



Australian Council of State School Organisations Limited

SUBMISSION  
TO THE  
REVIEW OF THE IMPACT  
OF  
COVID-19 ON SCHOOL STUDENTS WITH DISABILITY

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*One voice for every child in government education*

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The Australian Council of State School Organisations is a peak community organisation and the  
*One voice for every child in government education.*

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No



## Review of the impact of COVID-19 on school students with disability

### Introduction

The Australian Council of State School Organisations (ACSSO) is the voice for the families and communities of Australia's 2.6 million government school students. We are one of Australia's oldest continuously operating national parent organisations, and possibly the world's oldest. We were established in 1947 to bring together various state and territory parent organisations, as well as other families interested in public education, in order to develop national policies that reflect how families want public education to be provided for all children. Membership varies due to differences in how our members in state and territory peak parent organisations have addressed national issues over time; however, our commitment to promoting equality and access for all young people attending government schools in Australia remains consistent.

We believe that the primary responsibility of governments, federal, state and territory is to establish and maintain government education systems that:

- Positively engage with family and community at all levels of education;
- are of the highest calibre and open to all, regardless of race, gender, religion, social/economic status, geographic location, or ability; and
- can respond to changing educational landscapes by developing flexible and diverse programmes to meet all student needs.

The COVID-19 pandemic exposed the flaws, vulnerabilities, risks, and inequalities in the education of students with disabilities.

The pandemic disrupted education worldwide, posing extraordinary new challenges for students, families, and educators. ACSSO believes that it has had far-reaching effects on students' learning and well-being that are not fully understood.

However, we are aware that preliminary evidence suggests that students with disabilities are disproportionately affected. Prolonged school closures, for example, had kept many students with disabilities from receiving the hands-on instructional supports and physical or cognitive therapies outlined in their Individualised Learning Plans (ILPs).

Adapting online learning platforms to ensure accessibility by students with a variety of disabilities proved difficult for many educators, schools, and caregivers, particularly in the early months of the pandemic. While nearly all students struggled to keep up in 2020 and 2021, those who rely on specialised supports during normal times were disadvantaged twice over.

ACSSO is aware that:

- Due to the challenges of remote instruction, many students with disabilities did not receive the same quantity or quality of specialised therapies as they did prior to the pandemic.
- When compared to their typical peers, students with disabilities had higher rates of absenteeism, incomplete assignments, and course failures.



- Schools struggled most when it came to meeting the needs of students who needed more assistance, such as those with complex communication and learning disabilities.
- The negative consequences may be particularly severe for the youngest and oldest students—pre-schoolers aged three and up in the early grades, and young adults approaching the age of twenty-one when they transition out of special education and require new, community-based support.


### Lower Attendance and Engagement

Attendance is regarded as an important indicator of student engagement. COVID-induced school closures and remote learning may have an impact on school attendance when students return to classroom-based learning. The significance of school attendance is acknowledged in Australian policy literature, which emphasises that "every day counts." Our national surveys give evidence of this.

In the presence or absence of the pandemic, children with disabilities are among the most vulnerable, stigmatised, and marginalised groups of people. The pandemic has had a significant impact on students with special needs. Children with disabilities, such as visual, hearing, or cognitive functioning, were unable to access information. The closure of schools and the implementation of social distancing protocols significantly disrupted the daily routines of children with disabilities. Furthermore, the suspension of in-person learning denied children with special need access to essential learning tools and resources; modifications and adaptive equipment and services installed in the school to enable children with special needs to learn were not available at home. To ensure the success of home-based distance learning, learners must have access to necessary technological resources such as the internet and assistive devices. Unfortunately, the lack of these resources hampered home-based continuous learning.

### Inconsistent Special Education and Related Services Delivery

School instruction and service delivery were drastically altered as a result of the COVID-19 pandemic.



*When we did zoom calls, my teacher wanted to do schoolwork, but I just wanted to talk to my friends, it would make her mad – I missed my friends.*

Year 3 student, autism, high functioning,  
mainstream class

ACSSO is aware that students who require special education services were particularly vulnerable to the consequences of reduced or eliminated school services as part of their individualised learning plans. Caregivers reported service cuts or eliminations, inconsistencies in service delivery, difficulties with distance learning, increased stress and advocacy efforts, and varying perceptions of student engagement and teacher efforts.

Aside from providing learning, schools have long played an important role in promoting the social inclusion of people with disabilities, a role that has been severely weakened since the pandemic. Peer interaction, social perception, and social competence are all important aspects of the educational experience for children with disabilities.

Because schools provide spaces for social interaction and frequently provide services such as counselling or speech and language therapy, lockdowns and social distancing meant that many children with disabilities, as well as other vulnerable groups, experienced social limitations. School closures also resulted in the loss of essential services (such as health monitoring) and social protection mechanisms, which are frequently provided in school settings.



During the Covid19 pandemic, special needs children experienced increased helplessness and frustration due to a lack of physical infrastructure, assistive technology, inclusive education, and confinement at home.

Children with developmental and intellectual delays struggled to understand social distancing and its impact during the pandemic. ACSSO believes that a large number of special needs children did not understand what Covid-19 was and the precautions that needed to be taken to avoid it, including the pandemic's hygiene regulations. Ineffective instruction methods, a lack of progress, learning, therapy, and students' inability to participate all become difficulties for students with special needs.

For students with disabilities, it has been difficult to reimagine home as a school because these students understand that a home is for relaxation, socialisation, and family time.

### Learning Losses and Regression

It may be premature to attempt to quantify the degree of learning loss experienced by students with disabilities as a result of missed instruction and associated support.

ACSSO understands that emerging evidence indicates significant differences in learning losses among students with disabilities. Students who require more significant accommodations, modifications, and specialised therapies due to the complexity of their disability are more likely to be affected by instructional disruptions. Furthermore, students in the early grades, particularly preschool, as well as those nearing the end of their education and in need of transition support, appear to have suffered the most negative consequences.



*The work wasn't explained well – and the teacher just photocopied the sheets (in very small print to save on paper) – I didn't understand the YouTube explaining it – the presenter's accent was hard to understand and used words I hadn't heard. I went back to school on the day of the test – didn't do any good*

*Year 8 mainstream male student, extended isolation due to respiratory disease, ADHD, processing delays, above average IQ (Resulted in low self-esteem and confidence)*

Students' disengagement with learning has caused them to lose interest and focus, which may pose a challenge to school resumption following the pandemic. The lack of requirements for effective remote learning hampered the teaching of children with special needs.

### Impacts on Mental Health

Changes brought on by the COVID-19 pandemic have taken their toll on special needs children and caregivers. Negative emotions, changes in eating and sleeping patterns, and mood changes have increased children's chances of developing an accelerated mental illness and exacerbating existing mental health issues.

Access to health and wellness services is difficult, and the consequences are quickly felt in the classroom. Students require prompt evaluation, diagnosis, and treatment for a variety of health issues. When this does not happen, it directly affects a student's classroom experience and ability to participate in learning.

Many children and adolescents have mental health issues that limit their access to and participation in learning, and these issues are frequently misinterpreted, resulting in actions that are inconsistent with school expectations. The global COVID-19 epidemic exacerbated these challenges, increasing the need for school-based mental health care and leveraging our acquired expertise in how to provide loving educational settings to meet the needs of our nation's children.



According to our information, one in every seven Australian young people suffers from a mental condition, and recent studies show that when experiencing psychological discomfort, Australian adolescents are five times less likely to seek treatment.

Positive mental health, like physical health, improves one's chances of success in life. It influences how we think, feel, and act. It also has an impact on how we deal with stress, interact with others, and make good decisions. Mental health is critical throughout life, from childhood and adolescence to adulthood. Schools must prioritise three critical and interconnected components of mental health to promote overall well-being: social (how we interact with others), emotional (how we feel), and behavioural (how we behave) supports.

ACSSO believes that prior to the pandemic, Australia was already in a mental health crisis, with rising mental health needs of children and adolescents largely unmet due to political inaction, low capacity, various barriers to care, and inequities across communities. The COVID-19 outbreak aggravated the situation. However, we believe that the crisis has disproportionately impacted disadvantaged people and that COVID-19 has exacerbated existing inequalities and deficiencies in our educational system.

In February 2022, our National Survey found that more than 80% of parents were concerned about their child's mental health and well-being. During the pandemic, many young people dropped out of school, and many have been traumatised by the events of the epidemic, bushfires, and floods. The need is great, but getting the right help is critical - training in trauma response and dealing with stressed-out families is essential. It has taken more time to "catch up" than to re-engage.

The general public has limited access to allied health practitioners. psychologists, speech pathologists, and occupational therapists may have waiting lists of six, twelve, or even twenty-four months. The cost may be exorbitant if a young person does not yet have an official diagnosis that is financially covered by the National Disability Insurance Scheme (NDIS). Wait times may be increased if a speciality practitioner is required (for example, an Occupational Therapist [OT] with particular expertise with autism).

### Home Support

Most of the technologies and devices used to implement home-based distance learning were unfamiliar to some parents. Furthermore, the difficult economic conditions caused by the COVID-19 pandemic made it difficult for most families to access the devices and internet needed to facilitate online learning.

Teachers failed to recognise that the abrupt transition to home-based learning was a challenge for many caregivers who were already stressed. Therefore, as teachers endeavoured to reach out to students with special needs, they also needed to help parents learn how to use the technologies required to facilitate online learning.

Only if parents are familiar with the entire infrastructure can they provide the necessary assistance. As a result, online learning programmes should have been developed in collaboration with caregivers in order to provide a meaningful learning experience. Maintaining and stimulating school-home partnerships was critical for children's achievement during the Covid-19 pandemic. Parents' engagement in their children's education is influenced by teachers'/school attitudes; thus, school leaders, teachers, and psychologists should have taken a family-focused approach to improve smooth remote learning at home. The primary focus of the school should have been to meet with parents and guide them in supporting their children's online education.



Due to school closures caused by the COVID-19 pandemic, special needs children were deprived of basic necessities provided by schools. Schools are able to provide a comprehensive support system for students with special needs, allowing them to develop holistically. Children with autism can develop a healthy eating pattern while in school, a routine that is greatly disrupted by school closures. In our surveys, many parents reported that their children's anxiety and stress as a result of the disruption resulted in refusal, food selectivity, and, in some cases, binge eating.

With home support, it is also necessary to carefully consider issues such as:

- Culturally and Linguistically Diverse (CALD) families may have struggled to instruct their disabled children on how to complete schoolwork if English is a challenge.
- Routines - we should not underestimate the impact a change in routine can have on a person with a disability, particularly those with severe autism. Very unsettling.
- Other children - the stress of trying to help a disabled child, as well as other children, with their learning. In addition, there may have been a need to be working from home at the same time.
- Physical therapy - The absence of regular, professional physical therapy for children with physical disabilities would have had a significant impact on the child's ability to engage in learning, as well as the family as a whole.
- Students with processing skills are unable to unpack written forms.
- Students had no contact with support staff, and families who were supporting students who would normally receive assistance in the classroom were left without it.
- Anecdotal evidence suggests that the gap in academic achievement is widening, particularly among those who do not have funding and must share additional resources.
- Young people with disabilities in mainstream schools who were at risk of COVID (due to respiratory illness) were absent for long periods of time and were not catered for in return (assumptions regarding work covered)

## Conclusion

The COVID-19 pandemic has had far-reaching effects on students' learning and well-being, with preliminary evidence suggesting that students with disabilities are disproportionately affected. Prolonged school closures and remote learning have kept many students with disabilities from receiving the hands-on instructional supports and physical or cognitive therapies outlined in their Individualised Learning Plans (ILPs). Additionally, students with disabilities have higher rates of absenteeism, incomplete assignments, and course failures. Lower attendance and engagement may have an impact on school attendance when students return to classroom-based learning. Children with disabilities are among the most vulnerable, stigmatised, and marginalised groups of people.

The COVID-19 pandemic had a significant impact on the educational experience of children with disabilities, particularly those receiving special education services. This included the suspension of in-person learning, the lack of technological resources such as the internet and assistive devices, inconsistent special education and related services delivery, difficulties with distance learning, increased stress and advocacy efforts, and varying perceptions of student engagement and teacher efforts. Additionally, school closures resulted in the loss of essential services such as health monitoring and social protection mechanisms, leading to increased helplessness and frustration due to a lack of physical infrastructure, assistive technology, inclusive education, and confinement at home. Additionally, children with developmental and intellectual delays struggled to understand social distancing and its impact during the pandemic. The COVID-19 pandemic has had a significant



impact on learning losses among students with disabilities, particularly those in the early grades and those nearing the end of their education.

This has caused them to lose interest and focus, and the lack of requirements for effective remote learning has hampered the teaching of children with special needs. Additionally, changes brought on by the pandemic have increased children's chances of developing an accelerated mental illness and exacerbating existing mental health issues. Positive mental health is critical for success in life, as it influences how we think, feel, and act. ACSSO believes that prior to the pandemic, Australia was already in a mental health crisis, with rising mental health needs of children and adolescents largely unmet due to political inaction, low capacity, various barriers to care, and inequities across communities. The COVID-19 outbreak has exacerbated existing inequalities and deficiencies in our educational system, with more than 80% of parents concerned about their child's mental health and well-being.

Access to allied health practitioners is limited and wait times may be increased if a speciality practitioner is required. School leaders, teachers, and psychologists should have taken a family-focused approach to improve smooth remote learning at home during the Covid-19 pandemic, as teachers failed to recognise that the abrupt transition to home-based learning was a challenge for caregivers. Online learning programmes should be developed in collaboration with caregivers in order to provide a meaningful learning experience. Schools should also provide a comprehensive support system for students with special needs, allowing them to develop holistically.

In the COVID-19 pandemic, people with disabilities were an 'at-risk' population. This we believe is due to the discrimination that people with disabilities face in our society, not to their impairment. To address the numerous inequities that people with disabilities, their families, and caregivers face on a daily basis, ACSSO believes that immediate action is required. Without action on these issues, any future emergencies/pandemics are likely to destabilise these households, with serious consequences.