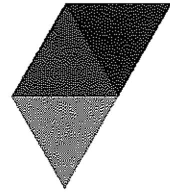
MINISTRY OF EDUCATION
TE TĀHUHU O TE MĀTAURANGA



2 5 JUL 2016

Ilana Daniels
fyi-request-4081-b2305597@requests.fyi.org.nz

Dear Ilana

Thank you for responding to the Ministry of Education's email of 1 June 2016 to you. You clarified with us that you are interested in the following information:

> *"...would really appreciate a copy of both of these [National Plan for the Education of Deaf and Hearing Impaired Children and Young People in Aotearoa/New Zealand February 2010;* and *Responding to the Wilson Report 2011- Services to Deaf and Hard of Hearing Children National Statement of Direction 25th September 2012]..."*

Your request has been considered under the Official Information Act 1982.

The documents you have requested have been released to you in full. We are also providing you with the *Report for the Review of the Role of the Advisor on Deaf Children 6 September 2011* by Ross Wilson as this report sits behind *Responding to the Wilson Report 2011- Services to Deaf and Hard of Hearing Children National Statement of Direction 25th September 2012*. The documents are attached to this letter as appendix one.

It is important to note *Responding to the Wilson Report 2011- Services to Deaf and Hard of Hearing Children National Statement of Direction, 25 September 2012* remains a draft document. It was developed to represent the outcomes of the project work that followed the *Report for the Review of the Role of the Advisor on Deaf Children 2011*. The project work was to identify agreed recommendations from the 2011 report and provide a strategy in collaboration with the Deaf Education Sector to explore those recommendations. It aligns with the principles outlined in the *National Plan for the Education of Deaf and Hearing Impaired Children and Young People in Aotearoa New Zealand*, in particular principles one, two and three.

The *National Plan for the Education of Deaf and Hearing Impaired Children and Young People in Aotearoa/New Zealand* was developed by Deaf Education Aotearoa New Zealand to ensure the needs of children and young people were addressed as specified in Special Education 2000, and to meet a long-held need for greater national cohesion, equity and accountability in the services provided.

Considerable progress has been made in the delivery of education for children who are deaf or hard of hearing in the five years since the *Report for the Review of the Role of the Advisor on Deaf Children 2011*. Improvements to increase consistency of service and equity of access include the establishment of a single Board of Trustees for the two Deaf Education Centres, and funding support for the Resource Teachers of the Deaf being pooled to the Deaf Education Centres. The Advisor on Deaf Children role has been re-defined to better support the needs of children and their families.

The Government has invested in providing increased support and resourcing for deaf and hard of hearing children during the critical zero-to-five years. This includes the 2015 development of the First Signs service for families with a deaf baby or pre-schooler, and the expansion of the Cochlear Implant Programme to provide bilateral implants for children for whom this is appropriate.

Advances in inclusive education include ongoing work to enhance learning for students through the assistance of digital technologies, and the introduction of the NZSL@School programme in 2015 to better support school students whose primary communication approach is New Zealand Sign Language (NZSL). In 2016 NZSL achievement standards were launched for the National Certificate of Educational Achievement.

You have the right to ask an Ombudsman to review this response. You can do this by writing to info@ombudsman.parliament.nz or Office of the Ombudsman, PO Box 10152, Wellington 6143.

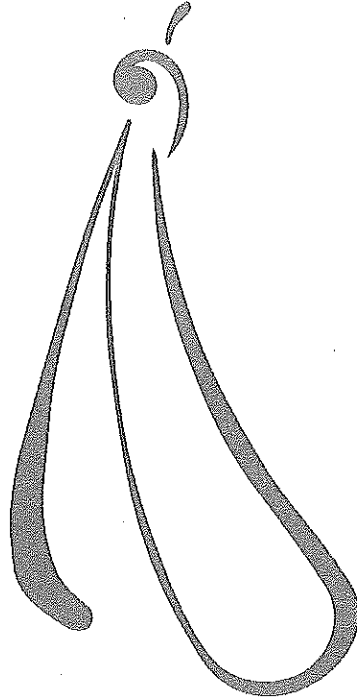
I trust this information is useful.

Yours sincerely

Steve Stuart
Acting Deputy Secretary
Sector Enablement and Support

Appendix One

No.	Title	Date	Decision about the release of information
1	National Plan for the Education of Deaf and Hearing Impaired Children and Young People in Aotearoa/New Zealand	February 2010	Released in full
2	Report for Review of the Role of the Advisor on Deaf Children	6 September 2011	Released in full
3	DRAFT Responding to the Wilson Report 2011- Services to Deaf and Hard of Hearing Children National Statement of Direction	25 September 2012	Released in full



National Plan for the Education of Deaf and Hearing Impaired Children and Young People in Aotearoa/New Zealand.

February 2010

Third revised version with data from original document.

Deaf Education Aotearoa New Zealand

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PART 1 INTRODUCTION

1.1 Introduction

a) This *National Plan for the Education of Deaf and Hearing Impaired Children and young people in Aotearoa/New Zealand* has been developed by Deaf Education Aotearoa New Zealand (DEANZ) both to ensure that the needs of children and young people are addressed as specified in Special Education 2000, and to meet a long-held need for greater national cohesion, equity and accountability in the services provided.

b) In August 1993 the SEPIT (Special Education Policy Implementation Team) report identified the need for a nationally coordinated system for children and young people who were deaf or hearing impaired. That report was a result of consultation nationally with parents and parent groups, the Deaf and hearing impaired community, specialist educators and other professionals.

c) In the period since the SEPIT report many representative groups have presented submissions in response to the various government special education initiatives to progress towards a nationally coordinated system. In 1994 the Deaf and hearing impaired Education Access Forum was established. The Forum held a symposium where representatives from all interested parties met to discuss issues about the education of deaf and hearing impaired children. The Forum continues to meet twice a year and has proved to be a valuable opportunity for face to face discussions between groups who have an interest in improving the services for deaf and hearing impaired children.

d) The development and implementation of the government's policy, Special Education 2000, offered fresh opportunities to advance the interests of deaf and hearing impaired children and young people that were supported by all parties.

e) Deaf Education Aotearoa New Zealand (DEANZ) was established by the Ministry of Education as a charitable trust to act in partnership to advance the education interests of the deaf and hearing impaired children and young people.

f) DEANZ's vision is to ensure that every child who is deaf and hearing impaired in New Zealand receives an equitable, quality and effective education. In 2002, DEANZ accepted responsibility for the coordination of the Deaf Education Access Forum.

1.2 The National Plan

a) The National Plan sets out the shared aspirations of the groups who have contributed to it. This document:

outlines a philosophy;
analyses the make-up of the population of deaf and hearing impaired students;

and defines a set of principles and goals those groups wish to achieve.

b) This Plan embraces the philosophy that education is a life-long and seamless process.

c) The government's policy for tertiary education has not yet been defined within the parameters of Special Education 2000. As it was envisaged that the National Plan is to become part of Special Education 2000, the application of the National Plan to the tertiary sector has not been included in this initial document. That application will be addressed following the development of the relevant government policy.

d) The National Plan was reviewed in 2003, 2005 and again in 2010 by Deaf Education Aotearoa New Zealand (DEANZ) in conjunction with the Deaf Education Access Forum.

1.3 Rationale

a) The National Plan is child/family-centred and founded on the desire and belief that deaf and hearing impaired children and young people have the same right to access education as their hearing peers. If they are to receive the education that is their right, additional resourcing is vital to meet their learning requirements. Resources, in the form of specialist professional and support staff, will be available to those children and young people. Ongoing attention will be given to high standards of training and professional development for staff at all levels.

b) Parents are the prime educators of children and should be supported at all stages of their child's development. Parents must be involved in the decision making process. Service delivery should be equitable and cohesive and be based on the needs of families. All families have the right to be fully informed and to have access to all services and options including New Zealand Sign Language. In recognition of the diverse needs of deaf and hearing impaired children and their families it is important that they have the opportunity to come to terms with and accept their child's hearing loss, and to meet others with a hearing loss. A range of education settings should be available and families given adequate information about these settings to enable them to make informed decisions about satisfying the educational needs of their children.

c) The value of the partnership with and the involvement of Deaf and hearing impaired people is acknowledged. The sector supports the involvement of Deaf and Hearing Impaired people as a valued resource as they have first hand experience in the education system. Deaf and hearing impaired people are also well placed to act as role models, consultants and educators for others.

d) The National Plan emphasises the need for a range of communication modes to be available in education of deaf and hearing impaired children and young people. The National Plan supports the use of NZSL and written and spoken

English.

e) Effective early intervention programmes are critical for young deaf and hearing impaired children in order for language, communication and cognitive development to take place. Without language and communication skills the young deaf or hearing impaired children will not have equal access to the education available to their hearing peers. Resourcing for young children and their families is of high priority.

f) The rights of Maori as Tangata Whenua and the principles of the Treaty of Waitangi, as the foundation for the development of education on a bicultural basis, must be recognised, as reflected in the Ka Hikitia strategies.

1.4 Summary of historical development

a) The education of the Deaf and Hearing impaired children here in New Zealand and internationally has undergone many philosophical changes. New Zealand established the first Government funded school in the world at Sumner, in Christchurch, in 1880. This was the same year as the Milan Congress, which recommended that the use of sign language in deaf education be abolished. Since the establishment of this school New Zealand largely followed the oral philosophy.

b) In the 1960s the Babbige Committee in the United States and the Lewis Committee in the United Kingdom produced reports which questioned the continued use of oral-only approaches in the light of the poor educational attainment of deaf children.

c) New Zealand responded to the re-examination of the oral only approach by introducing the Total Communication philosophy in 1979. Total Communication and its associated practices were introduced to further support the language development of deaf children. The use of Signed English within Total Communication was controversial. Signed English was developed as a manual code for English and was used within deaf education. New Zealand initially adopted the Australian Signed English Dictionary. A joint New Zealand and Australian initiative developed and expanded this to become the Australasian Signed English Dictionary.

d) Over time it was acknowledged that New Zealand Sign Language, as used by the New Zealand Deaf community, is a natural language that provides natural communication and cognitive development. The recognition of New Zealand Sign Language as a community language in 1992, and responses prompted by a question in Parliament in 1993, led to New Zealand Sign Language being recognised as a language for deaf children. However the inclusion of New Zealand Sign Language in the education of deaf and hearing impaired children has created a demand for new resources, skills, and personnel. The funding structures and service delivery options have not yet developed to meet the new demands. A bill recognising New Zealand Sign Language as the third official language of New Zealand was passed into law in 2006.

e) The concept of bilingual/bicultural (BiBi) education developed through the 1990s and bilingual/bicultural classes were established. Bilingual/bicultural programmes ensure children learn through both sign language and English. Children develop skills to function in both the deaf and hearing communities.

f) Technological developments have also had an impact on the education of deaf and hearing impaired children. Hearing aids have improved dramatically and cochlear implants and FM technology are now also available. Such technological advances are seen as 'aids' to learning speech and language when coupled with appropriate aural/oral, including auditory/verbal, programmes.

g) The introduction and roll-out of Newborn Hearing Screening in 2008-2010 across the country is substantially reducing the age of detection of hearing loss in infants and enabling their access to early intervention programmes. The outcomes are to be carefully monitored by assessment and recording progress in language and communication.

1.5 The Need for Change

a) For many years the overall level of resourcing available to assist deaf and hearing impaired children and young people has been inadequate and applied inconsistently and inequitably throughout New Zealand.

b) The government began a programme to reform the administration of education in 1987. By 1989 the reform of education structures had led to a fragmentation of services and service delivery for the deaf. The high number of service providers, which included Deaf Education Centres ('Centres'), schools and Specialist Education Services (SES), saw the emergence of inconsistent, inequitable and weakly coordinated services.

c) This National Plan has sought to establish an agreed framework and consultative structure to ensure that services to all deaf and hearing impaired children and young people will be nationally integrated and equitable. The Plan is reviewed from time to time to ensure it is current.

d) In 2002 members of the sector attending the Deaf Education Access Forum under the coordination of an independent facilitator identified the vision for deaf education in New Zealand as:

a) Vision: Deaf and hearing impaired children and young people to be educated within a nationally effective, equitable and cohesive service.

b) All agreed on three key issues:

1. Early
2. Coordinated
3. Effective

c) The degree of hearing loss can impact on language development. Children and their families need to be supported holistically, with appropriate resources, to ensure optimum progress.

d) Classroom and Preschool learning environments must be acoustically appropriate for deaf and hearing impaired children to access the best quality auditory signal. Research and recommendations are now available to guide building design in educational settings to facilitate this. Classroom construction will follow the Ministry of Education's Health and Safety Code of Practice for State Schools (1993) and include the acoustical recommendations in the Design Standards Guidelines. Better outcomes will be achieved if these are implemented.

e) The Sensory Stocktake (2002) was commissioned by the Ministries of Health and Education to provide a Stocktake of the issues related to children and young people with sensory impairments.

f) Project Hiedi (Hearing Impairment – Early Detection and Intervention) was established in 2002 to continue the work of the Newborn Hearing Screening Consultative Group and other groups and individuals working in partnership with government for the establishment of a nationally coordinated newborn hearing screening and early intervention programme.

g) Improved outcomes will result from newborn hearing screening and early intervention programmes for children with permanent congenital hearing loss.

h) The New Zealand Disability Strategy (April 2001) from the Minister of Disability Issues is a government led strategy which intends to 'make a world of difference - to eliminate the barriers where they exist for disabled people. The third objective is: Provide the best education for disabled people.

i) In May 2003 the Government presented a policy statement on the Education Priorities for New Zealand which drew together existing strategies to set out the key goals and priorities driving the Government's work to improve educational outcomes. The Ministry of Education's Statement of Intent devotes a chapter to each of these outcomes and articulates the outcomes, goals and priorities for the next 5 years. The three key outcomes are:
   a. Effective teaching
   b. Engagement of families and communities
   c. Quality providers

j) The Special Education Policy Guidelines were reviewed in 2005. The Guidelines state the principles which provide the basis for Special Education 2000.

k) In 2002 DEANZ developed a proposal to pull together a group of stakeholders including parents, deaf, professionals and service providers to find ways to implement the Principles of the National Plan. This group, known as the Service Design Group (SDG) produced a Service Matrix which outlines the services and outcomes required at each level (early childhood, primary and high school levels) with the desired educational outcomes for each level. The Service Matrix was 'approved' by the sector during the September 2003 Deaf Education Access Forum.

A Strategic Plan was then prepared which outlined the issues within the sector. It also suggested a series of activities to look into implementing the Service Matrix. In October 2004 the Strategic Plan was presented to Hon. Marian Hobbs, the then Associate Minister for Special Education, and representatives from the offices of Hon. Annette King, Minister for Health and Hon. Ruth Dyson, Minister for Disability Issues. Priorities for action under the strategic plan are early intervention services and national coordination of services.

Ministers have acknowledged the importance of the Ministries of Health and Education working together in responding to the strategic plan, and that they work with the sector on this.

l) In 2008 changes were made to cochlear implant services with the establishment of the NCIT (Northern Cochlear Implant Trust). The region covered by NCIT includes all of the KDEC (Kelston Deaf Education Centre) catchment whereas the SHCT (Southern Hearing Charitable Trust) covers the VADEC (van Asch Deaf Education Centre) catchment. KDEC and THH (The Hearing House) as joint-providers are the contracted habilitation providers to NCIT and VADEC is the contracted habilitation provider to SHCT.

m) The Advance Centre was established in 2004 to assist with the provision of services to deaf students attending tertiary institutions throughout Auckland. It is expected that in the long term, these services will be available to other tertiary institutes throughout New Zealand. The Advanc Centre is now closed

PART 2 – CHILD AND YOUNG PERSON POPULATION AND RESOURCES

INTRODUCTION

1. This section reports on:
    a. The population of deaf and hearing impaired children and young people
    b. The number of specialist educators identified in the data
    c. Other features of the resources currently available

2. Contributors to the census of the population of deaf and hearing impaired children and young people include the National Audiology Centre, Project Hiedi, Group Special Education Advisers on Deaf Children (AODC), Kelston and van Asch Deaf Education Centres and The Hearing House.

3. There were issues with data collection. A number of factors influence the reliability of the available data as in the education sector there is no national system or criteria at present. There has been, over time, significant efforts made to present accurate data.

4. **The establishment of the UNHSEIP database by NSU (National Screening Unit) will be an important source of data for the sector and should help to shape future service delivery.**

5. The data presented in this section should be taken as broadly indicative.

DATA FROM HEALTH SECTOR

New Zealand Deafness Notification Database - National Audiology Centre
January – December 2004

Of the 331 notifications 155 met the criteria for inclusion on this database.

Notification Criteria

Children under 18 years with congenital hearing losses or any hearing loss not remediable by medial or surgical means, and which require hearing aids and/or surgical intervention. They must have an average bilateral hearing loss (over four audiometric frequencies 500-4000Hz), greater than 26dB in the better ear)

Not included are those with:
- Slight loss (<26dB)
- Unilateral loss
- Acquired hearing loss
- Those born overseas

Degree of Hearing Loss

Following the statistics provided by the National Audiology Centre, the estimation of the degree of hearing loss as proportions of the total diagnoses is as follows:

Degree	Percentage
Mild 26-40dB	59
Moderate 41-65dB	29
Severe 66-90dB	7
Profound >95dB	5
Total	100

Table 1

Age of Identification of Hearing Loss

Year	Average (Mo)	Median (mo)	Interquartile range (between 25% and 75%)
2004	45.3	42	19-65
2003	46.1	41.5	16-69
2002	35.1	30	15-58

Table 2

Identification of hearing loss at birth

Table 3 below shows the number of children born in each District Health Board region in 2004.

Newborn Hearing Screening programmes overseas in countries similar to New Zealand have found a prevalence rate of 2-3 per thousand children born with significant permanent hearing loss. This table shows how many children who could be expected to be detected by a Newborn Hearing Screening Programme in each District Health Board each year.

Using the rate of 3 per 1000 it is possible to estimate the number of children that educational and audiological services will have on their caseloads in the 0-17 age range. We can also compare this predicted data with the actual statistics that are available. It is interesting to see the close correlation between the two sets of data. It is likely that using a 3 per 1000 figure some acquired losses will be included. This is explored further in Table 6.

Identification of hearing loss at birth – Estimated Numbers

	Maori	P.I.	Other	Total	Children 2 per 1000	Children 3 per 1000	Estimated number of children 0-17 (calculated as 3 per 1000)
Northland	1164	36	887	2087	4	6	102
Waitemata	1346	899	4892	7137	14	21	357
Auckland	828	1290	4180	6298	13	19	323
Counties Manakau	2264	2413	3246	7923	16	24	408
Waikato	1977	157	2822	4956	10	15	255
Lakes	928	44	687	1659	3	5	85
Bay of Plenty	1251	65	1447	2763	6	8	136
Tairawhiti	498	24	238	760	2	2	34
Hawkes Bay	983	127	1087	2197	4	7	119
Taranaki	449	22	865	1336	3	4	68
Midcentral	729	78	1272	2079	4	6	102
Whanganui	390	16	409	815	2	2	34
Capital & Coast	700	429	2564	3693	7	11	187
Hutt Valley	631	248	1152	2031	4	6	102
Wairarapa	159	14	349	522	1	2	34
Nelson Marlborough	316	47	1260	1623	3	5	85
West Coast	71	0	328	399	1	1	17
Canterbury	1067	227	4768	6062	12	18	306
South Canterbury	86	8	475	569	1	2	34
Otago	313	64	1644	2021	4	6	102
Southland	316	32	1089	1437	3	4	68
Overseas and undefined	54	105	197	356	1	1	17
Total	16520	6345	35858	58723	118	175	2975

Table 3

Using the data from Table 1 & 3 we can estimate the numbers of children born with the various degrees of hearing loss each year (Table 4) and then extrapolate this to the total sector (Table 5). The percentage of those with differing hearing losses varies slightly from year to year.

Degree of Hearing Loss

	2 per 1000	3 per 1000
Mild	70	103
Moderate	34	51
Severe	8	12
Profound	6	9
Total	118	175

Table 4

Total Population Estimates

	2 per 1000	3 per 1000
Mild	1190	1751
Moderate	578	867
Severe	136	204
Profound	120	153
Total	2006	2975

Table 5

Health estimates versus education reported data

Age Groups	Estimated (based on 175 children per year)	Nat Plan 1999	Nat Plan 2003	Nat Plan 2005
0-2	525	?	?	?
3-5	350	199	210	258
5-17	2100	1991	2135	2531
Total	2975	2190	2345	2789

Table 6

If we divide these estimated total figures into age bands we can then compare them with the education sector data. The data shows remarkable consistency between estimated data and figures obtained within the education sector. There is less than 200 difference (186) or 7% difference between reported and estimated figures.

DATA FROM THE DEAF EDUCATION SECTOR

Children and young people population – census 2005

The table below sets out a results of the census of children and young people receiving services carried out in mid 2005. This was compiled as a snapshot exercise where Advisers on Deaf Children and the Deaf Education Centres were invited to submit information on the children and young people in their location.

EC	Early Childhood. Children aged 0-5 years
High Needs	School aged children and young people who have been verified as having ongoing high needs under the Ongoing Reviewable Resourcing Scheme (ORRS).
Very High Needs	School aged children and young people who have been verified as having ongoing very high needs under the ORRS scheme.
Moderate: Ongoing Needs	School aged children and young people who are not verified under the ORRS scheme and receive ongoing support services as required.
Moderate: Assessment only	School aged children and young people who are not verified under the ORRS scheme and receive assessment or other services as required.

Children and young people population – census 2005

AREA	EC	HIGH NEEDS	VERY HIGH NEEDS	MODERATE NEEDS	TOTAL
Tai Tokerau	8	15	8	105	136
Auckland Central	16	14	0	137	167
Auck North Shore	14	7	4	86	111
Auck North West	5	4	0	45	54
Auckland West	19	21	3	106	149
KDEC		59	74	18	151
Manukau	39	22	5	214	280
Waikato	25	36	17	169	247
Bay of Plenty East	11	11	7	65	94
Bay of Plenty West	7	3	2	71	83
Gisborne East Coast	7	2	3	39	51
Central Hawkes Bay	8	6	8	51	73
Central - Palmerston Nth	19	22	11	119	171
Taranaki/Wanganui	6	16	6	88	116
Hutt Wairapapa	13	17	3	118	151
Wellington	8	8	13	98	127
Nelson/Malb/Westland	14	19	7	95	135
Canterbury	33	34	30	226	323
VADEC		23	8	1	32
Otago	2	15	7	45	69
Southland	4	8	4	53	69
Total	258	362	220	1949	**2789**

Table 7

Notes:

1. This census data is likely to be most accurate in the Early Intervention, High Need and Very High Need categories. The lack of consistent criteria means that there are variations between regions in the census information collected in the non verified categories.
2. No Early Childhood children appear in this census as being on the rolls of Kelston and van Asch Deaf Education Centres because they had already been included in the Early Childhood figures for the respective region.
3. A breakdown of the figures according to the boundaries as identified through the Deaf Education Centres show in Table 8.

Breakdown by Deaf Education Centre regions

DEC Region	Total	Percentage
Auckland Northland	1048	37.5
Waikato Bay of Plenty	424	15.2
Central	689	24.7
South	628	22.5

Table 8

Table 9 shows data if the country is divided according to the Ministry of Education's boundaries:

Breakdown by Ministry of Education regions

MOE/GSE Region	Total	Percentage
Northern	1048	37.5
Central North	548	19.8
Central South	565	20.2
Southern	628	22.5

Table 9

4. The greater Auckland region alone has 32.6% of New Zealand's deaf and hearing impaired children and young people

5. Since 1999 when the first census took place there has been an increase of 599 children and young people included in the figures (22%). For the same time period the New Zealand population increased by 7%.

6. The current number (2789) is closer to the figure of 2975 as estimated using the prevalence data as mentioned previously. The close correlation between estimated data and actual data is worth noting. Because of the late age of diagnosis in New Zealand not all preschoolers will be identified even in the 3-5 year age group at present.

7. Other reasons for the increase maybe accounted for by the circumstances in 1999 where there was a change in policy, and a number of children and young people were seen by GSE personnel other than Advisers on Deaf Children at

the time. It was also suggested that those with mild and unilateral losses are now being fitted with hearing aids more frequently than in the past.

8. Regions showing a significant increase of more than 50 children and young people since 1999 include Tai Tokerau (51), Auckland North West (113), Manukau (55), Waikato (52), and Canterbury (145).

9. Regions with a decrease in numbers include Bay of Plenty West (34) and Wellington (41). Both of these regions have lacked audiological services for some years.

Ethnicity

Ethnicity	Deafness Database 2004 (%)	NZ Population 2001 Census Those under 19 (%)
NZ European	42	64.1
Maori	39	19.5
Pacific Island	16	8.9
Asian	3	6.7

Table 10

10. The table shows the ethnicity of children identified to the Deafness Detection Database in 2004 and compares this with the 2001 New Zealand Census Data. In Education, there are no statistics available to show the ethnic composition of all the children captured in the snapshot.

11. The proportion of Maori and Pacific Island children and young people with a hearing loss (55%) is very high when compared with the fact they only form 28.4% of the population.

Deaf and hearing impaired/Blind

12. The Vision Education Agency Database identifies 20 children and young people as Deafblind. This figure is though to be understated as many identified as having multiple disabilities rather than Deafblind or low vision.

Mode of Communication

13. MoE has a number of datasets regarding MoC (Mode of communication). We are aware of the following
    - March 2007 National Plan snapshot of MoC for EI and school aged children – Paula Wise has this data
    - 2008 MoC for DECs who are using NZSL with or without other communication modes – Paula Wise has this data
    - 2009 GSEs database for children under five years within the Auckland Metropolitan area – Christine Miller has this

Children with Additional Difficulties

There appears to be no data on the number of children with additional difficulties. Our experience is that this cohort of children is statistically significant and has an enormous impact on service delivery. Christine Miller's Auckland Metropolitan data may now be recording this data

Children and Young People serviced by Teachers of the Deaf

Children and young people Visited by Resource Teachers	EC	High Need	Very High Need	Moderate/Non ORRS	Total
Northland/Auckland	35	48	18	117	218
Waikato/Bay of Plenty	8	48	12	58	126
KDEC		59	74	18	151
Central	27	48	32	80	187
VADEC		23	8	1	32
South	17	50	44	46	157
Total	87	276	188	320	**871**

Table 11

*** includes 7 currently on the waiting list.**

13. The chart shows the total number of children and young people for each ORRS verification status, and in addition, the figure showing how many of those are visited by Teachers of the Deaf either through the Schools for the Deaf or through their Mainstream setting.

14. From the total of 2789 children and young people in Table 7, 834 (30%) access services from the teacher of the deaf. Children under 3 years generally do not receive services from teachers of the deaf.

15. The remaining 70% (1955) are on the caseload of Advisers on Deaf Children with some requiring minimal contact.

Cochlear Implant

16. Those with a cochlear implant form 6.2% of the current population

Children and Young People with Cochlear Implant	Early Childhood	5 years to leaving school	Total
Northern Cochlear Implant programme	32	85	117
Southern Cochlear Implant Programme	16	66	82
Total	43	130	173

Table 12 Teachers of the Deaf

Teachers	KDEC	VADEC
Base school/class including ORRS teachers	31.59*	11.77
Preschool Teachers	2	2.5
Itinerant/Resource teachers	39.9	56.46
Regional Coordinators	2	2
Total	75.49	81.26

Table 13

*KDEC is required to transfer an additional 3.12 positions to the host schools of the satellite classes.

17. Kelston Deaf Education Centre in Auckland has 151 pupils with 31.59 teachers. Van Asch Deaf Education Centre has 32 pupils and.14.3 teachers.

18. The Preschool/Early Intervention Centres at Kelston and van Asch Deaf Education Centres have 2 and 2.5 teachers respectively.

19. Kelston and Van Asch Deaf Education Centres employ the Resource Teachers of the Deaf in their regions.

Region	Number of students	Number of RTD's
KDEC	333*	39.9
VADEC	334	56.46

Table 14

There are four regions nationally.

20. The Hearing House employs five Auditory-Verbal Therapists and three teachers in their Preschool which is also open for hearing children. The deaf or hearing impaired children are included in the census figures for their respective region. They may be receiving services from other service providers also.

21. There are Advisers on Deaf Children employed by the Ministry of Education Special Education nationally.

Additional teaching and paraprofessional staff

22. ORRS Scheme staffing: based on the entitlement of verified students in the census it is estimated that there are an additional 80.2 FTTE teachers generated nationally. It is not known how this is used.
In addition, it is estimated that there is an additional $5.28m to purchase teacher aide time and additional services for deaf and hearing impaired children and young people. Some of these services may be required for issues other than the child's hearing loss. Additional funds are provided through the Special Education Grant provided to the child's school to meet the needs of those identified as Moderate needs students.

23. Specialist Resource staff are available through the Deaf Education Centres via their Resource contract. In addition, The Hearing House in Auckland provide services to the Early Childhood sector through private funding to those who chose to use Auditory Verbal Therapy with their child.

Specialist Resource Personnel

Specialist Resource Person	KDEC	VADEC	HH	MoE SE
Adviser on Deaf Children		1.4		24.5
Audiologist	1	1		
Auditory Verbal Therapist	2	1	5	
Cochlear Audiologist		2	2	
Cochlear Implant Habilitationists		2		
Counsellor/social worker	1	1	1	
Deaf Mentor/Resource Person	1	3		
Educational Interpreters	4	0		
Hearing Aid Technicians	1	1		
Interpreters/Communicators		1		
Educational Psychologists	Contract	0		
Language Assistant	3	0.8		
NZSL Tutors	3	0		
Resource Centre Librarian	1.5	2		
Resource Centre Computer IT	1	1		
Graphic Artist	1	2		
Archivist	.5			
Early Intervention Teacher				As required
Kai Takawaenga				As required
Occupational Therapist				As required
Physiotherapist				As required
Psychologist				As required
Special Education Adviser				If required
Speech Language Therapist				As required
Specialist Resource Teacher Speech (Speech Language Therapists)	1 + contract	2		
Specialist Resource Teacher Literacy		1.8		
Specialist Resource Teacher Visual		1		
Deaf Resource Coordinator - Language		1		
Curriculum Support – speech language		1		
Curriculum Support – literacy		1		

Table 15

24. This does not include staff employed by the health section or through separate contracts

Residential

25. Residential services are available for students from outside the major urban centres to attend the school for deaf in Auckland or Christchurch.

National Plan 2010

	KDEC	**VADEC**	**Total**
No. beds available	23	20	43
Occupancy	23	17	40 (93%)

Table 16

PART 3 Summary of Principles

This National Plan sets out the aspirations of those involved in the education of deaf and hearing impaired children and young people. The aspirations are set out as 18 principles in the following section. For each principle a number of goals are set out. It will be the task of the Deaf Education Agency (DEANZ) to meet those aspirations and to work towards the achievement of those goals.

Special Education 2000 is the government policy for achieving an inclusive education system that provides learning opportunities of equal quality to all children and young people. The general principles were documented in Special Education Policy Guidelines, 1995. Those principles form the foundation of this Plan and are set out below.

This section summarises the principles of Special Education 2000 and the principles of the National Plan.

Special Education - Principles

1. **Learners with special education needs have the same rights, freedoms and responsibilities as people of the same age who do not have special education needs.**

2. **The primary focus of special education is to meet the individual learning and developmental needs of the learner.**

3. **All learners with identified special education needs have access to a fair share of the available education resources.**

4. **Partnership between parents/caregivers and education providers is essential in overcoming barriers to learning.**

5. **All special education resources are to be used in the most effective and efficient way possible, taking into account parent choice and the needs of the learner.**

6. **A learner's language and culture comprise a vital context for learning and development and must be taken into consideration in planning programmes.**

7. **Learners with special education needs will have access to a seamless education from the time that their needs are identified through to post-school options.**

National Plan - Principles

1. **Deaf children and young people have the same rights and requirements to education as their hearing peers but have distinctive needs.**

2. **All deaf and hearing impaired children and young people have access to an education which meets their individual needs and will promote their being independent children and young people, and self-determining members of society.**

3. **An equitable, cohesive, nationally coordinated education service for all deaf and hearing impaired children and young people is provided in a timely manner from birth to the completion of their school years.**

4. **The education of deaf and hearing impaired children and young people is based on a partnership between children and young people, their families/whanau and those responsible for the provision of services.**

5. **The education of deaf and hearing impaired children and young people is a collaborative effort shared between regular education and special education.**

6. **The family is respected and their right to information, choice and empowerment honoured and that right will be acknowledged in programmes, services and resources for their deaf and hearing impaired children.**

7. **The Deaf community is recognised and respected as a valued partner in the education of deaf and hearing impaired children and young people and in the development of its services. All deaf and hearing impaired children will be able to access New Zealand Sign Language and Deaf Culture. Deaf people are recognised as a natural community of interest and as a cultural resource in relation to deaf and hearing impaired children.**

8. **The status of Maori as Tangata Whenua, as set out in the Treaty of Waitangi, is reflected in programmes, services and resources for deaf and hearing impaired children and young people.**

9. **The multicultural nature of New Zealand society is reflected in programmes, services and resources for deaf and hearing impaired children and young people.**

10. **Deaf and hearing impaired children and young people are identified as early as possible so that they can access specialist services.**

11. **Comprehensive educational assessment services will be coordinated and presented by specialist personnel who are readily available to children**

and their families. Personnel will have appropriate expertise in assessing the needs of deaf and hearing impaired children and young people and will provide data to determine eligibility for, and the nature of, services.

12. **All specialist teachers and specialist educators employed in the education of deaf and hearing impaired children and young people are appropriately qualified, competent in communicating with deaf children and young people, undertake ongoing professional development relevant to the needs of the children and young people.**

13. **All regular classroom teachers and early childhood educators will have knowledge of the nature of hearing loss, acoustics, the basic education needs of deaf and hearing impaired children and young people and awareness of the relevant education services available and how they might be accessed.**

14. **Deaf and hearing impaired children and young people will have access to the New Zealand Curriculum through the provision of appropriate technological devices such as hearing aids, cochlear implants, FM systems, computers and other assistive devices. Learning environments should be adapted to meet the communication needs of Deaf and hearing impaired children.**

15. **Access to Te Whaariki and the New Zealand Curriculum is supported by adaptations to the communications environment, teaching and learning approaches, and curriculum where required.**

16. **The equity and effectiveness of programmes and services for deaf and hearing impaired children and young people is determined through regular monitoring and evaluation.**

17. **Research initiatives are undertaken to inform current practice, identify future trends and to enhance the body of knowledge in the education of deaf and hearing impaired children and young people**

18. **There will be positive collaboration between the Health and Education sector service providers and policy makers.**

PART 4 NATIONAL PLAN PRINCIPLES AND GOALS

PRINCIPLE 1

Deaf children and young people have the same rights and requirements to education as their hearing peers but have distinctive needs.

Goals

1. The goals for deaf children and young people will be the same as those for all other children and young people, that is, the reflection of a holistic, outcomes-based approach to education in accordance with the UN Convention for the Rights of People with Disabilities

2. The particular needs of deaf children and young people will be recognised appropriately and accommodated so that access to Te Whaariki and the New Zealand Curriculum is guaranteed.

3. Deaf children and young people will have the same rights as their hearing peers to receive the education of their choice which best meets their identified needs.

PRINCIPLE 2

All deaf children and young people have access to an education which meets their individual needs and will promote their being independent children and young people and self-determining members of society.

Goals

1. In order to meet the individual needs of all children and young people and to support parental choice, a range of placement opportunities will be available. This may include a special school for deaf children and young people, special units and classes, and inclusion in regular classes with resource teacher and/or other specialist support.

2. Some residential placements will be available for deaf children and young people.

3. Specialist personnel will be available to ensure that parents/whanau are fully informed of all placement opportunities and to facilitate their decision making.

4. The IP (Individual Plan), IFP (Individual Family Plan) or IEP (Individual Education Plan) will ensure that the child and young person's programme meets that individual's/family's needs. Clear learning goals will be written and the child and young person's progress will be evaluated against these goals.

5. Educational, communication and developmental goals and programmes will be based on current researched best practice and reflect the assessed and future needs of each child and young person in all areas of Te Whaariki and/or the New Zealand Curriculum.

6. Opportunities will be provided for children and young people of all ages to meet in various social settings with their peers who are deaf. As well, opportunities will be provided for children and young people to have contact with members of the adult Deaf community.

7. Specialist educators of deaf children and young people will communicate effectively using the child and young person's chosen communication mode.

8. Instruction in the New Zealand Curriculum programmes will address the distinctive needs of children and young people and be assisted by specialist educators of deaf children and young people.

9. Service standards will specify practice guidelines and systems to monitor the implementation of these. Service standards will include guidelines on:

   referral procedures
   service agreements
   assessment
   intervention
   review/evaluation
   documentation
   coordination both internally and externally.

10. Accredited fundholders and alternative service providers will contract for the appropriate education services from service providers who specialise in the education of deaf children and young people.

PRINCIPLE 3

An equitable, cohesive, nationally coordinated education service for all deaf children and young people is provided in a timely manner from birth to the completion of their school years.

Goals

1. Early childhood services that focus on developmental, communication and education needs will be available to deaf children aged from 0 to 5 years throughout New Zealand.

2. There will be planned and coordinated procedures for the educational management of deaf children and young people throughout their early childhood and school years.

3. There will be planned and coordinated procedures for transition periods in the

education of the child and young person, i.e., from home to early childhood centre, starting school, moving from primary to intermediate school, intermediate to secondary and leaving school to participate in the community and/or tertiary education.

4. Collaboration and networking will occur between family/Whanau, Deaf community, service providers, agencies and the communities of interest to ensure the cohesion of services.

5. Guidance services will be available to meet the social and cultural needs of deaf children and young people and their families.

6. The role of specialist personnel will include guidance and support to families and students.

7. Resources will be allocated on the basis of the identified needs of the child and young person and in an equitable manner, irrespective of the location of the child and their family.

PRINCIPLE 4

The education of deaf children and young people is based on a partnership between children and young people, their families/whanau and those responsible for the provision of services.

Goals

1. Policies and procedures will be implemented to ensure the right of all parents to full participation and equal partnership in the education of their children..

2. Parents of deaf children and young people will be acknowledged as their child's prime educator and validation of their knowledge and experience will be evident within the partnership.

3. Partnerships will be developed among children, parents, educators and those responsible for administration that ensure effective communication, mutual respect and the provision of educational services with a child-centred focus.

4. Effective partnership with parents will be evident in all aspects of a child's education, including: identification of education services required; planning and evaluating individual education programmes; decision making; advocating for children and the verification application process for ORRS (the Ongoing Reviewable Resourcing Scheme) referred to by the acronym ORRS.

5. Parents will have access to:

   - regular support in developing communication skills and parenting strategies for their deaf child;
   - regular feedback on their child's progress;

- all documentation relating to the education of their child;
- all available information which enables them to make informed decisions regarding their child's educational placement and programmes, with the right of final choice in the educational placement of their child;
- counselling and support for personal issues relating to their child's hearing impairment;
- other parents of children who are deaf for peer group support; and
- Deaf adults.

6. Educational resources for parents will be created and disseminated, including the following:
    - information on deafness and hearing impairment together with the implications for the education of their child;
    - information on the full array of communication strategies;
    - information on the full array of educational opportunities;
    - a copy of the *National Plan for the Education of Deaf Children and Young People in Aotearoa/New Zealand*;
    - an explanation of the Individual Education Plan (IEP) process, including sample IEPs for deaf children and young people.
    - Interagency network information
    - Information regarding access to parent to parent support.
    - Information on accessing Deaf and HI people

7. Parents' satisfaction levels with the IEP process and educational services will be regularly sampled and documented.

8. The New Zealand Federation for Deaf Children, and other parent organisations, will promote increased collaboration among parents, professionals and government agencies in relation to the unique needs of deaf children.

9. Education programmes for parents will be provided by specialist educators. Parents will contribute to courses for regular and specialist educators.

10. Programmes will be developed that link experienced parents with families/whanau of newly detected deaf children and young people.

11. All programmes of professional development, including teacher training, will include modules specific to developing positive relationships with parents of deaf children or young people.

12. Family-centred conferences will be held which focus on advocacy related to the developmental, communication and educational needs of deaf children and young people.

13. Parents and families/whanau will be involved in strategies to effect attitudinal and societal change.

PRINCIPLE 5

The education of deaf children and young people is a collaborative effort shared between regular education and special education.

Goals

1. A cooperative relationship will be fostered and maintained between regular educators and specialist educators of deaf children and young people in order to produce the best possible outcomes for children.

2. Specialist educators will work collaboratively with the teachers and hearing peers of deaf children and young people, to create a positive awareness of the implications of deafness and hearing impairment. This will promote the establishment of supportive and facilitative environments for learning.

PRINCIPLE 6

The family is respected and their right to information, choice and empowerment honoured and that right will be acknowledged in programmes, services and resources for their deaf and hearing impaired children.

Goals

1. Services and programmes will be planned and implemented in a manner which respects the values, beliefs and practices of the family.

2. Families will be actively encouraged to explore all options.

PRINCIPLE 7

The Deaf community is recognised and respected as a valued partner in the education of deaf and hearing impaired children and young people and in the development of its services. All deaf and hearing impaired children will be able to access New Zealand Sign Language and Deaf Culture. Deaf people are recognised as a natural community of interest and as a cultural resource in relation to deaf and hearing impaired children.

Goals

1. Partnerships will be developed among children, parents, educators and the Deaf community which ensure effective communication, mutual respect and the provision of educational services with a child/family-centred focus.

2. Deaf people will increase the understanding of the unique needs of deaf and

hearing impaired children and young people through promotion and collaboration with parents, professionals, and government agencies.

3. The involvement of deaf people will be sought in the planning and delivery of programmes, services and resources for deaf and hearing impaired children and young people.

4. Programmes will be developed that link experienced members of the Deaf community with families/whanau of deaf and hearing impaired children and young people.

5. Children and young people will have access to New Zealand Sign Language from a young age. Programmes including the New Zealand Sign Language Curriculum, and personnel will be available for families and students.

6. Children and young people will have access to a nationally developed Deaf Studies Curriculum which will be delivered in a way that reflects a partnership between deaf people and hearing professionals.

7. Deaf Awareness programmes will be available to professionals, families and to the children and young people themselves.

8. Members of the Deaf community will contribute to courses for regular and specialist educators.

9. The Deaf community will be involved in strategies to effect attitudinal and societal change.

PRINCIPLE 8

The status of Maori as Tangata Whenua, as set out in the Treaty of Waitangi, is reflected in programmes, services and resources for deaf and hearing impaired children and young people.

Goals

1. Programmes and services for children and young people will reflect a bicultural awareness and the status of Maori as Tangata Whenua.

2. Service providers will work with Maori, including deaf and hearing impaired Maori, to provide appropriate services and to establish the capacity for specialist services to deaf and hearing impaired children and young people to be provided by Maori through the Ka Hikitia strategy.

PRINCIPLE 9

The multicultural nature of New Zealand society is reflected in programmes, services and resources for deaf and hearing impaired children and young people.

Goals

1. Programmes and services for children and young people will reflect the multicultural nature of New Zealand society.

PRINCIPLE 10

Deaf and hearing impaired children and young people are identified as early as possible so that they can access specialist services.

Goals

1. Children and young people who have specialised educational needs because of deafness and hearing impairment will be identified and referred from a variety of sources, upon the approval of parents.
2. The Universal Newborn Hearing Screening and Early Intervention Programme (UNHBSEIP) has been established and is being rolled out over the country.
3. Any referral for developmental, communication and educational services is required to be with parental approval.
4. Parents will have the right to make an independent referral.
5. Children and young people and their families/whanau will be referred to an Advisor on Deaf Children within five working days of detection of a hearing impairment.
6. Parents whose child is deaf or hearing impaired will receive regular updated information.
7. Contact with people from parents groups, cultural groups and the local Deaf Community will be facilitated to support family, whanau and programmes.
8. To facilitate the early referral for specialist detection, there is the need to promote awareness of deafness and hearing impairment among all professional groups working with babies, young children and their families.
9. Materials regarding deaf and hearing impairment and referral procedures will be provided to a wide range of professional groups and to the community, including medical practitioners.
10. Specialist educators of deaf and hearing impaired children and young people will work with early intervention teams, other early childhood service providers and schools to develop effective referral systems.
11. Early childhood facilities and schools will have procedures for identifying and referring deaf and hearing impaired children and young people who may

require special education. Procedures for responding to a referral from a deaf and hearing impaired ongoing screening programme will also be included.

12. The parent mentor service will provided the opportunity to link to other parents.

13. and Deaf adults

PRINCIPLE 11

Comprehensive educational assessment services will be coordinated and presented by specialist personnel who are readily available to children and their families. Personnel will have appropriate expertise in assessing the needs of deaf and hearing impaired children and young people and will provide data to determine eligibility for, and the nature of, services.

Goals

1. Where relevant, there will be cooperation between agencies regarding assessment, in order to avoid unnecessary duplication of assessment.

2. Assessment of children and young people will be conducted in collaboration with parents by cross-disciplinary teams of personnel with at least one person having expertise in the education of deaf and hearing impaired children and young people.

3. The assessment will be comprehensive. All variables will be taken into account in the assessment. Assessment will encompass all areas of the curriculum and include communication and audition on a needs basis.

4. The assessed educational needs of deaf and hearing impaired children and young people will form the foundation for the choice of educational placement, developing the IEP, providing appropriate instruction, services, materials and equipment and developing curriculum and implementation strategies to meet those needs.

5. A national resource bank on the assessment of deaf and hearing impaired children and young people will be developed. The resource bank will:
   - contain a bibliography of resources, articles, books and tools addressing assessment issues;
   - identify exemplary assessment models and components and disseminate information describing them; and
   - establish a national list of providers of assessment.

6. Resources and information will be provided to training programmes in related service areas, such as physiotherapy and occupational and speech language therapy in order to facilitate and encourage the use of cross-disciplinary assessments.

7. Deaf and hearing impaired children and young people who are verified within ORRS or identified as having significant needs will be eligible to receive the

appropriate education services from specialist educators. This entitlement includes children and young people in the early childhood sector.

8. Application for ORRS verification for deaf and hearing impaired children and young people will be made collaboratively by parents and regular and specialist educators, in consultation with other relevant to the child and young person's special education needs.

9. An independent panel of appropriately qualified verifiers, appointed and funded by the Ministry of Education will determine those children and young people eligible for ORRS funding. A comprehensive set of criteria for eligibility will be developed and promoted.

10. Deaf and hearing impaired children and young people with on-going moderate needs will be identified and resourced to ensure equal access to the curriculum and the same learning opportunities as their hearing peers. A comprehensive set of criteria for identifying moderate needs children and young people will be developed and promoted.

PRINCIPLE 12

All specialist teachers and specialist educators employed in the education of deaf and hearing impaired children and young people are appropriately qualified, competent in communicating with deaf and hearing impaired children and young people, and undertake ongoing professional development relevant to the needs of the children and young people.

Goals

1. In conjunction with the Ministry of Education, accurate assessment will be made of the number and educational needs of deaf and hearing impaired children and young people to assist the determination of future educator requirements.

2. Accredited tertiary facilities will prepare a sufficient number of specialist educators of deaf and hearing impaired children and young people to meet personnel needs throughout the country. Emphasis will be given to the needs of Maori deaf and hearing impaired and their families for access to trained specialist educators.

3. In respect of accredited tertiary facilities:
    - courses and papers will be developed in a distance education mode to meet the varying circumstances of educators;
    - the number of students enrolled will not be a determining factor when offering courses in the education of deaf and hearing impaired children and young people;
    - training will relate to the unique needs of children and young people who are deaf and hearing impaired and be planned and reviewed in consultation with the community of interest and professional bodies to ensure it covers a full

range of skills as required by the student.

- opportunities will be provided for experienced teachers in regular education to undertake specialist postgraduate training to work with deaf and hearing impaired children and young people.

4. National standards for the training of specialist educators of deaf and hearing impaired students will be developed. These will be implemented by all relevant training providers.

5. Collaborative planning among special education service providers and teacher training providers will be encouraged to establish and provide professional development programmes.

6. An information base will be developed regarding different designs for training programmes and professional development which include, but are not limited to:
   campus-based courses;
   support groups;
   independent study;
   distance education;
   mentoring programmes.

7. The following training needs will be addressed through strategic planning and the implementation of appropriate courses, some of which are yet to be established:
   - training of qualified, experienced teachers who wish to specialise in the education of deaf and hearing impaired children and young people;
   - ongoing training of practising specialist educators of deaf and hearing impaired children and young people at post graduate level;
   - training for Note-takers, Educational Interpreters, Teacher Aides, New Zealand Sign Language Tutors, , Auditory-Verbal Therapists, Education Support Workers, Cochlear Habilitationists, Residential Caregivers and Deaf Studies Educators (note, these roles are current)
   - training in New Zealand Sign Language will be available for all those working with deaf and hearing impaired children and young people (parents, teachers, teacher aides, deaf resource tutors and other relevant professionals).

8. Graduates from specialist programmes in the education of deaf and hearing impaired children and young people will be proficient and competent in communicating with and facilitating the learning of deaf and hearing impaired children and young people.

9. The specialist skills required by professionals and support staff working with deaf and hearing impaired children and young people will be recognised in appropriate qualifications by the education sector. The development and recognition of appropriate qualifications will need to be addressed.

10. Educators who are employed in specialist positions will have recognised and appropriate specialist qualifications and expertise in the education of deaf and hearing impaired children and young people.

11. Specialist educators working with early childhood students will have qualifications and expertise in both the education of deaf and hearing impaired children and young people and early childhood education.

12. Specialist educators of deaf and hearing impaired children and young people will have knowledge of current policies and practices in regular education.

13. Appropriate ongoing professional development will be undertaken by all practising educators of deaf and hearing impaired children and young people to ensure that all personnel have a high level of expertise. Such groups include regular class teachers, specialist educators, support staff and therapists. For regular class teachers who have a student who is deaf or hearing impaired placed in their class, training should be immediate and support ongoing.

14. In-service training for specialist educators will be ongoing and include input from visiting overseas professionals as well as regular national and international seminars and conferences. This is to ensure that the specialists educators of deaf and hearing impaired children and young people will benefit from ongoing, professional development and collegial support. Appropriate career and support structures will be fostered to encourage the retention of expertise in deaf education.

15. Professional development opportunities will be available for experienced specialist educators to undertake further full-time studies in the education of deaf and hearing impaired children and young people.

16. Information will be disseminated to practising educators and their employers regarding the importance of, and need for, ongoing professional development in relevant areas of study.

17. Guidelines will be developed covering the following areas of professional development of educators:
    - qualifications;
    - in-service training options, e.g., curriculum development, technology;
    - education of children with multiple special needs;
    - education in early childhood development
    - collegial support;
    - access to national and international conferences.

18. Support staff who are employed will be certificated in the support of the education of deaf and hearing impaired children and young people.

PRINCIPLE 13

All regular classroom teachers and early childhood educators will have knowledge of the nature of hearing loss, acoustics, the basic education needs of deaf and hearing impaired children and young people and awareness of the relevant education services available and how they might be accessed.

Goal

1. A generic special education paper will be included in all pre-service teacher education with at least one session taken by people with expertise in the education of deaf and hearing impaired children and young people. In addition, the special education needs of children and young people will be an integral component of all teacher education programmes.

PRINCIPLE 14

Deaf and hearing impaired children and young people will have access to the New Zealand Curriculum through the provision of appropriate technological devices such as hearing aids, cochlear implants, FM systems, computers and other assistive devices. Learning environments should be adapted to meet the communication needs of deaf and hearing impaired children.

Goals

1. Technological resources will be provided to meet the assessed need of deaf and hearing impaired children and young people. Technological resources include hearing aids, cochlear implants, FM systems, sound field systems, computers, subtitled videos/DVD, and other communication tools. Health and Education professionals will work together to ensure that children's equipment needs meet both their audiological and educational requirements

2. Comprehensive technology assessments will be provided for children and young people with equipment needs. During this assessment, and in educational support planning and ongoing delivery, it needs to be recognised that technology will not replace human resources in terms of educational support.

3. Learning environments will be designed to facilitate communication. This means providing environments that enable both good visual and good auditory communication. Particular attention needs to be paid to room layout and acoustics and lighting levels

4. Specialist educators of deaf and hearing impaired children and young people will facilitate access to equipment and will ensure that appropriate and timely training is provided in the use of equipment.

5. Specialist educators of deaf and hearing impaired children and young people will maintain knowledge of developments in equipment technology.

6. Specialised equipment will be maintained by the appropriate agencies and staff and equipment should be maintained in good working order by children and families and the staff working with them.

PRINCIPLE 15

Access to Te Whaariki and the New Zealand Curriculum is supported by adaptations to the communications environment, teaching and learning approaches, and curriculum where required.

Goals

1. Facilities and teaching resources will be designed or modified to enhance the provision of instruction and services to meet the distinctive communication and education needs of deaf and hearing impaired children and young people.

2. Adaptations will be made to the learning environment to provide for access for deaf and hearing impaired children and young people. These may include:
   - a modified environment;
   - adapted teaching and learning approaches; and
   - the use of interpreters or other personnel
   - FM transmitters and other assistive technology

3 An IEP / IFSP will record and monitor these adaptations.

PRINCIPLE 16

The equity and effectiveness of programmes and services for deaf and hearing impaired children and young people is determined through regular monitoring and evaluation.

Goals

1. There will be standards and reporting procedures set for service delivery that will ensure children and young people receive a quality education in a cost effective manner.

2. The equitable allocation and distribution of resources to children and young people and their families will be monitored and reported upon.

PRINCIPLE 17

Research initiatives are undertaken to inform current practice, identify future trends and to enhance the body of knowledge in the education of deaf and hearing impaired children and young people.

Goals

1. Research in the provision of specialist services for deaf and hearing impaired children and young people, including tertiary training, will be carried out.

2. Evaluative research on current programmes and practice, methods of service delivery, teacher preparation programmes and curriculum will be undertaken.

3. Research will be carried out to assess and cost the educational needs of deaf and hearing impaired children and young people.

4. Materials to increase professional knowledge and practices will be disseminated. This will offset the high cost of working in a low incidence population. Dissemination activities include journal articles, conference presentations, marketing efforts, and in-service workshops for educators of deaf and hearing impaired children and young people.

5. There will be liaison with tertiary institutions and/or other agencies conducting research to encourage research into aspects of deaf and hearing impaired education.

PRINCIPLE 18

There will be positive collaboration between the Health and Education sector service providers and policy makers.

1. The roles of both the health and education sectors will be clear.

2. At policy levels, those responsible for service provision to the deaf and hearing impaired will collaborate and formulate complimentary policies

3. Health and educational professionals will communicate and consider all the information to ensure seamless services for the best outcome for the child or young person.

4. Educators will work to enable equitable access to paediatric and educational Audiological services is available to all deaf and hearing impaired children and young people according to a regular best practice schedule.

5. Each sector will inform the other of recent research or developments to ensure that both sectors are aware of recent developments.

Glossary

This Glossary sets out the meanings used in this report for a number of words and phrases. Some of these words and phrases have particular meanings for the Transition Working Group and the Deaf community.

Deaf	In acceptance of the contested nature of the constitution of the term 'deaf' the Group adopted a working definition of deaf that stated : in this document deaf and hearing impaired learners includes those with a range of hearing loss from mild to profound and to those with additional needs.
Deaf community	a group of people who identify themselves as being deaf and those who share the same cultural values.
Deaf culture	The shared and lived interests, language, history, values, art, traditions, life experiences and attitudes of deaf people which make up a way of life.
deaf and hearing impaired	this term is used to include those with a range of hearing loss from mild to profound and including those with additional needs.
Deaf Plus	Children who are deaf and have other disabilities.
New Zealand Sign Language	The natural or native language of the New Zealand Deaf community.
ORRS	Is used to refer to the Ongoing Reviewable Resourcing Scheme
Parents	Includes caregivers and other legal guardians.
Specialist Educators	Teachers or other professionals who work with deaf or hearing impaired learners including: • Advisers of Deaf Children • Auditory-Verbal Therapists • Deaf Resource Tutors • Educational Interpreters • Education Support Workers • Interpreters • Language Assistants • Speech Language Therapists • Teacher Aides • Teachers of the Deaf

People who participated in the Transition Working Party as representatives or as substitutes.

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James Brodie	Specialist Education Services
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Brian Coffey	Specialist Education Services
Tony Davies	Ministry of Education, latterly SES
Judi Devine	NZ Federation for Deaf Children
Christine Druce	Ministry of Education
*Brent Egerton	School Trustees Association
Fiona Fitzpatrick	Ministry of Education
Lynella Furby	Teacher of the Deaf
Fraser Gibbs	Ministry of Education
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Leslie Phillips	Primary School Principal
Neil Pouwels	Adviser on Deaf Children
Keith Scott	NZPPTA
*Eileen Smith	Kelston Deaf Education Centre
*Margaret Trotter	van Asch Deaf Education Centre
Isabel Williams	NZ Federation for Deaf Children
Janet Wilson	Teacher of the Deaf
*Ken Wilson	WEB Research
John Woods	Advisers on Deaf Children Assoc NZ

*Denotes member of the Small Working Group

During the year the following changes were made to membership of the Small Working Group.

- *Warren Williams replaced Alan Bensley
- *Margaret Cooper replaced Sabine Muller
- *Karen Wibley replaced Carole Hicks
- *Ian Cocks replaced Margaret Trotter

Membership of the 2009 review team:
Julie Allan
Jill Taylor
Dyanne Bensley
Juliet Clarke
Val Smith
Rachel Coppage
Lee Bullivant

Report for Review of the Role of the Advisor on Deaf Children

6 September 2011

Reviewer:
Ross Wilson

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Executive Summary

Information on the role of the Advisor on Deaf Children (AODC) was sought from a variety of stakeholders through meetings, individual interviews and questionnaires. A large amount of written material relevant to this review was studied. All the material collected was analysed and education provisions for Deaf and Hearing Impaired (DHI) children and young people identified and listed. Other outcomes sought were achieved including a view that clearer role differentiation between AODC and Resource Teacher Deaf (RTD) in particular, is needed as well as a move of some education provisions from AODC to the Deaf Education Centres (DECs). In particular for those children receiving services from DECs, and over a short time frame, and with careful planning, provision for all school-aged learners by a possible new organisation, created from current thinking around a combined board for the two DECs.

Some work on role clarity needs to be done, and the need for this will be lessened if my recommendations for the focus of AODC work over time, to be in the early years of a DHI child's life

There was a significant degree of consistency in responses to questions asked in discussions and in questionnaires, particularly in the agreement that AODC should remain in the employ of the Ministry of Education and that their greatest contribution to the education of DHI youngsters and their families is in their early years, from birth to 5 years old. AODC gave parents confidence and information, and opened up opportunities for learners and their families.

Recommendations are based on all the things people said and wrote and their analysis, as well as an appreciation of the context in which AODC work and the job they do. Based on analysis of the evidence presented, AODC should remain in the Ministry's employment.

1. Purpose of the review

The purpose was to review the role of the AODC, its current focus, and possible future development. The review considered the context of the range of services and support currently available for children and young people who are Deaf and/or hearing impaired (DHI). The focus is on developing and providing the optimum mix of services to achieve the best educational outcomes for DHI students across New Zealand.

2. Projected outcomes

This report:

- develops a clear view on the overall make-up of educational provision that is needed in the deaf/hearing impaired sector
- identifies changes to the AODC role that would improve services and assist educational achievement for DHI students
- recommends the best employment options for advisors.

2.1 Outcomes sought

- Improved educational and social achievement outcomes for DHI children and young people.
- Well coordinated, consistent, equitable, evidence-based professional services for students and their families.
- High quality professional training and development for all professionals including sharing of professional skills for workers in this low incidence area of disability.
- A clear management and performance infrastructure for service provision.
- Certainty for AODC over future employment arrangements and their roles and working relationships with colleagues.
- Career and training enhancements to ensure continuous improvement and opportunities to develop and share specialist skills and interests.

2.2 Report contents

- Describe the overall make-up of educational provision that is needed in the deaf and hearing impaired sector.
- Identify any changes to the role of AODC that would improve services and assist educational achievement for DHI students
- Suggest options for changes to the role, which may provide greater role definition
- Consider the role of AODC in relation to the role of Resource Teachers of the Deaf (RTD), who are employed by the two deaf education centres; and the other specialists and support that is available for DHI students
- Consider the role of AODC in the broader context of developments in the deaf education sector
- Recommend the best employment options for AODC.

3. Project background

In the early 1960s AODC positions were established to provide specialist advice and guidance to families and educational professionals on audiological, communication and educational needs of deaf children. They were employed by the two Schools for the Deaf which were under the direct control of the Department of Education (as it was then known). They became part of each school's outreach services, promoting the inclusion of DHI students in regular early childhood and school settings.

AODC were also well trained to carry out audiological work in a time when audiological services were not widely available through the Health services. As a result of the 1989 New Zealand education reforms, known as Tomorrow's Schools, AODC were employed by the newly formed Crown Entity, the Special Education Service. Within the Special Education Service, AODC were based with, and worked in collaboration with, a range of other special education staff members, all with an itinerating role, and none attached to any particular school.

In the 22 years since Tomorrow's Schools reforms, many changes have taken place across the New Zealand education system in general and across special education, and in the education of deaf children and young people in particular. The system in place in 1989 was different in a number of ways to what we have now:

- The schools for deaf have become Deaf Education Centres (DECs) and provide specific resources nationally to Deaf students with high and very high needs, particularly those who have been verified under the Ongoing Resourcing Scheme (ORS). Teaching resources provided through the DECs include Resource Teachers of the deaf (RTD).
- When employed in the two schools for deaf, AODC occupied relatively senior positions and provided professional leadership and some management of other staff members. AODC were invariably experienced and qualified teachers of the deaf who had acquired further qualifications and experience to equip them for this role. Since their removal from the DECs, the DECs have created their own infrastructure to provide these management and leadership functions.
- Most DHI youngsters now attend their local schools and receive itinerant services from RTD and/ or AODC. There are some 'satellite classes' for students enrolled at the two DECs, but no school age students currently attend the base campus of the Kelston and only a few attend the van Asch base campus.
- There has been a much greater emphasis on the early detection and education of young DHI children – from birth upwards; recognising the ages and stages of early language development, the overwhelming contribution of the family to this, and the need to establish good foundations so that learning takes place at the same time as for the deaf child's peer group.

The role of the AODC has been considered in relation to RTD who are employed by the two DECs and the range of other specialists and supports available for DHI students.

4. Current developments in education of the Deaf and hearing impaired

- A 2010 Review of Deaf Education, undertaken in conjunction with the Review of Special Education , considered the role of the two DECs and how those schools could best work together to achieve a national strategy for deaf education. The boards of the two DECs are consulting with each other about the possibility of combining both boards to assist the development of a national strategy for deaf

education. A greater number of submissions to this review favoured the option of one organisation providing comprehensive services to all DHI children across NZ.

- The role of New Zealand Sign Language (NZSL) and how best to promulgate its use and availability to appropriate Deaf students and other students remains unresolved amongst key stakeholders in the sector, and as an important, yet unrealised goal, following legislative confirmation of NZSL as an official language of New Zealand.
- The United Nations Convention on the Rights of Disabled Persons and the New Zealand Disability Strategy affirm that Deaf culture and the acquisition of NZSL mean that Deaf students should be provided with opportunities to learn together.
- The Universal New Born Hearing Screening (UNBHS) Programme has been developed collaboratively with the Ministry of Health. This seeks to identify DHI infants as soon as possible after birth. More work needs to be done to ensure that implementation is consistent and that there is a consistent way of monitoring and evaluating the outcomes of this programme. AODC have become heavily involved in this project.

  There is an expectation that more DHI youngsters will be identified at birth and this will require more AODC working in early intervention. In anticipation of this, financial resources have been obtained and funding distributed to Ministry of Education districts for the employment of additional specialist staff, including AODC. Some of these are still to be appointed. Work has been carried out within the Ministry of Education on developing protocols and a manual for follow-up early intervention work for this identified group of youngsters.

  The "Success for All – Every School, Every Child" policy will, in 2012, aggregate specialist teacher resourcing, and probably in 2013, teacher's aide funding. Rather than specialist teacher resourcing going directly to the school where the DHI child is enrolled, it will be allocated directly to the DECs for ORS students who are verified as deaf or hearing impaired and enrolled at the DEC. This will achieve a more integrated service approach to Deaf students and enable access to a wider range of service and support options. The aggregating resources project is likely to impact on the work of the AODC who currently provide advice to Ministry of Education colleagues on the allocation of these resources.

5. Related issues

- Recent advances in assistive technology for DHI learners have significantly changed the outlook for education success for these youngsters. There are resulting requirements for increased specialist teaching and for specialisation within the AODC group, which is already greatly valued for its knowledge and skills in this area.
- There is variability across the country in how the AODC interface with the DECs and their services to DHI students and their families. The changes for the DECs with the aggregation of sensory resources and a more consistent national approach will impact on the current roles and responsibilities of at least some AODC.
- These developments in Deaf education provide uncertainty for AODC. The recommendations of this review are intended to provide greater certainty of their role within deaf education, even if that might include changes to the role.
- The maintenance of a formal qualification for AODC has been difficult. The low numbers of AODC mean it is difficult for universities to maintain a course and a

specific qualification. This has required the involvement of Australian Universities to provide the papers and qualifications. There are also issues around AODC already in their role but who have not completed this training. The Ministry supports only AODC already employed as advisors, and who are expected to carry out the required duties, to undertake the study.

- The ongoing professional oversight and development of AODC is fragmented. It depends on where the AODC are located as to how they access ongoing development.
- Some Ministry of Education districts currently experience difficulty in filling AODC vacancies. This has resulted, in a small number of cases, in Van Asch Deaf Education Centre employing AODC under the Primary Teachers' Collective Agreement and subcontracting their services to the Ministry.

6. Project constraints

The current issues listed above are related to, but not the subject of this review. However, as required, they have been taken into account in the recommendations arising from this review.

During the course of the review some industrial and cost issues have been raised. These are not considered as part of this review as the Ministry of Education will take responsibility for working through all these issues as a "good employer" and will fulfil all obligations and commitments within the collective employment agreements. The Ministry of Education will work directly with the New Zealand Education Institute (NZEI) which represents most AODC.

Any decisions about, and implementation of, the review's recommendations are the responsibility of the Ministry of Education.

7. Project accountability, monitoring and reporting

The Ministry of Education established a Steering Group of senior Ministry staff to oversee and provide support for the review. The reviewer reported fortnightly to the Ministry contract manager who is the convenor of this group.

8. Review process

Opportunities were given for as wider group of stakeholders as possible to contribute to the review. Face to face meetings were held with groups of parents and many agencies as well as individuals. Three different questionnaires were distributed by email to parents, professional field staff and Ministry of Education managers. Detailed notes were kept of the meetings and interviews. Significant other material, including background papers, official documents, previous submissions regarding Deaf education, job descriptions, and descriptions of services and training courses were worked through. All this information was analysed to inform the recommendations which conclude this report.

9. Sources of information

9.1 Consultations and Meetings

During the nine weeks the consultations covered, a large and diverse group of stakeholders attended meetings and/or were spoken with. Everyone contacted willingly agreed to take part and was very forthcoming with their views on education issues around Deaf children. Meetings were held with the following groups or people:

- Four meetings were held with AODC; in Auckland, Taupo, Wellington and Christchurch, which almost all AODC attended. A separate meeting was held with the three AODC who are employed by Van Asch DEC and seconded to the Ministry of Education. Some service leaders and audiologists also attended at least two of these meetings and one was attended by an NZEI field officer. Four AODC were interviewed on their own, as well as attending the combined meetings. One of these four was interviewed in his capacity as president of the Association of Advisers on Deaf Children.
- Three regional managers of the Ministry of Education Special Education, and some district managers, as well as other managers who had professional responsibilities for study awards and training scholarships, professional practice responsibilities and verification of ORS students.
- The directors of The Hearing House in Auckland and the Southern Hearing Trust in Christchurch, as well as habilitationists from each of those centres.
- The director of Sound Skills.
- Principals, senior managers and RTD employed by both Kelston Deaf Education Centre and van Asch Deaf Education Centre were interviewed separately.
- An NZEI Field Officer with responsibility for special education.
- Senior managers from Phonac NZ Ltd and Oticon NZ.
- The director of Speech Science/Speech Language Therapy at Auckland University.
- Three District Health Board audiologists.
- Two groups of parents, one in Auckland, convened by the Auckland Parents of Deaf Children, and one in Wellington, convened by a parent. These were parents of children who have a range of Deaf or hearing impaired conditions. I also met separately with six parents.
- The director and a board member of Deaf Aotearoa.
- The president and a board member of the New Zealand Federation of Deaf Children.
- The lecturer in the Communication Disorders Department at Canterbury University, responsible for the training course for Resource Teachers of the Deaf.
- The director and the head of Graduate Studies of the RIDBC Renwick Centre, University of Newcastle – by telephone and email.

9.2 Questionnaires

Apart from feedback received at the above meetings, individual audiologists, AODC, managers and some parents completed and returned questionnaires covering aspects of this review. Each covered in depth, issues raised, and in some cases presented alternative

scenarios that they saw as providing better outcomes for learners and their families. Submissions received were from:

- 11 AODC
- 5 audiologists
- 3 parents
- 4 Ministry of Education managers
- 1 Ministry of Health manager
- 1 occupational therapist
- 1 speech-language therapist

9.3 Documentation reviewed

- Job descriptions of AODC and other professionals providing educational services to DHI children
- Administrative documents from various agencies describing their services and processes for service provision
- Outcomes from the Review of Deaf Education
- Universal Newborn Hearing Screening Programme
- Descriptions of current training programmes for AODC and RTD
- Success For All - Every School, Every Child
- Ka Hikitia: Managing for Success: The Māori Education Strategy 2008-2012
- The Ministry of Education Statement of Intent
- The New Zealand Disability Strategy
- The United Nations Convention on the Rights of Disabled Persons
- Cochlear Implant Habilitationist Services Review
- Changing Parameters in Deafness and Deaf Education, Greg Leigh
- The NZEI submission to the review of Deaf Education
- The NZ Federation for Deaf Children submission to the Review of Deaf Education
- Statement of Principle and Accord for the Future from the 2010 Vancouver meeting of the International Congress on Education of the Deaf
- Information from the University of Colorado website on its CHIP programme

10. Results of the review

Note: Quotations are provided to highlight significant issues raised during interviews and meetings.

10.1 Educational provision needed in the Deaf and hearing impaired sector

There was a high level of consistency in the responses from the wide range of people interviewed or who sent in submissions to the reviewer, in identifying the overall make-up of educational provision that is needed in the Deaf and hearing impaired sector. For example,

audiologists had a clear and consistent view of the AODC role which, in most cases, coincided with AODC own views.

To avoid repetition the educational provision identified by respondents as needed is listed under the occupational group consistently indicated by respondents as appropriate for its delivery.

Every respondent agreed that early intervention work (birth to 3 or 5 years) is for AODC, their most important work. This is when early language learning takes place which lays the foundation for DHI youngsters to learn at the same levels and rate as their peer group. This early intervention work includes:

- Early identification follow-up of new born children through the Universal New Born Hearing Screening Programme (in conjunction with audiologists). For AODC this, as in other areas of their work involves access, engagement, assessment and analysis, programme planning and implementation, review and closure.
- Work with families of pre-school deaf children from birth or from when first identified, bringing information, advice and guidance on early language acquisition, the role of family members, deaf education options and opportunities.
- Interpreting and explaining audiograms
- Assisting in describing potential cochlear implant benefits and procedures to families.
- Supporting cochlear implant programmes in conjunction with, or following through from, habilitationists. Support to families for early language acquisition strategies and development.
- Linking and working with other professionals in early intervention teams.
- Assisting in providing counselling services for the DHI and their families – giving emotional support around diagnosis, grief, loss and sorrow.
- Providing information on, assessing for, and fitting, trialling, testing and managing assistive technology, including making ear impressions, liaising with hearing aid companies and keeping abreast of new technological developments.
- Monitoring and advising on listening environments to maximise learning.
- Assisting with the transition of young children into an early childhood facility or into school.
- Advising and recommending children for ORS support prior to school entry and assisting with ORS applications.
- Linking parents of young DHI children (with permission) with each other and putting them touch with other services.

Comment: This early intervention work is generally perceived by most respondents to be carried out very competently, even though sometimes limitations of time and lack of direct teaching of pre-school children by the AODC is seen by some to limit effectiveness. AODC are more cost effective than RTD if they prevent a child from needing the services provided by an RTD. After a DHI child enters an early childhood education centre or school, there was general agreement that the following services are provided by AODC:

- Working with teachers and families of non ORS students, usually referred to as moderately and mildly hearing impaired.

> *"Are AODC taking on kids with less than a moderate hearing loss? With the technology available and with a little help, these kids do well."*
> – technology provider

- A means for the later identification of DHI youngsters not identified in UNBHS.
- Coordinating applications for ORS, Section 9 and assistive listening devices or other equipment as required.
- Advising on and/or recommending applications for ORS support, and assisting with the application.
- Providing information, advice and guidance to mainstream schools for children who have moderate or mild hearing losses.
- Working with families to support them and their DHI child outside the school environment.
- Assisting with the transition of students moving between schools, or leaving formal schooling for further education, training and work.
- Providing links to counselling, psychological support, speech-language therapy, occupational therapy and physiotherapy services
- Providing information on, assessing for, and fitting, trialling, testing and managing assistive technology, including making ear impressions.
- Training, providing information on types of hearing loss (including measuring hearing loss), assistive equipment and providing on-going information and training to school staff on hearing aid maintenance and use, and information about hearing loss to DHI student's classmates.
- Coordinating audiology appointments and hearing aid fitting and communicating results to RTD, if RTD involved.
- Assessing hearing levels (audiometry) particularly, but not exclusively, in rural (remote) areas.
- Monitoring and advising on listening environments to promote maximum learning.

A snapshot of Waikato AODC caseloads taken on 30 June 2011 shows, under separate categories, the number of learners AODC were actively working with, and the number of annual referrals:

	Number on caseload	Number of annual referrals
Universal Newborn Hearing Screening Programme	23	8
Early Intervention	18	8
Ongoing Resourcing Scheme	26	3
Moderate	78	40
Auditory Processing Disorder	2	3

Comment: With one or two exceptions, all AODC showed a consistency of responses and accepted the above as their responsibilities, as did those of their immediate service managers. The Northern Region AODC, supported by the Regional Practice and Implementation Team, has recently developed a *Model of Practice – Moderate Hearing Impairment Service* with the intention that it be approved by the Northern Region Management Team for wider use throughout NZ.

Overall , responses from the range of people interviewed, or who sent in submissions, including RTD themselves, were consistent in their thinking about other educational provisions needed for DHI and saw the following as the role of the resource teacher deaf (RTD):

- Teaching DHI youngsters language and literacy in mainstream classes, satellite classes, the base school at VADEC, and in early intervention centres.
- Providing for the learning of, and using, NZSL.
- Teaching provision for learning and using aural/oral language.
- Teaching students who benefit most from learning alongside their deaf peers.
- Providing immersion courses or day classes for special learning purposes – this provision could be further developed.
- Working with mainstream school personnel and the student each week; testing functioning and quality of listening devices and when necessary, processing for repair.
- Providing guidance and advice to mainstream schools, students and their families to maximise their understanding and use of the equipment.
- Assisting with audiology appointments with family and school to increase student attendance, assisting with Frequency Management systems (FM) funding application process, implementing classroom FM trials & providing feedback to AODC and audiologist.
- Providing information and training to school staff on types of hearing loss (including measurement), implications for learning, use and maintenance of assistive equipment and in-class presentations to DHI student's peers.
- Working with youngsters who have had Cochlear Implants and providing guidance to other RTD and families (for RTD specialising in Cochlear Implant habilitation).

10.2 Role of Advisors on Deaf Children, Resource Teachers of the Deaf employed by the two Deaf Education Centres and other specialists

- Advisers were seen, more than RTD, to generally work with a wider range of others. These include: child development teams, speech-language therapists, occupational therapists, physiotherapists, audiologists (private and DHB), ear nose and throat specialists, neurodevelopmental therapists, early intervention teachers, psychologists, kaitakawaenga, plunket, district nurses, ear nurse specialists, social workers in schools, Deaf Education Centres, Resource teachers: learning and behaviour, Child Youth and Family staff, Cochlear Implant Trusts, teachers, teachers' aides, parents, and the hearing aid companies Phonac and Oticon.
- AODC are perceived by most respondents as having more of a community/family focus than RTD. They have a broader understanding of the context in which DHI youngsters and their families find themselves and a greater knowledge of the

options available for the young person's overall development, socially as well as educationally. Some respondents questioned this.

- AODC are seen to work less directly with children and more with linking in with other professionals and working with families.

  "The wider role of the AODC demands wider links, knowledge and working relationships."
  – parent

- The exception to the above was when the AODC had a direct teaching role as a habilitationist for children who have received a cochlear implant.

  "Does the advisory role also include face to face habilitation with child and family?"
  – service provider

- RTD were seen to be more early childhood centre and school focused with education and direct teaching. RTD are more hands-on and work directly with young people rather than with their families.

- RTD work in early childhood centres and classrooms with students formally admitted to their caseload.

  "We really value our advisers; when the AODC and the RTD work together the child makes significant progress"
  – teacher and parent

Areas of services where there are differences of viewpoint

- monitoring and reporting on progress of the DHI child throughout the school system – keeping a 'watching brief'
- some AODC still see themselves as providing professional guidance to RTD, rather than just sharing information
- the use of NZSL by AODC
- AODC role in taking ear mould impressions – some who are trained to do this are happy to do it; others do not see it as part of their role. Audiologists rely on AODC doing this, particularly in rural areas where it saves families having to travel more than once to main centres.
- supporting families of students in mainstream and satellite classes who are receiving a service from an RTD.
- the degree to which the AODC has a advocacy/screening/filtering/gate keeping role.

  "Every AODC has a different job because they work in different offices and have no overall direction – this confuses families."
  – RTD

  "Until the Ministry of Education appoints a skilled (deaf education) professional into a lead practitioner role across the country, then we will continue to see this disparity [in relation to AODC services to cochlear implant recipients]"
  – a professional in the Northern Region in Cochlear Implant Habilitationist Services Review

Recommendation: To provide professional leadership and greater consistency in AODC services, a national lead practitioner position of at least .5 FTE be created, along with four regional lead practitioner positions of at least .2 FTE. These positions should receive additional remuneration as outlined in the relevant Collective Agreements for leadership positions.

Comments on AODC and RTD roles in the teaching and use of NZSL and/or signed supported English

This is still a contentious issue and requires commenting on because it impinges on the roles of AODC and RTD. It is not my intention, nor am I competent, to enter the debate on the respective merits or otherwise of aural/oral and visual communication for DHI children, but only to offer some practical suggestions as to the respective roles of RTD and AODC in this important area.

> *"No single method of communication is going to be appropriate for all deaf children."*
> *– Marschark and Spencer (2003) in Changing Parameters in Deafness and Deaf Education, Leigh, p.37*

Deaf Aotearoa says that it has no issue with Deaf children receiving a cochlear implant. The issue of contention between viewpoints expressed during this review seems to be whether CI children and others for whom aural/oral communication is paramount should also learn to sign.

The two main points in favour of a bilingual approach seem to be:

- Signing reinforces oral language learning and provides an alternative communication means. There is some evidence to suggest that this is so and this is consistent with other second language learning;
- Successful CI recipients remain part of Deaf culture and will need signing to take their full place in this culture.

> *"My deaf son, now in his early 20s and brought up and taught to be a successful oral communicator, thought he might socialise with other deaf young people, but when he went along to a social occasion for Deaf people, felt excluded because he could not communicate with those who used only signing."*
> *– parent*

> *"People get stuck in full signing or full oral – those with both do best. There is a need for options to be given to parents and these could be bilingual options – the deaf child should have access to the Deaf language and culture."*
> – Deaf Association

Points raised in favour of a monolingual approach include:

- Teaching signing alongside an aural/oral approach allows the learner to rely on signing rather than taking the harder route of improving aural/oral skills.

> *"Research says you need to chose one so oral learners don't become visual learners – some children who are multi-handicapped may need both."*
> *– provider of services for DHI children and their families*

- The two approaches to communication are quite different and have quite different teaching requirements which should not be mixed.

> *"...the Ministry does not need to try and integrate the two approaches to deaf education. They are so different that they need to stand independently of each other to be effective, as is commonplace overseas. Each area needs its own specialists, not generalists trying to be all things to all sectors."*
> *– provider of cochlear Implant services*

The United Nations Convention on the Rights of Persons with Disabilities places an obligation on governments to:

> *"enable persons with disabilities to learn life and social development skills to facilitate their full and equal participation in education and as members of the community;" and requires the taking of, "appropriate measures, including......facilitating the learning of sign language and promoting the linguistic identity of the deaf community... and will employ teachers, including teachers with disabilities, who are qualified in sign language... and to train professionals and staff who work at all levels of education."*
> *– Article 24, p17*

New Zealand has taken steps to comply with these requirements by incorporating into training courses for RTD and AODC a requirement to learn NZSL or signed supported English. For RTD undergoing training, part of their course is concerned with developing knowledge of signing as an important communication mode for children and has an expectation that RTD will learn signing, at least to Level 1. This is reinforced by the introduction of a New Zealand Sign Language Allowance in the Primary Teachers Collective Agreement, for RTD, "*...employed in a teaching position for which the ability to teach in NZ sign language...is a prerequisite.*" It follows that all RTD receiving this allowance have the ability to teach in NZSL.

A requirement for AODC to enrol in their Masters level courses has been that they have been a trained teacher of the deaf for at least two years, which assumes that they have knowledge of signing as a means of communication. A prerequisite for enrolling in the compulsory Deafness: Culture and Community course, AODC must have achieved Level 1 competence in NZSL.

Comment: The following statements consider the practical realities of providing for the needs of children learning by different means of communication, and the choices made by their parents.

- RTD have a direct teaching role in assisting learners to access the curriculum and effective communication through one or other mode, or both modes, if this is essential for communication to happen.
- It should be possible for one educational institution (e.g. possibly a newly constituted DEC with a diverse staffing, including those staff who may specialise in a particular area of Deaf education) to provide for a range of learning options within its programmes to meet individual needs. At least those staff members receiving the New Zealand Sign Language Allowance will be competent to provide programmes for which a signing option is appropriate, or is chosen by parents to complement their child's aural/oral approach.

- The current situation where each DEC appears to have its supporters and detractors based on what many respondents perceive as ideological grounds around different language modes, rather than a careful assessment of the individual learning needs of each of its students, should not occur.

  "[name of child] will not need to sign when he has had his cochlear implant operation. He'll be like a fully hearing child."
  – parent

  "I grew up oral and learnt to sign when I was 18. My speech and confidence improved significantly. My deaf daughter learnt to sign before she spoke."
  – Deaf parent

  "Having both languages is an advantage – you need to access both. We all communicate more visually – some CI children learn to sign first – it gives them options."
  – parent

- Most, if not all, signing students are verified under the ORS, and with the aggregation of teaching resources currently under way, should have access to a suitably qualified teacher.

- On the other hand, aural/oral learners may not have ORS support, and because of their apparent competence in language and learning may not have ready access to sign language. Some parent choices may therefore be limited.

  "The continuing diversity of experiences, communication needs, and educational management options among DHI children presents particular challenges for teachers, teacher education, and educational research in the framing of educational placements and programmes."
  – Greg Leigh, Changing parameters in Deafness and Deaf Education (p26)

  "It is important that there is a continuum of services from skilled personnel to serve the varied needs of the deaf population."
  - Cochlear Implant Habilitationist Services Review (p7)

- Access to learning to sign where this is desired for very young children who are not in an early childhood centre or a school, is not as readily available, in comparison to what other language options can be accessed through the Cochlear Implant habilitation programmes. This has been commented upon by a number of respondents.

- Family members wanting their children to sign will need to develop these skills under their own volition with support from the AODC if they are to provide a natural language learning environment for their children to grow up in. If, as is suggested later, AODC take more of a 'hands-on' role in the early years, their fluency in signing for most will need to improve.

- Unless they spend time in the Deaf community or at courses for sign language acquisition, most AODC currently have few opportunities to retain their signing ability. They have a low likelihood of using this medium in the course of their work, "Use it or lose it."

  "Members of Project Heidi and Universal Newborn Hearing Screening teams are predicting that 90% of parents of children

with profound hearing losses will choose cochlear implants once the systems are in place."
– Cochlear Implant Habilitationist Services Review, p.21

Recommendation: AODC continue to have a good knowledge and understanding of the various communication options available to deaf learners and their families and look to maintain their fluency in signing, particularly for their ongoing early intervention work. This will enable them to communicate appropriately with members of families who sign, and assist their work directly with young children in learning and using signing. If this is not possible the use of interpreters or other signing tutors should be considered.

Services agreed as important but seen as lacking sufficient resourcing to satisfactorily provide:

- regular fortnightly access to families of CI learners and more aural/oral language support (including direct teaching support) before the child enters a early childhood education centre at 3 years and after the habilitationist ceases regular work with child.
- identifying, assessing, managing and monitoring needs of mild/moderate hearing impaired children who may represent greatest improvement for least input, particularly when identified as early as possible. Maori and Pasifika are likely to be over-represented in this group – regular timetabled support is seen as necessary for ongoing learning achievement.

  "It is the mildly hearing impaired who are missing out and they may provide the greatest return for least investment."
  – Technology provider.

  "It is the hearing impaired who have a much higher risk; they fall through the cracks."
  – Deaf Association
- culturally appropriate support for Māori learners and their families.
- culturally appropriate support for Pasifika learners and new English language learners and their families.
- services to support transition to further (tertiary) education and training, or employment.
- ongoing monitoring of, and support for, children and young people with a profound hearing loss, and their families, for whom their use of technology affects their ORS eligibility.
- greater access to SLT assessment and services from very early on and throughout formal education.
- Audio Verbal Therapy (AVT) for CI youngsters.

Comment: The increase in AODC numbers by 14.4 FTEs for the CI programme, along with the earlier identification of deafness and hearing impairment should reduce later work required for AODC (and DECs) which means more time available for AODC to carry out their early intervention work.

Services identified as necessary but not available – the gaps:

- provision of deaf mentors
- language/listening assessment and teaching services for auditory processing disorder (APD)
- counsellors for deaf youngsters and their families
- funding for interpreters
- RTD and AODC to keep fluent in their signing
- a seamless transition from the trial of assistive equipment to regular ongoing use when suitability established.

Comment: Deaf Mentors were seen by many respondents as very important for the transmission of Deaf culture and visual language learning in particular. Some RTD said that their abolition was the worst thing that had happened to deaf education over the last few years.

A senior audiologist with a great deal of experience and leadership in deaf education queried that lack of availability of services for Auditory Processing Disorders (APD), which he estimates to effect about 5% of deaf or hearing impaired children.

> *"APD is separated out for separate discriminatory treatment compared to other hearing disorders....separate treatment, or lack of treatment... by virtue of the lesion being a few centimetres away from the cochlear in the brainstem pathways or auditory cortex."*

A technology company claimed that they could provide technology to ameliorate this condition (APD) but there seemed to be some ambiguity around the Ministry's willingness to recognise and cater for this disorder.

One technology company was critical of what it perceived as the tortuous route through which AODC had to go through to trial and then access assistive equipment for DHI youngsters. It believed the trialling and approval for using this equipment should be seamless and simple since the AODC is the key person right through the process.

> *"If it works then let them keep it, rather than wait up to a further six months of precious learning time before they get their permanent equipment" - technology provider".*

Services where there may be overlaps or where there is a lack of clarity about who provides the service:

- instances of double handling of applications for various activities, e.g. dual entry points for services, placement visits
- attendance at, and responsibility for, Individual Education Plan (IEP) meetings.
- support to families and schools where children thought to be moderately or mildly hearing impaired are made known to a visiting RTD or other DEC personnel.
- access by AODC and RTD to information about an individual child from another organisation. There appear to be real issues around this, particularly in the southern North Island and South Island

- clarification around the roles of the specialist resource teacher (VADEC) and advisory services from RTD (KDEC) and AODC.
- ongoing role of the AODC when DHI child is enrolled with, or on the case-load of a DEC
- maintenance of hearing aids and other technology
- both AODC and RTD train and provide information on types of hearing loss (including measurement), assistive equipment and trouble shooting. They also provide ongoing information and training to school staff on hearing aid maintenance , implications of hearing loss, strategies to develop learning and present in-class presentations to DHI students' peers

Comment: As stated earlier there was general agreement around the roles of the various professionals working in deaf education, even though, in some cases, roles have developed to fill perceived gaps. In some cases overlaps have been created spontaneously, rather than through any deliberate strategy.

When the AODC role was first developed they had a much more prominent role in audiometric testing. This was prior to the availability of so many audiologists. Some of the AODC tasks were determined by geographic isolation in a country where low incidence hearing disability was widely dispersed, making itinerant workers less specialised than they are now and 'jacks of all trades' before the advent of the sophisticated technology now available,

As well, AODC were, up until the Tomorrow's Schools reforms of 1989, employed in, and occupied relatively senior positions in the two New Zealand schools for deaf (now DECs). Since their integration in to the Special Education Service in 1989 the DECs have developed their own management and leadership structures to fill the vacuum created by the departure of the AODC, some of whom still believe they have some role in this area.

Recommendation: A more concise, specific job description based on the findings of this review be developed for all AODC, with more emphasis on what they do, as well as how they do it.

Recommendation: The Ministry Resourcing Notice to the DECs be reviewed to ensure that it reflects DEC services identified within this review, including the interface with AODC services; and that the appropriateness of the statement, *"The policy and admission procedures will be reviewed annually by the [DEC] Board of Trustees"* in Appendix 3 be considered.

Comment: The AODC current job description does not clearly delineate between services they provide and those provided by the DECs. This may cause confusion about the respective roles of the RTD and the AODC. Similarly, the Ministry Resourcing Notice to the DECs could have a reference to the work of AODC and how this relates to and complements the work of the DECs.

Recommendation: To clarify the roles of the various parties and to prevent overlaps and misunderstandings about who does what, protocols for working with other professionals be developed in conjunction with those groups. Such protocols should be sufficiently flexible to encompass individual needs and local requirements. They should include agreements on efficient and effective options for sharing information between agencies.

Comment: These would take account of providing for some shared responsibilities in rural areas where the AODC is more available for some things such as taking ear mould impressions and simple audiometric testing. Kelston Deaf Education Centre has developed such a protocol for collaboration between GSE and themselves with aspirational principles for working together, but it lacks specificity as to the actual roles to be carried out by each provider.

10.3 Changes to improve services and educational achievement for Deaf and hearing impaired students

- Despite some apparent inconsistencies in the ways that the two DECs and the AODC work, there is a great deal of common understanding that AODC work with DHI children and young people not on the caseloads of RTD – particularly those under three years of age, those under five not enrolled in an early childhood education facility, those with a moderate disability and to a lesser extent those with a mild disability (most of whom AODC prefer to call non-ORS).
- It is generally accepted that AODC work in early intervention is of most benefit to DHI youngsters for it enables them to progress through school and life on equal terms with their peers. However, if AODC work is restricted to this age group alone, the valuable contributions they make to the development of the later identified DHI learners, particularly those non ORS learners, will need to be met by DECs.

There are some things that can be done to improve matters:

- An acceptance that, "*monitoring of a child's progress is the responsibility of the family, whānau and school.*" – (excerpt from a Model of Practice – Moderate Hearing Impairment Service, referred to above).

> *"The AODC role is not a 'watching' brief – it is the ability to give control back to the family and make the family confident about their role."*
> – an experienced AODC
>
> *"ORS kids in particular do not need on-going support from the AODC – but can be re-referred if necessary."*
> – another experienced AODC

Comment: There were significant differences in views about this and parents in particular valued the oversight they saw AODC providing throughout their child's time in formal education. Being available at all times with an "independent voice" or providing a second opinion about educational options is seen as important by some.

Parents were concerned that, when closing cases, AODC would say, "call me if you need me", many having already made clear how busy their working lives are and how excessive their caseload is. For this reason parents said they felt guilty in calling AODC and felt their need might be less urgent than that of others.

- The school that the DHI child is enrolled at, in collaboration with the parents, is responsible for the child's IEP, not the AODC or the RTD.
- Once the DHI child is accepted on to the caseload of a DEC ,the DEC and the child's school of enrolment, in collaboration with parents, not the AODC, have responsibility for oversight of the child's future learning. This will reduce the need for both an AODC and an RTD to attend IEP meetings. Some parents and AODC

and RTD suggest that AODC bring different sets of information to such meetings, but if this issue is resolved as suggested this will usually not be necessary.

- Where information from an AODC may be needed at an IEP meeting or by another professional it should be possible to use emails in many cases, rather than having to complete more formal reports.
- AODC have no responsibility for the professional development or oversight of DEC staff members. This is the responsibility of the RTD employer. AODC and RTD share their information, knowledge and skills with each other and other professionals, who do the same.

Recommendation: As a first step towards the move of AODC into early childhood services exclusively, AODC should not be responsible for the ongoing monitoring and oversight of a DHI child's progress once the DHI child is on a DEC caseload, or is removed from a AODC caseload. This, along with the IEP process, is the responsibility of the school at which the child is enrolled and the child's parents.

Recommendation 7: As a further move to providing a more complete service for all school aged children and young people, DECs should take on the trialling, installation and maintenance of assistive equipment for students on their caseload thus relieving AODC of this responsibility.

10.4 Options for improving role definition

In relinquishing any responsibility for DHI learners on DEC case loads and no longer having a 'watching brief', the number of children and families AODC are involved with should decrease. This, along with early identification and pre-emptive action in the early years of a child's life would allow more time for their work in early intervention.

It would also seem reasonable and desirable, to develop over time, a new organisation (Option 2 already referred to) which is able to deliver a full range of comprehensive teaching and other services to all school-aged DHI children and young people, including those who are moderately and mildly (non ORS) hearing impaired, as well as to 3 to 5 year olds enrolled in early childhood facilities. Its capacity to do this will be enhanced by earlier interventions, particularly through the UNBHS and CI programmes, which should significantly reduce numbers of older learners needing continuing intensive support.

This would then leave AODC to concentrate on their work in the early intervention area and with the additional AODC coming on-stream through the UNBHS initiative and sound training for all AODC in this work, the learning opportunities and life chances for DHI youngsters will be significantly enhanced.

Below is the conclusion of a cost-benefit analysis commissioned in February 2011 by the Australian agency *First Voice*, on the benefits of early intervention for DHI infants:

> "From a social cost-benefit perspective, early intervention is clearly a worthwhile investment even under stringent assumptions about the flow of future benefits. The argument for additional government funding is however strengthened by the findings of this cost-benefit analysis, and is also strong on equity grounds.

> *The approach taken to quantifying these benefits was extremely conservative. To estimate productivity gains it was assumed that, on average, the early intervention programs generate only one additional year of school attendance, and a 3.4 percentage point increase in labour force participation was attributed to the early intervention programs. For quality of life (disability) an average improvement of 4.8 percentage points was attributed to the early intervention programs.*
>
> *The quantified benefits are as follows:*
> *• Productivity gain / higher incomes ($10,327 per year from age 18 onwards)*
> *• Reduction in disability / better quality of life ($7,829 per year)*
> *• School costs avoided ($2,381 per year from age 6 to 17)*
> *• Likelihood of being in paid work ($2,341 per year from age 18 onwards)*
> *• Injuries avoided ($72 per year on a risk adjusted basis)*
>
> *The present (discounted) value of these benefits is $382,894. The benefit-to-cost ratio (BCR) is therefore 1.9:1 – indicating that a dollar invested produces nearly two dollars of benefits in return."*

In the New Zealand context the message is that, when deciding on priorities for the inevitably limited funding available for any social or educational programme, to achieve best value, as much of the resource as possible should be invested as early as possible (in the child's life). This then has implications for the first priority of AODC work to be in the early childhood sector.

Recommendation: To allow AODC to concentrate on their growing and developing role in early childhood. DECs, or a new provider of services, provide all services for school aged DHI children and young people, including those services currently provided by AODC.

Comment: With the reducing numbers of DHI students needing long term support through UNBHS and effective early intervention work including cochlear implantation, as well as the aggregation of ORS teaching resources, DECs should have the capacity to carry out work with school-aged learners currently performed by AODC. This will require careful planning.

Recommendation: A working group be set up, involving a minimum of two AODC representatives and two DEC representatives, as well as two or three other appropriate people, to plan for the seamless transition of AODC services for school-aged students into the DECs or DEC.

Comment: This recommendation will require careful planning and implementation, including for parents, who will need reassurance that the interests of their children are protected and that, in the first instance, any concerns they have regarding their child's welfare and achievement should be discussed with personnel at the school in which their child is enrolled.

The snapshot of Waikato AODC' caseloads provided in 10.1 above will indicate that this shift in emphasis will require careful planning.

10.5 Role of Advisors on Deaf Children in the broader context of developments in the Deaf education sector

- *A Review of Deaf Education in 2009* considered the role of the two schools (van Asch and Kelston) and how those schools could best work together to achieve a national strategy for deaf education. The boards of those two schools have been asked to consult on the possibility of combining to assist the development of a national strategy on deaf education. The implication of this for AODC has been explored above.
- *The role of New Zealand Sign Language* and how best to promulgate its use and availability to appropriate deaf students and other students remains as an important, yet unrealized goal following legislative confirmation of New Zealand Sign Language as an official language of New Zealand. This has also been explored above.
- *The United Nations Convention on the Rights of Disabled Persons* and the New Zealand Disability Strategy affirm that deaf culture and the acquisition of New Zealand Sign Language means that deaf students should be provided with opportunities to learn together. This has also been explored above.
- *The Universal Newborn Hearing Screening Programme* has been developed collaboratively with the Ministry of Health. AODC have become heavily involved in this project and it is seen as among the most important work they do. A manual prepared by the Ministry to ensure consistency and thoroughness of the approach should be replicated for other areas of AODC work, with a view to achieving greater consistency and effectiveness across a wider range of their work.

There is an expectation that more DHI youngsters will be identified at birth, or shortly after and this will require more AODC working in early intervention. In anticipation of this, financial resources have been obtained and funding distributed to Ministry districts. This should, over time, result in the appointment of two new Speech-language therapists, 5.3 new Early Intervention Teachers and 14.4 new AODC.

Although current results are variable for the UNBHS programme, its effective implementation should reduce the age at which DHI youngsters are first identified and therefore have earlier access to appropriate learning programmes (along with their families). This will shift the major part of AODC' work to an earlier age group, and reducing numbers on traditional DEC caseloads allowing them to provide more comprehensive services to a smaller school-age cohort.

The process, after identification under UNBHS, is an early intervention team approach with the full participation of kaitakawaenga, where appropriate. This provides one indication of where AODC might best be employed.

During this review a number of respondents referred to the Colorado Home Intervention Program (CHIP) for DHI infants and viewed it as a exemplar for NZ practice. It is described as follows:

> *"CHIP is an Early Education Program providing services to children who are deaf or hard of hearing, including children who are deaf/blind, and their families throughout Colorado. This unique program, offered by the Colorado School for the Deaf and the Blind (CSDB), is designed specifically to serve families with children who are deaf or hard of hearing, from newborn to age three, in the secure surroundings of their own homes.*

At the heart of CHIP is the parent facilitator. Working with the family, the parent facilitator designs an individual program that fits both with the family's needs and the child's learning style. The parent facilitator helps family members develop techniques to encourage their child's language development. The program visits take place in the familiar surroundings of the home ensuring the best service possible being provided for both the child and the family.

"The Colorado Home Intervention Programme seeks to be supportive, empower parents/families and provide an unbiased presentation of information, no more "failure" models, value diversity, recognise more than one pathway and make no judgment about the choices families make."
– from website

The Cochlear Implant Programme is associated with, and has similar outcomes as the UNBHS programme. It will involve AODC in more intensive habilitation training (which the CI providers say they are willing to provide) and more direct teaching of pre-school CI recipients, some of which is currently provided through separate contracts with the DECs.

"Children with cochlear implants need support to:
- *Listen,*
- *Acquire communication and language skills,*
- *Develop their cognitive potential'*
- *Access the curriculum appropriate for their stage of development,*
- *Develop their personal self esteem and...age appropriate social skills."*

– Cochlear Implant Habilitation Services Review, p.48

As has been stated in this report, "*90% of parents of children with profound hearing losses are expected to choose cochlear implants once the systems are in place.*" - Cochlear Implant Habilitationist Services Review (p21).

The "Success for All – Every School, Every Child" policy will, in 2012, aggregate specialist teacher resourcing and probably in 2013, teacher's aide funding, allocating directly to the DECs for DHI ORS students. The aggregating resources project will impact on the work of the AODC, who currently provide advice to Ministry of Education colleagues on the allocation of such resources, as well as advice for Section 9 approvals for school students to attend special education facilities.

With DECs managing this resource, and probably further ORS resources into the future, AODC are unlikely to be involved in giving advice on, and supporting, these allocations. If their work focuses on early childhood, they will not be in a position to do so, except on first entry of the child into school, which would be appropriate because of their intimate knowledge of the child's needs.

In at least one region of the Ministry of Education, Section 9 agreements are automatically given to ORS verified students whose needs cannot be reasonably met in their local school. This would seem an efficient approach for all such students. Where a Section 9 agreement is required for any of the very few non-ORS students where this would be appropriate, it would be assumed that the DEC (for school-age) and the AODC for pre-school age, would

have sufficient information for any application to be considered. Some parents were critical of the length of the process and amount of work needed to be considered for a Section 9 agreement.

10.6 Training Issues

The availability of training for AODC has been problematic over the last few years. Changes of providers for other Ministry of Education sponsored special education training courses, and potentially low enrolment numbers by those seeking such courses, have not encouraged sustainable long term planning and provision. The withdrawal of training opportunities for AODC in the early 2000s has been blamed by some as the reason for a downturn in the numbers of well trained AODC. When Auckland University lost their contract for training RTD it appears that its involvement with the Renwick Centre in the training of AODC was no longer viable.

Another factor in recruiting for AODC has clearly been the disparity in working conditions and remuneration between RTD and AODC. Now, it is possible to become an AODC without having first been an RTD and without having appropriate post graduate training to carry out the AODC role. (Written material issued by the Ministry of Education in May 2008 states: *"It is expected that new recruits will have already trained as a teacher and taught for a minimum of two years, and trained as a Teacher of the Deaf and worked in that capacity for a minimum of two years also."*

Although some newer AODC have been appointed to their positions because of other qualifications and experiences they may bring to the job (e.g. trained speech-language therapist) the absence of the prerequisites referred to above represents a downgrading of the specialist skills and knowledge required by AODC, which, from comments made in interviews with a range of stakeholders, are clearly the components of their work that add significant value to good outcomes for families and their children.

> *"The AODC assigned to me didn't know anything – she couldn't help me so I went to the DEC."*
> – parent

> *"The AODC could not give me any information, took me to the DEC and left me with a bunch of signing people and I felt out of my comfort zone."*
> – parent

> *"You must have drawn the short straw; my AODC saved my life – I didn't know what to do and who to turn to when I heard my baby was deaf – she gave me all the information and contacts I needed."*
> – parent

> *"It is clear that those AODC who have been RTD have a much better understanding of the whole area of deaf education and are much better able to support parents than those who have not."*
> – parent and classroom teacher

> *"My AODC put me in touch with other parents. It was great to know that I wasn't alone."*
> – parent

> *"My AODC gave me great support through the cochlear implant process."*
> – parent

Most AODC supported the training offered by the Renwick Centre and the Master of Special Education (Hearing Impaired). While some were critical of one or two specific parts of the course (for example the audiology training), and the order in which some papers were offered, most were pleased with what they learnt, and its applicability to their work. The Director of the Centre indicated that course planners had taken account of any feedback from students and made appropriate changes to course work.

Overall there are a number of factors that work against the recruitment and training of AODC:

- the salary and working conditions for AODC compared to those for RTD (these are covered in the next section of this report)
- some AODC, having completed their advanced training with Ministry of Education sponsorship, have been appointed to RTD positions
- the disjointed nature of how recruitment, the requirement for prerequisites, training and day to day work on the job relate to each other
- the tenuous nature of training opportunities and their relationship to achieving an appropriate salary.

Comment: If someone is appointed to any position before having the qualifications for that position, there should be an absolute right for that employee to be supported by any 'good employer' in gaining those qualifications and for their work as an 'internee' to be supervised by an experienced colleague. From the way the Masters qualification is made available to new recruits *after* appointment it seems there is an assumption that anyone appointed as an AODC is able to do the job without this additional qualification. The incentive to gain the qualification seems to be the opportunity to advance through the salary cap, rather than to be fully trained for the position.

As the employer of AODC the Ministry has a special responsibility for their training, over and above its responsibility for other special education field staff not under its direct employ. On the other hand, AODC have commented positively on the usefulness of the part-time training and its relevance to their day to day work. On-the-job training is seen to be helpful if it is around the AODC caseload. Two things that would be desirable to overcome issues identified with this are:

- the need to encourage more trained RTD into AODC positions through introducing greater incentives to becoming an AODC
- the need for some further advanced study by potential recruits into an AODC position before they take up their position. The Renwick Centre is prepared to offer a Post Graduate Certificate or Diploma in appropriate studies, which could, after additional study, lead to a Masters in Special Education (Hearing Impairment).

> *"Training could be partly done as an RTD then finished as an AODC."*
> – experienced AODC

Recommendation: The relationships between pre-requisites for appointment, recruitment, and minimum qualifications before appointment and training for AODC be reviewed to ensure that AODC have minimum qualifications and experience that justify their appointment; and greater incentives to attract well experienced and qualified recruits to AODC positions be explored.

The situation for AODC training in 2012

The Renwick Centre has an agreement with the Ministry of Education for those AODC currently enrolled in the Master of Special Education degree to complete their degree. However, no new enrolments from AODC for a Masters degree are planned for the 2012 academic year. At this stage it does not seem possible for alternative options for 2012 to be planned and put in place. This lack of suitable training in 2012, particularly when new positions have been made available through the UNBHS programme, will not be helpful in building a strong workforce.
While some fine tuning may be required, the courses offered by the Renwick Centre appear to be academically sound and well received by AODC who have undertaken them. The three courses taught in New Zealand may require some strengthening (from comments received) but are relevant to the work of the AODC and, being of a practical nature, have the advantage of being taught by a well qualified and experienced New Zealand practitioner.

The Director of the Renwick Centre has indicated willingness to visit NZ to discuss any arrangements for 2012, and also to work with a New Zealand University such as Canterbury University, to provide New Zealand content for the course, particularly around Deaf culture, including communication modes.

The Teacher of Deaf training course co-ordinator at Canterbury University has expressed an interest in providing further post graduate studies in deaf education, following through from the Post Graduate Diploma in Special Education, but there are current issues around low numbers of potential enrolments and the availability of appropriately qualified teaching staff to make such a programme viable. The Renwick Centre courses do not have these impediments.

> *"Training through Renwick is marvellous; half study and half work is a good idea as your work informs what you are learning, and vice versa."*
> *– an AODC*

However, the door should not be closed to having AODC training in NZ, as a natural follow-on from RTD training and to create a research culture in New Zealand in Deaf Studies and Deaf Education.

Recommendation: That discussions be held with the Renwick Centre with a view to providing an opportunity in 2012 for study towards a Post Graduate Certificate or Diploma in Special Education endorsed in Hearing Impairment, leading to further study towards a Master of Special Education (Hearing Impairment) for AODC after appointment and for trained RTD wishing to become an AODC, as well as for all AODC who do not already have this qualification or its equivalent.

Comment: Ministry sponsored study towards a certificate or diploma as a pre-requisite for RTD wishing to become an AODC would be an incentive for RTD to improve their professional knowledge and to become AODC.

Content of Training courses: Content priorities that need to be included in AODC training as a result of advice given in meetings, interviews and submissions to this review, coincide with courses currently offered by the Renwick Centre, and should be available in any alternative proposal for the training of AODC. Areas of importance, as identified in meetings, interviews and submissions, include the following:

- early language acquisition for DHI infants
- working with families from first diagnosis, including training in counselling parents
- early intervention programming
- advanced audiology
- advanced technology
- cultural differences in ethnicity and disability.

The above topics could be part of a Post Graduate Certificate or Diploma in Hearing Impairment (or similar) taken as a prerequisite to employment as an AODC, with the following for further study leading to a Masters degree.

- advanced studies in language learning for DHI youngsters
- auditory verbal therapy
- auditory processing disorder
- a supervised dissertation or thesis equivalent to four papers on an area of current concern or interest in the education of DHI learners.

Some more direct 'on the job' training may, and should, take place outside a formal academic course:

- technical skills – working with hearing aid companies*
- taking ear mould impressions – working with an audiologist
- signing – as a separate course to gain various levels of certification
- training with the early intervention team was seen as very valuable
- self-reflection to help AODC to identify and evaluate their own approach to their work
- problem solving skills
- more consistent systematic training and support in CI habilitation. The Hearing House and Southern Hearing Trust have stated their willingness to provide this training.

The Ministry of Education (as employer) is seen by AODC to be very supportive with training opportunities – the Practice and Implementation Team may organise these and there are very good resources available. However, there was criticism of the lack of opportunities for AODC to meet together to address common needs specific to their discipline

> *"An ongoing training programme is considered essential for all providers of habilitation."*
> – Cochlear Implant Habilitationist Services Review, p.23

* *Note*: The two Hearing Aid companies met with believe that the specific training they provide for AODC about new products and in more general courses dealing with deafness and technology, are useful for AODC (a view shared by AODC). However, there appear to be some restrictions by the Ministry on AODC accessing such courses – perhaps due to a

potential conflict of interest. The DECs may not take the same approach and this has been advanced as one (small) reason why AODC should be employed by DECs, rather than the Ministry of Education.

10.7 Problems in attracting, retaining and remunerating AODC

There have been ongoing difficulties in attracting experienced teachers of the deaf, the minimum desired requirement, into AODC positions. Some parents and professionals state that AODC who have been RTD appear to have a better understanding of the issues around deaf education and have a better overview of the options available, than those who have not been RTD. Some RTD have been AODC and prefer the working conditions and salaries offered by the DECs.

There is a feeling by some AODC that the new opportunities to make a difference in a DHI child's early years and the variety of work offered have made AODC work more attractive.

Salaries and conditions of work for AODC are no longer covered by the same Collective Agreement (CA) as RTD and it is difficult to equate levels of responsibility except with issues of parity with other field staff employed by the Ministry. This is a problem when the ideal recruit into an AODC position is an experienced and trained RTD.

Another issue is that there is likely to be a loss of salary for an RTD with some years of experience, but not having completed a Masters degree in Special Education, before being employed by the Ministry and becoming eligible for Ministry sponsorship i.e. already being paid at a level on the Primary Teachers Collective above the step 10 cap on the Ministry Field Staff Collective Agreement A salary scale.

AODC have an entitlement of five weeks leave each year, with a reasonable amount of flexibility when leave can be taken, and with the possibility, subject to approval, of anticipating up to 20 days from future entitlement, and of carrying over unused leave from one year to another. As well, AODC have the advantage of additional days leave on public holidays which, for RTD, may fall within school holidays. RTD leave entitlement encompasses the time when their school is, "officially closed for instruction", subject to the requirement of being called back for administrative purposes for up to 10 days per year. I estimate that RTD have a minimum leave entitlement of eight weeks plus public holidays that fall outside school holidays. I have assumed that weekly hours of work should, in practice, be set out in the respective collective agreements and be similar.

Many AODC state that salaries and conditions are not an issue for them personally. They enjoy their work, are attracted to the opportunity to undertake Masters level study with Ministry sponsorship which provides financial and time support. They enjoy the flexibility around their leave arrangements, prefer the working conditions offered by the Ministry, and salary increases, if sought, can be accessed by seeking promotion into more senior roles within the Ministry. As shown above, there are no significant differences in conditions and salaries except for someone wanting more holidays.

However, recruiting and, to a lesser extent, retaining AODC remain issues for the future sustainability of AODC service. Some Ministry districts have experienced difficulties. A continuation of the current arrangement where RTD are seconded to the Ministry with their teaching conditions intact, including the payment of the 'triple R' allowance (Recruitment, Retention, Responsibility) by van Asch DEC, creates inequities in the treatment of employees carrying out similar roles and supports the continuation of ad hoc practices that work against the retention of a skilled, knowledgeable, experienced and cohesive group of advisers.

Other work conditions of AODC may be unattractive to potential recruits into the service. No RTD interviewed expressed an interest in becoming AODC and in discussion with them, they have raised the following issues:

- a perception that AODC have an excessive work load, a diversity of work requirements beyond one person's capability, and no strong collegial and leadership support around them that understands the specific learning and developmental requirements of deaf children.
- as well, employees of the DECs claim they have better access to their 'tools of trade' – vehicles, better resources, including more direct relationships with technology companies (e.g. Phonac, Oticon), and less time involved in administrative duties, although a definition of what these duties entail may put a different complexion on this issue.

> *"AODC are at everybody's beck and call and because of work pressures have a high chance of not meeting parent and school expectations."*
> – RTD

> *"RTD do not want to be AODC – it is a thankless task; no consistency, no leadership, a role that doesn't fit into the Ministry, doesn't synergise (sic) with rest of sector, no career structure and they are too scattered."*
> – RTD

But also,

> *"AODC have more flexibility in their work patterns and requirements than RTD; and can respond more quickly."*
> – RTD

Other issues:

- Some RTD have expressed an interest in undertaking the *Masters of Special Education – Endorsed Sensory Disabilities* degree with Ministry support, but are not prepared to be AODC upon completion. It appears that some AODC who have undertaken the study with Ministry sponsorship may have then applied for and been appointed to RTD positions.
- AODC need to continue to be available during school holidays as that is when a lot of their work needs to be done. Families and most early childhood centres do not observe school holidays.

10.8 Employment options for AODC

- Most respondents indicated their preference for AODC to remain employed by the Ministry of Education
- All current AODC employed by the Ministry of Education, except for three who clearly stated their preference for employment by a DEC, chose this option. At meetings held with AODC, apart from one of the dissenting three AODC above, no voice was heard opposing the option of continued employment by the Ministry.
- All audiologists who responded, either in writing or at meetings, indicated AODC employment should remain with the Ministry of Education.
- All Ministry of Education managers who responded saw continued employment by the Ministry as the best option for AODC. One Ministry manager had experience of

an AODC being employed by a DEC as meeting local needs in an area where there was difficulty in providing an AODC service.

- All three AODC employed by van Asch DEC stated their preference for being employed by a DEC and the reasons for this.
- The principals and one senior manager of the two DECs felt that AODC could work well within the DECs. The principal who already employed the three AODC contracted back to the Ministry was particularly in favour of this option.
- A senior manager in a DEC thought that it would be difficult to reintegrate AODC into the DECs, which now had their own arrangements covering areas formerly covered by AODC.
- The parent group as a whole, while seeing some logic in keeping all services for deaf children together, thought that AODC should continue to be employed by the Ministry.
- The speech -language therapist and occupational therapist who responded in writing supported ongoing employment of AODC by the Ministry, as did various professional colleagues of AODC who attended meetings held with AODC.
- Many respondents from across the groups, who were aware that probable changes to the DECs are in the pipeline, but are currently unknown, stated that the future shape of the DECs/DEC may affect their preference for where AODC should be employed.

Recommendations made in this section have not been determined by weight of numbers, but by advantages and disadvantages set out in the many thoughtful responses received from, and discussed with, the wide variety of people spoken with and heard from.

Some of the issues raised would be resolved once other changes are made. I have listed the issues that are most significant in arriving at my recommendations on the best employment options for advisers.

Advantages of AODC remaining in the Ministry – listed in order of importance as identified in this review:

1. *Working within a Ministry of Education multi disciplinary team approach, and having fairly ready access to speech-language therapists, early intervention teachers and education support workers, occupational therapists and physiotherapists, kaitakawaenga and psychologists, including intensive behaviour teams. This would include access to Ministry of Education e-files, facilitating whole team sharing of information and access to the Ministry library.*

Comment: This was seen as the most important reason for AODC to remain employed in the Ministry of Education. AODC have significant involvement in early intervention work, including Universal New Born Hearing Screening and work with very young recipients of cochlear implants. Working with the families of other deaf or hearing impaired youngsters for whom delayed language development would result in educational and social handicaps, requires a close, almost day to day working relationship with many of the professionals listed above. Effective work at this early level, where DECs are not currently involved, except for children above three years of age enrolled in an early childhood facility, has been shown to reduce later reliance on more intensive and costly services. Successful work with these children may eliminate the need for more expensive DEC involvement when they get to school. This trend will continue as early intervention work becomes increasingly effective.

A significant number of AODC have referred to the invaluable role that kaitakawaenga play in establishing good relationships with Maori whānau, explaining and providing information about deafness and its effect on learning, and working alongside AODC in their work in supporting DHI Maori youngsters. Maori children have an above average incidence of hearing problems, particularly in the mild and moderate non-ORS category.

2. *Retains wider view of deaf education within an 'inclusive' approach to education and in the context of overall special education provision.*

Comment: A number of respondents see the DECs still presenting an 'exclusive' approach to education, which is contrary to their belief that the Ministry favours a more 'inclusive' approach. Recent policies, including *Success for All – Every School, Every Child,* and the *Aggregation of Resources* programme which provides stronger support for DHI students in mainstream schools, are seen to be encouraging an inclusive approach to education for those youngsters with different needs. Some respondents also thought that the DECs were inflexible in their rather formulaic approaches, based on differing schools of thought around the education of DHI youngsters.

> *"The whole team approach in the Ministry may not be reflected in DECs' early intervention practices. My greatest reservation in moving AODC to DECs is that this would be a move back in time and a narrowing of the role. The deaf child of 2011 is different to the deaf child of the 1990s. Children have changed dramatically and services need to change dramatically."*
> – AODC

However, it needs to be said, that within the barriers being increasingly erected between the DEC and AODC, either consciously or unconsciously, different parties may not be fully aware of recent changes in other parts the sector. Nevertheless, parents referred to different agendas of each DEC, some even complaining that they would prefer their child to be enrolled in one or the other of the DECs because of its particular approach, but were prevented from this happening because of geographic considerations – they lived in the area of one DEC and not their preferred one.

3. *Gives parents unbiased information and advice about options within the education sector for their child, and the services available.*

Comment: Parents expressed a wish for objective information regarding such things as cochlear implants, signing and oral/aural modes of communication, mainstreaming versus satellite class enrolment, the need to involve other professional such as SLTs. They perceived AODC as being in a better position to provide this information and advice than the DECs, which were perceived as having their own interests at heart. They were concerned that, if employed by the DECs, AODC would be 'captured' by the DECs and their current, highly regarded services possibly downgraded in favour of DECs other priorities. There was some comment that AODC also have their biases, although these may be based on what they believe is best for a particular child; professional advice is not value free.

> *"AODC are critical in navigating the minefields [of disparate views]"*
> – a senior audiologist

4. *Ability to influence service developments within MOE and keep deaf education issues upfront in the wider Ministry, as well as having an everyday presence in Ministry of Education networks and a physical closeness to Ministry operations.*

Comment: Many saw the need for AODC to be employed within the Ministry as important to keep deaf education issues and needs in front of Ministry policy and operations management. Some AODC believe that this may not be seen by senior Ministry personnel as of value in the current way that things are managed within the Ministry and the contribution AODC are able make in this area. Regardless of this, the general public and schools have one common point of referral for specialist support for children who may have needs other than, or as well as, deafness, or whose referral for language delay and learning issues, may provide a filtering process resulting in a multi-disciplinary approach to addressing the child's learning and developmental needs.

5. *Service pathways and service standards, as well as performance management processes are well developed within the Ministry of Education*

Comment: I believe this to be true and a strength for AODC operations within the Ministry. However similar service pathways, standards and performance management procedures either exist, or could be developed, for all employees of DECs.

Advantages of AODC moving to DECs – in order of importance

Note: Many respondents said that in view of the current work looking at one board of trustees for the DECs, and other developments that might follow, the future organisation that might evolve, is unknown. Option 2 was the option preferred by the largest number of submissions of the 4 options offered by the Ministry in the 2010 Deaf Education Discussion Paper, and this offers one organisation to replace the two DECs.

1. **A joined up deaf education service with close contact with other deafness education personnel promoting clarity of roles between AODC and RTD service and more flexibility in the way services are provided.**

Comment: This has been the 'perceived wisdom' – all specialist education services to a particular sector group in special education should be provided by one provider, to capitalise on the synergies, skills and knowledge of all those within that sector. There is much merit in this idea. There will always be exceptions in these times of inclusive education when many other professionals bring their attributes to bear on the learning and developmental issues of each learner; including mainstream schools, speech language therapy services, cochlear implant trusts with separate contracts, early intervention teachers.

This would also make more easily possible combining roles of AODC and RTD in smaller rural communities where numbers of DHI youngsters and recruitment difficulties prevent full-time appointments to both. This approach is currently meeting the needs of some difficult to staff areas.

2. **Ability for AODC to influence service developments within the DEC and for DECs to influence AODC service developments.**

Comment: During the review representatives of the DECs were critical of some aspects of AODC work and some AODC were critical of some of the work the DECs. There was a general feeling of distrust between the parties, although some individual one to one relationships between personnel from the different organisations are clearly functional and respectful of each other's role, but appear to depend on the personal connections of the individuals involved.

Such relationships between the various groups are not conducive to achieving positive and confident outcomes for children and their families. Parents detect animosity, may receive

conflicting information and advice, and in at least one case a professional attending a meeting at which various health and education professionals were involved, was embarrassed by the acrimony displayed by an AODC towards some DEC staff members.

Since the *Tomorrows' Schools* reforms, DECs appear to have, to varying degrees, broadened their roles to operate around the margins of AODC responsibilities, particularly in providing advice, as well as within their own brief as set out in their *2011 Resourcing Notice for the Deaf Education Centres.* This may only be an issue when each party is unclear about what the other is doing, and may in fact demonstrate a flexibility that might be even more possible if AODC were employed by the DECs. Appendix 3 of the *Resourcing Notice* set out criteria by which the DECs determine their caseloads and these criteria are not exclusive of criteria that AODC might regard as useful guides for their own work on behalf of students not on a DEC caseload.
Moving AODC to DEC employment might eliminate what appear to be overlapping roles, current professional jealousies, patch protection and role confusion and would require the DEC to manage the roles of all its staff to ensure requirements set out in the Ministry Resourcing Notice were achieved. Clearer job descriptions for AODC and service protocols developed in collaboration with DECs might also serve the same purpose. If, as recommended, AODC work exclusively in the early preschool years from birth to five, role differentiation will become absolutely clear.

3. **A clearer understanding by parents, schools and other professionals about who provides for the learning needs of DHI children and young people including a single source of information about their child's needs and programme.**

Comment: This would be an advantage where the DHI child was enrolled with a DEC. A greater number of DHI youngsters would receive services from a DEC that also employed AODC.

4. **Less professional isolation for AODC, more effective sharing of information between AODC and others working in the DEC, better career advancement opportunities for AODC within the same organisation and within their area of specialist expertise and work interest.**

Comment: This was probably the most common reason given for the employment of AODC by DECs. Current DEC employees view the opportunities for professional development, sharing their skills and knowledge, and keeping abreast of changes in deaf education as being more possible and frequent with a DEC than for AODC in the Ministry. AODC in the Ministry would not necessarily agree with this and valued the opportunities to work with a broader range of colleagues as part of their professional development.

5. **Increased staffing numbers through combining two DECs and AODC provide economies of scale and a greater critical mass that enables some further staff specialisation and release time for special projects and specific action based research.**

Comment: This is self explanatory but suggests that the more staff employed by the one employer provides some ability to fund release time for non-routine activities. As well, with increasingly complex and diverse requirements for particular occupational groups to fulfil, a degree of specialisation is possible, which means others with particular skills and knowledge can be brought to bear on learning issues requiring this – for example in advanced audiology, signing, technology. The Specialist Resource Teachers employed by van Asch DEC are a good example of this, but under the current employment arrangements may infringe on some AODC responsibilities.

6. **Better understanding by an educated management of deaf education professional needs and requirements.**

Comment: This was raised by_professionals already employed by DECs and AODC who thought they should be. Most AODC believe that their immediate managers, their service managers, have a good overall appreciation of their role, even if those in more senior positions do not.

7. **Ability for AODC to access funding from hearing aid and technology companies for deaf.**

Comment: This has been mentioned before and appears to relate to potential conflicts of interest which the Ministry seems more concerned with than the DECs.

8. **Referrals would come direct to AODC stopping unnecessary delays in access to service.**

*Comment:*_Some respondents preferred the idea that assumptions about causes of disability should be checked out at a more general level, i.e. through general referral to a Ministry filtering process, though there was some criticism of the length of time this sometimes took.

9. **Access to enhanced conditions and potentially more flexible application of salaries in the Primary Teachers' Collective Agreement.**

Comment: This may improve recruitment and retention difficulties but it would seem perverse to move AODC into the employment of DECs as the only way of addressing inequities in pay and conditions. Other comments and recommendations regarding exploring incentives to encourage recruitment of AODC are made in an earlier section of this report.

I have not listed the disadvantages of AODC remaining in Ministry or the disadvantages of them moving to DECs. These are the inverse of the advantages set out for each option above.

Other issues

- A few AODC thought that all AODC and RTD should be employed by the Ministry of Education, leaving the DECs as resource centres, providing and maintaining material resources, but having no direct teaching role with children or young people. I felt this option was outside my brief, had significant disadvantages, and was unlikely to be taken up by the Ministry.
- One or two AODC thought that AODC could be employed by the DECs but be housed in Ministry offices with continued access to other Ministry personnel and resources. This is the current arrangement with the three van Asch AODC but would seem to counter the main reasons given for AODC to be employed by DECs, with the exception of the seemingly enhanced salary and conditions that would be available.

Recommendation: In view of their growing and increasingly significant role in early identification and intervention, AODC remain employed by the Ministry of Education.

11. General Discussion

Most discussion has already taken place in my comments throughout this report. Information on the role of AODC was sought from a variety of stakeholders through meetings, individual interviews and questionnaires. A large amount of written material relevant to this review was studied. All the material collected was analysed and education provisions for DHI children and young people identified and listed. Other outcomes sought were achieved and are the subject of comments and recommendations in this report. There was a significant degree of consistency in responses to questions asked in discussions and in questionnaires. Some work on role clarity needs to be done, and the need for this will be lessened if recommendations for the focus of AODC work, being in the early years of a DHI child's life, are implemented.

12. Conclusions

Many of the responses acknowledged the valuable work that AODC carried out, particularly in the early childhood education area, and with the families of very young DHI children. AODC gave parents confidence and information and opened up opportunities for learners and their families.

Responses were overwhelming in favour of AODC remaining in the employ of the Ministry of education for two main reasons; their membership of, and easy access to, early intervention teams and their members. A further significant reason given for AODC to continue employment with the Ministry of Education was the opportunity for parents to obtain what most saw as unbiased advice and support from a professional who understood their needs but was not part of either of the two DECs, with their particular approaches.

Responses in favour of AODC being employed by the DECs centred around a more co-ordinated approach to education services for DHI learners and the support and sharing of professional knowledge, understanding and skills that would be possible with a larger and wider range of personnel working alongside each other.

All participants in this review are passionate about and committed to the matters discussed and submissions were clearly based on sound knowledge and understandings and experience, and a desire to achieve the best educational outcomes for deaf and/or hearing impaired students across New Zealand. In this respect they all share the same agenda. I thank everybody for their thoughtful contributions to issues of complexity and great importance in the lives of DHI youngsters and their families.

I was impressed with the high level of integrity and professionalism shown by all the AODC, both in their everyday work and in their contributions towards this review. They have a vested interest in its outcomes and an understandable nervousness about their future. AODC work is highly respected by other stakeholders in the sector and particularly by parents, who despite raising a few issues about their availability and heavy work load, were overwhelmingly appreciative of the work they do.

Recommendations are based on all the things people said and wrote, and my own analysis, as well as an appreciation of the context in which AODC work and the job they do. On the evidence presented and my analysis of it, AODC should remain within the Ministry of Education employment.

13. Recommendations

Recommendation 1: In view of their growing and increasingly significant role in early identification and intervention, AODC remain employed by the Ministry of Education.

Recommendation 2: To allow AODC to concentrate on their growing and developing role in early childhood, DECs, or a new provider of services, provide all services for school aged DHI children and young people, including those services currently provided by AODC.

Recommendation 3: A working group be set up, involving a minimum of two AODC representatives and two DEC representatives, as well as two or three other appropriate people, to plan for the seamless transition of AODC services for school-aged students into the DECs or DEC.

Recommendation 4: As a first step towards the move of AODC into early childhood education services exclusively, AODC not be responsible for the ongoing monitoring and oversight of a DHI child's progress once the DHI child is on a DEC caseload, or is removed from an AODC caseload. This, along with the IEP process, is the responsibility of the school at which the child is enrolled and the child's parents.

Recommendation 5: As a further move to providing a more complete service for all school aged children and young people, DECs should take on the trialling, installation and maintenance of assistive equipment for students on their caseload, thus relieving AODC of this responsibility.

Recommendation 6: To provide professional leadership and greater consistency in AODC services, a national lead practitioner position of at least .5 FTE be created, along with four regional lead practitioner positions of at least .2 FTE, and these positions receive additional remuneration as provided for in the relevant Collective Agreement for leadership positions.

Recommendation 7: A more concise, specific job description based on the findings of this review be developed for all AODC, with more emphasis on what they do, as well as how they do it.

Recommendation 8: The Ministry Resourcing Notice to the DECs be reviewed to ensure that it reflects DEC services identified within this review, including the interface with AODC services; and that the appropriateness of the statement, *"The policy and admission procedures will be reviewed annually by the [DEC] Board of Trustees"* in Appendix 3 be considered.

Recommendation 9: To clarify the roles of the various parties and to prevent overlaps and misunderstandings about who does what, protocols for working with other professionals be developed in conjunction with those groups. Such protocols should be sufficiently flexible to encompass individual needs and local requirements. They should include agreements on efficient and effective options for sharing information between agencies.

Recommendation 10: The relationships between pre-requisites for appointment, recruitment, and minimum qualifications before appointment and training for AODC be reviewed to ensure that AODC have minimum qualifications and experience that justify their appointment; and greater incentives to attract well experienced and qualified recruits to AODC positions be explored.

Recommendation 11: AODC continue to have a good knowledge and understanding of the various communication options available to deaf learners and their families and look to maintaining their fluency in signing, particularly for their ongoing early intervention work. This will enable them to communicate appropriately with members of families who sign, and assist their work directly with young children in learning and using signing. If this is not possible the use of interpreters or other signing tutors should be considered.

Recommendation 12: That discussions be held with the Renwick Centre with a view to providing an opportunity in 2012 for study towards a Post Graduate Certificate or Diploma in Special Education endorsed in Hearing Impairment, leading to further study towards a Masters of Special Education (Hearing Impairment) for AODC after appointment, for trained RTD wishing to become an AODC, as well as for all AODC who do not already have this qualification or its equivalent.

Ross Wilson
Reviewer
6 September 2011

Responding to the Wilson Report 2011- Services to Deaf and Hard of Hearing Children
National Statement of Direction

25th September 2012

DRAFT

Practice Leader:
Mark Douglas

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Executive Summary

This report is intended to create a context for National Direction for services provision for Deaf and Hard of Hearing Children / Learners with an Early Years focus.
The project that has lead to the development of a National Statement of Direction was commissioned by the Ministry of Education, Special Education in consultation with the Deaf Education Centres, in response to the recommendations outlined in the Ross Wilsons Report 'Report for the Review of Advisers on Deaf Children 2011'

The National Statement of Direction needs to be considered in the context of the range of services and support that is currently available for deaf children and young people, with a focus on developing and providing the optimum mix of services to achieve the best educational outcomes for deaf children and young people across New Zealand.

The National Statement of Direction needs to be considered in the wider contextual changes and developments in Deaf Education including:

- Governance changes to Kelston Deaf Education centre and van Asch Deaf Education Centre with the combining of the two Boards of Trustees.
- The development and introduction of Universal Newborn Hearing Screening in collaboration with the Ministry of Education and the Ministry of Health. Recent advances in assistive technology and the introduction of NHS for deaf learners has significantly changed the outlook for education success for these children. There are resulting requirements for increased intensity and frequency of service provision and increased specialist service provision.
- "Success for All – Every School, Every Child" - aggregating specialist teacher resourcing and teacher aide funding for Deaf and Hard of Hearing ORS Learners to the Deaf Education Centres.

The early stages of the Project involved the gathering of data and stakeholder views on service provision. The information gathered provided the basis for a number of suggested changes to service provision that redefines some of the roles and responsibilities for current service provision. These suggested changes were then shared for consultation with deaf education sector and stakeholders. Information and views gathered from the second round of consultation has informed and shaped the development of the suggested changes for service provision and deployment outlined in this document.

The next steps in this process are to explore the roles and responsibilities of Advisers on Deaf Children and Resource Teachers of the Deaf in two pilots in the Waikato District and the Hawkes Bay District in collaboration with the Deaf Education Centres and develop a Framework for Collaboration between service providers that will provide guidelines for these pilots. The suggested changes to the roles and responsibilities are outline on page 10 of this document.

1. Purpose of the National Statement of Direction

The National Statement of Direction has been produced to represent the outcomes of the project work "Responding to the Wilson Report 2011 – Services to Deaf and Hard of Hearing Children.' The aim of the project work was to identify agreed recommendations from the 'Wilson Report for Review of the Role of the Advisor on Deaf Children 2011' and provide a strategy in collaboration with the Deaf Education Sector to explore those recommendations. It is envisaged that this project will assist in providing well coordinated, consistent, equitable, evidence based professional services for *deaf students and their families/whanau and will enhance the ability to improve educational and social achievement outcomes for deaf children and young people across New Zealand. The National Statement of Direction aligns with the principles outlined in the "National Plan for the Education of Deaf and Hearing Impaired Children and Young People in Aotearoa New Zealand" in particular principles One, Two and Three:

1. Deaf children and young people have the same rights and requirements to education as their hearing peers but have distinctive needs.
2. All deaf and hearing impaired young people have access to an education which meets their individual needs and will promote their being independent children and young people, and self determining members of society.
3. An equitable, cohesive, nationally coordinated service for all deaf and hearing impaired young people is provided in a timely manner from birth to the completion of their school years.

The National Statement of Direction will provide an overview of project work to date and future directions, it will include:

- Projected outcomes
- Background to the National Statement of Direction
- A summary of the feedback gathered during consultation rounds and suggested directions developed from that feedback
- A summary of the data gathered around current service provision
- The process to develop a 'Framework for Collaboration' for service provision.
- The process for implementation of suggested new directions for service provision across the sector.

The National Statement of Direction needs to be considered in the context of the range of services and support that is currently available for deaf children and young people, with a focus on developing and providing the optimum mix of services to achieve the best educational outcomes for deaf children and young people across New Zealand.

*For the purpose of the National Statement of Direction the term 'deaf' will be used to describe Deaf and Hard of Hearing children and students

2. Projected outcomes

- Improved educational and social achievement outcomes for deaf children and young people.
- Well coordinated, consistent, equable, evidenced based professional services provided for deaf students and their families.
- Developing and providing the optimum mix of services to achieve the best educational outcomes for deaf students across New Zealand
- A clearer role differentiation between Advisors on Deaf Children and Resource Teachers of the Deaf employed by the two Deaf Education Centres (DECs), particularly for those children in mainstream schools receiving service provision from the DECs.
- Develop consistency across the Deaf Education Sector for service provision delivered by Advisors on Deaf Children, Deaf Education Centres and the range of other specialists and supports available for deaf students and their families.
- Develop consistency across the country in the way the MoE (Advisors on Deaf Children) interface with the Deaf Education Centres and the range of other specialists and supports available for deaf students.
- The potential to contribute to a National Outcomes Framework for Deaf and Hard of Hearing Learners

3. Project accountability, monitoring and reporting

The Ministry of Education established a Steering Group of senior Ministry staff to oversee and provide support for the project. The project leader reports bi-monthly to the Ministry to the steering group and fortnightly to the Manager of the MoE professional practice Unit.

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4. Background to the National Statement of Direction

A review of Deaf Education was undertaken in 2010, following on from this review a review of the Role of Advisors on Deaf Children was commissioned in 2011. The National Statement of Direction has been developed in response to suggested recommendations outlined in the Review of the Role of Advisors on Deaf Children, Wilson 2011. From the review two recommendations have been already been implemented:

- AoDC will continue to be employed by the Ministry of Education.
- The establishment of a Lead Practitioner position for AoDC

A further recommendation was made to explore a shift to an Early Years service provision focus for the MoE (AoDC). This recommendation follows the introduction of Newborn Hearing Screening (NHS) to New Zealand and the roll out of NHS nationally. Included in this recommendation was the suggested reassignment of some service provision responsibilities from the MoE (AoDC) to the Deaf Education Centres to allow the MoE (AoDC) to provide a more intensive and frequent service provision for families with children identified with hearing loss through NHS. In response to this recommendation the MoE engaged a Lead Practitioner AoDC to explore a shift to an Early Years focussed service provision.

Wider Contextual Changes and Developments

The development of National Statement of Direction is appropriate at this time and comes as a response to wider contextual changes and developments that are focussed on providing well coordinated, consistent, equitable, evidence based professional services for deaf students and their families/whanau:

- Deaf Education Review - A Review of Deaf Education that was undertaken in conjunction with the Review of Special Education Services in 2010, considered the role of the Deaf Education Centres and how the Deaf Education Centres can best work together to achieve a national strategy for deaf education. The boards of the two Deaf Education Centres are working with the Ministry of Education towards the establishment of a combined Board of Trustees.
- Scoping Report, Evaluating UNHS Outcomes, Fitzgerald 2011. A scoping report on the evaluation of the UNHS and Early Intervention programmes.

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- New Zealand Sign Language – The National Statement of Direction to be considered in relation to the Fitzgerald Report (2010) on the needs on New Zealand Sign Language users in New Zealand. The role of NZ Sign Language and how best to promulgate its use and availability to deaf students and other students remains as an important yet unrealized goal of legislative confirmation of New Zealand Sign as an official language of New Zealand.

- Universal Newborn Hearing Screening - The Universal Newborn Hearing Screening Programme has been developed collaboratively with the Ministry of Health. There is an expectation that more deaf youngsters will be identified at birth and this will require a shift to an Early Years focus for AoDC. Recent advances in assistive technology and the introduction of NHS for deaf learners has significantly changed the outlook for education success for these children. There are resulting requirements for increased intensity and frequency of service provision and increased specialist service provision. More work needs to be done to ensure that the implementation is consistent and that there is a consistent way of monitoring and evaluating the outcomes of this programme. Protocols (Service Model) for AoDC working with this identified group of children have been developed.

- The special education policy “Success for All – Every School, Every Child” announced the aggregation of specialist teacher resource and teacher aide funding for ORS Learners.. This will achieve a more integrated service approach for deaf and hearing impaired students. The ‘aggregating sensory resources project’ impacts on the on the future service provision and work of the AODC.

- The variability across the country in how the MoE (AODC) and the Deaf Education Centres interface has an impact on the provision of services for deaf students and their families. Clarification of the current roles and responsibilities of the Deaf Education Centres and the Ministry of Education (AoDC) will lead to a more consistent approach. There is a need to clarify the roles of the various parties and to prevent unnecessary overlaps and misunderstandings about who does what. Protocols for working with other professionals may be developed in conjunction with those groups. Such protocols should be sufficiently flexible to encompass individual needs and local requirements. They should include agreements on efficient and effective options for sharing information between agencies.

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5. National Database for Deaf and Hard of Hearing Children

It is important that the process for a National Database for Deaf and Hard of Hearing Children is explored to allow service providers to plan and develop resources to meet future service provision demands. The establishment and maintaining of a National Database may provide the opportunity to track and monitor outcomes for Deaf and Hard of Hearing Children from birth to the age of 21. It is envisaged that this data will be shared between MoE and DECs to inform future planning of resourcing in local areas.

6. Establishment of a Framework for Collaboration for Service Providers

A Framework for Collaboration between service providers for Deaf and Hard of Hearing Learners is to be developed to provide and maintain consistent, effective service delivery and accountability for service provision. The Framework will be developed in collaboration with KDEC, VADEC, Northern Cochlear Implant Programme, Southern Cochlear Implant Programme and Ministry of Health.
The Framework for Collaboration may include:

- A deployment framework providing an overview of service provision responsibility for service providers. The overview will cover service provision responsibility for:
    1. Early Years Service 0 to 8 years non ORS (birth to Y3)
    2. Non ORS verified Learners 9 years + (Y4 to Y 13)
    3. ORS verified Learners (verified due to hearing loss)
    4. ORS verified Learners identified with hearing and communication needs (not verified due to hearing loss)

- Practice Frameworks developed by service providers to underpin overview of service provision responsibility. For instance the Ministry of Education has developed:
    1. A Practice Framework for children identified with hearing loss through Newborn Hearing Screening birth to 3 years of age
    2. Early Intervention Practice Framework
    3. A Practice Framework for ORS verified Learners
    4. A Practice Framework for school aged non ORS verified Learners with hearing loss.

- Protocols for the transition of responsibility of service provision between service providers.

- Protocols for the transition of children and students into Early Childhood Centres, into school age facilities and into new facilities.

- Protocols to establish role clarity between service providers (especially where services overlap).
- Protocols outlining the process for the inter-face and liaison between service providers at a governance and operational level.
- Protocols for referral processes including new referrals, re-referrals and referrals between service providers
- Protocols for the aggregation of achievement data to provide evidence of effective service provision

7. Local Level Agreements

Local Level Agreements will be considered and developed collaboratively at District level between service providers. The Local Level Agreements will endeavour to operationalise the agreed Framework for Collaboration protocols whilst reflecting the needs and resources of each individual District. It is intended that Local Level Agreements will be reviewed and amended on a regular basis to provide the opportunity to work towards national consistency.

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8. A summary of suggested directions. Pilots will be conducted to explore the following re- definitions of roles and responsibilities:

- AoDC to have an Early Years focus and increasingly work with babies and children from birth to Y3 at school. An increase in the intensity and frequency of service for children from birth to Y3 at school. Rationale:
    - Foundation years for children are birth to age 8 years.
    - Allows for transition into school
    - Y4 would be the transition year for students
    - Allows time to provide a service for children with mild and unilateral hearing loss.
    - Allows time to identify and provide service provision for Maori and Pasifika families and under represented families

- Deployment shift of responsibility for non ORS students Y4 plus to the DECs.
    - A transition period of three years is set. Each district in collaboration with the DECs would nominate their readiness to move to the new deployment framework.

- DECs take a leadership role in the provision of services to students verified due to hearing loss (aggregated to DECs).
    - MoE provides specialist services on request from DECs and the student's enrolled school to Learners Y1 to Y13 ORS verified (aggregated to the DECs).
    - Protocols are developed to establish processes to access MoE specialist services when and where required with reference to the MoE Complex Needs Practice Framework as a guide.
    - Processes are developed in collaboration with the DECs to establish role clarity and expectations of service provision for AoDC and RTDs for ORS verified students.

- MoE responsible for all new referrals from birth to Y3. Approximately 75% of all new identifications of children with hearing loss. Identification through Newborn Hearing Screening, B4 School Check and screening at School Year One.

- DECs responsible for all new referrals for Learners Y4 to Y13 approximately 25% of all new identifications of children with hearing loss.
    - Late onset of hearing loss
    - Acquired hearing loss
    - Overseas students.

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  - Re – referrals

- MoE responsible for transition and the monitoring and management of assistive technology and equipment for students:
  - From birth to Y3 non ORS

- DECs responsible for transition and the monitoring and management of assistive technology and equipment for students:
  - Y1 to Y13 ORS verified due to hearing loss aggregated to the DECs
  - Y4 to Y13 non ORS students.

- Through a Framework of Collaboration protocols are to be developed in collaboration with the DECs, NCIP, SCIP and Audiology to cover the following areas:
  - Transition of service provision between service providers:
    - Nationally consistent protocols to be established.
    - Then local level protocols to be developed (similar to local level agencies) working towards national consistency.
  - Transition of children / learners into Early Childhood Centres and into Schools.
  - Role clarity and service provision responsibility:
    - Nationally consistent protocols to be established.
    - Then Local Level agreements/Protocols to be developed working towards national consistency.

- A National data base to be established to track and monitor students from birth to 21 years of age and to inform future service provision.

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9. Proposed plan for the implementation of the suggested directions:

- A Draft Framework for Collaboration between service providers for Deaf and Hard of Hearing Learners is to be developed in collaboration with KDEC, VADEC, Northern Cochlear Implant Programme, Southern Cochlear Implant Programme and Ministry of Health by November 2012

- A Draft Framework for Collaboration is sent out to the deaf education sector and stakeholders for comment by the end of November 2012.

- Pilots are established in the Waikato District and the Hawkes Bay District to explore the re- definitions of roles and responsibilities.
    - These two districts have been suggested as they have had Universal Newborn Hearing Screening in place for a significant period of time and have (Waikato in particular) developed models of service provision in response to the demands of Universal Newborn Hearing Screening that have informed and helped shape the suggested directions of the project.
    - A Management Group for the pilots will be established. The Management group will include the Principal of van Asch Deaf Education Centre and the CEO of Kelston Deaf Education Centre and representatives from the MoE Professional Practice Unit.
    - Data has been gathered and will be firmed up to inform the establishment of the pilots.
    - Local Level Agreements/Protocols are established for each District where the Pilots are to be established.
    - Pilots are reviewed in June 2013.

- Review of the Pilots informs further development of the suggested new directions. Following on from the review of the pilots other Districts are identified for the roll out and implementation of the suggested new directions. Roll out across all Districts to be completed by 2015.

- A process is developed for the establishment of a National Database for Deaf and Hard of Hearing Children. This will be developed alongside the development of a Framework for collaboration between service providers.

10. Workforce Development:

Identify professional development and training opportunities to support the deployment shift and the suggested changes with a shift to an Early Years focus.

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Appendix A:
Summary of Project work to date.

To date the following tasks have been completed:

- A Project Plan was developed outlining a consultative process to explore a shift to an Early Years focus. The initial priority of the project was to determine what an Early Years service provision would encompass and how service provision to school aged children might be deployed to allow for a shift to an Early Years focus.
- Key messages from the Project Plan were shared with the Deaf Education sector and stakeholders during an initial consultation process. Feedback was gathered on the key messages and information was gathered to develop an overview of current service provision across the sector.
- An overview of current service provision was developed through preliminary consultation with the sector.
- Data was gathered on current service provision across the Deaf Education Sector for Advisers on Deaf Children and the Deaf Educational Centres Regional services.
- A draft consultation document with suggested changes to allow for a shift to an Early Years focus on service provision and a shift in the deployment of service provision was developed and shared with the sector and stakeholders for feedback.
- Stakeholder meetings were held during July / August 2012 and feedback on the draft consultation document was received.
- Suggested directions for a shift to an Early Years focus were developed in response to the consultation rounds. The suggested directions have been agreed to in principle by the Ministry of Education and Deaf Education Centres.

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Appendix B:
Consultation Process.

Consultation meetings were held initially to share the aims of the project work, to gather feedback on those aims, and to gather an over view of current service provision across the sector. A second round of consultation meetings was held to gather feedback on the 'Draft consultation document' that was distributed for consultation and feedback on the 18th June 2012. A large and diverse group of stakeholders attended meetings or were spoken or provided written feedback on the suggested directions outlined in the consultation document.

Stakeholder Updates' were communicated on a regular basis to the Deaf Education sector and stakeholders.

Meetings were held and feedback was received (verbally and in writing via email) from the following groups and people

- Four meetings were held with AoDC across the country, meetings were held in Auckland, Taupo, Christchurch and one by teleconference with AoDC in the Central South Region. Two additional meetings were held with an AoDC development group which consisted of representatives from each Ministry of Education regions
- The President and board members of the New Zealand Federation of Deaf Children.
- The Director and acting Director of Deaf Aotearoa New Zealand
- The Director of The Hearing House in Auckland and a habilitationist for the Northern Cochlear Implant Programme
- Two representatives of the Southern Cochlear Implant Programme.
- Two District Health Board Audiologists
- The CEO and Regional Coordinators of Kelston Deaf Education Centre
- The Principal and Regional Coordinators of van Asch Deaf Education Centre
- Parent representatives from Wellington
- Parent representatives from Auckland.

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- Auckland Parents of Deaf Children committee
- ENTS from Auckland DHB
- The lecturer in the Communication Disorders Department at Canterbury University, responsible for the training course for Resource Teachers of the Deaf.
- The Head of Graduate Studies of the RIDBC Renwick Centre, University of Newcastle – by telephone and email.
- Managers and Practice Leaders form the Ministry of Education.

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Appendix C ;
Summary of Feedback and suggested directions.

1. AoDC now have an Early Years focus and increasingly work with babies and children up to the age of eight. An increase in the intensity and frequency of service for children 0 to 8.			
Feedback	**Questions raised**	**Solutions**	**Suggested Direction**
General agreement that a move to an Early Years focus for AoDC will provide better outcomes for children identified through Newborn Hearing Screening and children identified later between the ages 0 to 8. Variable feedback re the age of 8 as a transition point. Support for an Early Years focus – (with employment of additional AoDC) Support for a shift to an early years focus however the Framework does not describe how the needs of families wishing to follow a bilingual/bicultural pathway and students communicating through NZSL will be met at school.	Where is the evidence that supports a 0 to 8 service provision is effective practice.	Evidence based practice suggests that Early Intervention will provide better outcomes for children and their families. Allows for service provision with the child and family in the formative years of language and communication development – recognising the ages and stages of language development and the overwhelming contribution of the family to this and the need to establish good foundations for learning. Allows for seamless transition for the child into early childhood and then into school. Provides time (if required) to develop and establish appropriate supports for the school environment Allows for AoDC experience around assistive equipment to be capitalised on during the first three years of schooling	*AoDC to have an Early Years focus and increasingly work with babies and children birth to Y3 at school. An increase in the intensity and frequency of service for children birth to Y3 at school.* • *Birth to 8 years of age to be used as another measure.* ***Rationale:*** • *Foundation years for children are birth to 8 years of age.* • *Allows for transition into school* • *Y4 would be the transition year for students* • *Allows time to provide a service for children with mild and unilateral hearing loss.* • *Allows time to identify and provide service provision for Maori and Pasifika families and under represented families*
A shift to an Early Years focus will allow: Provision of more hours of service delivery per child. Offering a 'different type' of service to our EI population - evidence based best practice, e.g. family baby and toddler group early learning programmes. Training for staff at early childcare facilities, regular assessments. The ability to provide equitable and	Parents value the 'Advocacy role' and neutrality of the AoDC, there is a concern that children 9+ would lose this support.	AoDC role was never intended to be one of 'Advocacy'. Role definition would be established through the development of Protocols with the DECs. Establishment and development of robust	

intensive home based intervention to all children in EI regardless of location. Contributing to and supporting habilitation services for CI children. Providing services to unilateral and mild hearing loss diagnosed babies identified under newborn screening. The ability to 'cope' with peaks in referrals. Possible specialisation of practitioners	In some areas AoDC are under skilled, how will these AoDC be up skilled to deliver an early years programme. Need to consider how to develop and provide service provision for families following a bilingual / bi cultural approach for their children. There is variability in the skill set and capability of AoDC to provide a service which complements the services offered by NCIP & SCIP.	training programmes and professional development opportunities with an Early Years focus. Explore the possibility of the Establishment of Deaf Culture /Community Advisor in each region (similar to Kaitakawaenga) Establish and develop robust training programmes and professional development opportunities with an Early Years focus	

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2. Staff within the country's two Deaf Education Centres now meet the needs of children aged nine and older (who are not verified to receive ORS support).

Feedback	**Questions raised**	**Solutions**	**Suggested Direction**
Overall support for deployment shift of service provision to the DECs.* Note CN District feel that the deployment shift to the DECs may not free up AoDC enough to provide an effective service provision for children identified through NHS.	DECs ability to accommodate deployment shift	Develop a shared understanding of what would be required to operationalise this proposal and - work to understand what the services are now and how they might be provided in future .	*Deployment shift of responsibility for non ORS students Y4 plus to the DECs.* • *A transition period of three years is set. Each district in collaboration with the DECs would nominate their readiness to move to the new deployment framework.* • *A data base to be established to track and monitor students birth to 21 years of age and to inform future service provision.*
Support for a 20% shift of services to the DECs however would require assurance that the DECs will be able to provide effective service provision for this group of students. Providing advice and guidance to families and schools would be seen as a separate role within the DECs and should not detract from the RTD direct teaching role. Otherwise may lead to confusion over the role of the RTD. The protocols and service provision developed for these students and their families should be developed in consultation with stakeholders.	How will a Maori to Maori service provision be provided by DECs for this group of students (cultural profiles) without the equivalent of Kaitakawaenga?	A process developed in collaboration with DECs to provide access to MoE specialist services – SLT, KTW, OT/PT…. for this group of children.	
	How will this impact on the role of the RTD? This is a teaching role not an advisory role – for instance a large percentage of this cohort will require a monitoring role and not a direct teaching role.	Develop a shared understanding of what would be required to operationalise this proposal.	*Explore the possibility of an establishment of a national data base for Deaf and Hard of Hearing Children*
	Parents value the 'Advocacy role' and neutrality of the AoDC, there is a concern that children 9+ would lose this support.	AoDC role was never intended to be one of 'Advocacy'. Role definition would be established through the development of Protocols with the DECs.	

3. AoDCs continue to provide specialist services to children aged 5 to 21 verified to receive ORS support.			
Feedback	**Questions raised**	**Solutions**	**Suggested Direction**
Support for this proposal is variable. There is support to continue to provide access to MoE specialist services, suggestions that access should cease when the child is nine and suggestions for AoDC not to be involved in this area of work. In general parents support the decision for AoDC to continue to provide service provision for ORS verified students 5 to 21. Ensure AoDC have the time, skills to meet the needs of students in this group. Also robust accountability measures to be developed.	Creates an environment where overlaps and gaps in service provision may continue to exist between MoE and DECs. Creates possible confusion for families and schools – who to approach to access services, who is accountable for service provision?	Through the development of protocols between DECs and MoE role clarity and responsibilities can be clarified. Refer to Practice Framework for Complex Needs Students to help develop protocols around accessing MoE specialist services.	*MoE provides specialist services on request to children 5years of age to 21 years of age ORS verified (aggregated to the DECs).* • *DECs take a leadership role in the provision of services to students verified due to hearing loss (aggregated to DECs).* • *MoE continue to hold funding for specialist services and provide MoE specialist services on request* • *Protocols are developed to establish processes to access MoE specialist services when and where required using the IEP process– using Complex Needs Practice Framework as a guide.* • *IEP process and plan may be used to signal need for and to access specialist services.* • *Protocols developed in collaboration with the DECs to establish role clarity and expectations of service provision for AoDC and RTDs.*

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4. The way children and young people who are deaf or hard of hearing are identified, assessed and referred for deaf education services stays the same as it is today.			
Feedback	**Questions raised**	**Solutions**	**Suggested Direction**
Overall feedback was divided. There is support for new referrals to be referred to MoE as is the current situation and support for referrals for students 9+ to be the responsibility of the DECs Referrals might sit with the MoE or DECs as long as referrals processes were established to provide consistency and accountability. The service provider responsible for new referrals will need to provide assessment and support in a timely manner and be accountable for initial service provision in a timely manner.	Maintaining current referral process main be seen as gate keeping by the MoE for the 9+ students.	Current system provides clarity of referral processes for referrers – audiologists, schools and families.	*MoE responsible for all new referrals birth to 8 years of age (year four at school). Approximately 75% of all new identifications of children with hearing loss.* *DECs responsible for all new referrals for students 9 years of age + (Y4 onwards) approximately 25% of all new identifications of children with hearing loss.* - *Late onset of hearing loss* - *Acquired hearing loss* - *Overseas students.* - *Re - referrals*

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5. The role of lead workers responsible for issues such as transition and the monitoring and management of assistive technology and equipment is clarified and made consistent.			
Feedback	**Questions raised**	**Solutions**	**Suggested Direction**
Responsibility for transition and the monitoring and management of assistive technology and equipment for older students (9+) to be the responsibility of the DECs. If responsibility was to be transferred to DECs provision for professional development and up skilling in this area would be required. Whoever is responsible for performing this task will need to - ensure there is communication and collaboration with audiologists before a decision to fit an FM system is made.	May be a need for training and up skilling if responsibility for the transition and the monitoring and management of assistive technology and equipment for older students is transferred to DECs	MoE may provide opportunities for professional development and up skilling in this area – related to MoE processes for trialling and applying for assistive equipment.	*MoE responsible for transition and the monitoring and management of assistive technology and equipment for students:* - *Birth to Y3 at school* *DECs responsible for transition and the monitoring and management of assistive technology and equipment for students:* - *5 years of age to 21 years of age ORS verified due to hearing loss* - *Y4 to Y13 non ORS students.*

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6. The transition to the proposed new framework is carefully managed through the development of detailed protocols and memorandums of understanding. Roles, responsibilities and service levels are clarified through the development of detailed protocols and memorandums of understanding.

Feedback	Questions raised	Solutions	Suggested Direction
Support for protocols to be established with the DECs to ensure that the process for transitions of students to another service provider is- Clear and transparent. Service provision is clearly defined for families and schools. Robust re- referral processes are established. Role clarity and responsibilities are defined where services overlap A national referral form is established to clarify the above process to the referrer. Support for the development of protocols between DECs and MoE to provide clarity, transparency, expectations and accountability for service provision for all students. IEPs are the key mechanism for determining resource need and mix. IEPs are child centric and are utilised across all special needs areas. They, rather than MoUs or protocols, should ultimately govern how the various organisations interact.			*Protocols to be developed in collaboration with the DECs, NCIP, SCIP and Audiology to cover the following areas:* *Transition of service provision between service providers:* - *Nationally consistent protocols to be established.* - *Then local level protocols to be developed (similar to local level agencies) working towards national consistency.* *Role clarity for and service provision responsibility:* - *Nationally consistent protocols to be established.* - *Then local level protocols to be developed (similar to local level agencies) working towards national consistency.*

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Appendix D:
Summary of data gathered and trends identified:

Data was gathered from a number of sources and covering a number of areas:

- A snapshot was taken of the number of children and students on AoDC active casework in April 2012. This data was divided into MoE Districts and included:
    - children identified through Newborn Hearing Screening 0 to 5
    - children not identified through Newborn Hearing Screening 0 to 5
    - non ORS verified school aged students 5 to 8 years of age
    - non ORS verified school aged students 9+ years of age
    - ORS verified students (verified due to hearing loss) 5 to 21
    - ORS verified students (not verified due to hearing loss) 5 to 21
- A snapshot was taken of the number of children and students on Resource Teacher of the Deaf, Specialist Teachers and Part Time Teachers for the Regional Services of the Deaf Education Centres. This data was divided into areas similar to MoE Districts and included:
    - children identified through Newborn Hearing Screening 0 to 5
    - children not identified through Newborn Hearing Screening 0 to 5
    - non ORS verified school aged students 5 to 8 years of age
    - non ORS verified school aged students 9+ years of age
    - ORS verified students (verified due to hearing loss) 5 to 21
    - ORS verified students (not verified due to hearing loss) 5 to 21

A table of the data gathered and summary of that data is provided below.

Snapshot of Adviser on Deaf Children (MoE) and Resource Teacher of the Deaf, Specialist teacher and Part Time Teacher

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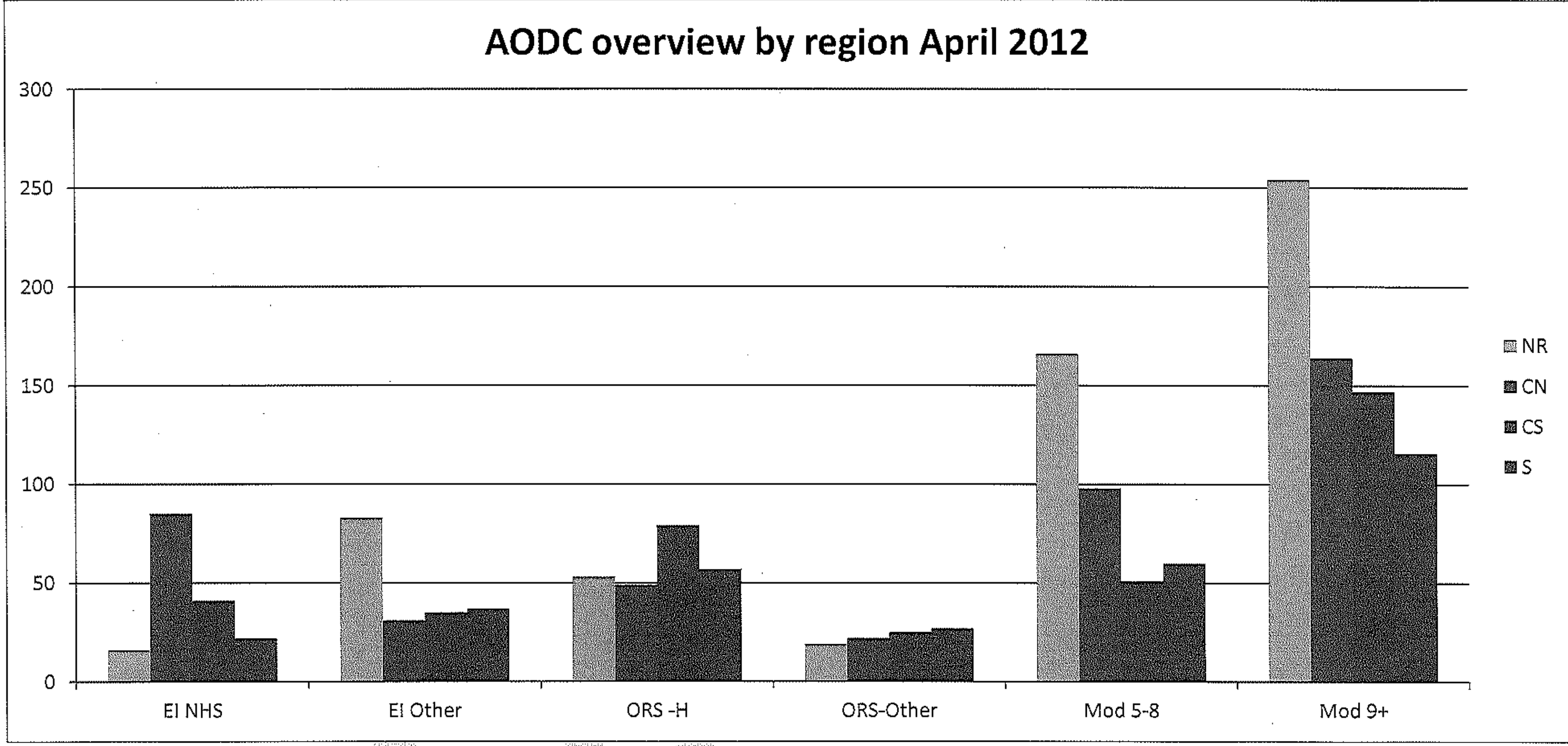
(DECs) .

District	Region	MOE Total NHS	MOE Total EI Other	DECs EI Total	MOE Total ORS (Hrng)	DECs ORS (Hrng) Total	MOE Total ORS Other	DECs ORS Other Total	MOE Total Non ORS (5 to 8)	DECs Non ORS (5 to 8) Total	MOE Total Non ORS (9+)	DECs Non ORS (9+) Total
Northland	**NR**	**2**	**14**	**2**	**8**	**12**	**2**	**1**	**5**	**7**	**9**	**20**
Nth West Ak	**NR**	**2**	**24**	**6**	**17**	**11**	**8**	**1**	**44**	**15**	**92**	**27**
Ak City	**NR**	**5**	**26**	**1**	**12**	**8**	**5**	**1**	**52**	**9**	**61**	**11**
Manukau	**NR**	**7**	**19**	**2**	**16**	**18**	**4**	**2**	**65**	**15**	**92**	**43**
Waikato	**CN**	**43**	**9**	**4**	**19**	**23**	**5**	**0**	**36**	**23**	**39**	**23**
BoP West	**CN**	**12**	**8**	**0**	**9**	**8**	**3**	**1**	**9**	**4**	**23**	**28**
BoP East	**CN**	**2**	**9**	**2**	**10**	**9**	**4**	**0**	**29**	**13**	**40**	**13**
Hawkes Bay	**CN**	**20**	**2**	**6**	**7**	**9**	**8**	**0**	**18**	**8**	**38**	**21**
Gisborne	**CN**	**8**	**3**	**3**	**4**	**6**	**2**	**0**	**6**	**4**	**24**	**6**
Palmerston Nth	**CS**	**11**	**1**	**4**	**20**	**25**	**3**	**0**	**5**	**10**	**15**	**23**
Taranaki	**CS**	**12**	**7**	**5**	**12**	**10**	**6**	**0**	**16**	**1**	**38**	**8**
G Wellington	**CS**	**18**	**27**	**10**	**47**	**28**	**16**	**0**	**30**	**22**	**94**	**25**
Nelson	**S**	**2**	**7**	**3**	**15**	**18**	**13**	**0**	**28**	**14**	**32**	**15**
Canterbury	**S**	**19**	**24**	**9**	**28**	**33**	**11**	**0**	**23**	**6**	**70**	**47**
Otago	**S**	**1**	**6**	**0**	**14**	**14**	**3**	**2**	**9**	**0**	**14**	**5**
Southland	**S**	**2**	**4**	**1**	**10**	**10**	**5**	**0**	**9**	**5**	**13**	**5**
National Totals		**166**	**190**	**58**	**248**	**242**	**98**	**8**	**384**	**156**	**694**	**320**


AODC overview by region April 2012
300
250
200
150
100
50
0
EI NHS
EI Other
ORS -H
ORS-Other
Mod 5-8
Mod 9+
NR
CN
CS
S

The data collected is showing a trend to greater numbers of children identified through Newborn Hearing Screening across the country. This is more prevalent in districts where NHS has been in place for a longer length of time. Data collected for July 2011 compared with data collected April 2012 shows a high percentage increase in the number of NHS children being referred to MoE Districts (the assumption is that these numbers will continue to increase in line with the data collected from the Waikato District.)

July 2011	April 2012
• Waikato July 2011 - 27 children identified through NHS	Waikato April 2012 - 42 children identified through NHS
• Hawkes Bay July 2011 - 10 children identified through NHS	Hawkes Bay April 2012 - 20 children identified through NHS
• Greater Wellington July 2011 - 5 children identified through NHS	Greater Wellington April 2012 - 18 children identified through NHS
• Canterbury July 2011 - 10 children identified through NHS	Canterbury April 2012 - 19 children identified through NHS

It is also important to note that Districts where NHS has yet to 'bed down' are currently not experiencing the demand for service that is being experienced in other Districts where NHS has been in place for a longer length of time. The expectation is that these numbers will rise.

- Districts Tai tokerau (2), Northwest Auckland (2), Auckland City (5), Manukau (7), BoP East (3), Nelson (2) and Otago (1)

Other Districts are starting to experience the demand created by NHS however for most MoE Districts this is still in the initial stages:

- Taranaki 11 children identified through NHS
- Palmerston North 12 children identified through NHS

- BoP West 12 children identified through NHS
- Gisborne 8 children identified through NHS

It is interesting to note that the number of students non ORS 9+ on AoDC active casework at the time of the snapshot was 694. This is the cohort of students that that would become the responsibility of the Deaf education Centres with a deployment shift to the DECs to allow AoDC to provide service provision with an Early Years focus. The number of students non ORS 9+ on the DECs active casework at the time of the snapshot was 320, however the assumption cannot be made that this number is a subset of the 694 students seen by AoDC. To determine the number of students seen by AoDC who are also known to the regional services of the DECs will require identifying each individual student and matching the names of the students from the DECs and the MoE. However it can be assumed that at least 25% of the 694 students known to the MoE will already be receiving a service from the DECs regional service.

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The following information relates to an analysis of data gathered on service provision from AoDC to deaf children/ students during the period 1st July 2010 to 30th June 2011. This data includes the number of children/ students on active casework and the output of hours delivered during that period. Data was gathered in fields similar to the above snapshot:

- children identified through Newborn Hearing Screening 0 to 5 and children not identified through Newborn Hearing Screening 0 to 5. Total number of children on active caseload identified through NHS 67.
  - children 0 to 5 accounted for 34% of service provision provided, the assumption is that this percentage will increase as Newborn Hearing Screening rolls out and beds down across the country (Note – this data was gathered before the national roll out of NHS had been completed.)
- ORS verified students
  - Learners 5 to 21 ORS Verified accounted for 21% of service provision, this included learners verified for ORS due to hearing loss and learners not verified due to hearing loss but were receiving service provision from AoDC due to hearing and communication issues.
- non ORS verified school aged students 5 to 8 years of age
  - Learners 5 to 8 **non** ORS accounted for 23% of service provision, the assumption is that this percentage may decrease overtime as NHS 'beds down' and a greater coverage of NHS is achieved and referrals for children identified through NHS increases.
- non ORS verified school aged students 9+ years of age (the suggestion is that service provision for this cohort of learners would become the responsibility of the Deaf Education Centres)
  - Learners 9 plus **non** ORS accounted for 22% of service provision the assumption is that this percentage may decrease overtime as NHS 'beds down' and a greater coverage of NHS is achieved and referrals for children identified through NHS increases.
  - Approximately 70% of the Learners in this cohort received 0 to 5 hours of service during the one year period 1st July 2010 to 30th June 2011
    - The service provision provided was predominantly a monitoring role, management and maintenance of FM systems and new referrals that had only just started to receive service provision.

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- Approximately 17% of the Learners in this cohort received 6 to 10 hours of service during the one year period 1st July 2010 to 30th June 2011
  - The service provision provided was predominantly a short service provision for learners in many cases transferring to new schools, updating assistive equipment (FM systems) and/or specific learning need identified by the school or family.

- Approximately 13% of the Learners in this cohort received 10+ hours of service during the one year period 1st July 2010 to 30th June 2011.The Learners receiving
  - The service provision provided was predominantly for students with ongoing learning and communication needs, and new referrals for new immigrants, learners with late onset of hearing loss and learners with acquired hearing loss. A large percentage of these learners were already receiving service provision from the Deaf Education Centres Regional Services.

Comparisons between the data gathered during the period 1st July 2010 to 30th June 2011 and the snapshot taken in 2012 indicate some relevant trends.

- Nationally the number of children identified through Newborn Hearing Screening on active caseload for AoDC had increased from 67 to 166; numbers had significantly increased in districts where NHS had been in place for a number of years. Districts where NHS had just rolled did not show a marked rise in numbers however the assumption is that the demand in these areas will be similar to that in the Waikato District and follow the same trend.

- It is also interesting to note that in Districts where NHS has been in place for a longer period of time the numbers of learners on active caseload in the non ORS school aged cohort has reduced. Numbers of non ORS school aged learners in these Districts , Waikato, Hawkes Bay, Taranaki and Bay of Plenty West tends to be lower in comparison to other Districts of similar size where NHS has yet to 'bed down'.

- In some Districts the demand for an increased intensity and frequency of service provision for children identified with hearing loss through NHS has lead to a change in service provision practice for older non ORS school aged students:
  - For instance in the Waikato District non ORS school aged Learners who do not present with a learning need or who are receiving service provision from a Resource Teacher of the Deaf are taken off the AoDC active caseload.

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Appendix E:
Description on current service provision for non ORS older students:

- Students identified with a permanent hearing loss who do not present with a learning need and are not on active caseload.
    - These students are **not** represented in the 694 students identified in the table on page #.
    - Students who may have received service provision from MoE (AoDC), the learning needs of these students may have been addressed and then the case has been closed.
    - Students who have not presented with learning needs and have not met the criteria for service provision from MoE (AoDC),
    - If there was a change in the students hearing status and /or learning needs these students may be require further intervention and service provision.

- Students with a hearing loss who do not have learning needs and have assistive equipment (FM system).
    - These students are represented in the 694 students identified in the table on page #.
    - Service provision may involve a one off visit or contact with the family and school to monitor the use of the FM system or to provide information on the use of assistive equipment to the student' school
    - Intervention may be required for replacement and repair of assistive equipment.
    - Note – It envisaged that the majority of school aged students requiring assistive equipment (FM systems) will have acquired these before the age of 8 or year three at school.

- Clarification of service needs which may lead to service provision
    - Clarification of service needs may be presented as students who are new referrals or re-referrals, this may include:
        - Students who have recently arrived in NZ
        - Students who have a late onset of hearing loss
        - Students who have acquired a hearing loss
        - Students who have a change in there hearing status
        - Students who have a change in their learning needs

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- Students with a specific learning or communication need requiring a short and defined service provision.
  - Students who have a specific learning or communication need identified requiring specialist service provision from a Speech Language Therapist, Psychologist, Kaitakawaenga, and /or AoDC.
  - These students may also be receiving service provision from a Resource Teacher of the Deaf, Specialist resource Teacher or Part Time Teacher.

- Students with ongoing learning and communication needs requiring ongoing specialist intervention.
  - Students who have not met the criteria for ORS verification however they present with ongoing learning and communication needs.
  - In most cases these students will be receiving service provision from a Resource Teacher of the Deaf, Specialist Resource Teacher or Part Time Teacher.