



EDUCATION AND LEARNING ISSUES PAPER RESPONSE

A SUBMISSION TO THE ROYAL COMMISSION INTO VIOLENCE, ABUSE, NEGLECT AND EXPLOITATION OF PEOPLE WITH DISABILITY

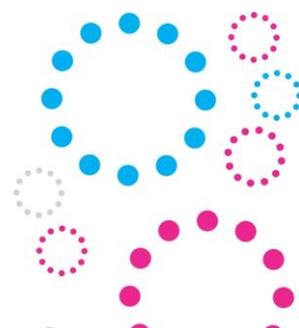
NOFASD Australia

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Education and Learning Issues Paper Response

A Submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability

Introduction

On 30 October 2019, the Royal Commission into Violence, Abuse, Neglect and Exploitation (The Royal Commission) released their Education and Learning Issues Paper¹.

The report highlights key issues to be investigated by The Royal Commission, based on preliminary research and a review of past reports and enquiries. Key areas and questions were developed to guide individuals and organisations to develop their submissions. This report provides a response to the Education and Learning Issues Paper from NOFASD Australia.

NOFASD Australia is the national peak body for parents, carers and individuals impacted by Fetal Alcohol Spectrum Disorder (FASD). Founded by volunteers in 1999 and now funded by the Commonwealth Department of Health, NOFASD provides the essential bridge linking those with lived experience with researchers and clinicians. Our mission is to be a strong and effective voice for individuals and families living with FASD, while supporting initiatives across Australia to promote prevention, diagnosis, intervention and management.

NOFASD Australia operates a helpline for people impacted by FASD. Helpline staff provide information, advice, referrals and support to individuals with FASD and their families. NOFASD maintains an up-to-date comprehensive website with curated resources and shares valuable information to almost 6,000 followers on NOFASD's social media platforms (Facebook, Instagram, Twitter and LinkedIn).

Fetal Alcohol Spectrum Disorder (FASD)

Fetal Alcohol Spectrum Disorder (FASD) is a diagnostic term used to describe impacts on the brain and body of individuals prenatally exposed to alcohol. FASD is a lifelong disability. Individuals with FASD will experience some degree of challenges in their daily living and may need support with motor skills, physical health, learning, memory, attention, communication, emotional regulation, and social skills to reach their full potential. Each individual with FASD is unique and has areas of both strengths and challenges.

FASD is a condition that is an outcome of parents either not being aware of the dangers of alcohol use when pregnant or planning a pregnancy, or not being supported to stay healthy and strong during pregnancy. Alcohol can cause damage to

¹ The Royal Commission into Violence, Abuse, Neglect and Exploitation (The Royal Commission) (2019). *Education and Learning Issues Paper*. <https://disability.royalcommission.gov.au/publications/education>

the unborn child at any time during pregnancy, even before a pregnancy has been confirmed. The level of harm is dependent on a wide range of factors, making it impossible to predict the outcome of alcohol exposure to any individual pregnancy. Factors include the amount and frequency of alcohol use, parent age, health of the mother (including nutrition, tobacco and other drugs and mental health) and environmental factors such as stress.

The Impact of FASD

If a baby is exposed to alcohol in utero, they may or may not be born with FASD. Based on current data, estimates indicate that one in every 13 women who consume alcohol during pregnancy will have a child with FASD². If a baby is born with FASD, they will experience variations in the severity of disability. For these reasons, it is difficult to predict exactly how an individual is impacted by FASD.

Each person will experience FASD differently. In FASD, 10 domains of neurodevelopment have been identified that reflect areas of brain function known to be affected by prenatal alcohol exposure³.

- **Brain structure/neurology:** Includes abnormal head circumference, structural brain abnormalities, seizure disorder not due to known postnatal causes and/or significant neurological diagnoses otherwise unexplained. A baby with FASD may be born with a head that is significantly smaller than a normal sized baby of the same gender and age, children may have brains that have not developed properly, and/or may have seizures, vision or hearing problems or cerebral palsy.
- **Motor skills:** Gross and fine motor skills can be impacted, including walking, running, riding a bike, static or moving balance, writing/pencil holding, tying shoes, using scissors and opening packages. Children may have poor coordination (hand/eye and total body) and sensory input (regarding needed force/pressure) and abnormal muscle tone that affects balance. They may also have an immature grasp when using pencils and scissors.
- **Cognition:** Cognition is defined by the process of knowing, perception, awareness and judgement. Issues may include learning difficulties, deficits in school performance, poor impulse control, problems in social perception, deficits in higher level receptive and expressive language, poor capacity for abstract thinking, deficits in mathematical skills and problems with memory, attention, judgment or organisation. (Children may seem above average in one area and well below average in another.)

² Lange, S., Probst, C., Gmel, G., Rehm, J., Burd, L., & Popova, S. (2017). Global prevalence of fetal alcohol spectrum disorder among children and youth. *JAMA Pediatrics*, 171(10), 948–956.
<https://doi.org/10.1001/jamapediatrics.2017.1919>

³ Bower, C. & Elliott, E.J. (2016). *Report to the Australian Government Department of Health: Australian Guide to the diagnosis of Fetal Alcohol Spectrum Disorder (FASD)*.
https://www.fasdhub.org.au/contentassets/32961d4a5cf94de48ebcf985c34d5456/australian-guide-to-the-diagnosis-of-fasd_all-appendices_feb2020.docx.pdf

- **Language:** Language can be impacted by both expressive and receptive communication skills. Expressive language skills may develop at a slower rate than normal. The child may have problems using complex language and problems retrieving words from memory. Receptive communication deficits may include problems with following instructions, comprehension, discrimination, generalisation, abstraction and sequencing.
- **Academic achievement:** Deficits in comprehension, abstract thinking, comprehension, and communication affect the ability to adapt as children progress through school and can impact academic achievement in multiple areas (e.g. maths, science, vocabulary, direction/temporal concepts and arts).
- **Memory:** Includes encoding, storage and retrieval processes. Children may have problems with each of these processes. They may have remembered or done something many times before and be unable to or remember to do it on a given day.
- **Attention:** Includes difficulty maintaining focus of attention. Children may be easily distracted by visual and auditory stimulation that may not even be noticed by the other students. They may have problems self-regulating when they are overstimulated or tired.
- **Executive function, including impulse control and hyperactivity:** Describes a group of higher order cognitive processes. These may include inhibition, thinking flexibility, planning, cause and effect, judgement, and organisation. Children may experience decreased capacity in these processes (e.g. decreased common sense) and repeat the same mistakes. They often do not recognise consequences, learn from past experiences or generalise possible outcomes from one behaviour to another. Individuals with FASD are likely to have impairments in executive function.
- **Affect regulation:** People with FASD may express emotion more readily, swing from being sad to happy quickly and may be unsure as to why they feel a particular way. Affect regulation issues may also involve an increased chance of experiencing anxiety or depression, panic attacks, separation anxiety or disorders of attachment.
- **Adaptive behaviour, social skills and social communication:** Includes functioning independently and acquiring new daily living skills. Children with FASD have decreased capacity to develop/acquire new social, practical and conceptual skills to help them better respond to daily demands.

Supporting People with FASD

Since its inception, NOFASD Australia has built strong connections with parents and carers who have children with FASD, adults living with FASD, the wider FASD community and leading specialist organisations and allied health practitioners. Through our helpline and online support channels, NOFASD staff hear stories from individuals and families as they cope with the realities of living with FASD.

NOFASD Australia is the national voice for people with FASD. It is important for people with FASD and their families to have their experiences shared and their stories told. Yet, it can be difficult for parents and carers with FASD to have the time or emotional space to share their voice, which may include writing a submission to The Royal Commission. To make it easier for parents and carers to share their child's experiences, a survey was developed, and data gathered. Using a survey design provided an opportunity to reach many people while still providing an opportunity for individuals to share their stories and experiences in a timely manner. This report outlines data from this survey.

Survey Design

A combined quantitative and qualitative survey was designed to capture the education experiences of children with FASD. The survey was developed by a NOFASD staff member with knowledge and understanding of FASD. The draft survey was disseminated to another NOFASD staff member and a volunteer who is a parent of an individual with FASD for review.

The survey consisted of seven quantitative demographic questions and 31 combined quantitative and qualitative questions on topics identified in the Issues Paper. All responses were confidential and no identifying information was gathered. Participants were required to respond to all demographic questions but were not required to answer the remaining questions. This way participants could choose which questions they felt comfortable answering. At the end of the survey, participants were provided with the contact details of The Royal Commission counselling service and the NOFASD helpline number in the event that support was needed. Participants were reminded throughout the survey that they could provide a submission of their own to The Royal Commission should they wish to do so.

Data Collection

Once the survey questions were developed, they were imported into the online survey platform Survey Monkey. The survey was disseminated via the NOFASD social media platforms (Facebook, Twitter, Instagram and LinkedIn) and a NOFASD special interest email newsletter.

The survey was advertised from Tuesday 18 August to Sunday 30 September 2020. This time period was chosen as it encompassed all weekdays and two weekends, providing participants with enough time to respond and complete the survey. Regular reminders were posted to increase the number of survey responses received.

Expected Participant Sample

The survey aimed to target parents and carers of children with FASD, as this cohort is able to report on the experiences of their children in education settings. Participants were required to be living in Australia. Adults with FASD were not targeted for this

survey as it was not designed for meet the needs of this population. To acknowledge the diverse and individual needs of adults with FASD, NOFASD staff encouraged adults with FASD to provide a submission by contacting NOFASD. At the time of this report, no submissions had been made by adults with FASD, however, some survey participants reported having adult children. As a result, adults with FASD were represented in the sample.

Participants

A total of 88 participants participated in the survey. Participants were recruited through NOFASD's social media channels and email newsletter and the NOFASD Australia website. Word-of-mouth advertising (in-person and online) and contacts from organisations were additional recruitment sources.

How did you find out about this survey?	n
NOFASD's social media	56
NOFASD website	12
A friend or family member	7
An organisation/service provider	7
Other (online support group)	6
	88

Table 1: Recruitment method

Parents and Carers

Survey participants were parents and carers of children with FASD. Participants were required to have internet access and a suitable literacy level to comprehend and respond to the survey questions. Participants were overwhelmingly female parents (biological or foster) (95%) with only five per cent of participants indicating they were fathers. A reason for this difference is that the majority of NOFASD social media followers are female.

Participants were from a broad range of age groups. All age groups were represented except for very young mothers (under 18 years of age and between 18 and 24 years of age). The age group with the most participants was between 45-54 years old (43.2%), indicating older parents who had had children later or whose children are older. All Australian states and territories were represented in the survey data, with Queensland being the most represented state (44.3%). Participants were from a combination of metropolitan, regional/rural and remote areas.

	n	%
Sex		
Male	5	5.7%
Female	83	94.3%

Other	0	0%
Prefer not to answer	0	0%
	88	100%
Age		
Under 18	0	0%
18-24 years old	0	0%
25-34 years old	5	5.7%
35-44 years old	14	15.9%
45-54 years old	38	43.2%
55-64 years old	17	19.3%
65-74 years old	13	14.8%
74+ years old	1	1.1%
Prefer not to answer	0	0%
	88	100%
Location		
Victoria	11	12.5%
New South Wales	9	10.2%
Tasmania	3	3.4%
South Australia	6	6.8%
Queensland	39	44.3%
Australian Capital Territory	1	1.2%
Western Australia	13	14.8%
Northern Territory	6	6.8%
	88	100%
Metropolitan (city)	41	46.6%
Regional/Rural	44	50%
Remote Community	3	3.4%
	88	100%

Table 2: Participant Demographic Data

Children with FASD

Survey participants were required to be parents and/or carers of children with diagnosed FASD or who were likely to have FASD. Limiting the survey sample to parents and carers of children with diagnosed FASD would have restricted the number of participants due to the considerable barriers and lengthy waitlists to access FASD diagnosis screening. Survey participants could be biological parents (“birth” parents) or foster parents. Expanding the survey to foster parents enabled a diverse range of experiences to be captured and increased the potential participant pool.

The majority of survey participants (54.6%) had one child with diagnosed or suspected FASD, although there was a higher than expected number of participants who reported having five or more children with FASD. A reason for having a larger number of children with FASD is that foster parents may foster multiple children at once.

Alternatively, research indicates that if one child is exposed to prenatal alcohol exposure prenatally then the risk of siblings also being exposed to alcohol increases⁴.

Parents and carer participants represented at least 161 children with FASD (the actual number of children represented may be higher, as four parents indicated they had five or more children with FASD). Ages of the children represented ranged from four months old to 45 years old, indicating that current and former student experiences are represented. This means that a diverse range of experiences have been captured, assisting to provide a holistic picture of the issues experienced.

The average age of children represented in the sample was 10.25 years indicating that most children represented were of current school age.

	n	%
Number of Children with FASD		
1	48	54.6%
2	20	22.7%
3	11	12.5%
4	5	5.7%
5 or more	4	4.5%
	88	100%

Table 3: Children with FASD represented in survey data

Results

Access to education and learning

Discrimination, prejudice and exclusion. The majority of participants (71.4%) reported that their children with FASD experienced discrimination, prejudice or exclusion by teachers and/or management staff in an education setting. The majority of parent and carer participants (54.6%) reported having experienced discrimination, prejudice or exclusion by teachers and/or management staff in an education setting. When offered the opportunity to provide further information about these experiences, participants reported that there was a lack of FASD training amongst school staff, leading to inappropriate management strategies:

“Throughout school [my daughter] was often made to feel less than normal due to her learning difficulties and [the] lack of understanding of her condition by teaching staff.”

“We are currently experiencing social exclusion during breaks and exclusion in general as [the] school cannot manage [my child’s] behaviours”.

“[I have been] yelled at in meetings by the vice-principal [and] have been told by staff [that] other families want to leave if our child is at school (they haven’t

⁴ Kvigne, V. L., Leonardson, G. R., Borzelleca, J., Neff-Smith, M., & Welty, T. K. (2009). Characteristics of children whose siblings have Fetal Alcohol Syndrome or incomplete Fetal Alcohol Syndrome. *Pediatrics*, 123(3), e526–e533. <https://doi.org/10.1542/peds.2008-2423>

left), so we feel like we're not part of the community or accepted by other families".

Parents and carers highlighted the lack of awareness of FASD within education settings and the resulting impact:

"The education system doesn't accept FASD as a disability so there is no funding to provide the support that [my son] requires to access education."

Gatekeeping. Over a third (38.5%) of participants reported that they had witnessed gatekeeping occur in their children with FASD. A large percentage (11.5%) reported that they were 'unsure' if gatekeeping had occurred, indicating a potential lack of understanding about the issue. Qualitative data suggests that many children with FASD were encouraged not to enrol in some schools or parents/carers were pressured to put their child into alternative schooling arrangements:

"[At a] meeting prior to starting prep with the principal, vice-principal, welfare officer and teacher, all stated they thought [my son] shouldn't be at their school [and] the principal recommended remote learning".

"When we were finally able to gain funding [for my son], every conversation with the school was about how they weren't legally required to spend that money to help him and that maybe he would do better in a 'more supported environment'".

Some parents/carers (32.1%) reported that their child was encouraged to attend school on a part-time basis when they wanted to attend full-time:

"[My child] was only allowed to attend from 9am to 11am."

"They suggested a part-time schedule, which I refused based on the fact that he wouldn't need it if his needs were supported appropriately; he coped fine with a much longer schedule at out-of-school care".

Segregation. A large proportion of participants (42.3%) reported that their children with FASD had been segregated from other education units, classes or schools because of their disability. A larger proportion (47.4%) reported that their child had been excluded from school activities because of their disability. Segregation and exclusion were described in more detail in the qualitative data:

"[Our] school of choice refused to allow enrolment and kept pushing us to contact special schools [but] special schools said [our] children did not meet their criteria..."

"Towards the end of his time in mainstream he was spending most of his time alone in a break out room or sent to the office – they couldn't be bothered dealing with his needs, so [they] just kicked him out of class."

Some parents/carers highlighted that their children with FASD were segregated or excluded in a 'covert' rather than 'overt' manner:

"Not blatantly, but no effort was ever made to actively include [my son] either – he would just be left off on his own out of the group."

Suspension and exclusion. The majority of participants (61%) reported that their children with FASD had been suspended or expelled from an education setting for reasons associated with their disability. Parents/carers emphasised the lack of understanding and awareness of FASD as main reasons for suspension or expulsion:

“FASD is often mistaken for a behaviour or attitude problem.”

“[My child was suspended] seven times in 2019 as teachers don’t have the training in FASD.”

“[Suspended] because [my son] couldn’t work out any maths problems.”

Some parents and carers identified how support services have assisted to reduce suspension and exclusions of their children:

“[My child] was sent home because he couldn’t self-regulate... Now the teacher along with the therapy service team, who now work with him, use it as a last resort and only after speaking to me.”

Appropriateness and adaptability of education and learning

Reasonable adjustments. Legislation requires that education providers make reasonable adjustments to assist students with a disability to participate in education on the same basis as other students¹. Despite this, over half of survey participants (52.6%) reported that their children with FASD had experienced a lack of reasonable learning adjustments within education settings. Qualitative data demonstrates mixed experiences:

“Accommodations have always been made at my request.”

“No adjustments were made or offered. I gave up, she gave up. She went to a [specialist] school where she is happier. It is rough though.”

Individualised supports and planning. In addition to reasonable adjustments, students with a disability may require individualised support measures, to fully and effectively participate in learning¹. The majority of participants (72.4%) reported that their children with FASD experienced a lack of individualised supports and/or planning which prevented them from effective engagement in learning. Comments from participants demonstrate the importance of individualised supports and planning:

“Rather than give [my son] class work that was at his level of learning, for a long time, in mainstream schooling, they’d give him the same as the other kids and say ‘just do what you can do’. This meant he never had a chance to finish something; to feel like he’d succeeded in something.”

One parent/carer emphasised the stigmatising attitudes from school management and how this led to reduced individualised support:

“[There was a] refusal to allow a toileting plan or other requested supports to be assessed. The principal did not believe disabilities actually existed and

[believed it] was all parental or behavioural issues and things like FASD were made up issues.”

Learning curricula. Education curricula may not allow teachers the flexibility to design education and learning to meet the needs of students with disability¹. When asked if their children with FASD had been provided with the flexibility to design their own curricula, the majority (65.8%) said that this did not occur or was not offered. Only 22.4% of participants reported that their children were able to design their own curriculum to assist with meeting their specific learning needs. Comments from parents/carers suggested that flexibility to adapt learning curricula was ad-hoc and dependent on the children’s age and school they were attending:

“This is something we have pursued with the school and this should become an option in year 10.”

“The flexi school does allow this, but [my daughter] wasn’t offered anything like that at any other stage”.

Culturally responsive teaching. Some participants (14.7%) reported that their children with FASD had been denied access to culturally responsive teaching as a result of their disability. One parent/carer identified that school staff were culturally discriminatory resulting in a change of school:

“The school was completely unaccepting of any difference and speaking to other parents who have had to leave due to the same problems, it was not an isolated incident.”

Workforce capability. A large majority of survey participants (77.6%) reported that teaching and/or other education staff had limited FASD training, resulting in their children receiving lower quality education. Parents/carers indicated that education staff had little to no understanding about FASD. Some participants acknowledged the pressure faced by school staff:

“I am a primary school teacher that does relief teaching. I myself have witnessed that teachers have little to no understanding about FASD and often think that children who have intellectual disabilities are naughty.”

“I feel that we have an unfair expectation of teaching staff to deal with the intensive mental and physical needs of the behaviourally and cognitively disabled student. It would seem areas of health studies...may offer a level of clinical teaching qualification needed in this area.”

Parents/carers reported being left to educate staff themselves, although many of their attempts were not successful:

“We gave our teacher an education pack which she shared with the counsellor but hasn’t had time to read it yet... it’s been 6 months.”

“I have offered to speak to teachers and link them with NOFASD for training, but this opportunity has not been taken up.”

Behaviour management. Three quarters (75%) of survey participants reported that their children with FASD were subjected to inappropriate and/or ineffective behaviour management practices within education settings. Comments from parents/carers indicate that isolation, verbal abuse, restraints and ineffective/inappropriate punishment methods were common for children with FASD:

“[My child] was put into an isolation room alone while at a mainstream school.”

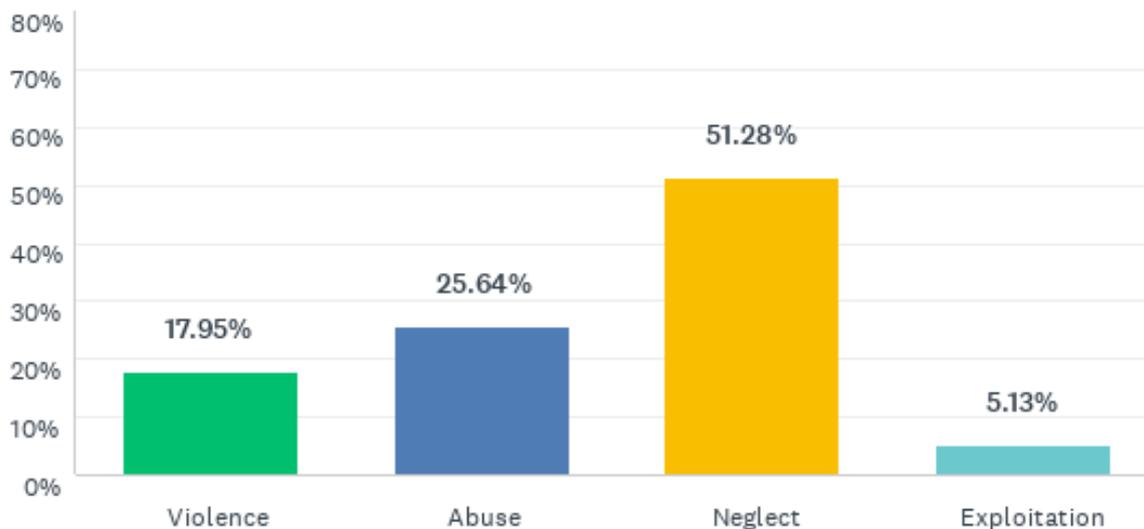
“[My son] was screamed at by the vice-principal, has been left to his own devices when scared and confused [and] has had numerous detentions.”

“[My child] was grabbed by the upper arm [and] restrained.”

“[My son] was exposed to a behaviour management program by an ex-prison guard who lacked sensitivity. It was totally useless and inappropriate for children who have no control over certain behaviours.”

Violence, abuse, neglect and exploitation

Survey participants were asked if their children with FASD had ever been subjected to violence, abuse, neglect and/or exploitation in an education and/or learning environment. Over half (51.3%) of parents/carers reported that their children with FASD were subject to neglect within an education and/or learning environment, a quarter (25.6%) reported abuse, 17.9% reported violence and 5.1% reported exploitation (Graph 1).



Graph 1: Has your child with FASD ever been subjected to violence, abuse, neglect and/or exploitation in an education and/or learning environment.

Qualitative data from survey participants demonstrated how neglect could be perpetuated by school and management staff:

“My child was made to sit in wet, muddy clothes and shoes as a consequence. He was told there were no spare clothes available which wasn’t true. I was not called to pick him up even though the school knew it was my day at home. His behaviour escalated because the wet and muddy clothing were unsettling to his sensory processing needs. He continued to escalate and was removed from class. I was not informed until after school. We are no longer at this school.”

“Toileting is our main issue of neglect. [I was] repeatedly collecting the children in soiled and smelly clothes at the end of a school day [and] constantly trying to have meetings to implement support and strategies around toileting success and hygiene. [My] 12 year old regularly, for years, was suffering numerous [urinary tract infections] from poor hygiene at school and being left to sit in soiled clothing all day.”

Comments from survey participants also highlighted the limitations experienced by school staff when witnessing abuse and/or violence:

“[My son] had many incidences of being physically hurt by other vulnerable equally disabled children. He has been made to feel like this is all he can expect...[My son] was hunted down by another student while he was in a break-out room with a teacher’s assistant sitting by his side. The other student punched him in the head five times. The blows were so brutal that the student had to go to hospital to have his hands checked for damage...The teacher’s aide was not allowed to protect [my son] or herself.”

Reporting, investigating and responding to violence, abuse, neglect and exploitation

Survey participants were asked if they and/or their children with FASD experienced barriers to identifying, disclosing and/or reporting violence, abuse, neglect and/or exploitation. Some participations (37.5%) reported that they experienced barriers when these behaviours were identified. Comments from parents/carers indicate that some reports were not made due to not being aware of the behaviour or concerns about how the report would be received:

“I was not made aware of it until too late”.

“Too afraid to complain... didn’t want to make things worse.”

Some parents/carers identified that reports were not followed up properly:

“They were not interested in listening to any complaints and when complaining to the regional education department, we were just re-directed back to the school.”

Parents/carers also identified that they were criticised for making a report:

“[I] was told I was making it all up and putting words in [my son’s] mouth.”

“He was not believed, as other children were good at hiding their behaviour, whereas my son would react publicly.”

Education and inclusive societies

Survey participants were asked to answer the question ‘what do you think is essential to facilitate the transition from segregated or integrated education settings to more inclusive education settings?’. A total of 53 parent/carer participants answered, with main themes emerging related to the need for improved FASD training, increased resources and increased funding.

Parents/carers overwhelmingly reported that more training was needed to improve understanding of FASD:

“All teachers should be taught at university about FASD and have the training and understanding of the overall picture that FASD can cause all sorts of disabilities in a child.”

“FASD is virtually unheard of in the education system in metropolitan areas – an understanding of this disability, or even just awareness would make a huge difference.”

“More training and awareness for ALL staff, not just the class teacher. Focus and education on the neurobehavioural model rather than the behavioural model. Awareness also extended to parents and community members.”

Parents/carers reported that when staff were trained and wanted to implement appropriate strategies, resources were largely unavailable. Parents/carers expressed the need for increasing the number of teacher’s aids and one-to-one support:

“Our learning support educators [need to] be given more assistance from government to help reach the individual child’s full potential.”

More school and individual funding was identified, it is currently limited as FASD is not acknowledged as a disability by the Australian government⁵:

“Funding made available in schools to better support an education and vocational pathway for children with FASD.”

“Acknowledgement of FASD as a recognised disability so we don’t have to get diagnosed with autism just to get funding, which results in inappropriate supports.”

⁵ Australian Government: Department of Social Services (2014). *Guide to the List of Recognised Disabilities* <https://www.dss.gov.au/our-responsibilities/disability-and-carers/benefits-payments/carer-allowance/guide-to-the-list-of-recognised-disabilities>

Some parents/carers reported that inclusive education would not be appropriate for their children with FASD, despite inclusive education being a primary target of The Royal Commission¹:

“I don’t particularly want inclusive education... my son won’t cope. He needs a specific educational setting and I don’t want his needs to hinder other students learning.”

“Sometimes I feel that school environment is just not the right setting for some children and a great setting for others. Some thrive in the smaller groups and struggle when integrated into classrooms... Much work is needed to understand that [FASD] is a spectrum disorder and not one size will never fit all.

Recommendations

Recommendation 1: Improve FASD-related training for all staff in education and learning environments.

There is a lack of FASD-related training of education staff, which impacts how children with FASD are treated and what supports are provided to assist learning. Initial training is needed during university education and ongoing training should be mandatory for education staff at all levels, including senior management.

Recommendation 2: Engage supports to prevent suspension and expulsions related to disability and inappropriate behaviour management practices.

Children with FASD are often suspended and expelled because of issues relating to their disability. Along with relevant training of education staff, supports need to be accessed to provide alternatives to suspension and expulsion. Engaging external agencies in decision-making can assist school staff with managing behaviours and can lead to more positive outcomes overall.

Recommendation 3: Introduce external complaints and reporting processes when abuse, neglect, violence and/or exploitation is identified.

Fear of not being believed reduced confidence to report abuse, neglect, violence and/or exploitation. When reports were made, processes were ineffective and lacked appropriate resolution. The education and learning sector must introduce external and independent complaints and reporting processes to ensure that children with FASD and their families feel supported when making reports and are confident that their report will be acted upon.

Recommendation 4: Acknowledge FASD as a disability to improve funding options.

If FASD continues not to be acknowledged as a disability in Australia, funding will continue be difficult to access. This will lead to a continued lack of support for children with FASD in learning environments. The Australian government needs to recognise FASD as a disability to enable the greater provision of funding and resources, including increased numbers of teachers aids.

Recommendation 5: Address discriminatory attitudes and encourage a cultural change focusing on inclusion and respect.

Discriminatory attitudes and a non-inclusive education culture lead to a lack of respect of children with FASD (and their families) and fosters an environment for abuse, neglect, violence and exploitation. Attitude and cultural change are needed to ensure that such behaviours are not accepted, and whistle-blowers feel supported to speak up.

This report is written by NOFASD Australia as a submission to The Royal Commission into Violence, Abuse, Neglect and Exploitation. For further information, please contact NOFASD Australia at www.nofasd.org.au.