

**Submission
No 68**

**INQUIRY INTO CHILDREN AND YOUNG PEOPLE WITH
DISABILITY IN NEW SOUTH WALES EDUCATIONAL
SETTINGS**

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Part 1: Public submission

My name is Karleen Gribble. I am an Adjunct Associate Professor in the School of Nursing and Midwifery at Western Sydney University. My research interests include permanency frameworks for children in out-of-home care (OOHC), parenting support for children with a history of trauma, and home education and trauma. I have published research on these subjects in peer-reviewed professional psychological and social work journals. I have also engaged in the training of health professionals and social workers on these subjects. I provided support to foster and kinship carers on home education during the COVID-19 pandemic via the NSW foster carer support agency My Forever Family. I have provided individual support to foster and kinship carers and case workers who have sought permission for children in OOHC to be home educated. I was also a NSW authorised carer who was given permission to home educate a child in OOHC.

I would like to comment on the situation of NSW children who reside in OOHC and who experience disability in relation to their severely restricted access to home education as schooling option. This submission is informed by my knowledge of the literature on trauma, disability and home education and draws heavily on a paper I wrote with Dr Rebecca English from the School of Teacher Education and Leadership at the Queensland University of Technology ¹. It is also informed by my experience supporting foster and kinship carers and case workers in relation to home education ¹.

I have divided my submission into two parts. I would request that the second part be kept confidential.

A significant proportion of children in OOHC experience disability. In 2022 17.4% of children in OOHC were identified as having a disability². It is well evidenced that children in OOHC face significant educational disadvantage and that this is a long-standing problem. The Department of Communities and Justice's (DCJ) own research ³, identified significantly poorer outcomes for children in OOHC stating, '*Many children in care are not faring well educationally.*' Low school engagement was noted as well as problematic peer and academic issues in school for children in OOHC in NSW.

Before I comment on the specific issues of children who experience disability in OOHC

I would like to address impact of trauma on children's school engagement and social and emotional learning.

Trauma and children's school experiences

Children who are in OOHC have virtually universally experienced significant maltreatment resulting in trauma. As detailed below, this means that they often have atypical development and difficulty with stress management and find the school environment very challenging. They often behave in ways that make things difficult for their teachers and their fellow students.

Detailed in my own research is the asynchronous development displayed by children who have been abused and neglected⁴. There can be a wide variation between the chronological, social, emotional and intellectual development of children with a history of trauma. Thus, even where children are able to manage the academic work of school, delays in their emotional and social development mean that bullying and ostracisation are a real problem. Children with a history of abuse and neglect often need a lot of assistance with developing and maintaining relationships with peers. Such support is difficult to provide in a school environment where there may be one teacher supervising 50 or 100 students in the playground. In reality, children with a history of abuse, neglect and trauma often lag behind in all areas of their development.

Children who have been traumatised often exhibit disruptive behaviours because they find the school environment to be overstimulating and stressful and because trauma has left them with a diminished ability to manage stress and regulate their emotions. As stated in the earlier DCJ research I referenced, *'Schools were unable to respond appropriately to the emotional needs of children in care...they do not always understand attachment, trauma and anxiety issues and...this could result in inappropriate responses to children's behaviour'* and *'Many schools do not understand the needs of abused, neglected and traumatised children and as a result, the responses to children could be punitive or harsh.'* However, we should not be overly critical of school staff in relation to this issue as they have many children whose safety and learning they must promote and the behaviour of traumatised children can be extremely challenging, being not only disruptive but often posing a danger to themselves and others.

A further factor to consider in the education of children in OOHC is the importance of attachment. As detailed in a review undertaken by the then NSW Department of Community Services⁵, the relationship that a child has with their primary caregiver/s is central to the development in all areas of their lives. Children cannot feel secure without an attachment to a caregiver whom they feel that they can trust to protect them and keep

them safe. When a child feels secure, they are able to expend their energy on learning rather than just concentrating on survival. As described in the Department of Community Services review, *'The more secure a child feels the more energy and enthusiasm they have to be curious, to learn, to seek understanding, and to try to make sense of the world'*⁵.

Children who have experienced abuse and neglect at the hands of caregivers and/or have experienced multiple placements in different families (as is the case for many children in OOHC) are often extremely resistant to developing a relationship with their foster parent/s⁶. These children have found adults to be untrustworthy and in order to prevent themselves from being further hurt, will attempt to keep any adult at a distance and seek to sabotage the development of positive relationships.

The need for children in OOHC to be supported to heal from trauma

The impact of a lack of attachment, or a disorganised attachment, on the development of children can be catastrophic. The burden to society of individuals whose trauma has not been adequately dealt with so as to enable them to form healthy attachments to others and function in society is massive. This is played out in high rates of serious mental illness, violence, crime, drug abuse, incarceration, homelessness and poor parenting capacity amongst those who have experienced significant trauma from which they have not been able to sufficiently heal. For example, research considering the life path all Queensland children born in 1983 for whom substantiated maltreatment was recorded, found that 17% were convicted of an offence as a juvenile⁷. In a study of the experiences of young people in juvenile detention in Australia, three quarters had a history of childhood maltreatment⁸.

Monetary and non-monetary costs to society of children not being well cared for are significant. McCarthy et al.⁹ calculated the monetary costs of child maltreatment in Australia including that related to: short-term health care utilisation (e.g. hospital treatment for self-injury), long-term health care utilisation (e.g. related to treatment for anxiety and depression, and substance use), special education costs (due to poor child development), criminal justice costs, the costs of the child protection system, productivity costs, and the costs to the economy of taxation for funding these⁹. It was estimated that the immediate and lifetime costs associated with childhood maltreatment in 2012-13 was AUD \$9 billion. The non-monetary costs to society of child maltreatment include those associated with individuals not able to reach their potential; the distress of family members and friends when individuals are mentally ill, use substances, or engage in crime; and the impact of crime on victims. Most seriously, the intergenerational caregiving incapacity associated with children not receiving good-

enough care ensures the perpetuation of childhood trauma and associated sequelae. In this respect the statistics can be stark, research from the United Kingdom found that half of women who had multiple children removed from them sequentially had spent time in OOHC during childhood themselves ¹⁰.

To be perfectly frank, assisting a child in OOHC to heal from past trauma should be the first priority in promoting their wellbeing. Without such healing academic learning is greatly hampered and any learning that does occur is of limited usefulness. However, child protection systems may prioritise instrumental care of children in OOHC and ensuring boxes are ticked over emotional needs. This proposition is supported by research I conducted with a colleague on NSW foster care agency foster care recruitment materials in which the need of children to receive love and feel as if they belonged was barely considered ¹¹.

Building a relationship of trust and a secure attachment is a process that can be extremely time consuming. The time that children spend in school, and therefore away from their caregiver/s, is significant. Where children are experiencing bullying or other negative experiences in school, the inability of their caregiver/s to protect them from this can facilitate the continuation of deeply held beliefs that adults cannot be trusted and safety is unobtainable. For some children, these factors can seriously detract from the development of the attachment relationship and therefore from development in other areas, including educationally.

As Morgan et al. ¹² described, interventions that successfully support children with a trauma history in learning are *'attachment-based, and utilise relational pedagogy by placing the human relationship (such as the mentor/mentee, teacher/student, or foster carer/foster child relationship) at the centre of the educational exchange... with flexible learning contexts in order to support the creation of lifelong learners, not merely school completers.'*

In summary, the existing research indicates that children who have been abused and neglected are best supported by an educational environment that is matched to their emotional development, avoids stress, has a high relation content involving repeated positive interpersonal activities and provides pleasure. Such an environment is very difficult to create in schools but can be done via home education. Home education is able to provide an individualised educational environment that can meet the needs of children with a history of trauma including those who experience disability

Home education of children who experience disability

A diversity of educational philosophies, pedagogies, and practices underpin home education ¹³ however, what home education approaches hold in common, is the ability to tailor learning to meet the needs of individual children. Tailoring of learning in home education may occur in regards to content, timing of learning, the educational environment, and the method of delivery of educational programs. Individual tailoring means that deficiencies in one area of learning need not impact on learning in other areas as learning opportunities can be provided in ways that mitigate disadvantage (for example, if a child is a poor reader, the one-on-one nature of the home education means that the information can be read to the child). It also means that children's individual learning needs can be identified and education provided based on student capacity and stage of learning, across and within subject areas. Progressive modification of learning can occur, and educational opportunities taken advantage of at short notice or temporarily or permanently abandoned based upon the child's needs. Children's interests can be used to facilitate learning. Socialisation occurs intentionally, and friendships can be fostered based on similar interests across ages.

Home education has also been found to be effective for children who have a variety of special needs and it appears that a significant proportion of home educated children in Australia have a disability or special need of some kind ¹⁴. Unfortunately, it is not possible to provide definitive information on rates of disability amongst home educated children because they are not included in the Nationally Consistent Collection of Data on Students with Disability.

Home education of children with ADHD ¹⁵, giftedness ¹⁶, autism spectrum disorder ¹⁷, school refusal ¹⁸, deafness ¹⁹, multiple severe health problems ²⁰ and intellectual disabilities ²¹ amongst other special needs have been the subject of research. It has been found that the individualised nature of home education and the absence of problems like bullying, means that home education is able to meet the needs of children with atypical skills, knowledge and needs. The result is improvement in the learning and physical and mental health of children ^{14, 17, 22, 23}.

Information regarding the value of home education as an option for students who experience disability, including those in OOHC has previously been presented to NSW Parliamentary Inquiries, including the 2014 Legislative Council Inquiry into Home Schooling and the 2016 NSW Legislative Council Inquiry into Students with a Disability or Special Need in NSW Schools. In the case of the latter Inquiry, approximately 20% of public submissions by parents were from those who were home educating because schools had been unable to meet the needs of their children.

Federal inquiries have also identified the same. The Commonwealth Royal Commission

into Violence, Abuse, Neglect and Exploitation of People with Disability heard about home education as a last resort after advocacy with schools had failed. For example, a representative of Yellow Ladybirds, an organisation for girls with autism, gave evidence saying, *'Home school is one of the options we see our community access, and whilst many parents choose this because it's right for them for a variety of reasons, we know that some of our families are forced into this option as a last resort to protect the interests of their child.'* (<https://disability.royalcommission.gov.au/public-hearings/public-hearing-24-experience-children-and-young-people-disability-different-education-settings-canberra-day-5>)

A mother of a son with autism who experienced significant difficulties at school and who acted out in unacceptable ways (including significant violence and absconding) described how her son was traumatised by school but had been able to recover through home education, *'He is traumatised by [school], quite significantly....parents feel they have no option to stay engaged within the school that their child is in and they have to pull them out to home school them. For Sam, it has been amazing. He's needed time to heal. He has had significant PTSD, and even yesterday was asking about school uniforms and if they were his old school and getting quite anxious about the kids there. He's triggered by uniforms, schools. We only just now being able to do some visits to a school without him feeling nauseous, sick, getting worried about the kids.'* (<https://disability.royalcommission.gov.au/system/files/2021-10/Transcript%20Day%202%20-%20Public%20hearing%207%2C%20Brisbane.pdf>)

The 2023 Australian Senate Inquiry into school refusal found that home education was often a good solution for kids refusing to attend school ²⁴. This inquiry recommended that processes for accessing home education be made easier ²⁴.

Children with a disability in OOHC are rarely able to access home education

Despite recognition that children in OOHC are often not doing well in school, home education is rarely an option for children in OOHC. However, there is no legal impediment to children in OOHC being home educated. In fact, the (recently superseded) DCJ guide for Caring for Kids: A Guide for Foster, Relative and Kinship Carers made it clear that home education was possible for children in OOHC, *'If you feel your child or young person's educational needs can't be met by the public education system in your area, discuss this with your caseworker. Your agency may consider other options, such as private school, boarding school or home schooling.'*²⁵

It is my opinion that those who hold parental responsibility for children in OOHC rarely provide consent for them to be home educated due to: a poor understanding of home

education, a lack of support for case workers and managers on home education and a focus on risk and reluctance to try the unusual or to trust foster and kinship carers.

Whatever the reason, the result is that children with a disability in OOHC are routinely being disadvantaged because they cannot access home education even when school is demonstrably disastrous for them.

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