability in their learning, but this was not consistent or well communicated.
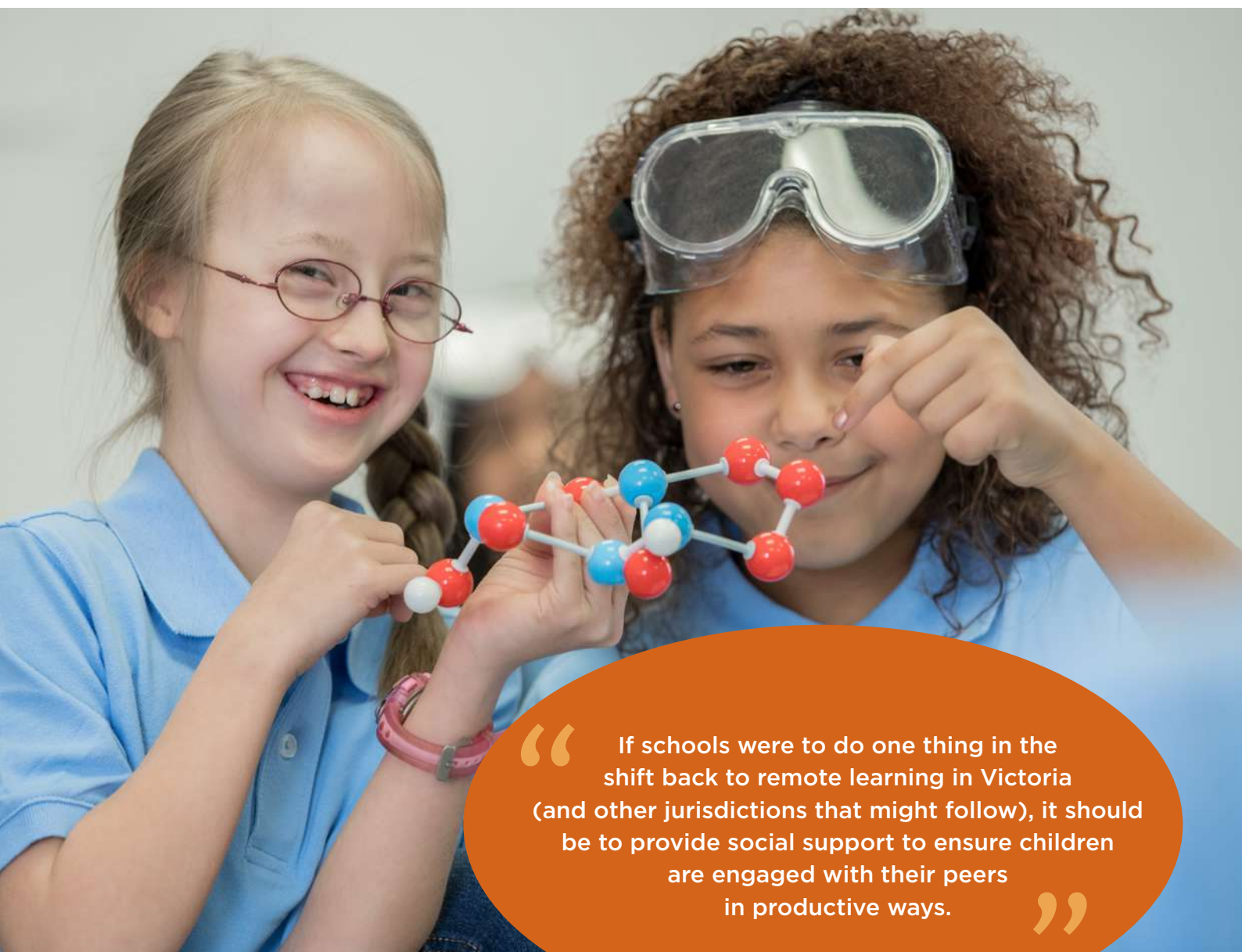
" If schools were to do one thing in the shift back to remote learning in Victoria (and other jurisdictions that might follow), it should be to provide social support to ensure children are engaged with their peers in productive ways. "

> Although the shift to remote learning and the associated impacts of the pandemic have raised some new issues, several respondents indicated that the issues faced are more longstanding. Over the longer term the only way to prevent these issues arising in future waves of the pandemic or during other emergencies is to genuinely implement inclusive education practices.

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EXPERIENCES OF STUDENTS WITH DISABILITY DURING COVID-19

Introduction

The COVID-19 pandemic has presented unprecedented challenges for education systems around the world.

During the pandemic all Australian children and young people engaged in education have faced uncertainties and disruptions. However, children and young people with disability arguably faced an even more difficult time and greater impact to their education, not because of their impairments but as a result of our underlying social structures and systems. It is well evidenced that children and young people with disability have poorer education experiences due to a range of well-known structural inequities. Further, many schools have been slow to put in place appropriate support means for children and young people with disability, with the result being that individuals are falling further behind.

Children and Young People with Disability Australia (CYDA) is the national representative organisation for children and young people (aged 0–25) with disability. CYDA is a not-for-profit community organisation that provides a link from the direct experiences of children and young people with disability and their families to federal government and other key stakeholders. CYDA identified that Australia lacked a coherent national response for children and young people with disability in the context of the COVID-19 pandemic. While swift responses were formulated in relation to some 'vulnerable' groups, for example aged care, there was a gap in relation to children and young people and their families.

In order to effectively advocate on behalf of this group, CYDA quickly developed a survey to capture the impact of COVID-19 on children and young people and their families and identify needs. The report resulting from this research (Dickinson and Yates 2020) identified that uncertainty about education was a prominent theme, including school closures and challenges with learning from home, and that respondents were worried that progress gained by children and young people with disability would be lost during this period. CYDA designed a follow-up survey to interrogate issues pertaining to education specifically. More than 700 individual responses were received from children and young people and their families.

> **Children and young people with disability arguably faced an even more difficult time and greater impact to their education, not because of their impairments but as a result of our underlying social structures and systems. It is well evidenced that children and young people with disability have poorer education experiences due to a range of well-known structural inequities.**

In this document we report on these survey findings. We find that although some children and young people with disability fared well in the transition to remote learning, many others reported experiencing a range of difficulties and in some cases, significant anxiety and negative impacts on mental health and welfare. Although many felt unsupported by schools, the data clearly demonstrates that where children and young people received support services there was a positive association with the degree to which they felt engaged in learning, and a reduction in social isolation. Moreover, of all supports received, social supports seemed to have the most positive association with learning and reducing isolation. The data also demonstrate many parents reporting that a transition to remote learning has illustrated their child's ability levels and this is often at odds with school and teacher understandings. In some cases, this has demonstrated how poorly supported children and young people with disability are. We conclude by offering some recommendations on how to prevent these issues from arising again in future waves of COVID-19 or other emergency situations, although we note that the only way to truly avoid these issues in the future is through realising inclusive education practices.

Background

Inclusive education is about everyone learning, growing and flourishing together in all our diversity. Inclusive education recognises the right of every child and young person, without exception, to be included in general education settings.

It involves adapting the environment and teaching approaches to ensure genuine and valued full participation of all children and young people. It embraces human diversity and welcomes all as equal members of an educational community.

Inclusive education in modern Australian classrooms is driven by a number of societal changes and reflected in legislation at different levels of government. Australia is a signatory to the United Nations Convention on the Rights of People with Disabilities 2006 (CRPD), which obliges the provision of accommodations and support to access the general educational system 'on an equal basis with others in the communities in which they live'. Federally the Disability Discrimination Act 1992, the Education Act 1989 and the Disabilities Standards for Education 2005 (Reviewed 2015) have followed broader trends in many advanced economies moving policy towards a more inclusive, less segregated approach to inclusion of students with diagnosed intellectual, physical, sensory or learning disabilities into mainstream classes. In 2016 the Committee on the Rights of Persons with Disabilities further clarified in General Comment 4 that no form of segregated education, for example in special schools or special classes, constitutes inclusive education. There is also strong evidence about the benefits of inclusive education for all students, and that no student is too disabled to be included in regular or 'mainstream' education (See Cologon 2019). Inclusive education is guided by an understanding about reasonable adjustments, which stipulates that a teacher or school make adjustments that enable a student with disability to participate in the classroom and demonstrate their learning while not placing an unnecessary burden on the student, their peers or their teacher.

This legislation is supported by Professional Standards for teachers across all states and territories in Australia ([AITSL] 2017). These specify that all practicing graduate teachers be able to meet the 'specific learning needs of students across the full range of abilities' with knowledge and understandings of strategies for differentiating teaching. The Australian Curriculum, Assessment and Reporting Authority (ACARA) also recognises a responsibility for inclusion of students with disability. The current broad national policy on education *Mparntwe Education Declaration* 2019 makes the commitment to meeting the goals of supporting 'every student to be the very best they can be, no matter where they live or what king of learning challenges they may face', with the specification that:

> Learners experiencing disadvantage are more likely than their peers to start school developmentally vulnerable and less likely to have attended early education in the year before school. Targeted support can help learners such as those from low socioeconomic backgrounds, those from regional, rural and remote areas, migrants and refugees, learners in out of home care, homeless young people, and children with disability to reach their potential. This means tailoring to the needs of individuals across a system that prioritises equity of opportunity and that supports achievement (p. 17).

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Despite these commitments, a range of reviews and reports (eg. Australian Government Productivity Commission 2011, 2019, Committee on the Rights of Persons with Disabilities 2019, Hall et al. 2019) note that children and young people with disability in all schools still experience inequities. Students with disability are often segregated, suspended and expelled at high rates, and legislation is poorly implemented and enforced with no consistent national standards relating to the treatment of children with disability in schools. This is a problematic situation given that the research evidence demonstrates that students with disability who attend education in inclusive mainstream settings demonstrate positive gains in social competence, friendships, aspirations for livelihoods and independence in adulthood, some gains in access to broad curriculum, and more access to academic skills (Hehir et al. 2016, Szumski, Karwowski, and Smogorzewska 2017, Cologon 2019). Over the last fifteen years, the highest level of educational attainment for people with disability has improved, but the percentage remains lower than for their peers without disability (Australian Institute of Health and Welfare 2020).

Funding for supporting students in Australian schools requires detailed diagnoses and evidence. The Nationally Consistent Collection of Data of School Students (NCDD) with a Disability is a joint initiative of federal, state and territory government and non-government school authorities. Funding is determined and allocated as a 'Commonwealth student with a disability loading' based on the NCDD and schools have specific document requirements they must meet with in order to accord with the criteria. Funding is then allocated based on needs they have provided the evidence for and schools have discretion to use this funding to meet the needs of their students, adjusted every 12 months in accordance with their current data. This can be used for many different supports such as specialised technology or other equipment, building modifications or other identified approaches to modifying teaching and learning to meet the students' differentiated needs for access to the curriculum.

The list of the Adjustments the NCDD identifies as suitable are as follows:

- planning
- teaching and learning
- curriculum
- assessment
- reporting
- extracurricular activities
- environment and infrastructure

The CYDA (2016) national survey results identified that only 23% of parents, carers or students had heard of the NCCD and only 17% were aware of the students being included in the NCCD. In 2019, over half (57.2%) of families who responded in the national survey identified they needed to personally pay for specific supports or equipment to enable students to access and participate in education. These include specialised aides, allied health, occupational and speech therapists, tutors, specialised transport for access to excursions and activities, and accessible forms of books and texts (CYDA 2019).

In addition to school-level support, funding from the National Disability Insurance Scheme (NDIS) is provided at an individual level and can also provide 'reasonable and necessary supports' that enable students with disabilities to go to school. This individualised funding might include things such as: support for daily living activities at school like eating or getting around; necessary equipment or technology; and, support for transitions between schooling levels and into post-school options. Most state and territory departments also provide curriculum support materials to assist students with disabilities.

While there are currently no state or federal guidelines to measure inclusivity in the sectors of Australian education, Anderson and Boyle (2015) did an extensive review of Australia's public education systems and found all states were offering enrolment in mainstream class or enrolment in a segregated school or classroom (if geographically available). Despite the commitment to inclusive education there was limited sense of belonging for students with disability in many mainstream schools. While some of the responsibility for inclusion is dependent on how the school operates and its ethos to inclusion, many blockers for this lie at the system level (Roffey, Boyle, and Allen 2019).

Inclusive education does not just have positive implications for students with disability. A systematic review of 280 students from 25 countries (Hehir et al. 2016) identifies that education inclusive of students with disability has short and long term benefits for students with and without disability. In inclusive classrooms, students with disability develop stronger skills in reading and mathematics, have higher rates of attendance, are less likely to have behavioural problems and are more likely to complete secondary school than students who have not been included. As adults, students with disability who have attended inclusive educational institutions are more likely to be enrolled in post-secondary education and to be employed and/or living independently. Teachers and administrators developed capacities to support the individual strengths and needs of every student, not just those students with disability. All students who are educated in inclusive classrooms hold less prejudicial views and are more accepting of people who are different from themselves.

> "
>
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The existing research evidence suggests that despite a number of policy commitments and initiatives at local and national levels, we have seen only limited progress in moving towards inclusive education and that children and young people with disability often fare poorly in the education system. This is despite the fact that all of the evidence suggests that inclusive education is not just better for children and young people with disability, but can have significant positive impacts for the whole classroom.

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Research design and analysis

As outlined above, a previous survey (Dickinson and Yates 2020) into the impacts of COVID-19 on children and young people with disability and their families identified education as a key theme of concern. The survey reported on here was devised by CYDA to interrogate the particular experiences of children and young people with disability with respect to education. The survey was launched on 28th April 2020 and remained open until the 14th June 2020 (a total of nearly seven weeks). This survey therefore provides vital information on respondents' experiences when schools had mostly closed to students, and covered the period of transition back to face-to-face teaching for the majority of students.

CYDA sought the assistance of researchers from the Public Service Research Group, UNSW Canberra and Melbourne Graduate School of Education, University of Melbourne to analyse data and prepare this report. They received ethics approval from the UNSW Human Research Ethics Advisory Panel, reference HC200411. CYDA shared the survey to its membership of over 5,000 people and it was promoted via social media by a number of other disability advocacy organisations.

Quantitative data were analysed firstly through simple descriptive processes to explore basic trends in responses. For this report we have rounded out percentages, so totals may not always equal 100%. Most questions were not answered by all 719 respondents, and reported percentages are based on the number of people who answered each question. Raw numbers are also reported. After the basic analysis we applied regression analysis to study the possible relationships between key outcomes experienced by students during the pandemic and possible influencing factors, controlling for each respondent's demographic, locational, and educational characteristics (for details see the Technical Appendix). Here we were interested in focusing on:

- whether or not the various types of support provided during the pandemic contributed to maintaining learning as well as reducing feelings of loneliness and isolation, and

- identifying which support types (if any) were most effective in protecting against feelings of loneliness and isolation.

In doing so we drew on answers provided to four 'outcome' questions posed in the survey, namely:

- The student receives adequate support in their education

- The student is made to feel part of the learning community

- The student is engaged in his/her learning

- The student feels more socially isolated from his/her peers

Responses to these questions were related to the age, gender, cultural background, location of individuals, their educational arrangements (type of school, attendance, NDIS eligibility, existence of an Individual Education/Learning Plan [IEP]), and an index of the impact of COVID-19 on the family based on self-reported information (e.g. loss of income or job, access to food supply). The key explanatory variable was whether support was received during the pandemic, measured first as a dichotomous variable (version A) and then disaggregated into various components, each identifying a type of intervention (version B).

Qualitative data gathered from open ended questions (totalling 1,145 individual comments from 415 different respondents) were coded in NVivo12 through a simple thematic process. Codes were created using broad themes such as educational support received from schools and parents, barriers to learning, NDIS funding issues, and Individual Learning Plans. These areas were then refined into sub-themes and checked for consistency. Participation in the survey was anonymous, but we have further removed any potentially identifying information from quotes used in this report.

Having set out an overview of the approach taken to collect and analyse data, the next section provides an overview of the demographic variables of responses received.

Profile of responses received

CYDA generated a significant response to the survey with 742 responses received in total. Some were omitted as those respondents started the survey but did not complete any of the questions, therefore this report is based on 719 responses. Table 1 shows the number of responses received each week. As these demonstrate, the largest responses were in the first (n=193) and sixth weeks (n=174).

Table 1: Responses to the survey by week

Week number and dates		Number of responses	Percentage of responses
1	28 April – 3 May*	193	27%
2	4–10 May	153	21%
3	11–17 May	62	9%
4	18–24 May	12	2%
5	25–31 May	71	10%
6	1–7 June	174	24%
7	8–14 June	54	8%
Total		719	

* 6 days, as survey began on a Tuesday

Ninety-five per cent of responses were received from a family member of a child or young person with disability, with the remaining 5% received from a child or young person with disability. Where we report qualitative data we indicate which of these groups the individual is aligned with.

As Table 2 demonstrates, we received responses from each state and territory within the country, although the highest responses were from Victoria (n=224), New South Wales (n=181) and Queensland (n=172). This is unsurprising given these states had the longest periods of lockdown and education closures.

Table 2: What state or territory do you live in?

State	Number of responses	Percentage of responses
Australian Capital Territory	22	3%
New South Wales	181	25%
Northern Territory	5	1%
Queensland	172	24%
South Australia	41	6%
Tasmania	17	2%
Victoria	224	31%
Western Australia	57	8%
Total	719	

As demonstrated in Table 3, the majority of responses were received from those based in metropolitan areas (n=471), with fewer in regional (n=181), rural (n=64) and remote areas (n=3).

Table 3: What type of area do you live in?

Area type	Number of responses	Percentage of responses
Metropolitan	471	66%
Regional	181	25%
Rural	64	9%
Remote	3	0%
Total	719	

Regarding the age of the child or young person featuring in responses, Table 4 shows that we gained responses across the age range, but with greatest number of responses between 7 and 15 years (74%).

Table 4: How old is the child or young person?

Age of child or young person	Number of responses	Percentage of responses
0–3 years	11	2%
4–6 years	90	13%
7–9 years	187	26%
10–12 years	194	27%
13–15 years	151	21%
16–18 years	63	9%
18–25 years	21	3%
Total	**717**	

Turning to the gender identity of the child or young person, two thirds were male and one third female (Table 5).

Table 5: What is the gender identity of the child or young person?

Gender identity	Number of responses	Percentage of responses
Male	453	63%
Female	246	34%
Other (e.g. genderfluid, non-binary, male plus female children)	5	1%
Prefer not to say	15	2%
Total	**719**	

Only five per cent of respondents indicated the child or young person was from a non-English speaking background. As Table 6 shows, approximately 4% of the sample identified as being from an Aboriginal or Torres Strait Islander background.

Table 6: Is the child or young person from an Aboriginal or Torres Strait Islander background?

Response	Number of responses	Percentage of responses
Yes, Aboriginal	23	3%
Yes, Torres Strait Islander	1	0%
Yes, both	3	0%
No	691	96%
Total	**718**	

In terms of the type of education facility the child or young person normally attends, as Table 7 shows the majority of respondents attended government schools (n=475), with a further 20% in non-government school and the remainder across other settings. As Table 8 further demonstrates, three quarters of respondents were enrolled in mainstream school, with just 17% in special school.

Table 7: What type of education facility does the child or young person normally attend (i.e. before COVID-19)?

Educational Facility	Number of responses	Percentage of responses
Pre-school	17	2%
Child care centre	7	1%
Family day care	1	0%
Government school	475	66%
Non-government school	134	19%
Home schooling	22	3%
Does not attend education	6	1%
TAFE or vocational education	20	3%
University	6	1%
Other	27	4%
Total	**715**	

Table 8: What type of school is the child or young person enrolled in?

School type	Number of responses	Percentage of responses
Mainstream school	465	76%
Special school	101	17%
Dual enrolment (between a mainstream and special school)	20	3%
Other	23	4%
Total	**609**	

Ninety per cent of children and young people who were features of responses attended the education facility full time. Of those who did not attend full time, Table 9 shows how many hours they attended.

Table 9: How many hours per week do they attend school or an education facility?

Number of hours attended	Number of responses	Percentage of responses
0–5 hours per week	17	23%
6–10 hours	15	20%
11–15 hours	20	27%
16–20 hours	13	18%
21–30 hours	7	10%
More than 30 hours	1	1%
Total	**74**	

Many questions demonstrated the relatively high level of support needs in this cohort of students. Nearly three quarters of respondents (73%) are NDIS participants, suggesting children and young people with significant and permanent disability. Of those in receipt of NDIS funding, just under a third (31%) were in receipt of NDIS funding to assist in accessing education before COVID-19 (69% were not). Just over half of the cohort (56%) were eligible for additional specific funding because of a disability or learning difference, while 22% did not receive this and 22% did not know if they did. Further details about some of the types of supports that children and young people received is provided below.

Overall the demographics of these responses indicate that this is a predominantly urban population situated across New South Wales, Queensland and Victoria. Approximately 31% of Australians were born overseas and around two-thirds of these were born in non-English speaking countries. This indicates to us that those from a culturally and linguistically diverse background are underrepresented in this sample. Just under 3% of the Australian population identifies as being of Aboriginal or Torres Strait Islander background. Our sample slightly overrepresents Aboriginal and Torres Strait Islander peoples in relation to the population as a whole, although it is important to note that this population have higher rates of disability than non-Indigenous populations.

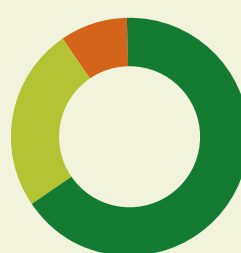## Percentage of respondents by state/territory

1%
24%
8%
6%
25%
31%
3%
2%
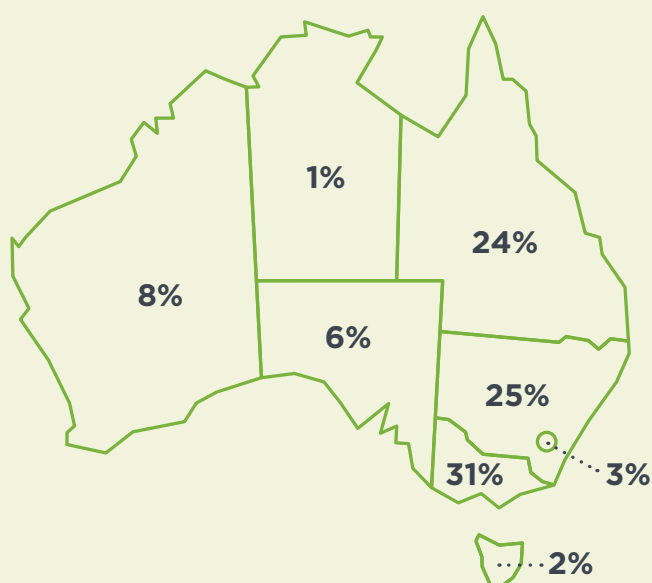
73% of students
NDIS Participants

85% of students with disability were in school, the balance in other forms of education
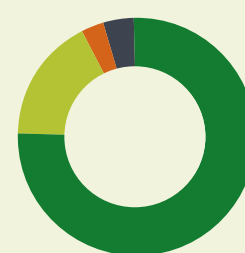
Location of students

- Metro (66%)
- Regional (25%)
- Rural (9%)
- Remote (0%)

Type of school

- Mainstream school (76%)
- Special school (17%)
- Dual enrolment (3%)
- Other (4%)

The shift to remote learning

Having set out information in relation to the demographics of the sample that responded to this survey, this section considers what the shift to remote learning has entailed for the children, young people and families who responded to the survey. As Table 10 demonstrates, over two thirds (67%) of education facilities moved to remote learning and others were impacted in further ways.

In free text responses it was explained that where children and young people remained in schools this was often because their parents were essential workers and could not work from home. Others had kept their children at home even where schools were open or had reopened, due to concerns about being more susceptible to serious illness in the event of contracting COVID-19.

As one parent explained:

> '*Schools have returned to face to face learning, but student remaining home on medical grounds that it is inappropriate to return at this time. Concerned about risk of COVID-19 as restrictions are relaxed. More vulnerable in a medical system if fell ill. Previous medical trauma and subsequent complexities*'.

For some the shift to remote learning was problematic as their child or young person struggles to engage through online platforms.

As one respondent explained:

> '*remote learning not accessible for my daughter*'.

A theme we will come back to a number of times in this report relates to parents feeling that their children are not as well supported at school as they are at home.

As one respondent explained, school is:

> '*now open but my son is currently better off learning at home as the school has been too slow to do remote learning and it has failed at their end and my son is learning a lot more at home schooling*'.

Table 10: Has the child or young person's enrolment in the school or education facility changed since the COVID-19 crisis began?

Change to facility	Number of responses	Percentage of responses
Education facility closed	85	12%
Education facility reduced hours	25	4%
Education facility moved to remote learning	483	67%
Student's enrolment cancelled	8	1%
Other	93	13%

During the shift to remote learning, the adult mainly responsible for providing the child or young person's daily education routine was overwhelmingly indicated to be the parent or carer (78%), with just 12% of respondents indicating that it remained the same teacher or educator as before (Table 11). In free text comments respondents explained that while some teachers and schools provided resources, these often required a lot of support by parents and carers to make them usable.

One respondent described:

> '*School provided them with noted adjustments however due to a physical disability, to access for all of his school day required 1:1 support by the parent*'.

Another parent concurred with this statement explaining:

> '*The same teacher assigns the work however the parent is responsible for instruction, supervision and battling to ensure work is completed*'.

Table 11: Who is the adult mainly responsible for providing the child or young person's daily education routine during the COVID-19 situation?

Adult responsible	Number of responses	Percentage of responses
The student	29	5%
Parent or carer	489	78%
The same teacher/educator as before	76	12%
A different teacher/educator	7	1%
The same education aide/support person as before	8	1%
A different education aide/support person	7	1%
Other	15	2%
Total	631	

Table 12 compares the types of supports that children and young people received from their education facility before and during the COVID-19 pandemic. As this table illustrates, many of the supports that students with disability received pre-pandemic were not carried over into the pandemic. This was particularly notable in relation to the provision of social support and education or other school based support workers. Many school learning support workers who would usually work with the student were not permitted to enter students' homes.

Table 12: What type of support did/does the child or young person receive from the education facility before and during the COVID-19 situation?

Support	Received before pandemic	Received during pandemic	Difference
Curriculum modification	54%	36%	-18%
Individual support worker (e.g. education aide, learning support worker)	56%	12%	-44%
Specific aides and equipment	40%	10%	-30%
Supervision	48%	10%	-38%
Social support	43%	9%	-34%
Assistance with personal care	27%	8%	-19%
Behavioural support	34%	7%	-27%
Access to specialist allied health	38%	15%	-23%

Regarding other supports provided during the pandemic (Table 13), only half reported curriculum and learning materials being provided in accessible formats and just under half (46%) reported regular contact with the education provider to ensure learning is accessible. Free text responses indicated variability between educational facilities, but also within facilities with different teacher practices.

As one young person explained:

'*Only one special education teacher was modifying learning material and in regular contact and encouragement from the special education department in high school*'.

Table 13: Has other specific support been provided to the child or young person during the COVID-19 crisis by the education facility?

	Number responding yes	Percentage responding yes
Regular contact with the education provider to ensure the learning is accessible	332	46%
Assistance with technology to support learning at home (e.g. providing iPad, internet connection, laptop)	170	24%
Efforts to ensure the student with disability is connected to their peers	188	26%
Curriculum and learning materials in accessible formats	358	50%

"

As a student with a highly modified program there has been no attempt by the school to make learning accessible. While I am capable of developing a suitable program the majority of parents at our school with students requiring adjustments are not I worry about the effect the break in these students learning that this will cause.

Where learning materials were provided during the pandemic, just over half of these (59%) were provided by the same teacher or educator as before and a quarter (23%) were provided by the school or education facility the student typically attended (Table 14). But in a quarter of cases (26%) these were provided by the parent or carer, rather than the teacher or school. A number of respondents indicated that where materials had been supplied they often still required quite a bit of work by parents so they would be usable.

As one respondent explained:

'*They just supply complicated worksheets where a parent needs to work out first*'.

Other respondents reported similar experiences and were concerned about the equity implications of this:

'*As a student with a highly modified program there has been no attempt by the school to make learning accessible. While I am capable of developing a suitable program the majority of parents at our school with students requiring adjustments are not I worry about the effect the break in these students learning that this will cause*'.

Table 14: If learning materials (text, video, audio) have been provided on-line or in any other format during the COVID-19 situation, who has provided them? Please select all that apply

Provider of learning materials	Number of responses	Percentage of responses
Parent or carer	186	26%
The same teacher/educator as before	421	59%
A different teacher/educator	57	8%
The same education aide/support person as before	51	7%
A different education aide/support person	14	2%
The school or education facility the student attended before	168	23%
Another provider	11	2%
Other	41	6%

Of those who responded to the survey, 70% had an Individual Education Plan (IEP) before the pandemic hit, with 21% reporting they did not and 9% that they did not know. However, only 9% of those with IEPs reported that this has been updated or modified since the pandemic, with 77% reporting no and 14% don't know. It is plausible that well designed and developed IEPs could make provision for remote learning requirements and this is why we have not seen a large number of modifications to these after the pandemic hit.

"

70% had an Individual Education Plan (IEP) before the pandemic hit, with 21% reporting they did not and 9% that they did not know. However, only 9% of those with IEPs reported that this has been updated or modified since the pandemic, with 77% reporting no and 14% don't know.

However, free text responses suggested that many families did not feel that IEPs were operating well pre-pandemic and modifications and accommodations were not made to support the shift to remote learning. Overall there seemed to be a very negative view of IEPs in family comments.

Many parents reported that IEPs are typically received late:

> 'I received Term 1's ILP the day before we went on term 2 holidays'.

Many reported that IEPs are not good quality and sometimes have been developed without the involvement of children or parents.

As one respondent described:

> 'It is being updated because the original one was very poor and created without any collaboration with me, his parent, or his team of support specialists'.

A number of parents expressed frustration that even where IEPs were in place they were not worked to.

One explained:

> '*the school as always ignores the IEP*'

And another:

> '*IEPs are usually not followed what is on paper is not what is done*'.

Further, many reported that IEPs were not amended following the shift to remote learning:

> '*I have recently queried her IEP as I haven't been involved in the writing of this plan as I have been in the past. I have been told the formatting of it has changed & instead of 4 people combining to write it, it is now being written & assessed solely by the teacher. I have requested that I be given a copy of her current plan, which are apparently now written & evaluated each term, I am still waiting – As far as I am aware they haven't even considered updating or modifying this IEP since the outbreak. I can see since the COVID-19 outbreak that what they consider to be modified education isn't at all what is being done*'.

Nearly half (45%) of respondents indicated that the child or young person's need for NDIS funding to assist in accessing education had changed since the start of the pandemic. Of these, as Table 15 shows, half were yet to request a plan review and just 5% had requested a plan review and had this approved. This change of funding proved invaluable to some families.

As one parent reported:

> '*I was lucky enough to have had funding to support in-home supports, which I used to assist with schooling during COVID-19. I am the sole parent of two children with disability, plus an essential worker. Without this support my children would have received no quality schooling at all during the school-closures.*'

"

Many families did not feel that IEPs were operating well pre-pandemic and modifications and accommodations were not made to support the shift to remote learning. Overall there seemed to be a very negative view of IEPs in family comments.

In terms of what funding was needed for, respondents reported needing this to support remote learning in the form of tutors, support workers or technology (e.g. iPad, readers). Often parents reported that care workers were redeployed to support schooling rather than personal care, raising questions about how personal care was delivered. Some families requested more therapy, often psychological or support services as children and young people were feeling the impacts of isolation. Others purchased therapy equipment for the home so that children and young people could engage in therapy via online means.

One parent explained:

> '*Need for new device for Telehealth. Need for new techniques to manage anxiety and behaviours in home. New strategies for communication*'.

Some parents requested funding for play equipment in their gardens as parks and communal play equipment was closed down. Others wished to access PPE for support workers or other professionals employed within the household. Several families reported concern that in re-directing funding or drawing on greater supports during the pandemic, this would have an impact on availability for the remainder of their plan duration.

As one parent explained:

> '*We are in the process of requesting a review because of the trauma experienced due to the significant changes and isolation and increased school load have caused which will mean that we will run out of funds before the plan end date*'.

Some parents reported they had requested additional funds to support remote learning but had been turned down by the National Disability Insurance Agency (NDIA) on the basis that education supports should be covered through mainstream services.

One parent explained:

'NDIS say they won't fund education because it's covered by the schools. Since he is homeschooled in order to get the best possible help, he misses out on funding for specialist support. I use his NDIS funds to access other, secondary help he needs, but the thing that would benefit him most is support for education'.

Another reported similar issues:

'Unable to utilise NDIS funding on materials, purchased education, speech, music, OT [occupational therapy], physio and art materials to run education therapy and medical management from home. Significant debt. Zero support'.

One parent who had not requested a change in the NDIS plan explained:

'I don't have capacity for that battle'.

Others also noted the time and effort that is involved in interacting with the NDIA:

'We require so much more support as we parents also have to work and we have another child who requires our support and assistance (neurotypical). However we have little energy and time to approach NDIA, and have recently had to advocate and lobby to get our child's NDIA plan reviewed as there was insufficient funding despite our request and rationale. We were successful in getting some additional funding (still insufficient and much less than requested). We should fight again and request again, but we are exhausted and feel broken by school, the Catholic Education Organisation, and the NDIA'.

Many free text comments suggested that parents and families are stretched in time and resources even when things are running well, and the disruption associated with the pandemic has left people in precarious circumstances, often with significant implications for mental health and wellbeing.

"

One parent who had not requested a change in the NDIS plan explained: 'I don't have capacity for that battle'.

Table 15: Have you needed to request a change in the NDIS plan due the COVID-19 situation to assist in education?

Response	Number of responses	Percentage of responses
Yes – have requested a plan review and it was approved	9	5%
Yes – have requested a plan review and it was not approved	7	4%
Yes – have requested a plan review and are still awaiting the outcome	20	10%
No – did not need a plan review	65	32%
Have not yet requested plan review	100	50%
Total	201	

Impact of education changes

In this section we consider what impact changes to education services have had for children and young people with disability and their families. In the majority of questions that we report in this section, individuals were asked to rate their response on a scale of 1 (strongly disagree) to 5 (strongly agree). We firstly report the responses to individual questions and then the regression analysis where we aim to explore correlations between different supports and outcomes. Where possible we illustrate responses to these questions with quotations from free text responses. As these responses illustrate, in relation to each of the areas reported on we see typically more than half of respondents suggesting that they or their child were inadequately support, socially isolated and left to learn on their own with little connection to teachers or peers.

Figure 1 shows responses to a question asking whether the child or young person has received adequate support in their education during the pandemic. Overall 61% of respondents disagreed with this statement, while 22% agreed and the remainder neither agreed nor disagreed.

In free text responses some parents were highly positive about the support their child had received.

As one parent described:

'*My son's teachers were very supportive when his difficulties were brought to their attention during online learning. The online learning was a totally different experience for my other son who does not have dyslexia*'.

Another also had positive experiences, describing how:

'*The school and I are in constant contact: his support Aide is our main point of contact at all times, and especially during lockdown. She has been videoconferencing with my son multiple times a week, and even drops into his online lessons so that she knows what he is supposed to be doing. The Year 12 staff are also cognizant of the issues this type of learning can raise for our child, and are finding creative ways to mitigate them before they occur*'.

Other parents found that schools that were normally responsive found it more difficult to do this during the pandemic:

'*Teachers and support staff are committed and well intentioned and understand the principles of differentiating class material. During COVID19 there was more "alternative" material provided which risked disconnecting the student from class learning. It is as if there was failure to recognise in the same way that even in a home learning context the principles of inclusive education should be applied*'.

Figure 1: The student receives adequate support in their education
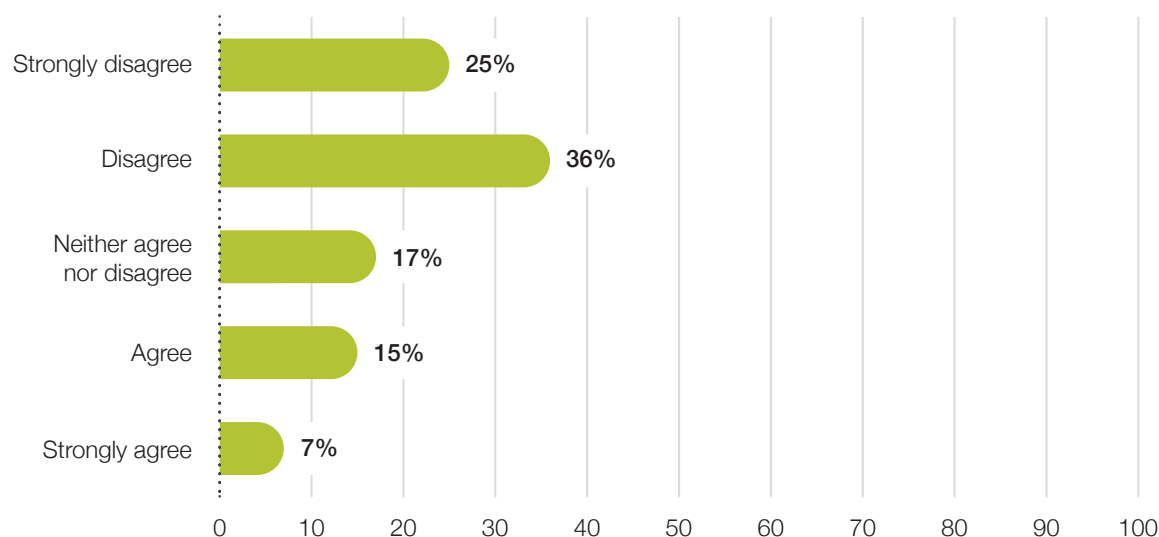
One parent was even told that the solution to prevent their child falling behind was to send them to a different school:

'*We've been told by the principal that we should consider sending our child to the local special school because they aren't able to provide the support she needs during the pandemic, even though her support workers are being paid and are at home with the technology to connect with her online and assist in the completion of the assigned work*'.

Some parents reported being supported not because of actions that the school had taken, but because they had used NDIS funding to support remote learning.

As one parent explained:

'*our daughter does receive adequate support with her learning, but it is only because we are using her NDIS funding to employ extra support workers to act as her aides at home. We have had NO contact from the SEU (her school 'case managers') or offers of assistance or even queries about how her learning at home is going*'.

A number of respondents commented that their support was not worse during the pandemic, but this is because their support generally is not good.

As one parent described:

'*Funded support has never been given adequately before COVID – & most certainly has got worse during online learning because of COVID there is absolutely no accountability from the teachers or the school*'.

Another parent expressed similar sentiment, explaining that:

'*The school was terrible at disability support and inclusion before the pandemic and have remained uncaring and disinterested during it. They are doing the absolute bare minimum to support my child and others with disability, are not teaching at school or online, no aide time has been offered and there is no support*'.

"

The school was terrible at disability support and inclusion before the pandemic and have remained uncaring and disinterested during it. They are doing the absolute bare minimum to support my child and others with disability, are not teaching at school or online, no aide time has been offered and there is no support.

Other respondents explained that where they received supports it was as a result of their advocacy work and schools had not been forthcoming until this point.

As one respondent explained:

'*Supports received at school pre-COVID-19 relied heavily on my advocacy. Modifications and Access to the remote learning environment were dependent on my capacity to navigate and implement new strategies. In basic terms – left to our own*'.

Many parents reported that they had not received contact from the school or that work had not been appropriately modified.

One respondent commented:

'*same materials as everyone else, same contact as everyone else*'.

Several also indicated they had found it difficult to get in touch with schools and teachers to discuss issues relating to education.

As one parent commented:

> '*Week 5 and there has been no direct interaction between students and teachers except through email or google classroom. No plan in place for supporting students with special needs to work from home or to transition back to school*'.

Another explained that:

> '*We were told things could happen but then told "too busy to zoom". Child has had no contact with school for weeks. Emails are ignored and not answered unless it suits them, many questions unanswered. How to arrange sessions changed frequently without notice*'.

As a result some parents explained how their child had not been able to engage in education during the remote learning period:

> '*The education system totally ignored my 6 year old son who is autistic. We ended up effectively unschooling, as online platforms were wholly unsuitable for instruction, and of limited value for therapeutic and social supports*'.

The figures for whether the child or young person is made to feel part of a learning community are slightly better. While 50% disagreed or strongly disagreed with this statement, 35% agreed or strongly agreed (Figure 2). In the free text responses, some parents explained that their child struggles to engage when not physically situated in the learning environment.

As one parent explained:

> '*My child is also grieving the loss of her school community and the routine and structure of school. Overall, it's an overwhelming time for the whole family …. Son is stressed, isolated and disengaged. Very difficult to get him to work at home for any length of time. He needs the school environment to engage in learning*'.

Some children and young people are unable to engage in virtual learning spaces and this limits them feeling part of a learning community.

One respondent described:

> '*We feel let down by the system and there has been no contact from the school apart from the work that is expected. The work is based on him being able to be in the online meetings*'.

Figure 2: The student is made to feel part of the learning community
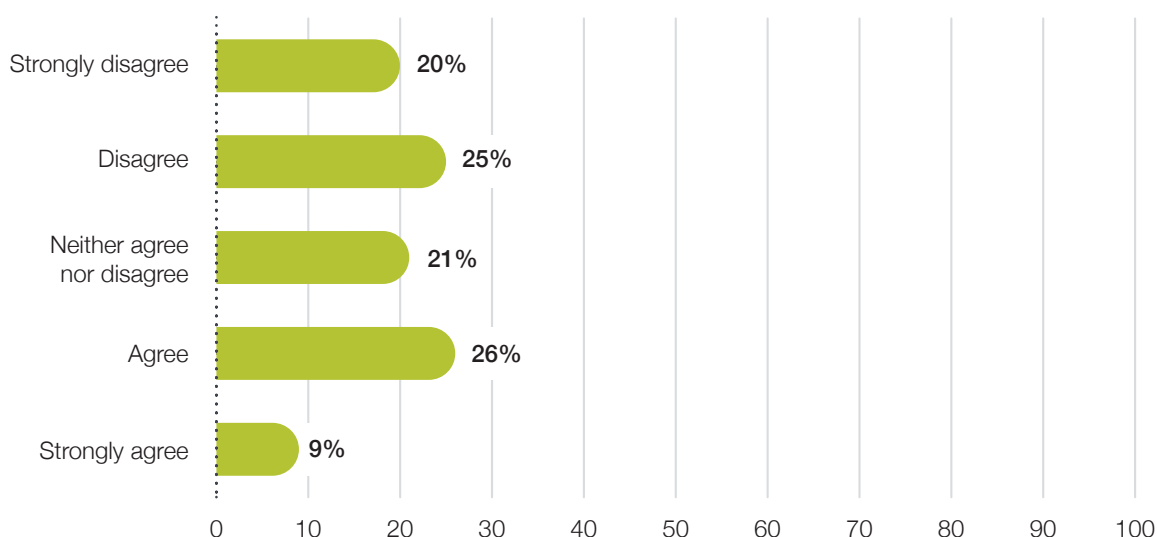
And another added to this:

'My son loves watching the kids online but he doesn't talk and there's 2 other kids that hijack the conversation my son is non verbal doesn't get a chance to say anything – it's terrible then he's bored all day and gets angry because his brother is attending his classes like a 'normal' kid. He goes to mainstream and all my son wants to do is go to school'.

In terms of whether students feel engaged in their learning, 50% disagreed or strongly disagreed with this statement, with a further 32% agreeing or strongly agreeing (Figure 3).

Several respondents believed that some children and young people were more engaged during the remote learning period, given that for some school environments can be highly traumatising.

One parent explained that:

'seeing the heightened anxiety my son deals with daily at school leave him and we have a completely different boy, not walking on eggshells constantly was lovely and has made me consider p/t [part time] school p/t [part time] home school, but this would only be possible with the support of his school'.

This perspective was also reflected in other comments:

'I think our daughter did a lot better at home. We only concentrated on 3R's. She was a lot less anxious and spelling and maths actually started to sink in. I have told the school that we are considering sending her part time to school. They are not happy. But at home she has no distractions and is made to complete important work. When they see completed work they have a sense of satisfaction and are happy they have actually completed something fully'.

Some respondents indicated that where children and young people were engaged in learning this is because they had put additional supports in place.

As one parent explained:

'Basically needing to use core budget to provide a support worker to act as a teachers aide (so parents can work). So funding that was supposed to be used for a different purpose (e.g community activities) is being used for education'.

Although this was a fix in terms of facilitating engagement in education and allowing parents to work, it has implications in terms of other activities (e.g. social interaction) not being fulfilled.

Figure 3: The student is engaged in their learning
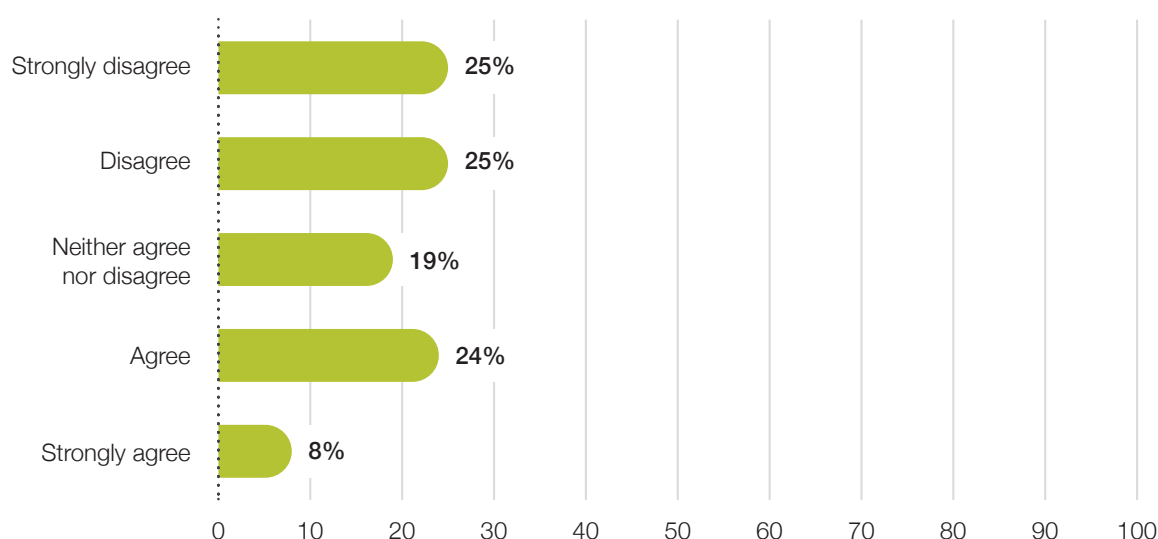
Others reported that the new processes associated with return to school had also been a challenge for some children:

'The biggest issue I found during and after the COVID-19 situation was the lack of support for my son from his school. My son struggled to cope with the recorded videos, as the teachers couldn't respond to his questions and it was too distressing for him. We had to stop them and just help him with the worksheets (They had no school holidays as had been given an extensive curriculum to follow). Once school returned, he struggled with all the social rules changing and the anxiety of going back to school and the lack of support for him. There is NO support for toileting, which he has poor hygiene with, there is no social support in the playground and no adequately trained EA in his classroom to support his needs either. He has only returned for half days and will not be returning to full-time school as the school is just not equipped to support autistic children in any way'.

The response to whether the student feels more socially isolated from their peers was stark with 72% agreeing or strongly agreeing and just 11% disagreeing or strongly disagreeing with this statement (Figure 4). Several respondents reported children and young people feeling very isolated and sometimes unable to understand why they could not see friends or family or engage in usual activities.

As one parent explained:

'My son is extremely isolated as he has no friends and cannot attend usual activities. He asks for friends every day'.

Other respondents added to this, explaining that isolation has had additional impacts: 'restricted access to community and external outings had an impact on my son's mental health. He already struggles with issues relating to marginalisation. He struggled with the lack of freedom but I think society as a whole struggled with that. However, it needs to be recognised that children with disability often have mental health issues to begin with due to their general treatment by the mainstream world'.

Simply reopening schools or gradually opening up social interactions is not enough for some to reduce social isolation. A number of respondents reported investing in therapy services to facilitate interactions once again.

One parent explains:

'Psychology needs increased as did needs to have support to re-engage with community, including education'

Figure 4: The student feels more socially isolated from their peers
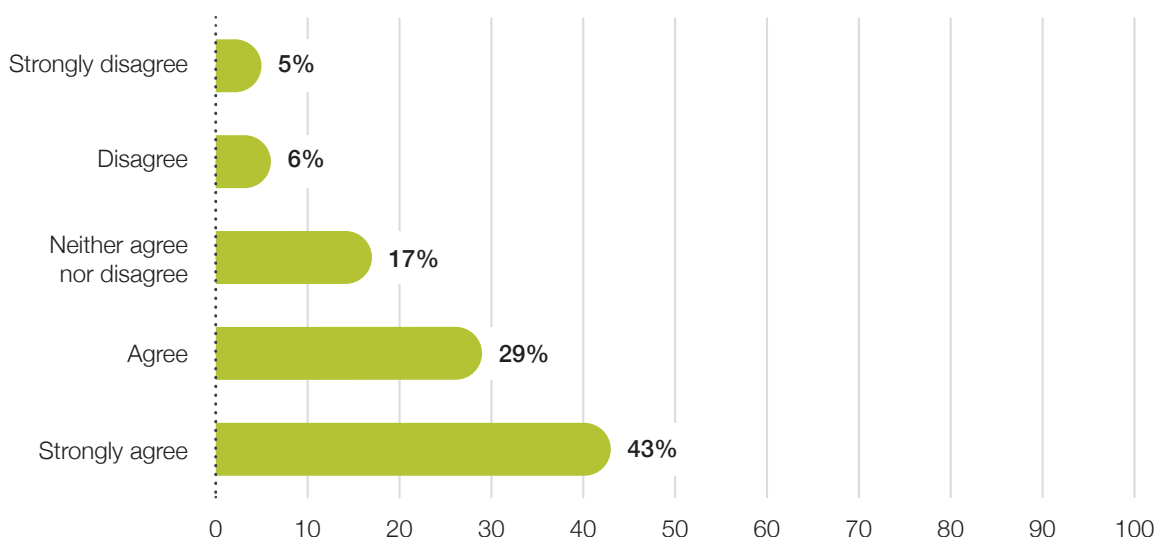
Regarding whether there was regular communication with the family/caregivers about the student's learning progress, 51% of respondents disagreed or strongly disagreed with this statement and 30% agreed or strongly agreed (Figure 5). Free text respondents indicate how difficult remote learning can be for some children and families, particularly when they are not able to communicate with teachers.

One respondent explained:

'Our lives have become nightmarish. The teachers assign way too much independent work and they won't listen to our request to reduce it'.

Others reported their child was doing better now because there is less communication from the school:
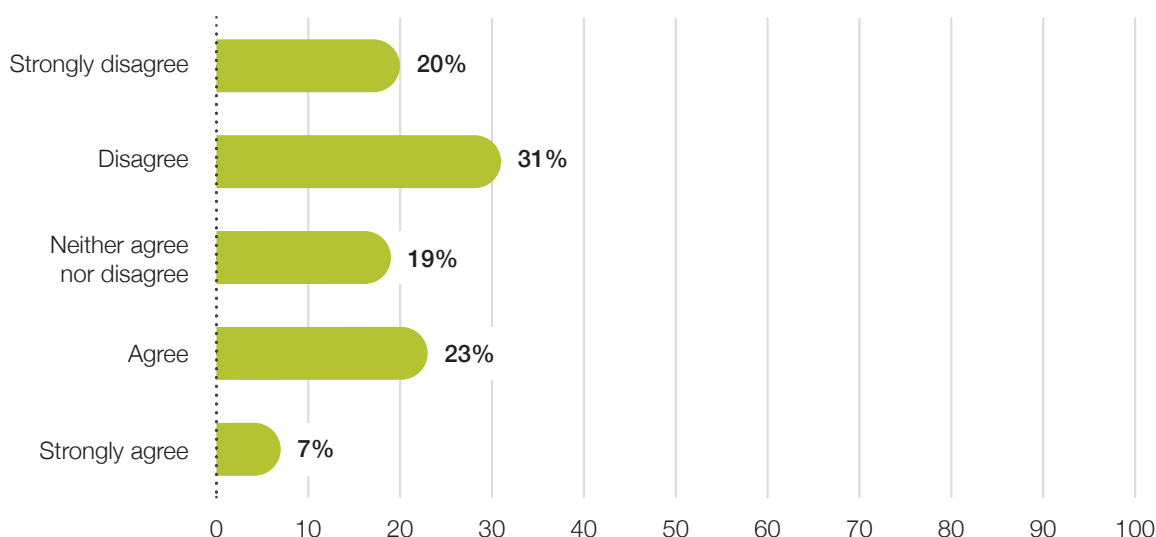
'My daughter is learning better at home than in school. It is overwhelming how much contact from school on daily basis when would much prefer to concentrate on the learning'.

Others indicated that there would need to be greater communication with schools once the pandemic subsides.

"

The learning from home experience has brought the extent of, the child with a disability's, lack of foundational learning and disconnection with the standard curriculum. There are some serious conversations being had with the various staff within the school over adjustments required and remedying this situation.

As one parent explained:

'the learning from home experience has brought the extent of, the child with a disability's, lack of foundational learning and disconnection with the standard curriculum. There are some serious conversations being had with the various staff within the school over adjustments required and remedying this situation'.

Figure 5: There is regular communication with the family/caregivers about the student's learning progress

Category	Percentage
Strongly disagree	20%
Disagree	31%
Neither agree nor disagree	19%
Agree	23%
Strongly agree	7%

"

It gave me a great insight into my son's education. I found that staff had no idea of where my son was at with reading. He came home on a level 9, he in fact could read at a level 15. Maths they were giving him yr1 maths that had nothing to do with the curriculum.

In terms of whether teachers and support staff have high expectations of the student and their learning, responses were mixed. In total 35% of respondents disagreed or strongly disagreed with this statement, while 35% agreed or strongly agreed (Figure 6). Some respondents felt that children were being expected to do too much, particularly given that they were in receipt of limited support.

One respondent explained:

'Online learning was very challenging. Lots of emails came through about what my son was not completing/achieving but nothing about how he was being assisted. Too much work. Unrealistic expectations from kids with disabilities working on their own. I was present but unable to assist my child due to my own work commitments online'.

A strong theme within free text comments is that the period of remote learning showed many parents that schools had limited insight into how children and young people are progressing in their learning. For some parents they discovered that schools had significantly underestimated the abilities of their child.

As one explained:

'It gave me a great insight into my son's education. I found that staff had no idea of where my son was at with reading. He came home on a level 9, he in fact could read at a level 15. Maths they were giving him yr1 maths that had nothing to do with the curriculum'.

But for many remote learning revealed how little progress their child had been making and also a lack of support from the school.

Figure 6: The teachers and support staff have high expectations of the student and their learning
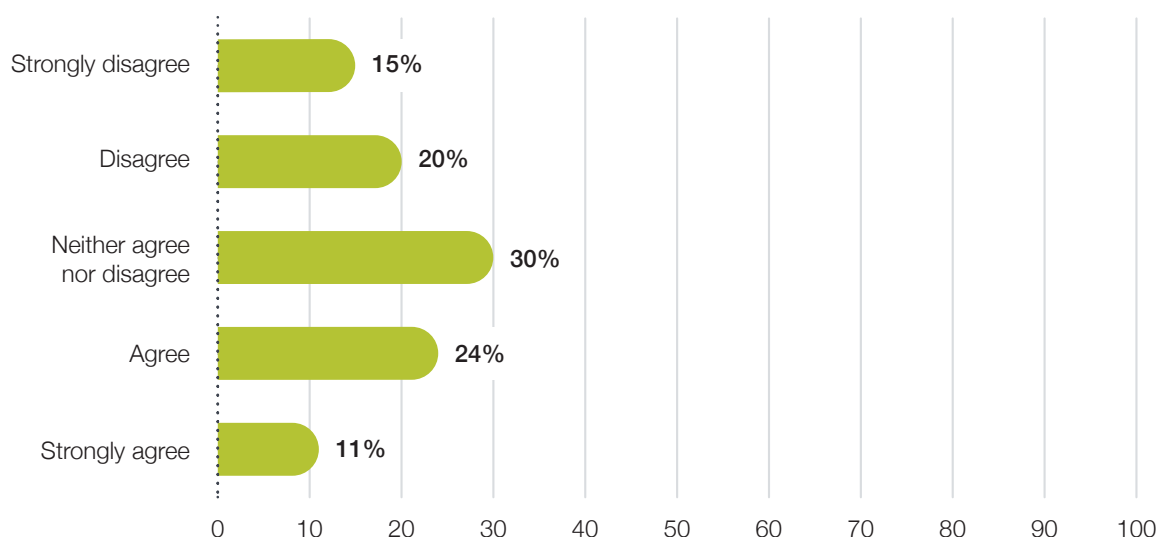
One parent described:

'It was eye opening to see how far behind my child was & how he works. Always seeking assistance as has no confidence in what he was answering. Some topics way over his head so has to stop & explain – can see how a teacher can't do that in class'.

Another remarked:

'I'm actually grateful for the lockdown, as without it I doubt I would've ever known how badly my child was being let down'.

Several respondents expressed frustration at this:

'I have become acutely aware of just how far behind my daughter is in her schooling and can't believe our school system has let her down'.

And another remarked:

'The COVID experience gave me a chance to take a look at my son's Educational programme which I realise was sub-standard and did not meet his learning goals or needs. I wouldn't have had access to it in such detail were it not for remote learning. So, in some ways, I'm grateful for the shutdown as it shed light on hidden issues and has enabled me to fight for a better deal for my son'.

Just under half (45%) of respondents disagreed or strongly disagreed that teachers and support staff have the training required to provide a supportive and enriching education environment for the student, while just under a third (32%) agreed or strongly agreed (Figure 7). This issue is not confined to a time of pandemic and is something that parents often face.

As one respondent explained:

'The school provided minimal learning opportunities and act more like babysitters for my child who has a mild intellectual disability and attends a mainstream school. Support staff are not well trained and lack the flexibility needed in dealing with special needs children'.

Another parent described that:

'teachers are not given training to pick up early signs of dyslexia nor how to modify do phonics beyond the basics of visual info. Assistance only provided after advocacy'.

Another respondent explained how this goes beyond just teachers:

'school often employs untrained teachers and support staff without disability training'.

Figure 7: The teachers and support staff have the training required to provide a supportive and enriching education environment for the student

Strongly disagree	21%
Disagree	24%
Neither agree nor disagree	24%
Agree	23%
Strongly agree	9%
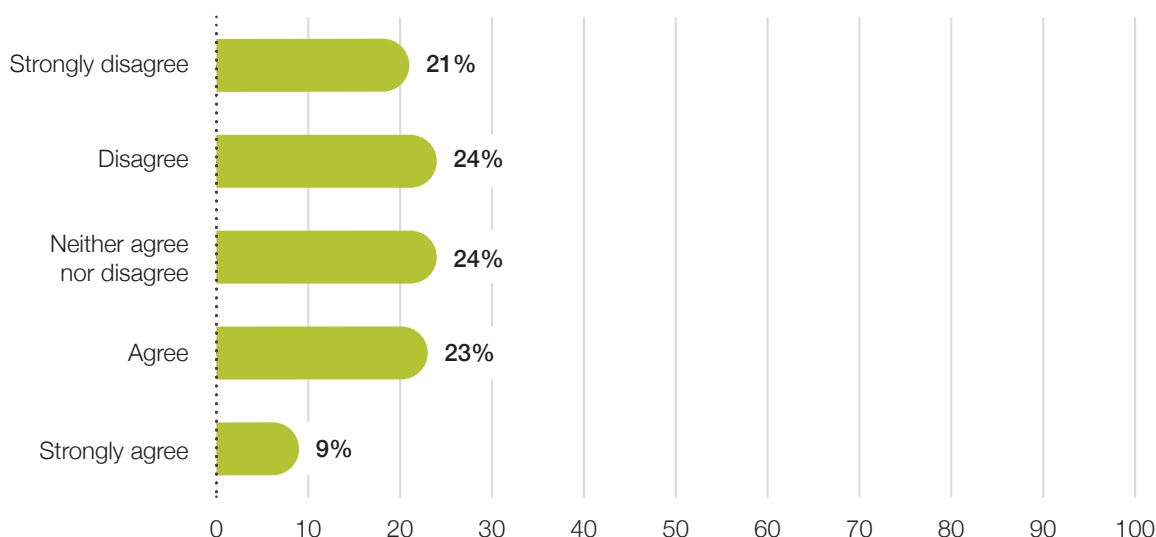
There was a strong response to the question regarding whether the family is provided with assistance to support the learning of the student with disability during the COVID-19 pandemic. Overall 66% of respondents disagreed or strongly disagreed with this statement, with just 20% agreeing or strongly agreeing (Figure 8). There were many free text responses where parents expressed their frustration at what they felt was insufficient support from schools.

One respondent explained:

'I am absolutely appalled by the lack of initiative and communication from my daughter's school. We are now week 4 and there is no daily online roll (check in) and no online learning platform. I believe they are just now starting to look at one. We have had 3 weeks holidays and now 4 weeks of term 2. 7 weeks to only now be looking at an online platform is quite frankly a disgrace and an embarrassment to the Department of Education. It scares me that the delivery of curriculum seems to be so wishy washy. My daughter has had no communication from the school and no access to peers. She hasn't seen or heard from her friends in over 7 weeks. It's heartbreaking and not good for mental health. Even once a week a group zoom session would suffice…We advocate for a mountain of entitlements for our children, an education shouldn't be one of them'.

Others felt that they had simply been forgotten about in the shift to remote learning.

One parent remarked:

'My Yr 11 daughter is severely physically impaired, and has always had full time one-on-one aides for scribing and personal caring at her mainstream school, a 'prestigious' government school in our area. I find it extremely disappointing that neither the school SEU (her 'case managers') nor executive staff have offered any assistance, even a query of 'how is she going?', during this learning-from-home period. She is a very conscientious, motivated and high-achieving learner, but if not for the many extra hours of NDIS-funded support workers and three hours a week from a private tutor, I honestly don't know how her education would be continued at home. My husband and I would have had to give up work temporarily to support her. The SEU staff, usually so keen to have an overwhelming (sometimes unwanted) presence in our daughter's 'normal' school life, have been conspicuous by their silence during the COVID-19 situation'.

It is clear that the implications of the pandemic are having a significant impact on children and young people and their families. Just over half (53%) of respondents indicated that the COVID-19 pandemic has had a negative impact on their mental health and wellbeing. As one young person described, *'Doing work at home is hell'*.

Figure 8: The family is provided with assistance to support the learning of the student with disability during the COVID-19 situation
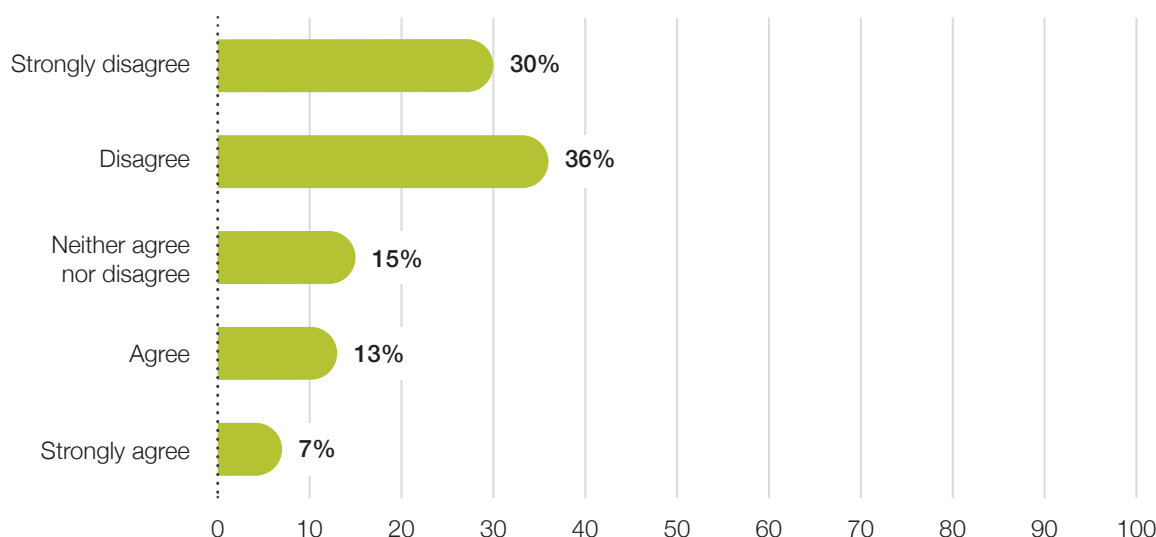
As outlined in the research approach section, we ran regression analyses on the data to explore whether there are any correlations between different support types and the degree to which children and young people were reported to have experienced any educational effect, including feeling engaged in learning communities or socially isolated. For the first analysis we aggregated support types reported in Table 12 in three categories: (i) no support received; (ii) received only one type of support; and (iii) received 2 or more types of support. The results of this process (Table 16) suggest that where children and young people received support during the pandemic, this made a substantive and positive contribution in maintaining their learning engagement and reducing feelings of social isolation.

More specifically, as shown in Table A1 in the Appendix, relative to not receiving support:

a. those who received only one type of support on average experienced improved educational outcomes by 24% (student is made feel part of their learning community) and 36% (student receives adequate support in their education). These increases are substantive as they are statistically significantly different from zero at the 1% level: in other words, there is a less than 1% chance that the effect is zero. In contrast, no detectable effects were found for engagement (student is engaged in their learning: +10% but the difference is statistically not significant), and the feeling of social isolation (-11% but again not statistically significant);

b. those who received two or more types of support (about 30% of respondents) experienced very large and statistically significant improvements: on average +88% on whether the student is made feel part of their learning community; +109% on whether the student receives adequate support in their education; +48% on whether the student is engaged in their learning, and -18% on whether the student feels lonely.

These results suggest that support was most effective when it was most intense, and more than one type of support was provided.

When **1 TYPE** of above educational and social support was provided, it was reported students were:

24%
more likely
to feel part
of a learning
community

36%
more likely
to receive
adequate
support
in their
education

When **2 TYPES** of educational and social supports were provided, it was reported students were:

88%
more likely
to feel part
of a learning
community

109%
more likely
to receive
adequate
support
in their
education

48%
more likely
to be
engaged
in their
learning

18%
less likely
to feel
socially
isolated

Table 16: Regression baseline results: educational outcomes

Dependent variable	The student receives adequate support	The student is made to feel part of the learning community	The student is engaged in his/her learning	The student feels more socially isolated
Controls				
Index support during COVID version A	.291*** (.029)	.227*** (.032)	.133*** (.033)	-.071** (.028)
N	618	616	615	616

Notes: Standard error in parentheses. Point estimates different from zero at 10%, 5%, and 1% level of statistical significance are starred with *, **, and ***. Coefficients that are statistically no different from zero are omitted.

"

There has been no phone call or communication from the school regarding how I am coping. I have regular meltdowns and feel anxious and depressed as I need contact from my friends but my friends don't need it from me. It would be extremely helpful if they had set up communication with friendship groups during lunchtime.

When we examine support types individually, we find that social support has the strongest association with students feeling supported, part of a learning community, engaged in learning and feeling less socially isolated (Table 17). This is a large category of supports, but would typically help to connect children and young people to their peers in meaningful ways. Where schools and teachers have made efforts to connect children and young people to their peers, this has had a significant positive impact in supporting the learning process and reducing isolation. The impact of social supports is much more significant than even education supports. Yet, as we noted earlier in Table 12, social supports were one category of supports (along with support workers) that was hit hardest, with far fewer of these being provided during the pandemic than before.

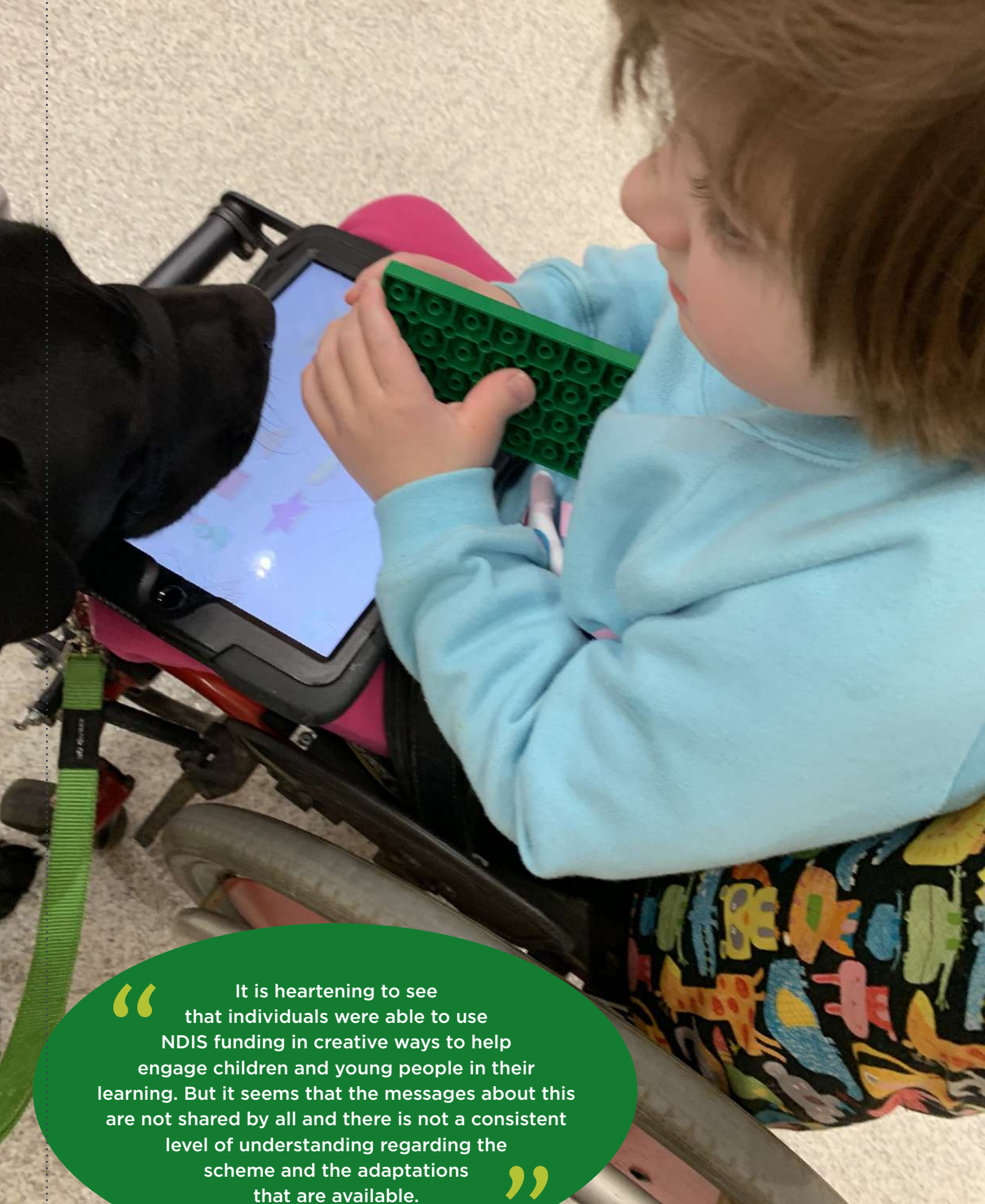In free text comments one young person explained why social supports are so important:

'There has been no phone call or communication from the school regarding how I am coping. I have regular meltdowns and feel anxious and depressed as I need contact from my friends but my friends don't need it from me. It would be extremely helpful if they had set up communication with friendship groups during lunchtime'.

Table 17: Regression extension on what support worked: educational outcomes

Dependent variable	The student receives adequate support	The student is made to feel part of the learning community	The student is engaged in his/her learning	The student feels more socially isolated
Controls				
Index support during COVID (version B):				
Education support	.447***	.291***	.074	-.009
	(.096)	(.100)	(.106)	(.093)
Specific aides and equipment	.489***	.328**	.108	-.257*
	(.164)	(.154)	(.172)	(.140)
Supervision	.380**	.421**	.315*	.104
	(.164)	(.164)	(.180)	(.138)
Social support	.525***	.440**	.575***	-.308**
	(.189)	(.182)	(.197)	(.160)
Care services	.163	.172	.029	-.107
	(.136)	(.128)	(.143)	(.119)
N	618	616	615	616

Notes: Standard error in parentheses. Point estimates different from zero at 10%, 5%, and 1% level of statistical significance are starred with *, **, and ***. Coefficients that are statistically no different from zero are omitted.

> "It is heartening to see that individuals were able to use NDIS funding in creative ways to help engage children and young people in their learning. But it seems that the messages about this are not shared by all and there is not a consistent level of understanding regarding the scheme and the adaptations that are available."

What do these findings mean?

There are many findings and a lot of detail in this report and so it is difficult to generalise about the impact across a diverse group of individuals. Having said this, results were consistent across all states and territories and school types.

It is clear that some fared better in this time. A significant proportion of children find schools to be difficult places that cause anxiety, and being away from this may have helped them to learn more effectively. For others being away from school had a significant and detrimental impact on their learning, social engagement and ultimately their mental wellbeing. One concerning theme reported is the degree to which some parents were surprised by their child's learning progress through remote learning. The pandemic experience has illuminated just how badly supported their child is in schooling and the challenges posed by the education system.

As one parent described:

'The experience has emphasised how broken the system is'

This is not necessarily a new finding. As we outlined in the background section, it is well documented that children and young people with disability face significant issues in progressing through the education system and often experience discrimination in a number of ways.

It is heartening to see that individuals were able to use NDIS funding in creative ways to help engage children and young people in their learning. But it seems that the messages about this are not shared by all and there is not a consistent level of understanding regarding the scheme and the adaptations that are available. While the NDIA have been fairly active in promoting ability to change plans and potentially making more funding available in the event that individuals redirect funding during the pandemic, it seems that this message has not filtered through to all families. Further, Local Area Coordinators are also variable in the degree to which they comprehend and communicate this message. This points to the importance of clear and consistent communication, a theme that was strong in the previous survey around information requirements during a pandemic (Dickinson and Yates 2020).

> **What does seem clear is that for both NDIS supports and school supports, parents are often required to do a significant amount of advocacy work in ensuring access to resources. This is troubling from an equity perspective as it suggests that not every child or family is receiving the same opportunity for supports.**

What does seem clear is that for both NDIS supports and school supports, parents are often required to do a significant amount of advocacy work in ensuring access to resources. This is troubling from an equity perspective as it suggests that not every child or family is receiving the same opportunity for supports. Moreover, it is often the case that those most in need are least likely to be able to advocate and navigate complex service systems, and there is evidence of this emerging with respect to the NDIS (Warr et al. 2017, Carey et al. 2017). It is important not to assume that students with disability and their carers are coping well with remote learning just because we do not hear from them. It is crucial to be in contact with each student and their parents to find out whether their needs are being met and what else they might require.

The data in this report suggests a wide range of potential changes that might be made to better protect children and young people and their families from experiencing similar sorts of issues in the face of another wave of infection or other disaster scenarios. It is evident that receiving some support has an impact on engagement in learning communities, learning itself, and reduction in social isolation. Further, two or more supports had a significant and substantial positive association with good outcomes, over and above one intervention.

This suggests that where children received careful and planned responses this mitigated against negative impacts and improved learning engagement. It is an important observation as it suggests that actions by schools do have important and positive impacts for children and their families. Within support types, social support provisions seem to have the greatest positive association. This intuitively makes sense. For those who are already socially isolated, school is an important link to a community.

Ultimately, fully realising the principles of inclusive education is the major way that the full range of these negative impacts will be mitigated against. The Australian Coalition for Inclusive Education (Australian Coalition for Inclusive Education 2020) has set out a roadmap for how inclusive education in Australia might be achieved. It articulates a series of short term (1–2 years), medium term (3–5 years) and long term (5–10 years) activities and outcomes that might be achieved. Many of these issues go beyond the teacher and school level and relate to fundamental changes that we need to see made to the education systems. The data provided in this report would support this direction of travel.

Thinking about what can be done now, there are some clear messages for schools and teachers about practical activities that can be implemented in the short term to socially engage students and to improve their connection to learning communities.

Online studies offer new opportunities to network and have been demonstrated to provide avenues to connect for students with disabilities, reducing isolation and increasing access to resources (Miller 2017). Online spaces can be enabling for young people with disabilities in the exploration of their identities (Bowker and Tuffin 2003). It is important, however, to consider the additional modifications that might need to be addressed with regards to technical support, layout of learning materials and accessibility additions such as closed captioning, speech to text, and text to speech. All these technologies offer support to a diverse range of students, but are often purchasable upgrades or require additional installation and enabling in digital learning spaces such as Canvas, Blackboard, Compass, and eLearn. The same need to be vigilant around enabling these supports will also aid learning in Zoom, Microsoft Teams, Google Hangouts, and other communication platforms. Principles of Universal Design for Learning informed with competent technical differentiation provides quality inclusive education for all students (Edyburn 2010, Katz and Sokal 2016).

Where students and families felt they were supported in this study, it was largely when they had clear communication with teachers and learning assistants. In one of the rare studies where students with learning disabilities were encouraged to identify what they need from a teacher, the students identified that teachers were more effective and more likely to encourage them to stay

> "The Australian Coalition for Inclusive Education has set out a roadmap for how inclusive education in Australia might be achieved. It articulates a series of short term, medium term and long term activities and outcomes that might be achieved. Many of these issues go beyond the teacher and school level and relate to fundamental changes that we need to see made to the education systems."

motivated and aspirational if they took the time to get to know them as people (Connor and Cavendish 2018). Consulting students around the adjustments to their learning is a legislated requirement, but the time provided for, and quality of, consultation often results in less successful outcomes (Tancredi 2020). Opportunities to check in with students and families on what is working for them and what might work better will provide important insight into future teaching. For a number of the families in the study, experiences during the lockdown period eroded some of their connection and trust in the school. Work to connect to learning outcomes using formative feedback (e.g. exit tickets) will assist in re-establishing home school partnerships.

Drawing from work on enabling students with Developmental Language Disorder Tancredi (2020) suggests an opportunity might be taken to 'check in' with students to see how they are faring in lessons by offering them the chance to identify if talking is the wrong pace or volume, whether enough thinking time is given, and if they feel they are heard in different group and class activities. There are other opportunities to check in with students around access and understanding of lesson and subject content, their accessibility in the learning environment, and if there are ways in which instructions are given which are most helpful to the student. This short term work will assist in furthering the more meaningful IEP work which has been seen as an important future action in this data.

It was evident in the survey data that social support was the most essential and effective intervention during COVID isolation protocols. Social emotional learning can be useful for developing connections, help-seeking and coping strategies, and student relationships (Woolf 2013, CASEL 2005). These are skills for the future in young people, and enable student voice (OECD 2015). Done collaboratively in digital group work, this can enable teachers to hear the less evident strengths and needs of students. For students with disability, these skills are particularly important as their voices are often marginalised in formal and informal student representation forums and leadership (Peters 2010, Mansfield, Welton, and Halx 2012, Poed 2017). As social connection was identified as something missed when isolated at home, more

collaborative learning opportunities can be employed using group work and gamification (for example, Maths in Minecraft, employing digital archives and activities around cyber safety and digital literacy), as well as less tech oriented activities such as postcards through the mail or phone calls.

As noted in the demographics section, these findings are garnered from a sample that suffers from a few limitations, pointing to the need for further research in order to identify whether these patterns hold across groups that were not well represented in this sample. Future research to explore the voices of children and young people with disability themselves, and the experiences of those from culturally and linguistically diverse backgrounds, are key areas that would benefit from further investigation.

What educators can do to support students with disability during and after the COVID-19 pandemic?

- Make sure students with disability are socially connected to their peers and the school
- Pay attention to social and emotional learning and foster deep connections between students
- Provide planned and intentional support for students with disability
- Create accessible online spaces underpinned by Universal Design for Learning
- Develop strong and enduring relationships with students and check in regularly about what is working using formative feedback
- Check in with students to see how they are faring and to assess the accessibility of the curriculum
- Activate student voice

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Technical Appendix

Statistical approach

An Ordinary Least Squares (OLS) regression was carried out using the model:

$$y = constant + Xb + error$$

where:

y is the outcome, measured on a 5-point Likert scale (i.e. strongly agree = 5; strongly disagree = 1). Five outcomes are used as main independent variable:

- The student receives adequate support in their education;

- The student is made to feel part of the learning community

- The student is engaged in his/her learning

- The student feels more socially isolated from his/her peers

- COVID affected my mental health (e.g. more stress, anxiety…). In this case the y is the probability of responding that COVID-19 has affected the respondent's mental health

and X is a set of controls, including:

Variable	Content, metric	Reference
Respondent	child, adult	adult
Index of COVID impact	adds up 12 of the responses to the question "Have you or the child or young person with disability been impacted by the COVID-19 emergency, outside their education? If so, how have you been impacted? Please select all that apply."	range: 0–12
	Excluded answers: "I was not affected" and "my mental health was affected", which is treated as a separate variable.	
Mental health	Answer to "my mental health was affected by COVID"	not affected
Index of support before COVID	adds up all the responses to the 'before' portion of the question "What type of support did/does the child or young person receive from the education facility before and during the COVID-19 situation? Please select all that apply."	range: 0–8
Index of support during COVID	**version A**, which adds up all the responses to the 'during' portion of the question: "What type of support did/does the child or young person receive from the education facility before and during the COVID-19 situation? Please select all that apply."	range: 0–8;
	version B, which groups the possible responses into separate variables, as:	
	Education support (curriculum modification + individual support worker)	range: 0–2;
	Specific aides and equipment	range: 0–1;
	Supervision	range: 0–1;
	Social support	range: 0–1;
	Care services (assistance with personal care + behavioural support + access to specialist allied health).	range: 0–3.

Age group	0–3, 4–12, 13–15, 16–17, 18–25	treated as continuous
Gender	male, female, other	male
State	NSW, VIC, QLD, Other	NSW
Metro	if area is metro/rural	rural
Nesb	if nesb	not nesb
Aboriginal or Torres Strait Islander	if Aboriginal or Torres Strait Islander	not Aboriginal or Torres Strait Islander
School type	government, non-government, other	government school
Special school	if school special	mainstream
Full-time	if student attends full-time	yes
Extra funds	if eligible for extra funds	not eligible
IEP	if IEP in place	not in place
NDIS	if receives NDIS support	no

Some variables could not be fully exploited as they have missing values. Adjustments were made as follows:

Variable	Issue	Approach
Special school	about 80 missing answers	Remove this variable, as coefficients are zero in regression so no real value in using it
School type	cannot disaggregate in more than 3 groups: government, non-government and other	Use as 3 categories with government school as reference
Mental health	dependent or independent variable?	Always included as control aside from when used as dependent variable
Index of support during COVID	version A and version B	Use both, in 2 separate sets of regressions

Summary statistics

The average values of the variables considered are reported below:

Variables	Average value	Standard deviation
Dependent variable		
The student receives adequate support	2.43	1.22
The student is made to feel part of the learning community	2.79	1.27
The student is engaged in his/her learning	2.65	1.29
The student feels more socially isolated	3.99	1.12
Independent Variable		
Respondent is an adult	0.04	0.19
Index of COVID impact	2.74	2.18
Mental health	0.61	0.49
Index of support before COVID	3.82	2.68
Index of support during COVID		
version A	1.22	1.65
version B:		
Education support (curriculum modification + individual support worker)	0.45	0.50
Specific aides and equipment	0.11	0.32
Supervision	0.12	0.30
Social support	0.10	0.30
Care services (assistance with personal care + behavioural support + access to specialist allied health).	0.22	0.42
Age group	2.47	2.12
Gender	0.33	0.47
State		
VIC	0.32	0.47
QLD	0.24	0.43
Other	0.19	0.39
Metro	0.65	0.48
Non-English speaking background	0.05	0.23
Aboriginal and Torres Strait Islander	0.04	0.19
School type		
Non-government	0.20	0.40
Other	0.12	0.33
Special school	1.10	.468
Full-time	0.90	0.31
Extra funds	0.57	0.50
IEP	0.71	0.45
NDIS	0.74	0.44
Number of observations	618	

Baseline results

For this set of regressions the 'Index during COVID' variable uses **version A**, which aggregates the various components into a single measure whose value can range between 0 and 8.

Table A1 – Baseline results: educational outcomes

Dependent variable	The student receives adequate support	The student is made to feel part of the learning community	The student is engaged in his/her learning	The student feels more socially isolated
Controls				
Index support during COVID version A	.291*** (.029)	.227*** (.032)	.133*** (.033)	-.071** (.028)
Mental health	-.399*** (.094)	-.289*** (.098)	-.482*** (.106)	.516*** (.093)
School non-govt	.337*** (.116)	.633*** (.117)	.306** (.135)	
School Other			.343* (.175)	
Student is full-time				.540*** (.170)
Student has no IEP				-.180* (.103)
Index COVID impact	-.045* (.025)	-.102*** (.024)		.055*** (.021)
Index support before COVID	-.037* (.020)			.051** (.021)
Respondent is child	.478* (.269)		.675** (.282)	
Gender: Other			.282*** (.106)	
Aboriginal and Torres Strait Islander		.437* (.248)		
Metro area		.191* (.099)		
Constant	2.15*** (.231)	2.69*** (.244)	2.87*** (.257)	2.89*** (.231)
Variance explained	.2292	.2258	.1551	.1283
N	618	616	615	616

Notes: Standard error in parentheses. Point estimates different from zero at 10%, 5%, and 1% level of statistical significance are starred with *, **, and ***. Coefficients that are statistically no different from zero are omitted.

Three explanatory variables emerge as the most important in determining the outcomes:

1. Index support during COVID, or the level of support received during the pandemic – **version A**. The estimates imply that the intervention is both successful and very helpful – the point estimates are indeed quite large. They are also positive for positive outcomes (implying they help to achieve them) and negative for the negative outcome (implying they contribute to reduce undesirable outcomes)

2. The effect of COVID on mental health. This explanatory variable tends to have the largest effects in terms of size and statistical significance. Clearly there is a strong association between mental health and learning outcomes.

3. The school is non-government: here again the coefficients are large and positive for desirable outcomes but zero for the undesirable outcome.

Extensions on what support worked

For this set of regressions the 'Index during COVID' variable uses **version B** where the various components appear separately. These results can be directly compared with the baseline results discussed above. Most coefficients and standard errors are in fact identical or very similar aside from the components of the Index-version B.

Table A2 - Extension on what support worked: educational outcomes

Dependent variable	The student receives adequate support	The student is made to feel part of the learning community	The student is engaged in his/her learning	The student feels more socially isolated
Controls				
Index support during Covid (version B):				
Education support	.447*** (.096)	.291*** (.100)	.074 (.106)	-.009 (.093)
Specific aides and equipment	.489*** (.164)	.328** (.154)	.108 (.172)	-.257* (.140)
Supervision	.380** (.164)	.421** (.164)	.315* (.180)	.104 (.138)
Social support	.525*** (.189)	.440** (.182)	.575*** (.197)	-.308** (.160)
Care services	.163 (.136)	.172 (.128)	.029 (.143)	-.107 (.119)
Mental health	-.408*** (.094)	-.287*** (.098)	-.469*** (.106)	.512*** (.093)
School non-govt	.328*** (.116)	.628*** (.117)	.307** (.134)	
School Other			.336* (.177)	
Student is full-time				.549*** (.171)

Student has no IEP				-.167 (.102)
Index COVID impact	**-.045*** (.025)	**-.102***** (.024)		**.054**** (.021)
Index support before COVID	-.034 (.020)			**.049**** (.021)
Respondent is child	**.474*** (.269)		**.607**** (.296)	
Gender: Other			**.275***** (.105)	
Aboriginal and Torres Strait Islander		**.456*** (.243)		
Metro area		**.195**** (.098)		
Victoria				**.209*** (.120)
Constant	**2.11***** (.231)	**2.68***** (.242)	**2.89***** (.254)	**2.87***** (.232)
Variance explained	.2374	.2366	.1693	.1358
N	618	616	615	616

Notes: Standard error in parentheses. Point estimates different from zero at 10%, 5%, and 1% level of statistical significance are starred with *, **, and ***. Coefficients that are statistically no different from zero are omitted.