



2019 Special Education
Needs Survey

Children in Crisis

Prepared for:



Prepared by: Autism Advocacy Ontario

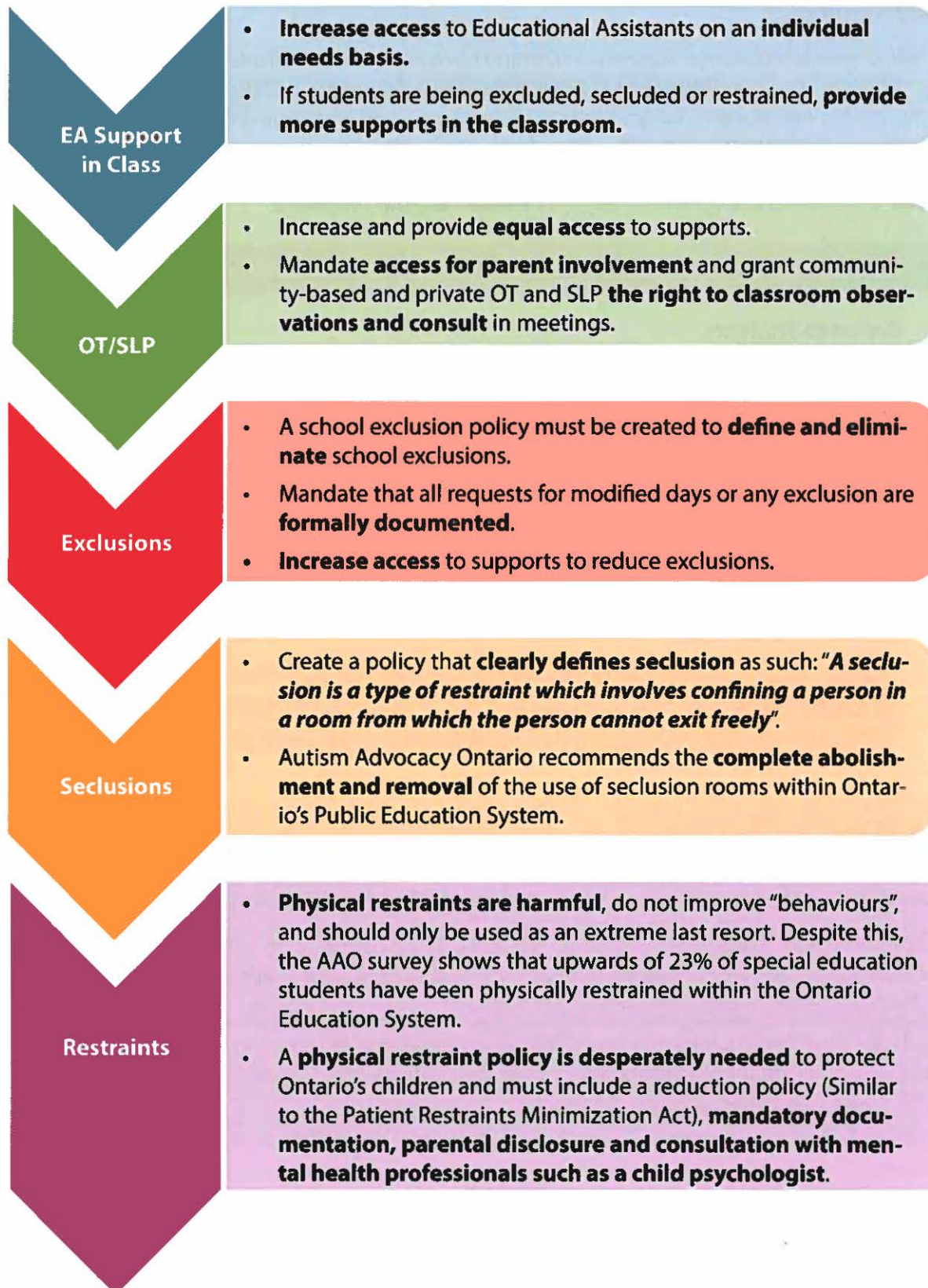
Date: November 18, 2019

Ontario's current public education system is in a **state of crisis and failing special education students**. Families are reporting that their children are being excluded at a higher rate than ever before. Parents are fearful of their child's well-being and are **facing many barriers** to access their child's right to an education.

To understand the needs of Ontario families, **Autism Advocacy Ontario (AAO)** conducted a survey with a focus on special education needs. There was a total of **568 respondents** made up of special education students and their caregivers within Ontario's public school system. Our survey has consistently identified that supports in schools that facilitate student success are inadequate. The increase in **school exclusions, seclusions and restraints are occurring at concerning and unacceptable rates**.

AAO has compiled a list of **Survey Findings** and suggested **Critical Policy Changes** that urgently need to be implemented. The Ministry of Education (MOE) must do more to not only ensure **students with disabilities have equal access to education**, but to also protect the well-being, dignity, and the rights of all students while they are at school.

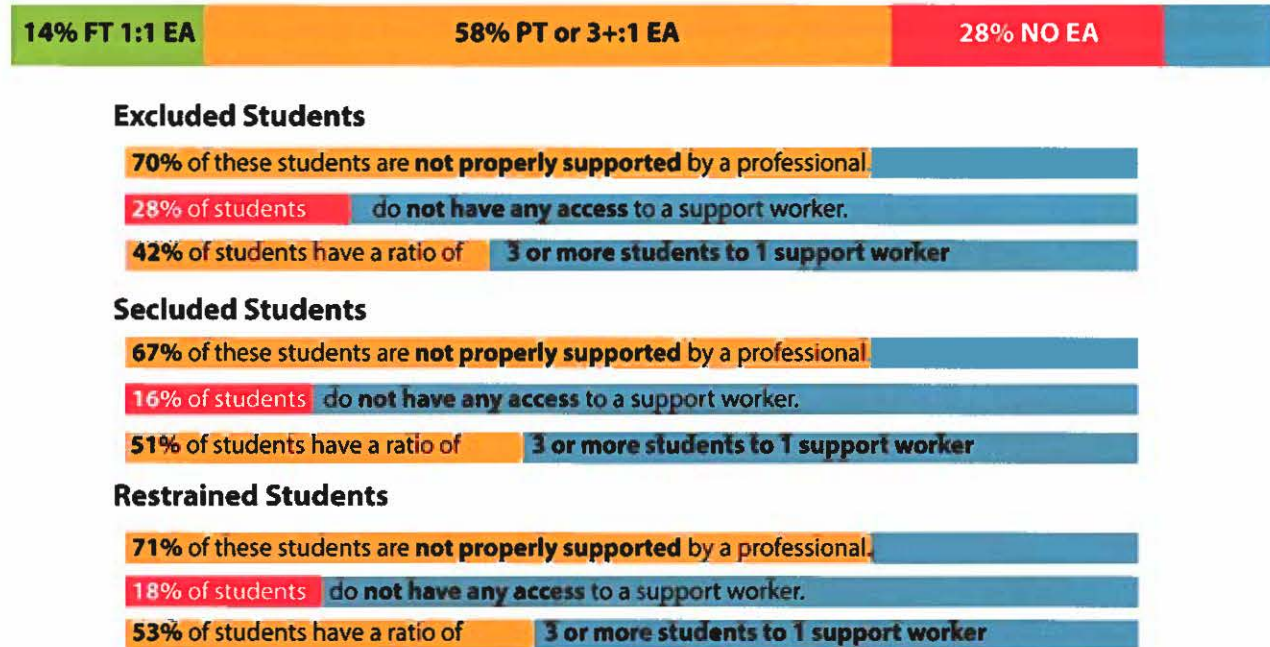
Summary of Recommendations



Support In School – Educational Assistants (EA)

Survey Findings:

Only 14% of special education students in Ontario have access to a dedicated, full-time support worker officially known as **Educational Assistants (EA's)**. Educators in this role are typically Developmental Service Workers, Early Childhood Educators, Child and Youth Workers and Personal Support Workers. The remaining 58% either share an EA with 1 to 3 or more students or only have part-time access to a support worker. The majority of students who have been excluded, secluded or placed in restraints **are often not being provided support workers**:



Critical Policy Changes

- **Increase access to support workers** based on the students' needs, to enable Ontario's special education students' access to a meaningful education.
- **Create a policy that will initiate a review process** to determine whether or not the use of exclusions, seclusions and restraints would be reduced or eliminated for the student by providing additional support, such as increased access to a support worker. The review process must include representatives from the school team, school board, parents and outside community partners such as Speech and Language Pathologists, Occupational Therapists and Behaviour Therapists.

"More supports are needed to assist with the various behaviours exhibited by each child and to deal with their personal, everyday needs. Quit eliminating positions. There are plenty of qualified, caring EA's just waiting to be hired who are much needed at our schools."

Support in School – Occupational Therapy & Speech and Language

Survey Findings

90% of students in Ontario who require **Occupational Therapy (OT)** are **EITHER**

NOT receiving occupational therapy at all through their school,
OR

receiving occupational therapy yet their parents are **not being provided** with ways to support their children's OT needs outside of the school setting.

53% RECEIVING OCCUPATIONAL THERAPY

90% of students who receive Occupational Therapy at school setting are not being provided with recommendations to their caregivers to support the child's needs outside of school:

- 33% receive '**consult to the school only**' and parents **are not provided with any information**.
- The remaining 57% are also on a "**consult to the school only**" basis however their parents receive limited information (letter or phone call) pertaining to the strategies recommended for their children.

47% NOT RECEIVING OCCUPATIONAL THERAPY

47% of students who require Occupational Therapy **are not being provided it** within their school:

- 38% are currently **on a waitlist**, with 52% of them waiting for over 2 years.
- 45% **were never offered OT** through the school, yet parents reported their child requires occupational therapy.
- 17% **were denied OT services** despite their parents reporting a need for service.

88% of students in Ontario who require Speech and Language therapy are **EITHER**

NOT receiving speech therapy at all through their school,
OR

receiving speech therapy yet their parents are **not being provided** with recommendations to support their children's speech and language needs outside of the school setting.

45% RECEIVING SPEECH THERAPY

87% of students who receive speech therapy at school setting are not being provided with recommendations to their caregivers in order to support the child's needs outside of school:

- 41% receive '**consult to the school only**' and parents **are not provided with any information or communication from the clinician**.
- 46% are also on a "**consult to the school only**" basis however their parents receive limited information (letter or phone call) regarding recommendations or progress made.

55% NOT RECEIVING SPEECH THERAPY

55% of students who require speech therapy **are not provided being provided it** in their school:

- 36% are currently **on a waitlist** for speech services, with 60% waiting over 2 years.
- 37% **were never offered speech therapy** through the school, yet parents reported their child requires speech and language services.
- 26% **were denied speech and language services** despite their parents reporting a need for service

Support in School – Occupational Therapy & Speech and Language

Critical Policy Changes

- **Occupational Therapy Services:** Increase access to school-based Occupational Therapy (OT) to ensure services are being provided as needed. Expand the scope of OT recommendations to include sensory integration recommendations as needed. Many “behaviours” exhibited by students are neurological (sensory-based) and not “behavioural” in nature. Recognizing and addressing these needs prior, reduces “behavioural” reactions, and ensures student and staff safety. **Speech and Language Services:** Increase access to school-based Speech and Language therapy to ensure services are being provided as needed.
- **Equal Access:** Review board policies to establish equal access to Speech and Language therapy. Parents have reported that access to school-based speech services is limited to certain needs only and even exclude specific speech issues such as apraxia. Currently, most non-speaking students are refused access to speech therapy at the school level altogether.
- **Reduce Wait Times:** Increase access to school-based OT & Speech by investing more funds directed to Occupational Therapists and Speech and Language Pathologists (SLP) to help reduce waitlist times.
- **Parent Involvement:** Develop a policy that provides parents the ability to be involved in their child’s in-school therapy or consultation when requested. Provide parents opportunities to learn strategies through direct consultation with the therapist, in addition to written reports and follow-ups.
- **Community-Based Consultation:** Where private or community-based OT & SLP is involved mandate the school boards to allow classroom observation, consultation and input with the IEP process, as well as any school meetings needed. Further, when occupational therapy-related issues arise, ensure PPM 149 is followed to promote wrap-around services for that student.

“Over 3 years I have had only one written note home from the OT regarding my daughter’s consultation. It discussed pencil grips and raised line paper. It in no way addressed any of her Sensory difficulties that keep her from being available for learning.”

“ My son was referred for Speech and Language in the school system from their Children’s Treatment Centre. The School Board misplaced the referral which meant that my son lost out on a year of speech therapy. The SLP still has yet to contact me or the school for September 2019. I was also told that the funds for SLP was cut and so they were not sure if he would even receive weekly or bi-weekly speech which is what his neonatologist prescribed.”

IPRC and IEP

Survey Findings

Is your child identified as exceptional through an Identification Placement and Review Committee (IPRC)

75% YES CHILD HAD IPRC

25% NO CHILD HAS NOT HAD IPRC

*Many parents felt their child should be identified as an exceptional pupil via an IPRC but were denied this by the school board.

FASD is not recognized

"We were told that they will not identify him just on his ASD because he is high functioning and not behind on his academics, this in my opinion is due to the early intervention I have done with Reach and work I do with him at home as well as the continuous help at school with an EA

"No but because we applied for an IPRC in the public school board and were denied due to FASD not being a recognized exceptionality (it is a permanent physical disability in the form of a brain injury and more common than autism yet not recognized as an exceptionality)

"IPRC requested but refused by the board repeatedly."

"Refused by the board but should have one"

Does your child have an Individual Education Plan (IEP)?

90% YES CHILD HAS IEP

10% NO IEP

Despite a school's legal obligation to consult with parents on the IEP, 33% of parents have reported **they have either not been able to provide input** on the IEP or have **not been consulted at all**.

11% - Yes, I was consulted on the development of the IEP however I was NOT able to provide input

12% - No, I was not consulted on the IEP and it was only delivered to me in the form of a letter with no option to provide input or discuss

10% - My child DOES HAVE an IEP, but I **have never seen it**

Students without an IPRC are experiencing exclusions, seclusions and restraints:

Exclusions: 20%

Modified Days: 19%

Suspension/ Expulsion: 1%

Seclusions: 14% (with 60% placed in a seclusion room more than 10 Times)

Restraints: 17% (with 47% placed in restraints more than 10 Times)

Students without an IEP are experiencing exclusions, seclusions and restraints:

Exclusions: 37%

Modified Days: 37%

Suspension/ Expulsion: 1%

Seclusions: 7% (with 67% placed in a seclusion room more than 10 Times)

Restraints: 14% (with 34% placed in restraints more than 10 Times)

Critical Policy Changes

When a child is registered for their home school, and they have been indicated as having a neuro, physical or developmental disability, the administration will be responsible for sending information to the family of their right to an IPRC. Within the first two weeks of the child starting school, the school administration will contact the family to ask if they would like to have an IPRC scheduled for their child. The school administration will in no way give their personal opinion or try to dissuade a family from this process.

School Exclusions

Survey Findings

Being excluded from schools, is an ongoing barrier that special education students face every day within the Ontario Public Education System. Our survey shows a large percentage of students are being excluded from school in three manners:

- **Informally:** At the request of school staff (typically administration, teacher or Educational Assistant) with no official documentation.
- **Formally:** An official suspension, or expulsion given by the school administrator. This is followed up with a letter to the parents and is kept in a student's Ontario Student Record.
- **Voluntary Withdrawal:** Parent chooses to remove their child from the education system due to the school's inability to support their child safely. Often parents feel they have no choice but to remove their child from their home public school and instead switch schools, school boards, a private school or even homeschooling.

Overall Exclusions: 29% of students have been excluded from their school.

Start of Year Exclusions for 2019: 12% of special education students were expected to not return this Fall.

Informal Modified School Day: An additional 24% of children in Ontario are attending school on a modified day. This means that students regularly do not attend school for the full 5 days a week with their peers. Some students are only attending school for as little as one hour per day.

Exclusions are Primarily Informal: According to our survey informal and/or undocumented exclusions occur 85% of the time. Additionally, 69% of the time the requests are not being made by a school authority such as principal or school board staff instead by:

- Teachers (44%)
- Educational Assistants (14%)
- Secretary (11%)

Exclusions are Not Being Properly Documented: 83% reported they are only receiving written documentation related to their child's exclusion less than 10% of the time. This is unacceptable.

Police Involvement: 16% reported that police have been involved by the school in relation to a student being excluded from school.

Lack of Support Staff: 68% report that during the time their child is being excluded no additional staff or support is being offered or put into place.

Impact on Family: The largest impact on families due to exclusion was:

- The inability to access an education (72%)
- Loss of employment hours (70%)
- The child experiencing emotional trauma from being excluded from school (52%)

"We are currently paying for private school putting a huge strain on us financially because of our child's needs. We wish the same accommodations could be made at our local public school. The hands off policies designed to keep students safe, cause exclusion for our child."

Voluntary School Withdrawal: At the time this survey was conducted, 9% of parents reported for the school year 2019/20, they have opted to voluntarily withdraw their child from public education. One must assume this number has already increased since the survey took place.

Parents primary reasons for voluntary withdrawal were:

- Lack of EA support that leads to or could have led to elopement, aggressive or concerning behaviour (64%)
- Lack of programming to suit the child's needs (59%)
- Refusal of support to address safety issues (52%)
- Continuous exclusions (30%)

Family impact of voluntary withdrawal included:

- Loss or decrease in employment hours (64%)
- Complete loss of job (40%)
- Paying out of pocket for alternative programming (e.g. private school, therapy or childcare (64%))

Critical Policy Changes

Currently, the Ministry of Education follows PPM145 "*Progressive Discipline and Promoting Positive Student Behaviour*". We urge the Ministry **to update this policy** to ensure it is consistent at the school level, clear and has an additional section specifically to address Exclusions (hard and soft) of students with disabilities.

In March of 2019, former Minister of Education, Lisa Thompson committed to "looking into" exclusions and modified days for children with disabilities. We urge Minister Stephen Lecce to follow through. There must be consideration for a separate **Special Education School Exclusion Policy** that will include:

- **Exclusion Definition and Prevention Policy:** A clear definition of what exclusions are, and to prohibit schools from arbitrarily and inappropriately requesting children to not attend school.
- **Formal Requests for Student Exclusion:** All requests for parents to have their child NOT attend publicly-funded education should only occur formally, with the written approval of school authority such as the principal and /or the school board. Currently, there is no data on soft exclusions, thus not accurately showing the extent of this systemic issue. When a student is excluded, the date and time of each school exclusion will be formally documented by the school and should be done through their attendance reporting systems.
- **Exclusion Reduction Policy:** When a student is being frequently excluded, a mechanism will be triggered to have an immediate case conference, including the school team, board-level professionals, parents, and all community professionals working with the child. The meeting will focus on creating a plan with an estimated timeline to reduce and phase out the school exclusion.
- **Increase Access to Supports Within the School System:** As highlighted in the Support in School – Educational Assistant section above, the majority of those who are experiencing exclusions, are being provided minimal to no educational assistant support. The school in which the student attends may then apply for an "emergency EA" in order to properly support that student during the difficult period of transitioning back into the class, or time of crisis, and support should remain until it is no longer deemed necessary.

Seclusion and Seclusion Rooms

Survey Findings

Our survey shows that 16% of special education students in Ontario have been 'secluded'. The definition of a "seclusion room", **is a room or place in which children with special needs can be taken if they need to be kept away from others.** Seclusion rooms are either locked with hardware or a staff member will prevent the student from exiting freely.

We believe the percentage may be untraceably higher for two reasons: •

1. **Our survey found it was common for schools to not report seclusions to parents.** 50% of parents reported that there has been at least ONE incident in which the school did not notify them of their child being secluded.
2. The use of seclusions are most commonly occurring among autistic students. It is estimated that anywhere between 25-52% of autistic children are non-speaking, minimally speaking or unreliable speakers. These students are not likely able to report their removal to a seclusion room to their guardians, affecting the data.
3. Many schools do not have a formal "seclusion room". Instead, other informal spaces have been used for secluding students with disabilities such as a bathroom, office, or closet. In most cases where an informal room is being used, it is not reported to the school board or the guardians.

Frequency of Use: 73% have reported that their child has been placed into a seclusion room more than six times. Further, 37% of the 73% have reported that their child has been held in a seclusion room over 31 times.

Physical Force and Restraint: 57% disclosed that their child was physically forced into seclusion and/or physically restrained while in the seclusion room.

Seclusion Rooms and Behavior: 85% expressed their child's behaviour has NOT improved with the use of a seclusion room.

Harmful Effects of Seclusion Rooms: 76% revealed their child experienced harmful effects from the use of the seclusion room. Only 6% of the time a psychologist was involved in approving the use of seclusions.

Parent Notification, Involvement and Consent with the use of Seclusion Rooms:

- **Notifying Parents:** 50% expressed there was at least ONE incidence in which the school did not notify them of their child being secluded. Instead, it was reported to the parents by their child or another child within the school.
- **Lack of Access to Seclusion Room Policies:** 90% of parents report that the school has not provided them with their seclusion room policies.
- **Information Provided to Parents:** 44% revealed that they are not provided with any details regarding their child's placement in a seclusion room. 74% of parents disclosed they have never been provided with the length of time their child has been placed in the seclusion room.
- **School Boards are Not Addressing Parental Concerns About the Use of Seclusion Rooms:** 58% of parents have spoken to the school and/or school board regarding negative concerns surrounding the school use of a seclusion room. 77% of them were not satisfied with the response.
- **Parental Consent:** 76% declared they have NOT provided the school with consent to place their child within a seclusion room.
- **Seclusion Room Documentation in IEP & Safety Plan:** 79% noted that the use of a seclusion room is NOT within their child's IEP and 51% report that the use of a seclusion room is NOT within their child's Behaviour and Safety plan.

Critical Policy Changes

Although some schools are not equipped with an official seclusion room, oftentimes students are being secluded with alternate or informal seclusions rooms such as closets, bathrooms or an office. Additionally, sensory and movement rooms should only be developed and used as prescribed by an Occupational Therapist **and are never to be used** as a seclusion room

Within policy, a seclusion definition should be clearly defined as:

A Seclusion is a type of restraint that involves confining a person in a room from which the person cannot exit freely.

Autism Advocacy Ontario recommends that The Ministry of Education implements a School Seclusion Policy to **completely eliminate** the use of seclusion rooms within Ontario's Public Education System.

"my child had what we called a Quiet room. It was intended to be there for his choice. That is what I am considering a seclusion room. There were times where he was sent to or put in the quiet room. At one point, it was decided to seclude him from his classroom "until his behaviour improved". It was decided at a meeting that I was told was cancelled. The plan was to have an EA teach him in the quiet room. Fortunately, I was able to stop that before it started. There was a lot of time spent trying to make my child behave instead of trying to understand why he behaved the way he did. What my child needed (and still needs) is to have why he does things to be the focus, not compliance. He needs teachers to investigate how to teach him, not expect him to learn how they teach."

"My son was restrained in the office work room. It wasn't an official seclusion room. Also, his IEP was not followed at all last year. He was supposed to be modified, but the report card showed Grade level and no IEP box checked"

"Crisis intervention should be last resort; de-escalation training and preventative training MUST be mandatory and policies must mandate that they be used prior to crisis intervention. Police officers should NEVER be called; crisis/safety workers should be hired by the school boards and on-call for emergency situations so that children do not learn to fear the police and fellow students/parents do not associate a special needs child with police/law enforcement (work to de-stigmatize). "

"School board either have or can hire inclusion teams or behavioural teams that should visit EACH AND EVERY SCHOOL, starting with those that have intensive support and autism programs, and create a solution to find a safe, comfortable and soothing space for kids to ride out their meltdowns, rather than use restraint measures. The fact that that is the current solution is akin to electric shock therapy being used. So archaic!!"

Use of Restraints

Survey Findings

In Ontario, it is reported that a minimum of 23% of special education students have been physically restrained at school. However, we believe this statistic may be higher since 35% reported there has been at least one incident in which the school did not notify them that their child had been restrained.

- **Frequency of Use:** 66% report their child has been restrained more than six times.
- **Physical Restraints and Behaviour:** 91% reported physical restraints did NOT improve their child's behaviour.
- **Harmful Effects of Restraints:** 67% reported their child experienced some form of harmful effects from the use of physical restraints. Merely 11% reported that a psychologist was involved in approving the use of physical restraints.

Parent Notification, Involvement and Consent with the use of Physical Restraint:

- **Notifying Parents:** 35% of parents report there has been at least one incident in which the school did not notify them of their child being physically restrained. Instead, it was reported to them by their child or another child within the school.

The use of physical restraints is occurring most often with autistic students. It is estimated that anywhere between 25% - 52% of autistic children are non-speaking, minimally speaking or unreliable speakers. This leads us to believe this statistic is actually significantly higher as those who cannot communicate may not be able to report the use of restraints to their parents.

- **Information Provided to Parents:** 48% reported they have not been provided the details as to how their child was restrained on at least one occasion.
- **Parental Consent:** 62% reported they did NOT provide the school with consent to physically restrain their children.
- **Restraint Documentation, IEP and Safety Plan**
 - 80% stated that the use of physical restraints is NOT placed within the child's IEP.
 - 49% disclosed that the use of physical restraints is NOT within their child's Behaviour and Safety plan.
- **Physical Restraint Policies:** 72% noted that the school has NOT provided them with their physical restraint policies.
- **School Boards are Not Addressing Parental Concerns About the Use of physical restraints:** 70% of parents spoke to the school and/or school board regarding negative concerns surrounding the use of physical restraints. 67% of those parents were NOT satisfied with the response received.

"A lunch room monitor hit my son. Three witnesses came forward and she is still able to work with vulnerable children. I do not know if she restrained or abused my child further or other children. She would speak inappropriately to my child. All children in her care looked like they were about to cry and not their usual self. Special education classrooms and all hallways should have video surveillance as well psych evaluations should be done on all teachers education assistants and other working with vulnerable children and children with special needs. They should not be protected when numerous complaints are made regarding their behaviour"

Critical Policy Changes

Restraint Reduction Policy: In 2001 Ontario put in place the *"Patient Restraints Minimization Act"* with the purpose to minimize the use of restraints on patients within hospitals and similar facilities. In 2017 The Ministry of Child and Youth Services released the *"Child, Youth and Family Services Act, 2017 Fact Sheet #3: New Regulatory Provisions for All Service Providers: Use of Physical Restraint"*. Yet in 2019 The Ministry of Education does not have such a policy for the use of restraints on Ontario's Children within the public-school system.

The Ministry of Education **should immediately create** a "School Restraint Policy" to help curtail and eliminate the use of physical restraints. This policy would be similar in nature to both the *Patient Restraint Minimization* and the *Child, Youth and Family Services Act*. It must include:

- **Guidelines on The Use of Restraints:** Similar to the *Patient Restraint Minimization Act*, guidelines should be mandated to ensure that the use of restraints is only permitted as a last resort and restraints are only to be used to prevent serious bodily harm to oneself or to another person. Although many school boards are using techniques by NVCI, CPI or BMST, all too often physical interventions are being used in situations that are avoidable safety risks and instead are being used to obtain compliance.
- **Mandatory Documentation:** If physical restraints have been used schools must complete written "Physical Restraint" documentation outlining the occurrence. This document must include details of the occurrence, specifically the safety concern to oneself or other persons, any injuries sustained, and outline the time and length of the occurrence.
- **Mandatory Parental/Guardian Disclosure:** Our survey shows that 35% of the time, schools and school boards are not communicating to parents when their child has been restrained. This is not acceptable nor legal. Not only do parents have an ethical and legal right to know when their child has been physically restrained/secluded, but parents are the best resource for helping in future prevention of physical restraints and/or seclusions.

We urge the Ministry of Education to mandate that parents are formally informed of every occurrence in which their child is physically restrained and/or placed in a seclusion room. This would include:

- Written summary documentation provided to parents the same day of occurrence
- Detailed document, which includes a mandatory parent signature form within 2 school days.
- Mandate that Behaviour and Safety Plans are provided to parents once created, as well as any time the plans are revised.
- **School Restraint Reduction Policies:** When a child is restrained, a **child psychologist must be consulted** to create a written plan for preventative measures of future physical restraint use. This meeting and consultation must involve not only the school and school board, but also the parents/guardians and any regulated health professionals involved with the child at the parent's discretion.

Additionally, each time a restraint occurs, mandate that the school must revise the Behaviour and Safety Plans to reflect new strategies to curb repeat use of physical restraints and/or seclusion rooms.

What Parents Have Said

"EAs need to be better supported and respected for their value. Additional training for ALL staff involved would be an asset. It would be nice if there was someone to report incidents to when/if the school/board refuses to acknowledge or deal with them. When our SERT pinned my son to the ground and held him there saying "use your words" (IN FRONT OF ME!) I was told by our Principal that I must have misunderstood what was happening. That is absolutely unacceptable. He was a well respected SERT so nobody wanted to do anything, even though this happened in front of my son's entire class, EA, Teacher, and myself. It's pretty sad that in order to keep my son safe and actually educate him, I have to Homeschool. It shouldn't have to be like that."

"Proper staffing support, no seclusion room, SMART IEP and appropriate program, school culture that truly believes in inclusion, classrooms that follow principals or universal design, qualified and experienced teaching staff (all teachers coming out of teachers college should receive specialized instruction on special needs), a school board that promotes inclusion in practice not just pedagogy by providing what needs to be provided to make it successful. If you can't do it with a typical kid why can you with a kid with a disability (ie seclusion room, restraints, etc.)"

"Don't let a child in grade 7 who can't do grade 2 math continue in grade 7 math. A child with DCD and Fine Motor issues needs help. An LD kid needs help. Having a child who is "a pleasure to have in class" is a problem. It would be better if she was aggressive I think. At least people would try and do something."

"Allow his therapists into the classroom"

"Educators need to be informed/educated on Trauma, and different disabilities. Educators need to be educated that there is no such thing as a "Bad Kid" and that behavior is communication. A teachers main priority should be about building a connection with each child, definitely the ones that need it the most, and less about grades"

"Supports for kids even if they shut down rather than explode. Stop ignoring kids who need support but don't cause a safety issue."

"More resources and an ability to move to a less stressful space. Smaller classes would benefit greatly. 32 kids in class for 4th years"

"Providing more specialized programming for high functioning kids that do not thrive in a traditional classroom. More focus on helping children with their executive functioning."

"School need to be more inclusive. There is stigma attached to the diagnosis which is not healthy for anybody"

Other General Recommendations

Critical Policy Changes

Across the province, there is no baseline of consistency between school boards and the terminology used to describe support workers and their titles, names of special education classes, and the process used to access special education services. This creates confusion among parents as they attempt to navigate services for their children, and can lead to students not accessing services they are eligible for.

We recommend that the province :

- **Standardize the titles and the roles** of special education workers, commonly known as EA's, LRT, LST, SERT
- **Standardize** the names of the various **specialized classrooms** across the province
- Standardize **forms and processes** for IPRC, IEP, Safety Plans, and access to all special education services within the school and board.
- Create a **standard package of documentation** to provide all parents assistance in navigating special education services in their board, including the appeals process.

As students who receive special education services tend to be averse to sudden change, we strongly recommend that (except for reasons of approved leave) no changes of assignment of educational assistants occur during the school year, or only take effect at natural transition times in the school calendar (ie. Christmas holidays, March break).

"There needs to be some accountability from the school boards. School boards shouldn't be operating independently, without any oversight, under a cloud of secrecy."

References

PPM145 "Progressive Discipline and Promoting Positive Student Behaviour".

<http://www.edu.gov.on.ca/extra/eng/ppm/145.pdf>

PPM 149 "Protocol for Partnership With External Agencies"

<http://www.edu.gov.on.ca/extra/eng/ppm/ppm149.pdf>

IEP Ministry Doc: http://www.edu.gov.on.ca/eng/document/policy/os/onschools_2017e.pdf

Patient Restraints Minimization Act

<https://www.ontario.ca/laws/statute/01p16>

Child, Youth and Family Services Act, 2017 Fact Sheet #3: New Regulatory Provisions for All Service Providers: Use of Physical Restraint

http://www.children.gov.on.ca/htdocs/English/documents/childrensaid/residential/Fact_Sheet_-_Physical_Restraint_EN.pdf

Conclusion

Parents of children with disabilities feel that Ontario's Public Education System **is failing their children**. Teachers are reporting a lack of support as the primary reason for the inability to deliver the same standard of excellence as their neurotypical peers. Many students have neurological conditions whose **exhibited traits are what schools and school boards deem as "challenging behaviours"**. Unfortunately, these conditions are not well understood in schools, yet the use of proper equipment, basic communication and sensory knowledge can truly make a **positive difference in these children's lives**.

The Ministry of Education must find a way to ensure that every child with a disability **has access to education in a safe and positive manner**. Educators must be properly trained in understanding neurodiversity, such as, but not limited to, sensory processing, which has an 84% co-occurrence rate for those on the autism spectrum. Children are being **punished for aggression** and/or "behaviours" that are likely due to their sensory integration difficulties. The current education system uses behaviour modification approaches for these students, which **sadly misses the mark**.

The ministry **must invest** in more educational assistants, as well as regular adequate training for them, in order to properly support our most vulnerable learners. The Ministry must **ban the use of seclusion rooms**, and instead involve regulated health professionals in prescribing the appropriate use of calming and movement rooms. Parents must be **consulted and provided documentation** on the use of these prescribed spaces.

Students with disabilities being **integrated** into mainstream education without adequate support or implementation of an IEP, proves to **lower a child's self-esteem**, as well as increase frustration from a system that is standardized. These inconsistent methods continue to **increase anxieties, which then translates to "behaviours"** for these students. This, in turn, makes for an unsafe environment for all involved.

There is evidence-based data that demonstrates **consistent, preventative approaches** have better outcomes in self-esteem, that may help prevent mental health crises; which as we know affects **70% of students** on the autism spectrum. If students with disabilities can enter and remain in Ontario's education system confidently and safe, they then also have the same opportunity **to achieve, and excel along with their peers**.

We urge Minister Lecce to be **forward-thinking, in creating an improved special education** program within Ontario's education system. Ontario has learned that Autism is **not "one size fits all"**, and neither are other disabilities. Considerations should be made for **an inclusive, safe education** system that reflects this. With these recommendations, we strongly believe the Ministry of Education has an opportunity to end this ongoing, growing crisis, as well as **rebuild the trust and confidence** of the parents and students with disabilities.