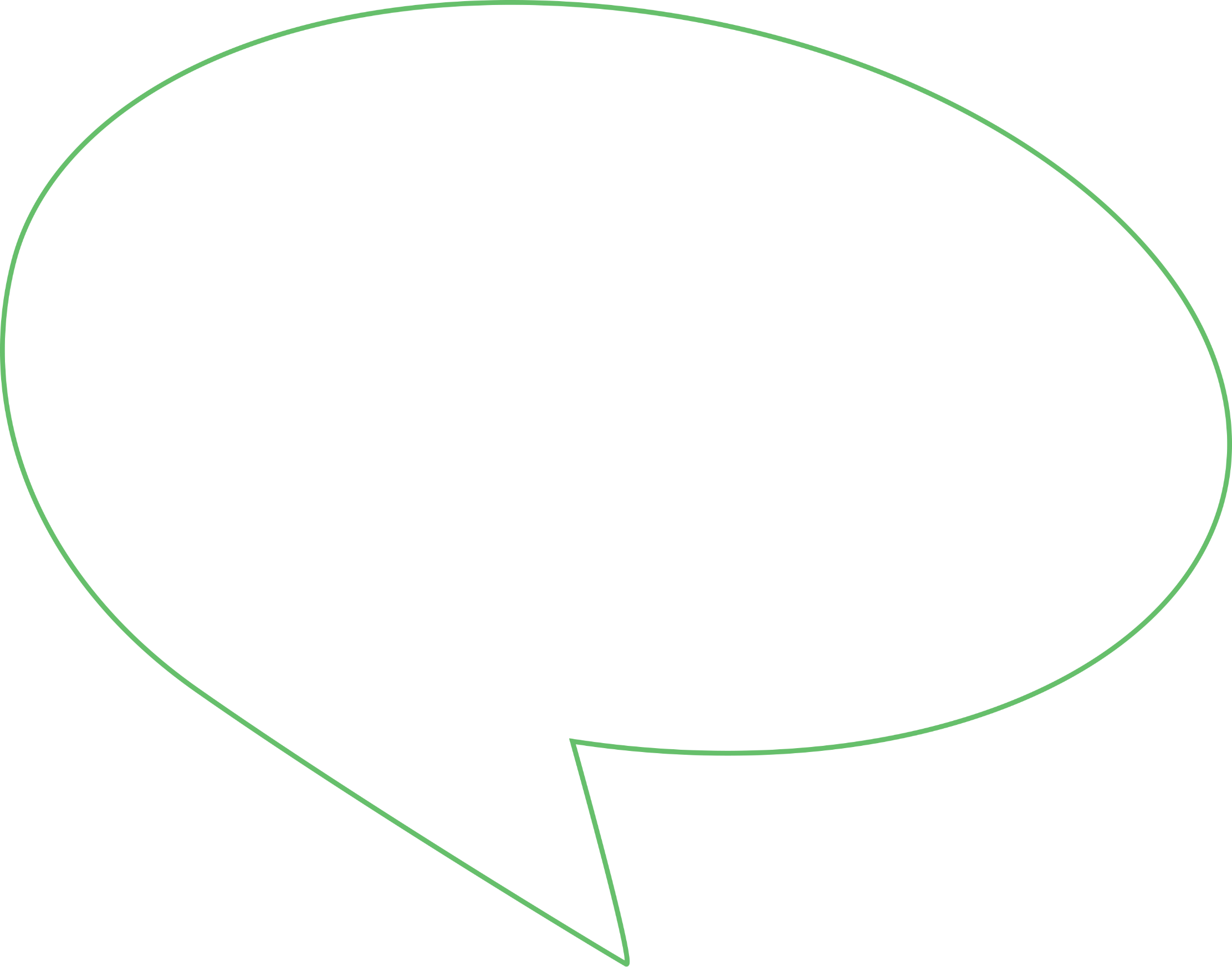
“They lowered the bar rather than raise the child”

June 2025

CYDA Parent and Caregiver Education Survey 2024



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**Content note:   
Discussion of examples of ableism, discrimination, abuse, physical and cyber bullying, and suicidal ideation**

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# Executive summary

## Background

Research evidence consistently demonstrates that children and young people with disability fare less well than their peers in education. Students with disability are segregated, suspended, and expelled at higher rates. Over the last fifteen years, the highest level of educational attainment for people with disability has improved, but this level still remains lower than children and young people without disability. These inequities can have lifelong implications.

## About this survey

Children and Young People with Disability Australia (CYDA) has gathered feedback on educational experiences from its members via formal surveys since 2010. These surveys have consistently found that students with disability are excluded in their education. This survey repeats that conducted in 2022 to explore whether similar trends are found and what progress has been made.

Survey questions were about the types of services and supports accessed, the development and application of Individual Education Plans (referred to as IEP/IEPs), the funding sources drawn upon to access supports, whether students experience issues with enrolment, exclusion, and bullying. The survey also examined the use of restrictive practices, seclusion, and disciplinary absences. These questions provide insight as to how well-equipped teachers and schools are perceived to be in meeting the needs of children and young people with disability.

Responses were collected from December 2024 to March 2025. CYDA partnered with researchers from the Melbourne Faculty of Education, University of Melbourne and Public Service Research Group, UNSW Canberra to analyse the data and prepare this report

## Results

In total 253 individuals responded to this survey. In addition to quantitative responses, respondents also provided more than 300 detailed free text responses.

**Are schools welcoming and supportive?**

* Nearly half (48%) of respondents agreed their child was made to feel welcome at school, with a similar proportion (46%) agreeing that parents and caregivers felt welcomed.
* However, only 26% believed teachers and support staff had adequate training to effectively support and enrich the education of students with disability.
* Nearly half (49%) of respondents indicated insufficient communication regarding their child's learning progress, reflecting ongoing challenges in school-family partnerships.

**Enrolment and participation**

* Concerns regarding enrolment and participation remain significant.
* While 21% of respondents reported their child had been suspended within the past year, notably, 27% had faced disciplinary absences involving restricted school hours.
* 57% of respondents, noted their child had experienced exclusion from school activities such as excursions or events.

**Bullying and restrictive practices**

* 60% of respondents reported their child had experienced bullying, including physical, psychological, social, or cyber forms, which impacted mental health and wellbeing.
* Restrictive practices were reported by 29% of respondents, involving concerning incidents of restraint and seclusion.
* A further 25% specifically reported instances of seclusion in isolated settings, often unsupervised.
* These practices were described as traumatic, severely impacting students' emotional and psychological wellbeing, with some respondents reporting enduring negative effects such as ongoing anxiety, depression, and post-traumatic stress disorder.

**Individual Education Plans (IEPs) and supports**

* IEPs, while widely implemented (i.e. 72% of students with disability reportedly having plans), continued to lack personalisation and effective execution in classrooms.
* Parents and caregivers expressed strong dissatisfaction regarding their involvement, reporting tokenistic or superficial engagement in planning processes.
* Additionally, while many parents and caregivers (83%) had NDIS plans for their child, only 16% effectively utilised these funds to support educational engagement, and 34% of parents and caregivers had to personally finance necessary supports.

**Complaints**

* The survey highlights dissatisfaction with existing complaints processes. Over half of respondents had lodged formal complaints about school-related issues, primarily relating to student support, bullying, harassment, or victimisation.
* Yet, only 18% of those lodging complaints felt satisfied with the outcomes. Many parents and caregivers refrained from making complaints due to fear of negative repercussions.
* A dominant theme in free text responses was the considerable burden on parents and caregivers to continually advocate for basic educational support, often at substantial emotional, financial, and personal cost.
* Distressing experiences leading to severe emotional outcomes, including self-harm and suicidal ideation among students, underline the urgent need for comprehensive systemic improvements.

## What Needs to Change

Parents and caregivers described systemic failings, not isolated incidents. Moreover, in many cases the patterns of exclusion and isolation seen in previous surveys have not improved. These experiences reinforce that inclusive education requires more than policies on paper. It demands:

* A shift in **school culture**, with high expectations and genuine inclusion.
* Improved **teacher training** and leadership accountability.
* Clear and consistent development and implementation of **IEPs** with parents and caregivers at the centre.
* **Urgent reforms** to address the widespread use of restrictive practices and exclusionary discipline.
* A **transparent, accessible, and safe complaints process** that upholds the rights of students, parents, and caregivers.
* **Better coordination and funding clarity** between the NDIS and schools to ensure students receive the supports they are entitled to.

## Limitations

Limitations of this research include that it represents a relatively small sample of 253 parents or caregivers, and not everyone answered all the questions in the survey. However, free text responses offered additional insights into these results, and these were analysed to support interpretation of quantitative findings.

# Introduction

Students with disability continue to experience inequities within educational settings, including higher rates of segregation, suspension, and expulsion compared to their peers without disability. Despite some progress over the past fifteen years, educational attainment levels for students with disability remain substantially lower, reflecting persistent systemic barriers and disparities (1, 2) These inequities have profound, lifelong consequences. Research consistently demonstrates that people with disability are more likely to face poverty, unemployment, and social isolation, highlighting the broader societal implications of educational exclusion (3, 4).

Children and Young People with Disability Australia (CYDA) is the national representative organisation advocating for children and young people with disability aged 0-25 years. As a not-for-profit community organisation, CYDA connects the direct lived experiences of children and young people with disability and their parents and caregivers to government agencies, policymakers, and other key stakeholders. Since 2010, CYDA has systematically collected detailed feedback on educational experiences from its members through formal surveys. The National Education Survey, initiated by CYDA in 2015, specifically deepens understanding of the educational barriers and challenges students with disability face.

This current report presents findings from the 2024 CYDA National Education Survey of Parents and Caregivers, which received 253 responses. It compares broad trends with previous surveys conducted in 2022 and earlier. This data demonstrates that substantial concerns persist regarding educational support quality, exclusion, suspensions, bullying, and complaint-handling processes. Although cautious comparison with previous CYDA education surveys is required (due to differing respondent samples), the findings suggest that educational experiences for students with disability have shown minimal meaningful improvement in recent years.

The structure of this report is as follows. Initially, we outline the policy context and existing research evidence relating to students with disability in Australian education systems. We then provide details on the survey's methodology, distribution, and data analysis processes. The findings section presents demographic data followed by detailed analyses of survey responses related to IEPs, educational supports, enrolment issues, exclusion, bullying, restrictive practices, seclusion, disciplinary absences, homeschooling, and complaints processes. Subsequent sections explore specific areas of concern identified through qualitative and quantitative responses, including extensive experiences of bullying both within schools and via cyberbullying. The final sections of the report synthesise these findings and discuss their implications for policy, practice, and future research.

Limitations of this research include that it represents a relatively small sample of 253 parents and caregivers of students with disability, and not everyone answered all of the questions in the survey. Free text responses offered additional insights into these results.

Despite these limitations, this report underscores that despite the existence of regulations and policies designed to facilitate inclusive education, critical gaps remain. Students with disability continue to encounter barriers, exclusionary practices, and forms of bullying, profoundly impacting their educational participation and long-term wellbeing. Addressing these systemic issues requires sustained, targeted reforms and coordinated strategies to foster genuinely inclusive educational environments, enabling all students to achieve equitable outcomes and meaningful social inclusion.

# Background and approach

Australia was among the first signatories to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in 2006. The Convention obliges nations to provide appropriate accommodations and supports, facilitating equitable access to general education systems for people with disability, ensuring their full participation on an equal basis with their peers.

At a federal level, the Disability Discrimination Act 1992, the Education Act 1989, and the Disability Standards for Education 2005 (most recently reviewed in 2020) reflect an ongoing international policy trend towards inclusive education. These policies seek to integrate students with diagnosed intellectual, physical, sensory, or learning disabilities into mainstream educational settings. Research consistently supports inclusive education as beneficial not only for students with disability but for their peers as well, enhancing social cohesion, understanding, and collective educational outcomes (1, 2). Inclusive education involves making reasonable adjustments in teaching methods, curriculum, and environments, enabling students with disability to participate fully in learning experiences without creating undue burden on peers, teachers, or the student themselves.

Despite policy commitments, multiple recent reviews and reports, including findings from the Royal Commission into Violence, Abuse, Neglect, and Exploitation of People with Disability, highlight persistent inequities and gaps in implementation across Australian educational systems. Students with disability continue to face substantial barriers including exclusion, inadequate support, restrictive practices, and a lack of teacher preparedness and training (3, 5).

This research aligns with CYDA’s ongoing commitment to documenting and understanding the lived educational experiences of students with disability in Australia. This current survey specifically captures insights from parents and caregivers regarding the educational experiences of their child. A complementary report provides further perspectives from children and young people with disabilities, offering a holistic view of the ongoing educational challenges and successes for these students.

Beyond student academic outcomes, this survey highlights critical concerns relating to the preparedness of teachers to effectively support students with disability (6), persistent bullying (7, 8), experiences of exclusion and rejection, and the inappropriate use of restrictive practices (9, 10). These experiences are troubling given extensive evidence showing students with disability achieve positive outcomes when educated in genuinely inclusive settings. These outcomes include enhanced social competence, greater independence, improved academic skills, and increased aspirations for future livelihoods (1, 11).

Funding support for Australian students with disability is provided primarily through the Nationally Consistent Collection of Data on School Students with Disability (NCCD), a joint federal and state/territory initiative. NCCD-based funding is determined annually based on evidence provided by schools regarding adjustments needed, enabling resources such as specialised technology, modified infrastructure, and tailored curriculum supports. Additionally, the National Disability Insurance Scheme (NDIS) provides individualised funding support, including daily living assistance, essential equipment, and support through educational transitions.

State and territory departments also supply curriculum resources designed to assist students with disability. Despite these supports, this survey consistently identifies systemic and practical challenges remaining for students with disability and their parents and caregivers.

The 2024 CYDA Parent and Caregiver Survey was designed to be as consistent as possible with surveys conducted in previous years, to allow for broad trend comparison over time. It asks a range of questions relating to the demographic circumstances of students, the types of services and supports accessed, perceptions of resources available and training of professionals, whether children have experienced exclusion, seclusion or bullying, and experiences with making complaints. The survey was launched on 9th December 2024 and stayed open until 3rd March 2025, with the majority of responses received during February 2025. CYDA sought the assistance of researchers from the Faculty of Education, University of Melbourne and Public Service Research Group, UNSW Canberra to analyse data and prepare this report.

While the survey received 253 individual responses, figures in tables may not always add up 253. This is because some respondents skipped some questions, and for some questions respondents were able to select multiple answers. We report quantitative findings in relation to raw numbers of participants who responded to each question, with percentages where appropriate (expressed as a percentage of responses rather than total participants). Due to rounding, percentages may not always add up to 100. For most questions, qualitative data provided in text boxes helped to explain reasons for particular responses or provided additional relevant experiences and insights.

Where appropriate, we contextualise the quantitative data with free text responses. There were several respondents that provided comprehensive insights. However, it is important to note that these boxes were not required for survey completion and so the comments may not reflect the full range of respondents’ experiences.

Where possible we have compared findings gathered in this survey against those from the 2022 CYDA surveys (12, 13). To demonstrate the spread of responses from different respondents we have given each respondent a Respondent ID (e.g. Respondent 10), included at the end of each quote.

# Findings

## Demographics of survey responses

Survey respondents were all parents and caregivers of children and young people with disability. The age of students with disability ranged from 4 to 25, with those between 10 and 15 being the most represented in the sample (Table 1).

Table 1: Age of the student with a disability

|  |  |  |
| --- | --- | --- |
| Respondent | No | Percentage |
| 4-6 years | 9 | 4% |
| 7-9 years | 46 | 18% |
| 10-12 years | 66 | 26% |
| 13-15 years | 65 | 26% |
| 16-18 years | 47 | 19% |
| 19-25 years | 20 | 8% |
| Grand total | 253 | 100% |

Responses were received from all states and territories, although Victoria, New South Wales and Queensland are the most represented jurisdictions in the sample (Table 2). This response rate broadly aligns with distribution of the Australian population. However, Western Australia does appear overrepresented in the proportion of survey responses received.

Table 2: Respondent State or Territory of residence

|  |  |  |
| --- | --- | --- |
| Respondent | No | Percentage |
| VIC | 65 | 26% |
| NSW | 60 | 24% |
| QLD | 49 | 19% |
| WA | 44 | 17% |
| SA | 18 | 7% |
| TAS | 10 | 4% |
| ACT | 6 | 2% |
| NT | 1 | 0% |
| Grand total | 253 | 100% |

As Table 3 shows, responses are primarily from those living in metropolitan areas, although 28% are also from regional areas. Rural and remote areas are underrepresented in the sample.

Table 3: Respondent area of residence

|  |  |  |
| --- | --- | --- |
| Respondent | No | Percentage |
| Major city, such as Adelaide, Brisbane, Canberra, Darwin, Hobart, Melbourne, Sydney or Perth | 175 | 69% |
| Regional area within 4 hour drive of a major city | 71 | 28% |
| Rural or remote area further than 4 hour drive from a major city | 5 | 2% |
| Not sure | 2 | 1% |
| Grand total | 253 | 100% |

In terms of the gender identity of respondents, males (i.e. boy or man) were overrepresented (63%), with females (i.e. girl or woman) only representing 30%. A further 3% of respondents report that students with disability identify as non-binary (Table 4).

Table 4: Gender identity of the student with disability

|  |  |  |
| --- | --- | --- |
| Respondent | No | Percentage |
| Boy | 144 | 57% |
| Girl | 67 | 26% |
| Man | 19 | 8% |
| Woman | 11 | 4% |
| Non-binary | 8 | 3% |
| Do not want to answer | 4 | 2% |
| Grand total | 253 | 100% |

As shown in Table 5, the vast majority of respondents (92%) predominately speak English at home, with 7% reporting that they speak another language other than English.

These response rates suggest an opportunity to enhance understanding of the unique educational experiences of those from culturally and linguistically diverse backgrounds.

Table 5: Respondent experience of speaking another language other than English in the home

|  |  |  |
| --- | --- | --- |
| Respondent | No | Percentage |
| No | 234 | 92% |
| Yes | 17 | 7% |
| Do not want to answer | 2 | 1% |
| Grand total | 253 | 100% |

While 90% of respondents do not have an Aboriginal or Torres Strait background, 6% do.

Table 6: Respondent experience of being from an Aboriginal and Torres Strait Islander background

|  |  |  |
| --- | --- | --- |
| Respondent | No | Percentage |
| Yes, Aboriginal | 8 | 3% |
| Yes, Torres Strait Islander | 1 | 0% |
| Yes, Aboriginal and Torres Strait Islander | 0 | 0% |
| No | 240 | 95% |
| Do not want to answer | 4 | 2% |
| Grand total | 253 | 100% |

All respondents reported a disability diagnosis. For those with a diagnosis, 52% had been diagnosed for less than 10 years, while a further 23% had been diagnosed for more than 10 years. Given the younger age and gender profile of survey respondents, these findings align with understandings of earlier rates of diagnosis for children, particularly males with disabilities (refer Table 1 and Table 4).

Table 7: Diagnosed disability profile of the student with disability

|  |  |  |
| --- | --- | --- |
| Respondent | No | Percentage |
| From birth | 62 | 25% |
| Less than 10 years | 131 | 52% |
| More than 10 years | 59 | 23% |
| None of the above | 1 | 0% |
| Grand total | 253 | 100% |

86% of respondents reported being a NDIS participant with a further 4% in the progress of applying to access the NDIS. As a point of comparison, 83% reported the students were an NDIS participant in the 2022 CYDA survey (13).

Table 8: NDIS participation of the student with disability

|  |  |  |
| --- | --- | --- |
| Respondent | No | Percentage |
| Yes | 201 | 86% |
| No | 24 | 10% |
| Have applied | 9 | 4% |
| Grand total | 118 | 100% |

The majority of students with disability attend mainstream schools (67% or 151 respondents), of which 49% attended public mainstream school and 23% attending non-government mainstream schools. A further 13% (40) attend special schools and 9% (27) are in home schooling or distance education (Table 9). In analysing these results, it is acknowledged students with disability may have attended multiple schools over the past 12-month period.

Table 9: Type of school attended by the student with disability

|  |  |  |
| --- | --- | --- |
| Respondent | No | Percentage |
| Public mainstream school | 151 | 49% |
| Non-government mainstream school | 55 | 18% |
| Special school | 40 | 13% |
| Home school or distance education | 27 | 9% |
| Dual enrolment | 3 | 1% |
| Not sure | 0 | 0% |
| Other | 32 | 10% |
| Grand total | 308 | 100% |

Table 10 shows of those in mainstream school, 47% (142) were in regular classes, 12% (36) in special units and 22% (66) in other modified curriculum arrangements (for example, distance learning or individual one to one arrangements).

Table 10: Type of class attended by the student with disability

|  |  |  |
| --- | --- | --- |
| Respondent | No | Percentage |
| Regular class | 142 | 47% |
| Special unit | 36 | 12% |
| Modified curriculum in mainstream school | 66 | 22% |
| Not applicable. The student did not attend mainstream school | 39 | 13% |
| Other | 19 | 6% |
| Grand total | 302 | 100% |

As Table 11 shows, 69% (175) of students with disability attended school full time while 22% (56) did not.

Table 11: Full time attendance by the student with disability

|  |  |  |
| --- | --- | --- |
| Respondent | No | Percentage |
| Yes | 175 | 69% |
| No | 56 | 22% |
| Other | 22 | 9% |
| Grand total | 253 | 100% |

As shown Table 12, 36% (99) of students with disability attended school 21-30 hours per week. A further 24% (66) were able to attend 30 hours per week, while 10% (27) attended 16-20 hours per week.

The remaining 18% (50) attended 15 hours or less per week. Most of these children (38%) were aged between 13-15 years of age.

Table 12: Hours of attendance by the student with disability

|  |  |  |
| --- | --- | --- |
| Respondent | No | Percentage |
| 0-5 hours per week | 14 | 5% |
| 6-10 hours per week | 19 | 7% |
| 11-15 hours per week | 17 | 6% |
| 16-20 hours per week | 27 | 10% |
| 21-30 hours per week | 99 | 36% |
| 30 hours per week | 66 | 24% |
| Unsure | 8 | 3% |
| Other | 22 | 8% |
| Grand total | 272 | 100% |

## Are schools welcoming and supportive?

### Overall perspectives of the school experience

Survey responses indicate that while some parents and caregivers feel welcomed by schools, many reported concerns about the quality of support, communication, and staff capacity to meet the needs of children and young people with disability. These concerns point to systemic issues that extend beyond individual schools.

The survey asked whether students with disability receive or received adequate support in their education. 55% of respondents disagreed or strongly disagreed. Only 35% agreed or strongly agreed, representing a concerning gap in confidence in the current system. This represented a slight increase of those that strongly disagreed or disagreed compared with the 2022 CYDA survey (49%) (13).

Figure 1: Agreement with the statement: The student receives/received adequate support in their education

Graph illustrating agreement with the following statement:
‘The students receives/received adequate support in their education’. 
Responses are summarised as follows:
•25 parents and caregivers strongly agree
•63 parents and caregivers agree
•26 parents and caregivers neither agree nor disagree
•64 parents and caregivers disagree 
•75 parents and caregivers strongly disagree.


Regarding how welcome students with disability are made to feel in schools, responses were mixed. Just under half (48%) of respondents felt their child was made to feel welcome at school. This contrasts with only 38% of respondents reporting being made to feel welcome in 2022 (13). However, 34% disagreed, indicating persistent concerns about exclusionary attitudes. This was echoed in qualitative responses, where some parents and caregivers reported being encouraged to consider alternative options such as special schools or homeschooling.

As a point of reference, respondents to the child and young people survey show that 41% (39) feel welcome and included at school, while 39% (37) do not.

Figure 2: Agreement with the statement: The student is/was made to feel welcome at the school

Graph illustrating agreement with the following statement:
‘The student is/was made to feel welcome at the school’
 Responses are summarised as follows:
•57 parents and caregivers strongly agree
•65 parents and caregivers agree
•44 parents and caregivers neither agree nor disagree
•43 parents and caregivers disagree 
•43 parents and caregivers strongly disagree.


Similarly, 46% of respondents felt welcome in schools themselves. This contrasts with 62% of in the 2022 CYDA survey (13). Still, over one-third did not, reinforcing the unevenness in school engagement and partnerships with parents and caregivers. (Figure 2).

These results show a 16% decrease in respondents that either strongly agreed or agreed with this statement compared with the 2022 CYDA survey (13).

Figure 3: Agreement with the statement: The parent and caregivers of the student are/what made to feel welcome at school

Graph illustrating agreement with the following statement:
‘The parent and caregivers of the student are/what made to feel welcome at school’ Responses are summarised as follows:
•46 parents and caregivers strongly agree
•71 parents and caregivers agree
•45 parents and caregivers neither agree nor disagree
•43 parents and caregivers disagree 
•48 parents and caregivers strongly disagree.


Figure 4shows that regular communication about students’ learning progress was rated poorly. 49% of parents and caregivers disagreed that this occurred consistently. Respondents often felt sidelined in planning processes and described having to “push” their way into discussions.

These results show a 3% decrease in respondents that either strongly agreed or agreed with this statement compared with the 2022 CYDA survey (39%) (13).

Figure 4: Agreement with the statement: There is/was regular communication with the parents and caregivers about the students learning progress

Graph illustrating agreement with the following statement:
‘There is/was regular communication with the parents and caregivers about the students learning progress’ 
Responses are summarised as follows:
•25 parents and caregivers strongly agree
•67 parents and caregivers agree
•36 parents and caregivers neither agree nor disagree
•68 parents and caregivers disagree 
•57 parents and caregivers strongly disagree.


A majority (62%) of respondents did not believe staff had the training needed to support students with disability (Figure 5). Only 26% felt staff were adequately trained, a change from 53% of respondents in the 2022 CYDA survey (13). Respondents cited a widespread lack of understanding of neurodivergence, mental health needs, and inclusive practices. As one respondent explains:

“Teachers do not get taught about disabilities and learning disorders adequately enough… Education is not keeping up with disability and human rights changes to adapt the environment.” (Respondent 1)

Figure 5: Agreement with the statement: The teachers and support staff have had the training required to provide a supportive and enriching education environment for the student

Graph illustrating agreement with the following statement:
‘The teachers and support staff have had the training required to provide a supportive and enriching education environment for the student’ 
Responses are summarised as follows:
•29 parents and caregivers strongly agree
•36 parents and caregivers agree
•31 parents and caregivers neither agree nor disagree
•66 parents and caregivers disagree 
•91 parents and caregivers strongly disagree.


Respondents were invited to provide free text insights about issues of teacher training. 122 (50%) responses were received, which offers rich perspectives of the issues affecting the educational experience of students with disability. Several respondents considered that school staff often lacked sufficient knowledge of different forms of disability. This means that staff were prone to general assumptions of students with disability at the outset. This was seen to manifest as limited knowledge of different diagnoses, strategies to build general acceptance of disability, and willingness and means to access requisite supports. Respondents considered there were underlying beliefs that challenged the appropriateness of the setting to meet the needs and goals of students with disability.

While many teachers and aides were praised for individual commitment, school leadership was frequently identified as a barrier to change. One respondent shares:

“Staff are good. Exec are bad. Teachers can’t make decisions and principals don’t prioritise disability inclusion.” (Respondent 2)

This leadership gap compounded existing problems such as delays in accessing funded supports, lack of transparency, and resistance to acknowledging the need for change. As one respondent observes:

“School office staff stopped talking to parents once funding came through, having spent 12 months blaming the child for behaviours associated with their disability.” (Respondent 3)

Overall, low expectations for academic, social and vocational outcomes were reported for students with disability. Respondents explain that these general assumptions risked being pervasive, setting the tone for the attitudes and behaviours across the school. As one respondent reiterates, the outcomes of the school experience for students should be a “*career pathway instead out in the street,*” (Respondent 4)

School environments were considered focused on educational outcomes such that investment in the needs of students with disability were fundamentally not seen as a priority, even where students were gifted and talented. Consequently, respondents describe several instances of school applications being rejected. Some respondents describe cultures of being recommended elsewhere, including special schools, home schooling or distance education. Otherwise, respondents describe practices of students with disability not being made to feel welcome to the school in accordance with their rights to education.

Respondents reported mixed views of all school types, being particularly cautious about those that claimed to be inclusive of students with disability but were not in practice. The presence of different roles and functions to strengthen school offerings for students with disability were not seen as a guarantee of education quality. The risk being that a school is ill-equipped to support the needs of students with disability. Some respondents believed that this was particularly evident for students with certain diagnoses such as Attention Deficit Hyperactivity Disorder (ADHD), difficult and challenging behaviours, or indeed no visible challenges which meant that these students with disability were perceived as experiencing no difficulties.

“We moved to this school because they marketed themselves as supportive of disability. There is high turnover of staff and many leave before they have completed training or developed competence in disability support. Many students have significant behavioural issues and it is our observation that very little learning goes on, it is more like day care for teenagers.” (Respondent 5)

Several respondents highlighted that school staff had limited depth of understanding of the range of behaviours that present with students with disability of all different forms. Respondents noted the limited time and resources available to teachers and other staff, and sometimes this was associated with the role that discipline plays. Respondents shared several negative experiences associated with the nature and frequency with students with disability were punished in the forms of exclusion, disciplinary absences (i.e. being sent home), and even the use of physical restraints. The use of discipline being inappropriate and disproportionate. For students with disability experiencing frequent use of punishments, respondents reported that this was incredibly detrimental to their health and well-being. To illustrate, one respondent shares, *“Six months in a public school were spent being punished for her ADHD behaviours which spiralled and became worse due to the constant punishments. Until she wasn’t attending school at all.”* (Respondent 6)

Students with disability and their parents and caregivers risked being labelled problematic and stigmatised from the broader school community. Respondents described the need to continually seek information, request consultation, and advocate for better practices. Schools are described as lacking adequate information flow and consultation with parents and caregivers, necessary to ensuring that supports were responsive to the changing needs and preferences of students with disability over time. Instead, respondents explained they were required to “push” their way into the school, rather than be “pulled” in by the school on the basis that the lived experience of parents and caregivers was an asset that should shape the approach to supports. Respondents shared that plans were developed in isolation, not made available, or not followed. As one respondent explains:

“There is zero communication, IEP plans are never followed even though I take time off work to attend these meetings and prepare for them... They don’t value my knowledge and expertise in the supports my child needs and then wonder why behaviours occur… It’s been really hard fighting for him when no one listens.” (Respondent 7)

As a result of challenges with information flow and quality consultation, relationships between parents and caregivers and the school risked becoming adversarial in nature. Parents and caregivers needed to be determined and active in their use of strategies to escalate issues, including the use of formal complaints and correspondence with government agencies. The administrative burden placed on parents and caregivers resulted in a toll over time.

Respondents identified several issues that are suggestive of the underlying root causes of these trends. There was feedback received regarding the quality of the knowledge, skills, and attitudes of teachers and school staff. There was seen to be disparity between the capabilities of teachers and school staff in practice. These issues with capability manifested as failures to complete requisite tasks and functions (e.g. planning and modifications), deferral of responsibilities to other school staff or time delays in completing them, and overall deterioration in relationships with parents and caregivers. However, respondents also recognised that these issues with teacher and school staff quality were limited to fundamental issues with workforce training and development. Respondents observed teacher and school staff risked having a very basic understanding of the nature of different forms of disability, including the experience of students who were neurodivergent, non-verbal, or with additional mental health issues (e.g. anxiety). This meant that teaching aides often took on the responsibility of advocating and seeking shifting the culture of the school environment. As one respondent comments:

“Lack of inclusive environments in schools, policies and procedures. Many schools don’t distinguish between need for discipline and a dysregulated child.” (Respondent 1)

One respondent explains the breadth of operational challenges experienced by schools meant that the experience of students with disability could become a lower order priority where the consequences risked not being visible to the rest of the school community:

“In meeting executives admitted [Learning Support Assistants] were not adequately trained they were working on it. When I asked about how did they get hired without skills, deflected and said due to teacher shortages.” (Respondent 7)

These issues with school leadership and workforce capability were linked to issues in ensuring that children and young people with disabilities were able to access the requisite supports and funding available within appropriate timeframes. Multiple stories were shared by respondents of systematic rather than ad hoc barriers to supports. Common elements of these stories included:

* Minimisation of the need for supports for students with disability, particularly for those that did not experience academic challenges or were not disruptive, at risk of parents and caregivers been cautioned to “*stop acting entitled.*” (Respondent 8)
* Extensive delays of over 12 months of more in the provision of funded supports reflective of an underlying assumption that supports were not urgent in nature.
* Variation in the aims of different funding streams creating access barriers that worked against the interest of the student with disability. For example, funding barriers to day programs existing within the NDIS where a student could be in a school setting.

The impact of these issues were considered profound and cumulative in nature so that they were detrimental to a student’s educational experience. One respondent reflects on not being welcome and supported within school, with their child considered a *“square peg in a round hole.”* (Respondent 9)

Yet the implications of being a ‘square peg’ were considerable for students with disability. The cumulative effect of exclusion, poor communication, and unmet support needs took a visible toll on students. Respondents reported the risk of escalating mental health issues (e.g. anxiety, depression, and risk of self-harm), boredom and disengagement from school, and refusal to attend. Students became dysregulated in response to experiences with school to the point that school had become a source of trauma. As respondents explained children and young people risk taking personal ownership of the problems they were experiencing rather than this being assumed by the broader school environment:

“I took so much of my own time to set up visual supports which were never used, [Individual Education Plans] never followed which meant my child was more dysregulated each day.

I needed to take mental health days as they were beginning to self-harm due to them thinking that they were the problem and not as good as their peers.” (Respondent 10)

These findings reinforce that inclusive education cannot be reduced to access alone. It requires whole-of-school commitment to training, planning, leadership accountability, and a culture that values disability expertise, not just in policy, but in practice.

### Distance education or homeschooling

Responses to the survey provide insights into the experiences of parents and caregivers navigating school choices, particularly decisions to engage with distance education or homeschooling for children with disability. Survey responses indicate this choice often emerges from systemic inadequacies in educational settings, underscoring barriers such as limited teacher capacity, insufficient curriculum adaptations, and detrimental experiences leading to school refusal and mental health crises.

Qualitative responses provided richer understanding of why parents and caregivers choose alternative educational pathways. Many respondents explicitly linked their choice to negative experiences within mainstream schooling environments, such as escalating mental health issues, school refusal, bullying, restrictive practices, and systemic exclusion. Respondents frequently reported distance education or homeschooling as necessary solutions rather than preferred options:

“Distance Education was a life saver for my son. He was years behind in his education and the teachers via distance education did more for him than any mainstream school and we were up to our third school by the time I took him out. My son not only caught up on his education but it got him to a place where he was able to do his Higher School Certificate, which would not have been possible had I not forced the issue with the dept of education and made them enrol him in distance education. My son now works in Information Technology and is a very productive member of society.” (Respondent 11)

However, the benefits of these educational choices come with significant trade-offs. Respondents described substantial burdens placed upon parents and caregivers, often necessitating a parent and caregiver to leave employment to manage educational responsibilities. The lack of adequate governmental financial support exacerbates these burdens, intensifying the socio-economic strain on parents and caregivers.

“We home educate now after the dreadful experiences with two schools. But apart from a token from the government we aren’t able to access anywhere near the amount of financial assistance that a child in school is eligible for through gov subsidies and funding and services offered to schools. We’re saving the government money while we incur additional significant costs and lose one entire parent’s income. Meanwhile the Carer’s Allowance rate remains an absolute insult and slap in the face for the 24/7, unrelenting , devoted and selfless work that we parent carers do.” (Respondent 12)

Figure 6 shows of the 63 parents and caregivers of students with disability participating in distance education or homeschooling, 51% strongly agreed or agreed that the student was provided with the necessary technology and equipment.

Figure 6: Agreement with the statement: For distance education or homeschooling: The student has/had access or was provided with the necessary technology and equipment to participate

Graph illustrating agreement with the following statement:
‘For distance education or homeschooling: The student has/had access or was provided with the necessary technology and equipment to participate’ 
Responses are summarised as follows:
•15 parents and caregivers strongly agree
•17 parents and caregivers agree
•10 parents and caregivers neither agree nor disagree
•11 parents and caregivers disagree 
•10 parents and caregivers strongly disagree.


Yet as Figure 7 shows of those where technology was relevant to their situation only 51% (32) strongly agreed or agreed there was adequate support and guidance on the use of these technologies. This suggests there are opportunities to improve supports beyond initial access to technology.

Figure 7: Agreement with the statement: The student was given support and guidance on how to use the technology necessary to participate

Graph illustrating agreement with the following statement:
‘The student was given support and guidance on how to use the technology necessary to participate’
Responses are summarised as follows:
•12 parents and caregivers strongly agree
•13 parents and caregivers agree
•15 parents and caregivers neither agree nor disagree
•16 parents and caregivers disagree 
•12 parents and caregivers strongly disagree.


Similarly, Figure 8 shows that while most (85% or 56) respondents agreed that access to reliable internet was sufficient, reflecting broader governmental efforts to address the digital divide, issues remained for parents and caregivers in both metropolitan and regional areas. Findings demonstrate that connectivity barriers are not confined to rural settings alone (14).

Figure 8: Agreement with the statement: The student has sufficient and reliable internet to participate

Graph illustrating agreement with the following statement:
‘The student has sufficient and reliable internet to participate’
Responses are summarised as follows:
•30 parents and caregivers strongly agree
•26 parents and caregivers agree
•7 parents and caregivers neither agree nor disagree
•8 parents and caregivers disagree 
•3 parents and caregivers strongly disagree.


Of the 56 parents and caregivers of students with communication preferences, 46% (26) strongly agreed or agreed that the student’s communication preferences (Auslan, language, text to speech) were supported in order to facilitate adequate participation in school. A further 13 neither agreed or disagreed (6%), and the remaining 30% strong disagreed or disagreed.

Figure 9: Agreement with the statement: The student’s communication preferences (Auslan, language, text to speech) are/were available and supported for them to participate adequately

Graph illustrating agreement with the following statement:
‘The student’s communication preferences (Auslan, language, text to speech) are/were available and supported for them to participate adequately’
Responses are summarised as follows:
•13 parents and caregivers strongly agree
•13 parents and caregivers agree
•13 parents and caregivers neither agree nor disagree
•8 parents and caregivers disagree 
•9 parents and caregivers strongly disagree.


### Plans, learning materials, and supports

Respondents were asked questions about IEPs. Table 13 shows that 81% of respondents had a current IEP in place (188). This represents a 9% increase compared with the 2022 CYDA survey (72%) (13).

Table 13: Individual Education Plans in place

|  |  |  |
| --- | --- | --- |
| Respondent | No | Percentage |
| Yes | 188 | 81% |
| No | 32 | 14% |
| Don’t know | 12 | 5% |
| Grand total | 232 | 100% |

For those with a current IEP, 71% (143) reported they had been involved in creating this (Table 14), suggesting an opportunity to further improve the degree of involvement in these plans to ensure responsiveness to the needs and preferences of students with disability. As a point of comparison, this represents a 4% decrease in the degree of involvement as reported in the 2022 CYDA survey (75%) (13).

Table 14: Involvement in Individual Education Plans

|  |  |  |
| --- | --- | --- |
| Respondent | No | Percentage |
| Yes | 143 | 62% |
| No | 59 | 26% |
| Not applicable | 28 | 12% |
| Grand total | 230 | 100% |

71 respondents described their experiences with IEPs, with the majority sharing concerns regarding their experience of IEP development and implementation. From the outset, respondents were not confident that schools considered IEPs an important foundation in planning supports for students with disability. Therefore, IEPs risk being a box ticking exercise. As one respondent shares:

I requested an IEP at the beginning of year seven. The first plan created for her was a behaviour plan that was a list of rules and if she didn’t follow them what the consequences would be. I argued for 18 months for an IEP. Even after we had three letters written by her GP, paediatrician and psychologist saying they were causing her psychological harm the school refused to meet with us.” (Respondent 6)

Others also expressed concern that when schools framed challenges solely as behavioural, it blocked access to IEPs:

“School refused to implement an IEP, even after multiple requests. School insisted it was only a behavioural issue.” (Respondent 13)

This commentary reflects a tendency toward punitive rather than inclusive approaches and a misdiagnosis of neurodivergence or disability as discipline problems, which could ultimately result in denying students with disability access to educational supports.

Accordingly, some schools did not invest in the development of IEPs. This lack of investment was seen to be demonstrated to respondents through the completion of IEPs by school staff without sufficient consultation from children and young people with disability, their parents and caregivers, or other members of the broader support network (e.g. recommendations from student psychologists, paediatricians or other allied health professionals).

The plan itself risked being overly general such that it did not allow for the nuances of a student’s needs and preferences to be adequately described. Respondents described several experiences where one might not be involved in its development, or at the other end of the spectrum, extensive involvement to the point of attending numerous or lengthy meetings. One respondent reflects:

“His IEP is quite good but took 16 meetings to get to something that would include what he said he needed to help with reading and with staying calm and happy in class.” (Respondent 14)

Some plans were described as vague, impersonal, and ableist. Plans could lack sufficiently specific goals or prescriptive strategies, or alternatively articulate goals that were measurable and attainable. There were also variation in the quality of IEPs developed across schools, including between primary and secondary schools.

“The IEPs from this school have been so appallingly bad… I am exhausted from years of wasting time and effort only to receive absolute nonsense in the IEP. I wish I could publish them as examples of worst plans ever.” (Respondent 15)

Many respondents described trying to initiate or revise plans, sometimes repeatedly, with minimal or no action from schools, despite declines in student wellbeing. Requests for modification were “*not actioned by the school”* (Respondent 16), with another explaining that their *“request for additional and urgent SSG in light of deteriorating wellbeing and engagement [was] discouraged”* (Respondent 16). Still others explained there were no clear processes to inform IEPs at the beginning of each school year, explaining that it was 9 months into the school year when *“Around September this year, someone called us to say that the plan wasn’t current and needed updating”* (Respondent 17). This suggests that in some cases, schools not only failed to be proactive but also resisted parent-initiated review processes, even during clear episodes of student disengagement or distress.

Once developed, respondents reported failures to implement IEPs or they were not sufficiently shared with all relevant teachers and school staff (including casual or new school staff). Parents and caregivers were required to be active in monitoring their implementation and reminding the school of agreed strategies to be applied. To implement IEPs, there needed to be a clear connection to broader workforce training and development strategies and improvements within the school environment. However, this was not always the case. As one respondent summarises, IEPs are:

“Not followed. Not agreed. Never reviewed. Written by staff without consultation by family.” (Respondent 18)

Respondents with IEPs were asked whether it was considered helpful in securing the accommodations need by individuals at school such as age-appropriate learning tasks, resources, and learning materials.

As shown Figure 10, 43% of respondents considered that their IEP was helpful (i.e. selected strongly agree or agree), the plan was central to improving the extent to which student needs and preferences were met. This contrasts with 37% of respondents having strongly agreed or agreed in the 2022 CYDA survey (13).

Figure 10: Agreement with the statement: Implementation of the IEP: The school implemented age-appropriate learning tasks, resources, and learning materials

Graph illustrating agreement with the following statement:
‘Agreement with the statement: Implementation of the IEP: The school implemented age-appropriate learning tasks, resources, and learning materials’
Responses are summarised as follows:
•26 parents and caregivers strongly agree
•71 parents and caregivers agree
•43 parents and caregivers neither agree nor disagree
•56 parents and caregivers disagree 
•32 parents and caregivers strongly disagree.


Respondents were asked whether the school sought required resources in response to the student’s learning needs. Figure 11 shows that 50% strongly disagreed (46) or disagreed (67) with this statement, with a further 24% neither agreeing nor disagreeing (54). Consequently, only 27% of respondents strongly agreed or agreed that required resources were supplied. In the 2022 CYDA survey, 32% either strongly agreed or agreed in response to this statement (13).

Figure 11: Agreement with the statement: Implementation of the IEP: The school sought any required equipment, assistance technology, or additional resources for the student’s learning needs

Graph illustrating agreement with the following statement:
‘Implementation of the IEP: The school sought any required equipment, assistance technology, or additional resources for the student’s learning needs’
Responses are summarised as follows:
•20 parents and caregivers strongly agree
•41 parents and caregivers agree
•54 parents and caregivers neither agree nor disagree
•67 parents and caregivers disagree 
•46 parents and caregivers strongly disagree.


As shown in Table 8, most respondents reported being a NDIS participant. However, Table 15, shows that 64% (150) reported not receiving funded educational supports via the NDIS. This is unsurprising given that NDIS funds should generally not be used for a support that schools should supply. Schools receive additional funding to support students with disability through the Nationally Consistent Collection of Data on School Students with Disability (NCCD). This funding is provided directly to school leadership teams, who then decide how best to allocate these resources based on the identified needs of their student population. It is common for schools to distribute this funding more broadly across students with varying needs rather than exclusively targeting individual students who generate specific funds. For instance, some schools might invest these resources in hiring additional staff or reducing overall class sizes. This practice can occasionally lead to misunderstandings or tensions, particularly when parents and caregivers are aware their child generates specific funding but perceive that resources are not of direct benefit.

Table 15: Are there any supports that the NDIS funds for the student to assist in accessing education?

|  |  |  |
| --- | --- | --- |
| Respondent | No | Percentage |
| Yes | 42 | 18% |
| No | 150 | 64% |
| Don’t know | 23 | 10% |
| Not applicable | 18 | 8% |
| Grand total | 233 | 100% |

Moreover, there is often confusion regarding the division of responsibilities between educational funding through NCCD and disability support funding from the NDIS. Education funding covers resources and adjustments directly tied to learning and educational participation. In contrast, the NDIS supports the development of broader life skills. For example, an occupational therapist’s support for pencil-grip skills is classified as educational and thus funded by the school, while support for developing skills such as buttoning clothes, a daily life skill, would typically be funded by the NDIS.

The following tables show there is a reliance on school-based supports provided outside of funding available through the NDIS, with 73% (170) being eligible for additional support or funding (Table 16), of which a further 66% (153) reported receiving these supports.

Table 16: Eligible: Is/was the student eligible for additional support or funding at school because of a disability or learning difference?

|  |  |  |
| --- | --- | --- |
| Respondent | No | Percentage |
| Yes | 170 | 73% |
| No | 25 | 11% |
| Don’t know | 38 | 16% |
| Grand total | 233 | 100% |

Respondents described a range of issues pertaining to understandings of eligibility for additional support or funding at school settings across Australian states and territories. A range of funding sources were described by respondents relevant to children and young people of all ages including the NDIS, diagnosis specific funding (e.g. autism, deaf, or physical disability funding), Centrelink funding, and travel assistance. Respondents repeatedly identified how funding thresholds or discretionary decisions by schools influenced whether support plans were developed or enacted. This theme exposes the inequitable access to support based on diagnosis severity and school interpretation, not individual need.

There were also some respondents who remained unaware of funding options as schools had not discussed these with them. It was evident that there is a lack of transparency regarding available supports and funding and the means to access them, with some only seemingly becoming raised by the school following concerning escalations in a student’s circumstances (e.g. mental health and school refusal).

Table 17: Receiving: Is/was the student receiving specific support at school because of a disability or learning difference?

|  |  |  |
| --- | --- | --- |
| Respondent | No | Percentage |
| Yes | 153 | 66% |
| No | 51 | 22% |
| Don’t know | 25 | 11% |
| Not applicable | 4 | 2% |
| Grand total | 233 | 100% |

However, despite funding options, Table 18 shows that 31% (72) respondents had self-funded supports at the school. Free text responses explain that self-funded supports spanned suitable technologies (including assistive technologies and noise cancelling headphones), and sensory resources to assist with emotional regulation. For those participating in distance education or homeschooling, respondents considered that all supports were self-funded. Some respondents cited a lack of understanding of what supports should be purchased but also lamented being recommended to buy other supports that later proved to be unused, inappropriate, or ineffective. The following quotation explains these scenarios:

“We have paid for all visual supports that were made and never used. We paid for sensory tools which were never used. And we also paid for safe food which was handed out to other children.” (Respondent 19)

Table 18: Have you or the student's family had to pay for supports at school?

|  |  |  |
| --- | --- | --- |
| Respondent | No | Percentage |
| Yes | 72 | 31% |
| No | 138 | 59% |
| Unsure | 11 | 5% |
| Not applicable | 12 | 5% |
| Grand total | 233 | 100% |

Table 19 shows the diverse suite of supports received by respondents, including help with curriculum, for example, changes made to tasks, assessments or materials (20%), individual support workers or aides (18%), and other behavioural (10%) and social (10%) supports. Free text responses explain that some respondents fundamentally lacked an understanding of the type of supports provided due to communication issues with the school, inconsistent communication with both parents and caregivers particularly where there were custody arrangements in place, and a general lack of formality in approach. As one respondent explains:

“Communication was atrocious therefore cannot say with confidence what was provided.” (Respondent 20)

Table 19: Type of supports received

|  |  |  |
| --- | --- | --- |
| Respondent | No | Percentage |
| Curriculum modification | 107 | 20% |
| Individual support worker or aide | 97 | 18% |
| Specific aides and equipment | 40 | 7% |
| Supervision | 60 | 11% |
| Social support | 51 | 10% |
| Access to specialist allied health via/at school supports | 49 | 9% |
| Assistance with personal care | 39 | 7% |
| Behavioural support | 52 | 10% |
| Don’t know | 10 | 2% |
| Not applicable | 29 | 5% |
| Grand total | 534 | 100 |

### Workforce training and development

Questions were asked about the nature of teaching strategies and approaches within the context of implementing IEPs. Only 27% (61) strongly agreed or agreed that schools applied appropriate teaching strategies (Figure 12). In the 2022 CYDA survey, 35% either strongly agreed or agreed in response to this statement (13).

Figure 12: Agreement with the statement: Implementation of the IEP: The school selected and implemented appropriate teaching strategies to facilitate effective learning for the student

Graph illustrating agreement with the following statement:
‘The school selected and implemented appropriate teaching strategies to facilitate effective learning for the student’
Responses are summarised as follows:
•23 parents and caregivers strongly agree
•38 parents and caregivers agree
•42 parents and caregivers neither agree nor disagree
69 parents and caregivers disagree 
•55 parents and caregivers strongly disagree.


Linked to this result, Figure 13 shows that only 26% (59) of respondents considered that staff had an adequate understanding of the shared responsibilities involved in working with students with disability. To contrast, in the 2022 CYDA survey, 34% either strongly agreed or agreed in response to this statement (13).

Figure 13: Agreement with the statement: Implementation of the IEP: All staff appeared to understand the shared responsibilities in working with the student

Graph illustrating agreement with the following statement:
‘All staff appeared to understand the shared responsibilities in working with the student ’
Responses are summarised as follows:
•22 parents and caregivers strongly agree
•37 parents and caregivers agree
•33 parents and caregivers neither agree nor disagree
•57 parents and caregivers disagree 
•78 parents and caregivers strongly disagree.

Underlying these results was a view that staff did not set aside time to monitor, reflect, evaluate and do further planning or adjustments for students with disability.

Figure 14 shows that approximately a quarter of respondents (27% or 61) strongly agreed or agreed that time had been set aside to support planning or adjustments. In the 2022 CYDA survey, 31% either strongly agreed or agreed in response to this statement (13).

Figure 14: Agreement with the statement: Implementation of the IEP: The staff appeared to set aside time to monitor, reflect, evaluate and do further planning or adjustments.

Graph illustrating agreement with the following statement:
‘The staff appeared to set aside time to monitor, reflect, evaluate and do further planning or adjustment’
Responses are summarised as follows:
•19 parents and caregivers strongly agree
•42 parents and caregivers agree
•43 parents and caregivers neither agree nor disagree
•58 parents and caregivers disagree 
•66 parents and caregivers strongly disagree.


The root cause of these practices might be attributed to professional skills and knowledge in supporting students with disability.

Figure 15 shows that 61% (139) strongly disagreed or disagreed with the statement that education staff appeared to seek out relevant professional learning to build skills and knowledge. In the 2022 CYDA survey, 45% either strongly disagreed or disagreed in response to this statement (13).

Figure 15: Agreement with the statement: Implementation of the IEP: The staff appeared to seek out relevant professional learning to build skills and knowledge

Graph illustrating agreement with the following statement:
‘The staff appeared to seek out relevant professional learning to build skills and knowledge’
Responses are summarised as follows:
•14 parents and caregivers strongly agree
•24 parents and caregivers agree
•51 parents and caregivers neither agree nor disagree
•61 parents and caregivers disagree 
•78 parents and caregivers strongly disagree.


Respondents were asked about the visibility of school policies and information to parents and caregivers of students with disability.

64% (145) of respondents strongly disagreed or disagreed with the statement that the school shared clear policies and information with other parents and caregivers about the benefits of inclusion for all students. A further 20% (54) neither agreed nor disagreed, with only 16% (38) in agreement that this information had been shared Figure 16. In the 2022 CYDA survey, 58% either strongly disagreed or disagreed in response to this statement (13).

Figure 16: Agreement with the statement: Implementation of the IEP: The school shared clear policies and information with other parents and caregivers about the benefits of inclusion for all students

Graph illustrating agreement with the following statement:
‘The school shared clear policies and information with other parents and caregivers about the benefits of inclusion for all students’
Responses are summarised as follows:
•12 parents and caregivers strongly agree
•26 parents and caregivers agree
•45 parents and caregivers neither agree nor disagree
•54 parents and caregivers disagree 
•91 parents and caregivers strongly disagree.


## Exclusion, bullying, and enrolment

Respondents were asked about refusals with enrolment, exclusion, restrictive practices, seclusion and disciplinary absences.

In the interpretation of results it is important to note that several respondents reported they did not know of the experiences of these issues, suggestive of the risk of non-disclosure of these practices by teachers and staff, or by students. Therefore, there is the potential these results may underestimate the occurrence of these practices.

### Experience of refused enrolment

Regarding refusal, most respondents (79% or 177) had not been refused enrolment in the school of their choice. As a point of comparison, 85% reported had not experienced refused enrolment in the 2022 CYDA survey (13).

Free text responses suggest that within the context of limited resources, schools emphasised the limits of their capabilities to provide supports for students with disability. School leadership recommended the suitability of special schools or other schools in the local area. Schools retained a high degree of autonomy over the criteria under which children and young people could be accepted into a school, with schools communicating conflicting responses, changing circumstances, and shifting assessments of a children’s suitability for the school.

As one respondent shares:

“The private school called and told us there was a place and she could start the following week. I then had a second phone call asking why she was moving schools. When I said she had ADHD the response was “does she take medication?” and “can the other kids tell she has ADHD?”

We then didn’t hear back from them and I had to follow up a number of times. I’m certain they would have said they didn’t have a place for her if they hadn’t already told us they did. If we hadn’t been desperate to move her I wouldn’t have sent her there.” (Respondent 6)

### Experience of exclusion

Many respondents report that students with disability had experienced exclusion from excursions, events or activities at school (57% or 127). These findings represent an increase 7% in the 2022 CYDA survey (50%) (13).

70 respondents provided free text insights. Respondents reported that exclusionary practices were linked to inability to meet needs given the predominately physical nature of events (e.g. sports, camps, dance events/concerts, and graduation activities and school photos), including necessary assistance with food intolerances and medications management linked to potential pain issues (e.g. Schedule 8 medications). It was noted that the school principal was often involved in issuing formal correspondence to parents and caregivers regarding attendance at these events.

Schools sought that parents and caregivers accompany their child to these events, which was seen as less than ideal for both students with disability and parents and caregivers, particularly those in employment. These arrangements involving and caregivers risked further stigmatising students, with escalating experience of boredom and mental health concerns for these children and young people.

“Because she is not able to swim, cope with long days of physical activity sport she usually does not go because she just gets bored and nothing is appropriate for her.” (Respondent 21)

Inclusion is not just about physical presence-it requires full participation. The repeated use of exclusion as a risk-management tool reflects deep ableist assumptions and operational failures.

### Experience of bullying

Most respondents report their child had experienced forms of bullying school (60% or135), and a further 17% (39) did not know. This represents a 10% increase of reports of bullying compared with the 2022 CYDA survey (50%) (13).

Table 20: Bullied: Experience of bullying (verbal, physical or social) at school

|  |  |  |
| --- | --- | --- |
| Respondent | No | Percentage |
| Yes | 135 | 60% |
| No | 52 | 23% |
| Don’t know | 39 | 17% |
| Grand total | 226 | 100% |

91 respondents provided free text insights. The nature and consequences of bullying at school were vast. Teachers and school staff were described as sources of bullying with adversarial relationships and a lack of rapport built with students with disability. Underlying this was a view that students with disability were intentionally limiting their capabilities, being lazy, or gaming arrangements with the school. Respondents explained that bullying by school staff, including the principal, spanned practices of minimisation, mocking, and failures to manage bullying by other students. One respondent explains:

“Several teachers were clearly antagonistic to my son and didn’t believe in ADHD (viewed it as just him not trying hard enough) and that his depression was just him trying to avoid schoolwork. Essentially gave the impression they thought we were just pandering to him and he was ‘playing’ us.” (Respondent 22)

Respondents describe several forms of bullying by students with disability including verbal, physical, and social bullying. These experiences were considered prevalent across all age ranges. There were also emerging applications of cyberbullying using social media platforms and financial coercion where students were pressured to spend their money for the benefit of others. Students with disability experienced isolation, faced barriers to making and retaining friends, and escalating mental health concerns (e.g. anxiety and depression). One respondent acknowledges that her son had been “*bullied to the point that he also now bullies*” (Respondent 22). Respondents also considered that school staff had made inadequate attempts to intervene or resolve bullying. One respondent describes a culture of student harassment:

“My son reports that his classmates often laughed at him and made fun of him. Then they were disrespectful to the teacher when she tried to discipline students.” (Respondent 22)

### Experience of restrictive practices

Respondents were asked about student experience of restrictive practices. These involve any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability. Concerningly, 29% (65) of respondents reported experiences of restrictive practices. This represents a 4% increase compared with the 2022 CYDA survey (25%) (13). This level of use of restrictive practices is particularly concerning given that within some Australian jurisdictions schools are not required to report their use, despite the fact that most other settings demand that they be reported through formal channels.

A further 20% (45) did not know if there had been experiences of restrictive practices. Respondents with children who were non-verbal were particularly concerned about the use of restrictive practices. The risk that the use of these practices were unwitnessed by students or school staff are an area of concern. As one respondent explains:

“There is a lot going on behind closed doors, especially with non-verbal children not being able to communicate what happened to them.” (Respondent 23)

51 free text responses elaborated on the experience of restrictive practice. Respondents explained that most of the use of restrictive practice appeared to be ad hoc and reactive in response to a given situation. These situations might involve periods of dysregulation that might have been prevented with other strategies and tools to assist students with disability.

Parents and caregivers did not often have a clear understanding of the surrounding events leading to the use of restrictive practice, suggestive of a lack formality with regards to the way the use of such practices were planned, delivered, and documented by the school. One respondent explains that the use of restrictive practice was formalised within their child’s IEP:

“IEP stated he would be placed on the floor and tolerate stretches being done to him by the Physical Education teacher. Left unsupervised in wheelchair. Arm wraps used to prevent hand biting.” (Respondent 24)

Respondents shared stories of restrictive practices applied to their child. Often these experiences combined the use of restrictive practices alongside exclusion, seclusion, and bullying by other students and school staff (including physical forms of bullying that seek to enact harm rather than restrain) in each situation. Five experiences of the use of restrictive practices (10%) featured the school principal as retaining oversight for, or direct use of, restrictive practices, while a further four experiences (8%) involved teachers.

Scenarios that involved the use of restrictive practices included medical restraint involving the use of medications, physical restraints involving physical interactions with students (e.g. holding/pinned positions or use of weights), and the use of access barriers (e.g. seclusion within locked rooms). One respondent identifies that “*Staff used a ‘sensory room’ where they kept our son for extended periods of time.*” (Respondent 18) This quote illustrates that the original concept of a sensory room as a proactive, supportive environment, managed by appropriately trained staff, and used as part of an agreed-upon strategy within a student’s IEP or behaviour support plan was instead a place for seclusion, isolation, or punishment. Another respondent shares their experience:

“My son was locked into classrooms on several occasions. His class was evacuated and then he was locked inside. Staff had to use a key to let me inside the classroom when I came to collect him. They also placed him in a room in the office block on several occasions. Though it wasn't locked there were several doors before he would have been able to get out to the playground. I was told by the principal that he was being placed in there "in the hopes that he would get so bored he would want to go back to class.” (Respondent 25)

Respondents acknowledged the importance of the human rights of students with disability, formalising complaints with schools, state departments of education, or other authorities. No respondent shared the outcomes of these complaints.

Within this context, respondents explained these experiences were considered traumatic to students with disability, linked to escalating issues of mental health over years at school. As one respondent explains, the impact of these experiences extended into adulthood:

“My son was tied to a chair with weighted vests and belts. He was pushed tightly into his desk and an aide sat directly behind him for the purpose of further restricting his ability to move. This went on for a long time and had been ordered and approved by the school occupational therapist. We found out after pushing for answers about severe, frequent and unusual bruising on his body. The school called this therapeutic intervention and were disgusted with us when we told them it was child abuse. He frequently was held down by staff under instruction by allied health staff. After moving schools, he was provided with adjustments, such as movement breaks, which resulted in an end to the use of mechanical and physical restraints. We never consented to restrictive practices being used on our son. He is now a young adult and lives with PTSD due to years of abuse in schools.” (Respondent 18)

### Experience of seclusion

Similar experiences of the use of seclusion were reported. Seclusion involves solitary confinement of a person in a room or area from which their exit is prevented by barrier or another person. 25% (57) of respondents report experiences of seclusion. A further 13% (30) did not know. The reasons for this are likely similar to the reasons explained for other forms of exclusion, bullying, and disciplinary approaches. No respondents described the provision of formal documentation of seclusion practices, which suggests that both lacked formality and communication of the use of these arrangements.

37 respondents provided comments pertaining to practices of seclusion of students with disability. From this, eight respondents provided comments pertaining to the use of dedicated rooms for seclusion (i.e. isolation rooms) or school administration offices (e.g. principal’s office). Some of the issues identified with these practices included the degree of comfort of these rooms, with some being repurposed spaces that might be small, inadequately furnished (e.g. empty rooms or sparsely furnished), and not responsive to the needs of students with sensory challenges (i.e. lack of sensory tools). Some respondents highlighted concerns with the cleanliness of these rooms and lack of access to basic amenities, such as drinking water and toilets.

Three respondents also highlighted the use of locks on these rooms. Concerningly, students with disability remained unsupervised over these periods of seclusion. As one respondent explains:

“Sitting in the principal’s office and been told not to talk to anyone, and to stay until released. Sent to an empty room and told to stay without supervision.” (Respondent 26)

The frequency and time periods with which seclusion was applied varied. No respondents described a basis for which seclusion practices were applied to students with disability, suggestive of a lack of formality of approach. Respondents described time periods that spanned two hours to a full school day (i.e. seven hours). It was unclear how breaks (e.g. for lunch, access to bathroom amenities), and the extent to which students with disability were isolated or supervised was determined over these periods of seclusion.

The use of seclusion seemed to be a component of a broader plan of discipline enacted over a school term rather than a means to manage periods where it was required (e.g. dysregulation). Respondent 27 explains, students were *“Made to sit for long periods (sometimes the full school day) on a veranda, after not completing work to the teacher's satisfaction.”*

While these responses related to school-based application of seclusion practices, respondents also described instances of other students applying these practices as forms of physical bullying (e.g. obstruction from entering or exiting rooms or toilets).

### Experience of disciplinary approaches

Respondents were asked questions regarding the use of disciplinary approaches. 21% (47) reported that students with disability had been suspended within the last year. Of these students, 30% (14) were aged 13-15 years and 23% (11) were aged 10-12 years.

41 respondents provided free text insights. Several respondents explained that the use of suspension occurred alongside the use of other forms of seclusion, restrictive practice, and bullying enacted by students, teachers and school staff that might necessitate students with disability feeling the need to defend themselves against bullying.

Suspensions were also seen to be nested within the context of broader issues within the school environment pertaining to the adequacy of supports for students with disability (i.e. failures to implement plans for adjustments) and in response to events (e.g. periods of dysregulation and stressors associated issues with toileting). There was a view that the suspensions were linked to enabling the school to gain some form of reprieve from the student, as described by one respondent who was told to stay away from school for a defined period until "behaviour" has been investigated.

Suspensions came in various forms with different degrees of formality applied. One respondent explains that their experience of suspension had not been formalised, whereby “*It wasn’t official but he was not allowed to attend school for a week whilst they put strategies in place. These were the strategies they were meant to put in place before he started school.” (Respondent 28)* Linked to issues of the formality with which suspension were applied, issues of documentation were also reported, as follows:

“Multiple informal suspensions, where there is no trail of paperwork. Now we request it in writing or we will not follow it through. It's interesting, how there haven't been any suspensions since we raised this in writing.” (Respondent 29)

Consequently, respondents relayed the use of suspensions as being rather ad hoc in nature. 14 respondents highlighted experiences of repeated use of suspensions. Respondents shared experiences of multiple short and long suspensions over a term. These suspensions occurred across the age range, including for younger children in kindergarten. One respondent reports the experience of 17 suspensions while another respondent reports 2 long suspensions that were 20 days duration each.

27% (60) also reported that students with disability had disciplinary absences applied. Disciplinary absences pertain to limitations placed on the number of hours that a student can attend school. Of these students, 52% (31) were aged 15 years or younger. To contrast, 19% reported the hours that student attend school being limited in the 2022 CYDA survey (13).

52 free text responses provided information on the use of disciplinary absences involving reduced hours. Respondents considered that disciplinary absences were used by schools in both scheduled and ad hoc ways. Some schools articulated preferences for reduced hours as a standing arrangement for some students, with these arrangements in place at times for the medium to longer term (e.g. nine weeks). The count and selection of hours were largely determined by the school in ways that appeared arbitrary to parents and caregivers. For instance, one respondent describes that a limit of hours per day with attendance only within the middle of the day. The details of limited hours were not always integrated into plans, nor documented. Another respondent explains that being sent home was not always recorded as an absence from school.

The rationale for limited hours was often linked the school’s capacity to provide adequate supports to students with disability. However, in some instance the use of limited hours was linked to instances of dysregulation likely attributed to a lack of adequate planning, supports, or the experience of bullying.

“Multiple occasions I have been called asking to pick [my] child up early due to variety of reasons. When queried the school are not able to provide proactive measures that they have attempted to manage situation. School recommended less hours however we and his team advocated for better management of his needs to support him throughout the day.” (Respondent 16)

Respondents explained commonplace practices of being called to pick up their child following an event in accordance with a disciplinary approach. Here, disciplinary absences were considered a component of the overall approach to discipline (e.g. use of limited hours alongside a return to school following a suspension); however, for some students, particularly those with escalating mental health issues linked to the challenges in participating in education, reduced hours was not seen as a punishment. For those employed, the logistics of pick up at short notice was highly problematic, with one respondent explaining that they had to quit work as a result.

As Respondent 14 explains, the frequency with which limited hours were applied appeared excessive, necessitating flexibility from parents and caregivers to be able to respond:

“He was sent home 85 times last year but thankfully has never been suspended or expelled. This is due to me being able to collect him when he is struggling, or perhaps because of my role as an advocate.” (Respondent 14)

Furthermore, 6% (14) of respondents reported being expelled or having their enrolment cancelled. Of these students, 57% (8) were aged 15 years or younger. To contrast, 4% reported being expelled in the last year in the 2022 CYDA survey (13).

24 respondents provided free text insights that were predominantly focused on the use of threats, recommendations that students with disability transfer to another school or home schooling arrangements, and forms of threats applied to parents and caregivers. Respondents described experiences of essentially being “pushed out” of a school. (Respondent 30) For those that worked, the application of this path of disciplinary approaches to expulsion was challenging given the impact on work arrangements.

## Information, standards, and complaints

The survey asked respondents about their trusted information sources and experiences regarding complaints. With regard to information sources for the purposes of advice and to inform decision-making, most respondents were drawn to online resources and research, including those provided at events or from professionals (13%). Similarly, respondents relied upon professionals (11%) and school staff (11%), as well as students (11%). Respondents were also engaged in a broader network, connecting through parenting groups and other online forums (10%) and reading to understanding the perspectives of people with disability (10%).

Table 21: Trusted information sources

|  |  |  |
| --- | --- | --- |
| Respondent | No | Percentage |
| Own research online or booklets from events or professionals | 131 | 13% |
| Medical, specialist or child development professionals | 115 | 11% |
| Student themselves | 109 | 11% |
| School or school staff | 100 | 10% |
| Online or in person parenting groups or forums | 100 | 10% |
| Engaging with or reading the views of people with disability | 90 | 9% |
| Family or friends | 88 | 9% |
| Attending school open days or events | 81 | 8% |
| Attending a workshop or seminar on education for students with disability | 71 | 7% |
| Online or in person diagnosis based groups or forums | 64 | 6% |
| Other | 47 | 5% |
| Student’s peers or friends | 32 | 3% |
| None of the above | 7 | 1% |
| Grand total | 1035 | 100 |

The survey asked respondents whether they had heard about the Disability Standards for Education prior to the survey. Just 22% of respondents had never heard of these, but 78% had. Of those that hadn't heard of the standards, most of these respondents (73% or 36) were parents and caregivers of children and young people aged 15 years or younger.

In terms of complaints, 60% of respondents had made a complaint regarding a student’s school or education experience. Concerningly, a further 17% of respondents considered that experiences had warranted raising a complaint; however, this did not proceed. In the 2022 CYDA survey, 52% had made a complaint regarding a student’s school or education experience (13).

Table 22: Experience of complaints regarding a student's school or education

|  |  |  |
| --- | --- | --- |
| Respondent | No | Percentage |
| Yes | 137 | 60% |
| No, I have not made a complaint | 53 | 23% |
| No, I have needed to make a complaint but did not proceed | 38 | 17% |
| Grand total | 228 | 100% |

64 respondents provided free text insights. Respondents described the necessity for multiple points of communication on issues with the school. Some of the issues associated with submitting complaints to the school were that they were not received within a culture of responsiveness and improvement for students with disability. Rather complaints were described as often ignored and the root causes of issues unaddressed. This necessitated that parents and caregivers lodge complaints with multiple agencies, ministers, and rights-based organisations. However, there was seen to be an informal process of escalation that needed to be applied to complaints that was unclear and confusing to parents and caregivers at the outset. There was reference to the need for greater supports available to advance complaints, including partnerships with advocacy groups as required.

I made a complaint to department of education. I didn’t name my child or her school. They retaliated by contacting her primary school principal and her secondary school principal. Then they responded to me to tell me they had spoken to both schools. It was incredibly threatening. Particularly when my complaint was aimed at the department themselves and the lack of training and assistance they had given the school. I did complain to both the dept and the privacy ombudsman. The ombudsman said I had to contact the departments privacy department first. He did send me a list of the privacy points to question them about. I felt too threatened in the end and didn’t pursue it.” Respondent 6

Respondents reported that the decision to lodge a complaint is not insignificant. It was considered that the need to lodge a formal complaint often came with a key event that meant that parents and caregivers would need to dedicate time and capacity to preparing this complaint alongside providing additional supports to their child (i.e. who might have escalating mental health concerns or challenges associated with their disability). For some respondents, the burden that came with lodging a complaint was not able to be met. As Respondent 31 explains:

“I am so busy single parenting two children with disabilities that I just haven't been able to find the time or the brain-space to make formal complaints. It just seems too overwhelming, and I fear that my complaints won't be taken seriously anyway.” (Respondent 31)

Respondents also raised concerns over the consequences that might arise for their child, any other siblings, and as a parent and caregivers in terms of their relationships with teachers, school staff, and principals. Respondents were fearful of any further deterioration in the level of supports provided for students with disability. Siblings were also seen as being at risk of becoming caught up in adversarial relationships between the parents and caregivers and the school.

Many respondents reflected on experiences of complaints being ignored despite escalation to multiple agencies. There was a view that there lacked a system of accountability for schools, with teachers, school staff, and principals never being held to account for issues worthy of complaint. Other agencies, such as the state department of education, were considered part of the broader culture that lacked transparency regarding complaints handling and a commitment to improvement. Respondents shared experiences of no recognition of complaints lodged and failures to respond to correspondence or phone calls. Hence, respondents were often unsure as to the status and outcome of complaints made.

There were no guarantees as to the timeframes with which complaints resolutions processes would take. As such respondents described that complaints made in response to significant or time sensitive events would not be met with a degree of urgency. As Respondent 32 explains:

“Put a complaint into education department, the ombudsman, and human rights. Told to lawyer up from human rights. Education department denied doing anything wrong. We had kept all documentation from 4 years of hell. No one is accountable.” (Respondent 32)

As shown in Table 23, most of these complaints related to bullying, harassment, or victimisation on the basis of disability (20%) and issues pertaining to student participation (20%), support services (19%), or curriculum and teaching materials (17%).

Table 23: If yes, what did the complaints/relate to?

|  |  |  |
| --- | --- | --- |
| Respondent | No | Percentage |
| Bullying, harassment or victimisation on the basis of disability | 95 | 20% |
| Participation in education | 92 | 20% |
| Student support services | 89 | 19% |
| Curriculum and teaching materials | 78 | 17% |
| Enrolment | 25 | 5% |
| Other | 39 | 8% |
| Not applicable | 47 | 10% |
| Grand total | 465 | 100 |

Respondents indicated that complaints were made to school leadership (27%) or other school representatives such as classroom teachers (16%) and school support or specialised staff (16%). Some respondents had also made complaints to the regional education office (15%).

64 respondents provided additional information in relation to complaints made. Respondents shared stories of experiences pertaining to issues within the school environment and challenges with the resolution of complaints. Issues that formed the basis of complaints lodged by parents and caregivers pertained to bullying and the use of exclusion, restrictive practices, and disciplinary absences.

Respondents emphasised the barriers experienced in enacting plans, accessibility issues, and funding and provision of supports. There remained a focus on the lack of transparency in the manner and degree to which schools implemented agreed plans. Respondents described issues with the accountability with which adjustments were made. Without these necessary accommodations and access to supports, schools were seen to be reliant on methods such as exclusion and disciplinary approaches on the student, rather than placing the onus back on the school to undertake their responsibilities. As Respondent 33 explains,

“The complaint was around the schools lack of response in dealing with bullying and the unprofessional and lack of clear process when supporting an autistic child through school can't. The schools lack of knowledge and understanding of neurodiversity and how to be inclusive of an autistic child in school.” Respondent 33

Respondents explained that lack of information flow, inadequate consultation, and adversarial dynamics with school leaders were often the source of complaints, leaving parents and caregivers with limited options as to how to resolve issues. The frustration and conflict associated with unresolved issues impacting students with disability at risk of escalating the mental health concerns of both students with disability and their parents and caregivers.

As Respondent 18 explains there was a need to be strategic in approaching complaints made with the school, needing to focus on what was most important from the perspective of students with disability.

“I was careful with the battles I fought but this meant we were constantly compromising with the school. The complaints system in schools is geared towards favourable outcomes for staff and students, and their families, have little power when it comes to dealing with the monster that is the education system. The complaints I made were those where our son was not safe, to ask that he not be segregated from his peers, and that he be provided with adjustments so he can access his work. We also chose to prioritise addressing any issues which bothered our son.” (Respondent 18)

Table 24: Who did you make the complaint/s to?

|  |  |  |
| --- | --- | --- |
| Respondent | No | Percentage |
| School leadership | 121 | 27% |
| Classroom teacher | 72 | 16% |
| School support or specialised staff | 69 | 15% |
| Regional education office | 68 | 15% |
| State/Territory department for education | 40 | 9% |
| State/Territory education Minister | 28 | 6% |
| Anti-discrimination and human rights offices (g.g. Australian Human Rights Commission) | 23 | 5% |
| Other | 15 | 3% |
| Non-government school body | 11 | 2% |
| Australian Curriculum Assessment and Reporting Authority (ACARA) and/or local regulatory board | 2 | 0% |
| Teachers Registration Boards | 1 | 0% |
| Grand total | 450 | 100 |

In review of the 32 free text responses, respondents lodged and elevated complaints with multiple representatives or agencies. Many had raised complaints with the local department of education following failures to resolve issues with school leadership. However, respondents describe local department of education practices as lacking formal acknowledgement of complaints, failures to respond to complaints, and no clarity with regard to the timeliness with which local department of education actions were expected to take.

As such, respondents did not see the complaints system as transparent, reliable, and balanced in its interests in support of students. This meant parents and caregivers needed to reframe issues experienced as child abuse and systematic breaches of human rights, despite the complexity and lengthy nature of its processes. As Respondent 18 explains:

“The complaints mechanism is pathetic. Child abuse in schools is largely unaddressed and rarely even viewed through an abuse lens. But if someone tied the teacher to the chair, the police would be called and the perpetrator charged. We see this as an act of torture and all individuals involved should be charged and hopefully never be allowed near another child or person with disability again. Zero tolerance for child abuse and more incentives are needed for whistleblowers.” (Respondent 18)

However, in the main, respondents indicated complaints largely remained unresolved. For those who had submitted a complaint (155), with 69% (107) remained unsatisfied with the outcome and a further 12% (19) considered the process still ongoing. In the 2022 CYDA survey, 18% of respondents were satisfied with the outcome of the complaint that they made and 63% were not satisfied (13).

Table 25: Were you satisfied with the outcome of the complaint?

|  |  |  |
| --- | --- | --- |
| Respondent | No | Percentage |
| Yes | 29 | 13% |
| No | 107 | 50% |
| The process is still ongoing | 19 | 9% |
| Not applicable | 61 | 28% |
| Grand total | 216 | 100% |

80 respondents provided free text insights. There were few examples shared from respondents of complaints being resolved. Foundational to understandings of issues being identified as serious, addressed via an apology from the school, and an acknowledgement of the harms incurred (e.g. escalating mental health issues). There was also a need for evidence that the root causes of issues had been addressed at the practice level. Examples of acceptable changes included changes to teacher and school staff arrangements, the implementation of supports and strategies as formalised in the IEP, and adjustments made to the school environment.

However, while these respondents acknowledged a positive outcome, they acknowledged the advocacy and constant attention required to realise the requisite changes. Specifically, as Respondent 34 explains, school environments are dynamic, and a new issue might arise as another is resolved.

“But the advocacy is never ending. One thing resolves and another issue replaces it. It’s an exhausting system at times.” (Respondent 34)

Most respondents experienced dissatisfaction with the outcome of their complaints. The sources of dissatisfaction were often tied to the lack of engagement from schools and other agencies (e.g. state departments of education) on the fundamental issues that formed the basis for complaints. Examples of the lack of engagement include no response from schools or agencies, no attempts to demonstrate compliance with relevant policies for disability inclusion, and declining interpersonal relationships with parents and caregivers following the complaint. These issues were exacerbated by a perceived lack of clarity supporting the broader structures of escalation and accountability. As Respondent 35 explains:

“We were discarded and discriminated against with no governing body to complain to.” (Respondent 35)

Respondents focused on school leadership as a source of complaint. Respondents explain that school principals were seen as reinforcing cultures that did not foster learning and improvement to better meet the needs of students with disability. Rather respondents cited challenges with redirection of blame, failures of school principals to meet with parents and caregivers, and limited engagement with the broader network of supports (e.g. paediatricians willing to advocate to the school).

Respondents explained there were tendencies to recommend students with disability attend alternative schools or that they were suitable for home schooling. As Respondent 13 shares:

“They minimised and ignored the issue. When we transitioned to homeschooling they considered it case closed.” (Respondent 13)

The time take to progress complaints was identified as an area of concern. Respondents described perseverance being required over a period, spanning multiple years in some instances. Given the number of years that a child or young person is engaged in schooling, the time taken to advance complaints was deemed unacceptable to respondents. Several respondents described a perspective of ‘wait and see’ while another school year advanced, retaining a degree of hope that issues might have resolved or acknowledging the likelihood of needing to follow up on an existing complaint in at the commencement of the school year.

“I have been fighting and continue to fight on my own for my child to participate in her education.” (Respondent 36)

As evidence of a lack of a learning and improvement culture, respondents described a culture of secrecy that was linked to the lodgement and management of complaints. Compounded by the challenges in understanding the processes and timeframes by which complaints were to be resolved, respondents described a focus on requirements for confidentiality regarding complaints. Akin to considering parents and caregivers ‘whistleblowers’, one respondent cautions the potential that managing complaints as a disparate suite of issues diminished the potential for the overall need for systemic change to be identified, understood, and implemented. Specifically, the “*requirement for confidentiality hampers systemic advocacy and change”* (Respondent 37)

The management of complaints through ad hoc processes was seen to limit the potential for understanding the school and education sector’s capability to meet to the needs of students with disability. As Respondent 38 explains knowledge of the responsiveness of schools was indeed considered a matter of public interest.

We are unaware of any action taken as a result of our complaint. When we asked about the outcome we were told that it was confidential. We then applied for a Freedom of Information request but they would not release the documents as they were ‘not in the public interest’. (Respondent 38)

# A hand holding a heart AI-generated content may be incorrect.What do these findings mean?

As outlined in the background, CYDA has systematically gathered feedback on educational experiences from its members through formal surveys since 2010. Although the current survey's sample size is relatively small (n=253), it offers a valuable contribution to addressing an evident gap within existing research regarding the specific educational experiences of children and young people with disability in Australia and their parents and caregivers. This gap highlights the critical need for deeper insights into the daily realities faced by students with disability in educational contexts, insights which are crucial for informing effective policy and practice.

The design of this survey closely aligns with previous CYDA surveys conducted with parents and caregivers. This intentional consistency allows for valuable comparisons and the identification of persistent or emerging challenges. Importantly, this approach seeks to explore whether the issues identified by parents and caregivers reflect the lived experiences and reported challenges of children and young people themselves. By maintaining this consistency, CYDA provides continuity in documenting systemic patterns and individual experiences over time, thereby enhancing the validity and applicability of the findings. As this report has demonstrated, far from seeing positive movement on many of the topics covered in this report we have found largely similar issues remain and, in some cases, fewer respondents are positive about the treatment and support of their students. However, as this is an anonymous survey we do not know whether the same people have responded to the survey, so we need to be careful in extrapolating conclusions based on changes in responses over time.

In this discussion, we synthesise key findings with current literature to critically examine the educational landscape for students with disability. We aim to clearly identify systemic challenges and barriers, highlight successful practices, and recommend targeted improvements. By doing so, this discussion intends to directly inform stakeholders, school leaders, teachers, policymakers, parents and caregivers, and researchers, of crucial areas requiring attention, facilitating a collective effort toward a genuinely inclusive educational system that adequately supports the diverse needs of all students.

## School culture and inclusion

A finding from the current survey is the persistent challenge surrounding school culture and genuine inclusion for students with disability. While many respondents acknowledged that schools could appear welcoming on the surface, deeper issues such as low expectations, exclusionary attitudes, and lack of meaningful integration into school activities emerged consistently.

Research literature further supports this finding. Rendoth et al. highlight that ableist attitudes and low expectations continue to pervade educational settings, resulting in the systemic undervaluation of students with disability (1). These attitudes directly impact student self-esteem, participation, and academic achievement. Similarly, Cumming et al. emphasise the critical role school culture plays in either promoting or undermining genuine inclusion, noting that mere physical inclusion without cultural and attitudinal shifts remains insufficient for true educational equity (2).

Survey respondents frequently reported experiences where children were subtly or explicitly encouraged to seek alternative educational placements or homeschooling, reinforcing exclusionary practices. This phenomenon, corroborated by Poed et al., suggests systemic issues where schools may resort to informal gatekeeping practices to manage resource constraints or perceived inadequacies in their own capacity to support diverse learners (15).

The implications for policy and practice are clear, achieving genuine inclusion necessitates comprehensive, ongoing professional development focused on inclusive attitudes and practices, systemic accountability to uphold inclusive policies, and meaningful engagement with parents and caregivers as collaborative partners. Addressing the root causes of exclusionary cultures within schools requires not only targeted interventions but also sustained systemic efforts to transform prevailing attitudes and expectations.

## Teacher capacity and professional development

Survey findings indicate gaps in teacher training, skills, and understanding of disability and inclusive practices. Many respondents reported that school staff frequently lacked adequate knowledge to support diverse learning needs effectively. This inadequacy often led to inappropriate responses to student behaviours, insufficient educational adjustments, and increased reliance on exclusionary or restrictive practices.

These findings align closely with current literature. Duncan emphasises the critical need for enhanced teacher preparation and ongoing professional development tailored explicitly toward inclusive education practices (6). Teachers often report feeling ill-equipped to manage diverse classrooms effectively, reflecting gaps in initial teacher education programs and professional learning opportunities. Rendoth et al. similarly found that teachers in specialist settings experienced professional isolation and inadequate support, directly contributing to increased stress and burnout (1).

In the 2022 CYDA Survey Reports we also highlighted parent and caregiver observations that educators often lack not only training but also the confidence and resources necessary to implement effective inclusive practices (12, 13). These survey responses underscored the emotional toll and exhaustion experienced by parents and caregivers due to advocating for necessary educational supports, further exacerbating tensions between parents and caregivers and other school staff.

Addressing these challenges requires targeted systemic interventions. Policy initiatives must prioritise comprehensive inclusive education training within initial teacher education programs, alongside mandated professional development for practicing educators. Professional learning should emphasise evidence-based inclusive strategies, positive behavioural supports, and meaningful collaboration with parents and caregivers. Strengthening teacher capacity through targeted training and professional support is essential to fostering an inclusive educational environment that effectively meets the needs of all students, thereby reducing reliance on exclusionary and restrictive practices.

## Development and implementation of Individual Education Plans

The survey identifies substantial concerns surrounding the development, quality, and implementation of IEPs. Parents and caregivers frequently noted that IEPs were either generic, inadequately personalised, or inconsistently executed in classroom settings. Furthermore, meaningful involvement from parents and caregivers and students with disability in developing and reviewing these plans was reported as limited or tokenistic.

Contemporary Australian research underscores inconsistencies and shortcomings in aligning IEPs effectively with curriculum goals, largely stemming from inadequate teacher preparation and insufficient professional development opportunities. Recent studies confirm that teachers struggle to create personalised and actionable goals, resulting in IEPs that are more procedural than practical tools guiding everyday teaching practices (2). Moreover, Rendoth et al. identify ongoing tensions in decision-making processes due to rigid curricular frameworks, highlighting the challenge teachers face in implementing genuinely individualised educational supports within standardised curricula (1).

Further complicating this issue is the frequent disconnect between parent and caregiver involvement in theory versus practice. The research literature emphasises the critical role that engagement plays in developing relevant and actionable IEPs (16). However, over the years, CYDA education surveys consistently document experiences of parents and caregivers feeling sidelined, with their contributions either superficially incorporated or entirely overlooked.

Innovative practices, including integrating Universal Design for Learning (UDL) principles and leveraging AI for personalised learning, have shown promise but require robust ethical frameworks, clear guidelines, and substantial professional development to ensure they are effectively and ethically implemented (17, 18).

Addressing these challenges calls for clear, enforceable guidelines and standards for IEP quality and consistency across all educational jurisdictions. Additionally, enhancing teacher capacity through targeted professional development, explicitly involving students with disability and parents and caregivers as central participants in the planning process, and establishing transparent accountability measures will ensure IEPs serve as dynamic, genuinely supportive tools in delivering inclusive education.

## Resource allocation and funding

The survey reveals concerns regarding resource allocation and funding for supporting students with disability. Although funding mechanisms allocate funding for support resources to schools, respondents frequently reported frustration with the perceived inequity and ambiguity surrounding these allocations. School leadership retains considerable discretion, often redistributing these targeted funds more broadly, which can dilute their impact on the students who specifically generated the funding.

Recent academic research robustly substantiates these concerns. Graham et al. highlight systemic disparities in educational funding, emphasising that flexible school-level discretion often leads to inconsistent resource allocation, potentially disadvantaging individual students who require specific, targeted support (19). Similarly, research by Dickinson et al. underscores persistent ambiguities between educational and NDIS funding responsibilities, creating ongoing confusion for parents and caregivers and schools alike, thereby complicating advocacy and access to appropriate supports (3). This issue will likely continue as foundational supports are developed and rolled out across the country.

Further scholarly analysis points to these structural funding complexities exacerbating inequalities, placing additional advocacy and financial burdens upon parents and caregivers (20). The ongoing confusion between educational and disability funding, and the inconsistent implementation of supports, necessitates explicit policy clarification and more rigorous accountability mechanisms to ensure that allocated resources directly benefit those students who require them most.

Addressing these systemic funding challenges demands clear policy directives, transparent and accountable resource allocation practices at the school level, and improved coordination between educational systems and disability support frameworks. Such measures will ensure equitable and effective utilisation of resources, improving educational outcomes and experiences for students with disability.

## Exclusion and enrolment practices

The findings highlight concerns around exclusioatn and enrolment practices for students with disability. A proportion of respondents reported experiences of explicit and implicit enrolment refusal, exclusion from activities, and school refusal prompted by systemic barriers. These practices represent critical obstacles to genuine inclusive education, reinforcing exclusionary attitudes and exacerbating educational inequities.

Research literature robustly supports these findings, indicating the prevalence and impact of gatekeeping and discriminatory enrolment practices within educational institutions. Poed et al. provide evidence of widespread informal gatekeeping practices, highlighting how parents and caregivers of students with disability frequently face subtle or overt enrolment refusals, discouragement, or redirection towards special education settings (15). Similarly, Anderson and Boyle document systemic exclusionary practices, noting that students with disability are often denied equal access to extracurricular and social activities essential for holistic development and inclusion (21).

Academic research further underscores the adverse implications of such exclusionary practices. Slee emphasises that exclusion from routine school activities has profound negative consequences on students’ academic performance, social integration, and psychological wellbeing (22). Research by Graham and Jahnukainen supports these findings, illustrating how institutional exclusion directly contributes to marginalisation and long-term educational disadvantage for students with disability (23).

To effectively mitigate these pervasive practices, stronger legislative frameworks and robust accountability measures must be implemented. Legislative reforms should explicitly prohibit enrolment discrimination and mandate inclusive participation in all school activities. Transparent accountability systems, including rigorous oversight and mandatory reporting requirements, are essential to ensure schools comply with inclusive education principles and actively dismantle existing barriers. These measures are critical to fostering truly inclusive environments and ensuring equitable educational opportunities for all students.

## Bullying, harassment, and mental health

Our findings reveal troubling rates of bullying, harassment, and related mental health issues among students with disability. Respondents reported frequent instances of verbal, physical, social, and cyberbullying, reflecting a pervasive and persistent issue within educational settings. These experiences contribute to deteriorating mental health, including increased anxiety, depression, and social isolation among students.

Recent academic literature confirms the seriousness and prevalence of bullying and its profound psychological impacts on students with disability. Kavanagh et al. demonstrate that students with disability experience higher rates of bullying compared to their peers, with notable impacts on their mental health and educational outcomes (7). Similarly, recent research by Hodge et al. highlights the correlation between bullying experiences among students with disability and increased incidents of anxiety, depression, and lower academic performance, further compounding existing educational disparities (8).

Moreover, contemporary research emphasises the critical role of supportive school environments in mitigating bullying and its negative consequences. García-Carrión et al. argue that inclusive and supportive educational climates, coupled with effective bullying prevention programs, substantially reduce bullying incidents and promote better mental health outcomes among students with disability (11). Rigorous implementation of such programs, alongside professional training focused on inclusivity and empathy, is shown to decrease bullying behaviours.

To address bullying and harassment effectively, schools must adopt evidence-based anti-bullying frameworks, implement targeted mental health support services, and cultivate inclusive school cultures that actively discourage discriminatory behaviours. Professional development programs that empower educators to identify and intervene effectively in bullying incidents are essential. Enhanced mental health resources, accessible counselling services, and supportive peer networks within educational institutions can alleviate the negative impacts of bullying, fostering safer and more inclusive educational experiences for all students.

The Federal Government is currently undertaking a rapid review of what is working in terms of anti-bullying practices and this will report later in the year.

## Restrictive practices, seclusion, and discipline

The findings from this survey indicate concerns regarding the use of restrictive practices, seclusion, and disciplinary measures within Australian schools. A proportion of respondents highlighted instances of restraint, seclusion, and disciplinary absences applied disproportionately to students with disability. Such practices, often justified as necessary for behavioural management or safety, have raised critical ethical, legal, and human rights concerns.

Academic literature robustly supports these findings, underscoring the detrimental impact of restrictive practices and seclusion on students' psychological well-being, educational outcomes, and overall development. Sexton et al. found that restraint and seclusion practices in Australian schools are inconsistently enforced, contributing to negative outcomes for students and undermining inclusive educational practices (9). These measures are not merely disciplinary but constitute forms of institutional violence that exacerbate marginalisation and trauma among vulnerable student populations (24).

Additionally, McCarthy provides a comparative analysis highlighting substantial gaps in regulatory frameworks governing restraint and seclusion practices in Australian schools (10). McCarthy argues for aligning local policies with international human rights standards, such as the United Nations Convention on the Rights of the Child, emphasising the urgent need for legislative reforms to protect students' rights effectively (10).

Research by Hayward, McKay‐Brown, and Poed critiques the reliance on restrictive practices within Positive Behaviour Support (PBS) frameworks, suggesting a contradiction between intended policy outcomes and actual practice (25). Their analysis reveals how such measures perpetuate systemic power imbalances and undermine the broader goals of supportive, inclusive education (25).

The literature further emphasises the need for increased transparency and accountability. Bartlett and Ellis argue that insufficient reporting and lack of transparency around restraint and seclusion practices hinder efforts to address and reduce these measures effectively (5). Establishing clear guidelines, standardised data collection, and mandatory reporting can enhance oversight and accountability.

Effective reform must include comprehensive training in alternative behaviour management strategies, such as trauma-informed care, restorative practices, and proactive PBS approaches that emphasise supportive interventions over punitive discipline (26). Such training equips educators to manage challenging behaviours constructively, reducing reliance on restrictive interventions.

In summary, addressing the extensive use of restrictive practices, seclusion, and punitive disciplinary approaches requires multifaceted reforms focused on human rights adherence, regulatory transparency, educator training, and supportive school environments. Implementing these evidence-informed strategies can promote safer, more inclusive educational settings, improving the educational experiences and well-being of students with disability.

## Distance education, homeschooling, and parental burden

The findings of this survey indicate that distance education and homeschooling sometimes emerge as necessary alternatives when mainstream educational settings fail to meet the specific needs of students with disability. Respondents described these alternatives as essential responses to systemic inadequacies, particularly highlighting their roles in addressing unmet educational needs, bullying, exclusion, and insufficient support in school environments. However, transitioning to these educational modes frequently shifts substantial burdens onto parents and caregivers, exacerbating financial and emotional stress.

Recent academic literature supports these findings and underscores the complexity and demands placed on parents and caregivers engaging in homeschooling or distance education. Mann, Kennedy-Wood, and Gilmore identified parental advocacy and direct engagement in educational provision as essential yet emotionally and financially taxing roles that parents and caregivers must assume in such educational arrangements (4). This literature emphasises that while alternative educational options can address specific student needs effectively, the resulting parent and caregiver responsibilities often disrupt family dynamics and economic stability.

Moreover, research by Rendoth et al. reinforces these findings by documenting that distance education and homeschooling may effectively address specific curricular needs unmet by conventional schooling (1). However, these approaches inherently require considerable parental involvement, which may exacerbate inequalities for parents and caregivers lacking adequate resources or support networks. These findings highlight disparities in access to resources and professional guidance required for successful implementation of homeschooling and distance education.

To address these burdens, policy responses should aim to strengthen structural supports available to parents and caregivers opting for homeschooling or distance education. Enhanced funding models, improved access to quality curriculum resources, robust technological support, and regular professional consultation services are necessary. Additionally, clearer policies and frameworks delineating the responsibilities of educational authorities versus families, and ensuring appropriate resource allocation, could mitigate the stress and challenges faced by parents and caregivers.

Strengthening collaborations between educational systems and parents and caregivers to effectively manage and support alternative educational pathways can ensure these options remain viable, sustainable, and genuinely beneficial for students with disability, thereby promoting equitable educational outcomes for all students.

## Complaints processes and accountability

The survey findings highlight dissatisfaction with existing complaint processes and accountability mechanisms within schools regarding issues impacting students with disability. Respondents frequently described complaint processes as ineffective, burdensome, and lacking transparency, often leaving parents and caregivers feeling unheard, frustrated, and discouraged from further advocacy efforts.

Recent academic literature echoes these concerns and emphasises the critical need for effective, transparent, and responsive complaint-handling mechanisms. Mann, Kennedy-Wood, and Gilmore argue that existing complaint mechanisms within educational systems frequently fail to resolve disputes adequately or provide meaningful outcomes for parents and caregivers, perpetuating power imbalances and systemic exclusion (4). This failure exacerbates emotional strain on parents and caregivers and undermines trust in educational institutions.

Furthermore, research by Bartlett and Ellis highlights gaps in regulatory oversight and reporting processes concerning complaints in educational settings, stressing that these inadequacies impede the identification and rectification of systemic issues (5). Their findings indicate a need for clear, standardised, and accessible complaint procedures, alongside independent oversight mechanisms, to ensure genuine accountability and responsiveness.

To enhance the effectiveness and fairness of complaint processes, reforms should focus on establishing clear and accessible procedures, independent oversight, and mandatory accountability measures. Schools and education authorities must provide transparent reporting on complaint outcomes, ensuring accountability and fostering trust among parents and caregivers and educational institutions. Regular training for school personnel in effective complaint handling, dispute resolution, and responsive communication can further support the establishment of inclusive and accountable school environments, ultimately improving the educational experiences and outcomes for students with disability.

# Implications for future policy, practice, and research

The findings presented in this report reveal critical systemic issues and ongoing challenges that students with disability and their parents and caregivers experience within the Australian educational landscape. The implications for policy and practice derived from these findings are substantial and call for urgent, targeted responses across multiple domains.

## Policy and practice implications

Firstly, at a policy level, there is a pressing need for clear legislative frameworks and accountability mechanisms to ensure inclusive practices are systematically implemented across all schools. Robust anti-discrimination legislation must explicitly prohibit exclusionary enrolment practices, restrictive interventions, and inequitable resource distribution. Transparent, enforceable guidelines for inclusive education, particularly regarding the use of IEPs and behaviour management strategies, are critical.

Secondly, comprehensive reform in teacher education is essential. Policy must mandate inclusive education training within initial teacher preparation and ongoing professional development. Professional learning should explicitly focus on disability awareness, inclusive pedagogical practices, behaviour management strategies, and collaborative parent and caregiver engagement, ensuring educators feel prepared and supported.

Thirdly, enhancing structural support systems for parents and caregivers opting for homeschooling or distance education is crucial. This includes improved funding, technological assistance, accessible curriculum resources, and regular professional consultation to ease the financial and emotional burdens on parents and caregivers.

Finally, complaint-handling processes must undergo reform to establish transparency, responsiveness, and accountability. Independent oversight bodies and mandatory reporting frameworks are needed to ensure complaints are addressed effectively and equitably, fostering greater trust between schools and parents and caregivers.

## Directions for future research

Future research should continue to focus on evaluating the efficacy of inclusive education policies and interventions at national and state levels. Longitudinal studies that follow students with disability over time could offer deeper insights into the lasting impacts of inclusive practices or exclusionary experiences. Research should also explore the intersectionality of disability with other factors, such as socioeconomic status, cultural background, and geographical location, to identify specific vulnerabilities and targeted support strategies.

Additionally, examining the implementation and effectiveness of innovative educational practices, such as Universal Design for Learning (UDL) and AI-driven personalised learning approaches, will be beneficial. These studies can inform best practices, guide ethical frameworks, and ensure equitable implementation.

Investigating effective complaint resolution mechanisms and accountability structures, informed by international comparisons, can guide the development of robust local policies and frameworks that promote transparency, responsiveness, and trust.

## Recommentations from the voices of parents and caregivers of students with disability

The findings presented in this report offer clear evidence of persistent inequities and systemic barriers faced by students with disability within Australian education systems. While some progress has been made, substantial gaps remain in achieving genuine inclusivity. Comprehensive policy reforms, targeted practice improvements, ongoing teacher training, robust accountability mechanisms, and meaningful collaboration with parents and caregivers are urgently required.

Based on the findings of this survey ad the research literature, the following recommendations are proposed to enhance education experiences and outcomes fro students with disability in Australian schools.

**1. Foster inclusive school cultures**

* Schools must implement comprehensive, whole-school anti-bullying programs explicitly addressing disability-related bullying, with clear, consistent, and proactive responses (15, 27).
* Encourage and facilitate regular school-wide activities that promote disability awareness and celebrate diversity to foster genuine inclusion and reduce stigma (28).

**2. Improve teacher and staff training**

* Invest in mandatory, ongoing professional development for teachers and school staff on inclusive education practices, understanding diverse disabilities, and implementing meaningful accommodations (29, 30).
* Provide targeted training on emotional and psychological support for students experiencing exclusion, bullying, or mental health challenges (3, 31).

**3. Strengthen Individual Education Plans**

* Ensure IEP development processes are genuinely collaborative, consistently involving students and their families in meaningful decision-making, reflecting students' voices and lived experiences (32, 33).
* Implement regular reviews of IEP effectiveness and adjustments to ensure accommodations remain relevant and are effectively implemented, leveraging technology to facilitate efficient and transparent communication among stakeholders (3, 34).

4. **Urgent reform to address the widespread use of restrictive practices and exclusionary discipline**

* Establish clear guidelines, standardised data collection, and mandatory reporting around use of restrictive practices and use of exclusions (5).
* Establish comprehensive training in alternative behaviour management strategies, such as trauma-informed care, restorative practices, and proactive PBS approaches that emphasise supportive interventions over punitive discipline (26).

5. A **transparent, accessible, and safe complaints process** that upholds the rights of students, parents, and caregivers.

* Establish clear and accessible complaints procedures, independent oversight and mandatory accountability measures (4).
* School and educational authorities should provide transparent reporting on complaint outcomes, alongside independent oversight mechanisms, to ensure genuine accountability and responsiveness (5).
* Regular training for school personnel in effective complaint handling, dispute resolution, and responsive communication.

6. **Better coordination and funding clarity** between the NDIS and schools to ensure students receive the supports they are entitled to.

* Explicit policy clarification regarding funding responsibilities and more rigorous accountability mechanisms to ensure that allocated resources directly benefit those students who require them most.
* Improve coordination between educational systems and disability support frameworks.

By implementing these recommendations, Australian schools can enhance their capacity to provide genuinely inclusive, supportive, and empowering educational experiences for students with disability.

# Glossary of Terms

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| **Ableism** | Discrimination or prejudice against people with disability based on the belief that typical abilities are superior. Ableism can be structural, attitudinal, or institutional, and often results in exclusion or devaluation of people with disability. |
| **Adjustment (reasonable adjustment)** | Changes or supports provided to ensure that students with disability can access and participate in education on the same basis as their peers. These may include curriculum modifications, assistive technologies, or physical access accommodations. |
| **Disability Standards for Education (2005)** | National standards established under the *Disability Discrimination Act 1992* that set out the rights of students with disability and the obligations of education providers to ensure access, participation, and equity. |
| **Disciplinary absence** | A form of exclusion where a student’s school hours are reduced due to behaviour or perceived school capacity limitations, often informally applied without the procedural safeguards of formal suspension. |
| **Exclusion** | Any formal or informal practice that limits or prevents a student’s full participation in school. This includes being denied enrolment, excluded from camps, excursions, or activities, or placed on reduced attendance hours. |
| **First Nations perspectives** | Perspectives of Aboriginal and Torres Strait Islander peoples. In the context of education, recognising and respecting First Nations knowledge systems, Country, language, and holistic concepts of wellbeing and inclusion is essential. Some respondents to this survey identified as Aboriginal and/or Torres Strait Islander and shared specific concerns regarding cultural safety and recognition. |
| **Gatekeeping** | Informal or systemic practices by schools that discourage or prevent the enrolment or participation of students with disability in mainstream education. This may occur through subtle redirection or by setting conditions not placed on other students. |
| **Individual Education Plan (IEP)** | Also known as a Personalised Learning Plan or Support Plan, this is a formal document created in collaboration with parents, caregivers, teachers, and other professionals. It sets out tailored learning goals, adjustments, and strategies to meet the specific needs of a student with disability. |
| **Inclusion (inclusive education)** | An approach to education where all students, regardless of disability or background, learn together in mainstream classrooms. True inclusion means more than just access, it requires active participation, support, and belonging. |
| **National Disability Insurance Scheme (NDIS)** | A national scheme that provides individualised support for people with permanent and significant disability. Supports may include therapy, equipment, and life skills, but educational supports must be provided by schools unless directly related to daily living. |
| **Nationally Consistent Collection of Data on School Students with Disability (NCCD)** | A national framework used by Australian schools to identify and record the level of adjustments provided to students with disability. This data informs funding and accountability, with schools categorising support levels as *Supplementary, Substantial,* or *Extensive*. |
| **Nationally Consistent Collection of Data on School Students with Disability (NCCD) Levels of Adjustment** | The levels include:   * Quality Differentiated Teaching Practice: Minor adjustments through regular classroom practice. * Supplementary: Adjustments provided occasionally in addition to regular teaching. * Substantial: Frequent, intensive adjustments to address significant needs. * Extensive: Highly individualised supports, often involving specialist staff and significant resourcing. |
| **Positive Behaviour Support** | A school-wide approach to supporting student behaviour that aims to reduce problematic behaviours and increase positive behaviours through proactive strategies. When implemented poorly, it can still result in reliance on restrictive practices. |
| **Restrictive practice** | Interventions that limit a person’s movement, autonomy, or decision-making, such as physical restraint, seclusion, mechanical restraints (like belts), or chemical restraints (medications used for control rather than treatment). These practices are controversial and often associated with trauma. |
| **Seclusion** | Placing a student alone in a room or space from which they cannot leave freely. This is considered a form of restrictive practice and is subject to regulation and scrutiny under human rights frameworks. |
| **School refusal** | A situation where a student regularly avoids attending school due to anxiety, distress, or trauma, often stemming from negative school experiences, such as bullying or lack of support. |
| **Special school (special unit)** | A separate educational setting or dedicated classroom for students with disability. While these may provide specialised programs, their use is contested when they replace rather than supplement inclusive practice in mainstream education. |
| **Support staff, aides, and education support officers** | Non-teaching staff who work alongside teachers to support students with disability. They may assist with personal care, learning tasks, communication, or behaviour support, but should not replace the role of the classroom teacher. |
| **Tokenism** | The superficial inclusion of individuals or groups without giving them real voice, influence, or respect. In education, this may appear as minimal parent and caregiver consultation or a failure to act on student or caregiver input. |
| **Trauma-informed practice** | An approach that recognises the impact of trauma on students’ learning and behaviour. It involves creating safe, predictable environments that support emotional regulation and reduce the likelihood of re-traumatisation. |
| **Universal Design for Learning (UDL)** | An inclusive teaching framework that aims to improve and optimise teaching and learning for all people, based on scientific insights into how humans learn. UDL emphasises flexible goals, methods, materials, and assessments to accommodate diverse learners. |

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