

**Speech Pathology Australia's submission to  
the Department of Education's 2020 Review of the Disability Standards for  
Education (2005)**

**25 September 2020**



**Disability Standards for Education Review Team  
Disability Strategy Taskforce  
GPO Box 9880  
Canberra City ACT 2601**

Dear Review Team,

Speech Pathology Australia welcomes the opportunity to provide feedback to the Department's 2020 review of the Disability Standards for Education (2005). As you are aware Speech Pathology Australia is the national peak body for speech pathologists in Australia, representing over 10,000 members. Speech pathologists are university-trained allied health professionals with expertise in the diagnosis, assessment, and treatment of speech, language and communication disabilities, and swallowing disorders. Our members work across all levels of the education system and within the NDIS.

Communication is the means by which learning is facilitated and assessed. The ability to learn and to access the curriculum is heavily reliant on robust language skills; without strong communication skills children are at risk of falling behind in many areas. Communication disabilities may mean that a student's capacity to understand and use language can be severely compromised and the effects on their access and participation (including literacy and learning) can be significant. Students with communication disabilities therefore require additional support to access and participate in the curriculum and achieve expected educational outcomes.

It is the view of Speech Pathology Australia that the Disability Standards for Education 2005 remain a critical and valued instrument of legislation to support access and participation in education and training for students with disability.

However, as surmised in the outcomes of the 2011 and 2015 review of the Standards, the key concerns relate to the implementation of the Standards (rather than the Standards themselves). There are several barriers to the successful implementation of the Standards which until addressed, will continue to prevent students with disability from effectively accessing and participating in education on the same basis as students without disability. These barriers include a lack of mandatory training for educators and school leadership teams, inconsistent understanding of the term 'reasonable adjustments' and inadequate explanation of this in the guidance notes document. A further barrier to effective implementation is that the obligation of consultation, as outlined in the Standards, is not well understood.

We have structured our feedback in response to relevant terms of reference and include, where appropriate, examples provided by our members working in the education and disability sectors. We preface our remarks and recommendations with brief background information on communication disabilities and swallowing disorders, the critical effect of these impairments on access and participation in education and the role of speech pathologists working with students with these disabilities.

We hope you find our feedback and recommendations useful. If we can be of any further assistance or if you require additional information please contact Ms Jane Delaney, Senior Advisor Early Childhood and Education at the Speech Pathology Australia National Office on 03 9642 4899 or by email, [jdelaney@speechpathologyaustralia.org.au](mailto:jdelaney@speechpathologyaustralia.org.au).

Yours faithfully



**Tim Kittel**  
**National President**

## **About communication and swallowing disability in students and their effect on access and participation in education**

Language skills are a foundation of all learning, but in particular, literacy learning. The ability to learn and to access the curriculum is heavily reliant on robust language skills. These underlying language skills need to develop throughout schooling to support curriculum participation and achievement. Many children with developmental disabilities are still at an early level with their development of communication, speech and language and therefore educational settings need to provide supports for these children to develop the communication skills which typically developing students already have when they enter school.

Communication disabilities may mean that a student's capacity to understand and use language can be severely compromised and the effects on their access and participation (including literacy and learning) can be significant. For example, difficulties in communication will affect a student's ability to participate fully in classroom activities, interact with teachers and other students, understand directions and information, learn reading, writing and numeracy.

Children's social communication skills may also be compromised, so that they have difficulty interacting appropriately to make friends, participate in conversations, and to negotiate and make choices, all of which are an important part of school life. Children with speech, language and communication needs are at greater risk of bullying<sup>i</sup> and report less school enjoyment than peers.

Children with Complex Communication Needs (CCN) face further significant barriers to being able to initiate and participate in more extended conversations – because of their own language difficulties, and the limitations and barriers associated with the use of the Augmentative and Alternative Communication (AAC) systems they need to use.

Swallowing disorders affect the ability to safely swallow food or liquids, the causes may be genetic, developmental, acquired and may be caused by structural, physiological and/or neurological problems affecting the swallowing function. Mealtime support may be needed for students with swallowing disabilities and provided within an educational setting to ensure their physical safety (they don't choke) and adequate nutritional intake whilst they are at school. If a student cannot eat and drink safely whilst they attend school, then they are not able to participate in school.

## **Supports for students with communication and swallowing disability and the role of speech pathologists**

Speech pathologists are trained to provide evidence-based therapy supports to students, which need to be tailored to the needs of individual students after thorough assessment. In addition, speech pathologists also provide information, training, coaching for communication partners, including educators and peers. Speech pathology services should therefore be developed and implemented in consultation and partnership with the school principal, teachers, parent/family and student.

Schools have a duty of care to ensure that students are able to safely participate in activities. Students who are at risk of choking or aspiration due to swallowing difficulties, require specific support through clearly documented mealtime plans and training of support people working with that student. These plans should be demonstrated, written and then regularly reviewed by a speech pathologist whose personal scope of practice includes this focus area of intervention.

Speech pathologists and teachers have different but complementary roles in education. Speech pathologists should therefore be an essential part of the educational team, working alongside teachers to implement effective teaching practices to support literacy development (for whole classes) or to develop adjustments to teaching and assessment for a student with identified needs.

## **Speech Pathology Australia's feedback regarding relevant terms of reference:**

### **1. Are the rights, obligations and measures of compliance set out in the Standards (and its Guidance Notes) clear and appropriate?**

#### ***Reasonable adjustments:***

Issues remain with the use of the term 'reasonable adjustments' within the Standards, as this term can be broadly interpreted. The use of the terms 'reasonable adjustment' and 'unjustifiable hardship' require further clarification, explanation and examples to illustrate how these should be interpreted by schools, principals and educators. This would not only aid in understanding the intent of the Standards and how they should be implemented in practice and what the obligations are of education providers but is also particularly pertinent in the absence of robust compliance and accountability systems to ensure providers are meeting their legal obligations.

#### ***Compliance and accountability***

Whilst complaints in relation to non-compliance with the Standards can be directed to the Human Rights and Equal Opportunity Commission (HREOC) and through the court system, there should be a more immediate process at a local or state level to have decisions reviewed prior to the more expensive, protracted legal pathways. The current complaints process relies on a family having good self-advocacy skills and the willingness and resources to engage in a prolonged legal process.

There are no immediate consequences for schools (or their state Departments of Education) if they do not comply with the Standards. Conversely, there is no systemic mechanism to publicly recognise schools, principals and teachers who provide exceptional support to students with disabilities, who extend far beyond the minimum requirements outlined in the Standards and who would be considered 'gold standard' examples of how inclusive education can be achieved.

There needs to be both incentives, to comply (beyond it being the 'right' thing to do for students with disabilities) and repercussions, (immediate and public) for schools which are demonstrated to have breached the Standards.

### **2. Do students, families and carers, educators, education providers and policy makers know about, understand, apply and comply with the rights, obligations and measures of compliance in the Standards?**

The Standards do influence access and participation in education by people with disabilities. They provide a legislative foundation that prescribes the rights of people with disability to access education on the same basis as people without disability. We feel however, that there is a need to increase awareness of the Standards for parents of students with disabilities. Speech Pathology Australia would welcome the opportunity to work with the Australian or state and territory governments to ensure informational material for parents of students with communication disabilities is available in accessible formats. For example, Easy and Plain English versions of the Standards should be produced for families, the parent module on the Standards available (to some) through the University of Canberra should be promoted widely as well as opportunities at a school or local level for parents to learn about the Standards and how they are applied in their child's school.

Whilst the legislative basis of the Standards is critical, the implementation of those standards is significantly varied across Australia. It varies according to states and territories, according to sectors (independent, government etc.), educational level (early childhood, primary, secondary), in response to different disability types, different schools and individual teachers. There are examples of excellent practice at the school and teacher level where the Standards have been implemented to the benefit of individual students and school communities. However, in general, the feedback from Speech Pathology Australia members is that the way the Standards are implemented is highly variable. This is particularly

problematic in rural and regional areas of Australia where there is limited choice for alternative schools if a student's needs are not being met.

### ***Training***

Feedback from our members working within the education sector indicates that educators and families are familiar that the Disability Standards for Education however, more work needs to be done to ensure the Standards are being used to inform decisions from the moment a student is enrolled. The Standards should be adopted as a tool of empowerment, not just compliance.

While funding for children with disability has increased over time, there are still questions about whether practices have changed. Similarly, is the money being spent in a way that supports what the standards are seeking to uphold? Our members report that while effort has been spent on building the knowledge of educators about the Standards, this does not always translate to effective application of the Standards for students with disabilities.

Therefore, mandatory training should be introduced and viewed with similar importance as student protection training. The training should be completed by educators, principals and their reporting authority/system leaders to ensure consistent understanding and implementation of the Standards across the sector. The training should include an initial induction training with yearly refreshers, ensuring ongoing compliance.

These recommendations are supported by “both the 2015 review of the Standards (Urbis 2015 Recommendation 4) and the Senate Report (Australian Senate, 2016, Recommendation 7) which emphasise the importance of the provision of information about and training in the Standards for education providers and their staff”.<sup>ii</sup>

A Speech Pathology Australia member reported that a learning support officer had informed them that they were required to make observation on the NCCD tool, however the class teacher had not filled out the goal on the form. This implies that the NCCD data was being completed as a measure of compliance within the Standards and raises questions as to the use of data/relevant evidence being collected with the view of compliance in mind rather than using this tool appropriately and the Standards to aid authentic inclusion and participation.

### ***Reasonable Adjustments***

The training and guidance notes should include more information on the process of making reasonable adjustments. A document that includes a decision-making tool is required rather than a generic list. This would assist with the individualisation of the adjustments and ensure they are applicable to the child with a disability. This, together with appropriate training, would support improved implementation of the Standards and outcomes for students with disabilities.

Feedback from our members outlines that some educators don't have the ability to problem solve individual adjustments for every student and this often leaves the burden on families to describe what works for the child. However, this may be a challenge for some parents as they may not be aware of what their child requires within a classroom setting. Indeed, in such instances a family may attend a meeting and the educators may provide a pre-prepared list of adjustments. This further demonstrates the need for more training and support for educators in the area of adjustments and the consultation process.

With a greater understanding of the adjustments, educators would see the benefit, to all students in the classroom, when adjustments are implemented correctly. This would assist in understanding the bigger impact that supporting students with disabilities with the Standards, can have on a classroom, on a teacher's practice and aim to ensure these benefits can be sustained over time.

### ***Consultation***

The Standards state “before the education provider makes an adjustment for the student, the education provider must consult the student, or an associate of the student about whether the adjustment is reasonable”<sup>iii</sup> however, this does not always occur as standard practice. The obligation of ‘consultation’ is

not understood well by educators and/or leadership teams. Following the 2015 review a fact sheet was created about consultation however it does not mention student consultation, only parent consultation. As a result, there is a misalignment between the support materials and the standards which impacts on what people believe their obligations are. Mandatory training if implemented would go some way to address this issue.

The consultation process should confirm parents and students' understanding and endorsement that the adjustments meet the needs of the students, by requiring them to sign-off when adjustments have taken place. This will ensure the voice of people with disabilities and their associates are heard and used to inform adjustments. The NCCD offers an opportunity for this to occur as parents are supposed to be consulted, however this is not mandated in schools at this time. Furthermore, while the requirement for consultation is included in the NCCD it is not listed/presented as an initial priority. Person centred planning, strengths-based approaches need to be implemented consistently to ensure that a person is their own advocate. This needs to be prioritised in the Standards and Guidance notes. Resources to further support teachers' understanding of the process of consultation with students and parents, may alleviate the issues that are often raised by advocates/parents of children with a disability.

### **3. In the 15 years since the Standards were developed, have the Standards contributed towards students with disability being able to access education and training opportunities on the same basis as students without disabilities?**

The Standards have contributed to students with disability having improved access and participation however, there is still further work required to ensure that all students with disabilities have these opportunities on the same basis as students without disabilities.

The following examples highlight the continued inconsistencies and misunderstanding around the use of and implementation of the Standards.

#### ***Speech and Language Disorders***

It is vital that speech, language and communication disabilities – whilst less 'visible' than many physical disabilities, are recognised and adaptations made within an education setting to ensure that the student can 'access and participate' in a way that is congruent with their communication abilities. Communication disability is less understood (broadly) within the education sectors, and there continues to be a lack of understanding of how, and in what ways adjustments are needed and how the Standards should apply for these students. This applies not only to students presenting with complex communication needs and or AAC requirements but for those presenting with other communication disorders such as Developmental Language Disorder and Speech Sound Disorders. In order to build the capacity of teachers to make reasonable adjustments for these students, speech pathologists should be included in the consultation process.

#### ***Behaviour***

There needs to be further clarity regarding the use of behaviour management plans and their implementation in relation to the Standards. Our members often report that behaviour management plans are implemented as a result of inadequate adjustments being made to support access and participation. Previous experience indicates students with speech, language and communication needs are often overrepresented in exclusion data statistics as a result of behaviour issues. In these instances, the behaviour becomes the focus, rather than access to and participation in the curriculum.

Negative and anti-social behaviour at school are often the 'presenting' issues, with the behaviour masking an underlying problem with language and communication. Access to support services such as speech pathology, is therefore essential to assess and understand any underlying causes and/or unmet need. For example, a child with Autism may simply require regular sensory breaks throughout the day as a reasonable adjustment, rather than having a behaviour support plan put in place to limit their overactive behaviour. Currently there is inconsistent access to assessment and support services for children with

communication disability meaning that these children are often left in the classroom without the support they require to fully and effectively participate in the curriculum.

### **Swallowing disability/mealtime support**

Children with swallowing disability are not able to access the same education and training opportunities as their peers, due to lack of training and collaboration with specialist staff. One Speech Pathology Australia member reports:

*"I work with a child who has cerebral palsy - spastic quadriplegia. He eats pureed food and drinks thickened fluid. Until the family got NDIS funding and I started going to school to work with him, his aide or teacher had not had training on how to feed him safely by a speech pathologist. She was so afraid of him choking that she spent the whole 60 minutes of lunch-time feeding him lunch, so he didn't have any play-time with his peers."*

### **Augmentative and Alternative Communication (AAC)**

It is essential for teachers to be responsive to learning strategies and provide education materials to meet the needs of students with communication disabilities. For example, one of our members reported how an early primary school student with a mild intellectual impairment and Autism who was competent in the use of Proloquo2go - a symbol supportive communication app for iPad/tablet that was used because the child was non-verbal - was managing well with assistance, however, their teacher rejected the use of the AAC in the classroom as it was considered too 'disruptive' for other students. No alternative communication method was developed, and the student was essentially 'gagged' for the remainder of the year. In a situation where the student was totally reliant on the AAC device for communication, the actions of the teacher prevented the student accessing and participating in education – not to mention, contravened their universal human right to communicate.

Indeed, these examples are incidences that contravene the Australian Disability Standards for Education 2005, Disability Discrimination Act 1992 and the United Nations Convention on the Rights of Persons with Disabilities among others <sup>iv</sup>.

## Recommendations

In summary, Speech Pathology Australia recommends:

- Mandatory training on the Disability Standards for Education 2005 to ensure accurate understanding and application of the Standards into everyday practice.
- Mandatory training to be completed by: Educators, Principals and Systems Leaders to ensure extensive knowledge and understanding and implementation of the standards across the sector.
- Mandatory training to include initial induction training with yearly refreshers to ensure ongoing compliance, understanding and implementation of the Standards.
- That specific efforts be made to increase awareness of the Standards for parents of students with disabilities.
- Full acknowledgement and understanding of the obligation for consultation within the Standards. Consultations should involve parents or students understanding and endorsing that the adjustments meet the needs of the students by way of signing off when adjustments have taken place.
- The development of resources and education and training to assist educators in the provision of reasonable adjustments and implementation of appropriate curriculum modifications to support students with disability to participate in education on the same basis of other students.
- All early childhood services, primary schools and high schools include speech pathologists as core staff, as part of multidisciplinary education teams. Speech pathologists should be an integrated part of the education team to provide support in applying reasonable adjustments to the curriculum.
- The provision of consistent and adequate access to speech pathology services at all school levels, across all states and education sectors.
- All undergraduate teacher training supports an understanding of the relationship between speech, language and communication and participation: communication is a human right, and essential for development of literacy, mental health and wellbeing.
- Recognition of the importance of communication development for children with complex communication needs and its inclusion as a component in continuing professional development for educators and support staff working with children with disabilities.
- Regular mealtime management training from a speech pathologist for support staff working with all students with swallowing disability, including those with a sensory based swallowing disability such as Autism.
- Regular training from a speech pathologist in using and programming alternative and augmentative communication systems for classroom use, tailored to each individual student.

If Speech Pathology Australia can assist in any other way or provide additional information please contact Ms Jane Delaney, Senior Advisor Early Childhood and Education on 03 9642 4899, or by email [jdelaney@speechpathologyaustralia.org.au](mailto:jdelaney@speechpathologyaustralia.org.au).

## References cited in this submission

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<sup>i</sup> Knox, E., & Conti-Ramsden, G. (2007). Bullying in young people with a history of specific language impairment (SLI). *Educational and Child Psychology*, 24(4), 130. And Hugh-Jones S. and Smith P. (1999). Self-reports of short- and long-term effects of bullying on children who stammer. *British Journal of Educational Psychology*, 69,141–58.

<sup>ii</sup> Dickson, E (2019). Supporting Students with Communication Impairments in Australian Schools: Administering the Obligation to Make Reasonable Adjustment.

<sup>iii</sup> Commonwealth of Australia (2006) Disability Standards for Education 2005. Plus, Guidance Notes

<sup>iv</sup> Poed S, Cologon & Jackson R., (2020) Gatekeeping and restrictive practices by Australian mainstream schools: results of a national survey.