

**Occupational Therapy New Zealand
Whakaora Ngangahau Aotearoa**

Submission on

**Disability Learning Support Action Plan
October 2018**



Thank you for the opportunity to comment on the proposed Disability Learning Support Action Plan. This submission is on behalf of Occupational Therapy New Zealand/Whakaora Ngangahau Aotearoa. (OTNZ-WNA). Occupational therapists/kaiwhakaora ngangahau have been involved in the enablement of education for children/tamariki and youth/rangatahi since the early 1940's [11]. Occupational therapists continue to work as Ministry of Education specialists, Early Childhood Education Services, and within Ministry of Health in Child Development Centres, Children/tamariki and Adolescent Mental Health Services, and as service providers for Accident Compensation Cooperation claimants, in Youth Justice and Private Practice. In each of these roles decreasing the barriers to children's engagement in learning and educational achievement is part of their work due to education being a primary occupation of children. Occupational therapists enable children's participation in the activities that they want or need to do across home, school and community settings through activity analysis, individualised teaching and learning interventions and environmental adaptation (e.g., adaptive equipment).

OTNZ-WNA is an association that provides membership to registered occupational therapists and promotes the profession of occupational therapy. OTNZ-WNA is underpinned by a treaty relationship governance model.

Executive Summary

OTNZ-WNA acknowledge that the three aspects of priority areas, wider education system initiatives and the learning support delivery plan overlap, and that each of these areas are important in improving participation and learning outcomes for children/tamariki, however in this submission we are only commenting in response to the priority areas. It is heartening to see a broader consideration of children/tamariki learning needs being addressed, and the opportunity for health and education to work better together. This submission is in compliance with the process requested and therefore identifies what is missing and then suggests potential ways forward.

Priority One

Improving the way children/tamariki are assessed for learning needs. This includes tools for assessment and central data collection.

Background:

Ministry of Education has taken a societal lead in aspiring to an inclusive community for all children which OTNZ-WNA support. As the Action Plan indicates, more is needed to realise this aspiration. Research evidence is now clear that the most pervasive barriers to inclusion are often environmental (i.e. social, attitudinal and physical) [1-6]. When these barriers are removed children/tamariki are included and can participate more fully in curriculum activities [7-10]. Removing these barriers is complex and involves appropriate assessment, sustained planning and implementation.

What is missing from priority one?

- Framing assessment around participation, educational achievements and inclusion rather than deficits and diagnoses to decrease the “othering” that occurs by diagnostic labelling and associated assumptions about ability.
- Assessment of physical learning environment and local level resources/capacity of the education provider.
- Consideration over the huge variation of developmental ability of 3 year olds and therefore the challenges in identifying subtle learning challenges at this age group.
- Assessment is at risk of being about a child/tamaiti out of context of family/whanau and out of the social context of classroom, teacher and peers.
- Services for the 0-8 year olds being family/whanau centred allowing people to consider home and school issues, relating to the child/tamaiti and family/whanau. .
- Ongoing consideration of children/tamariki and the youth/rangatahi voice in how the assessment process and engagement in services should work.

Recommendation:

- Framing assessment around well-being and being a successful learner rather than within the boundaries of a medical diagnosis or level of impairment.
- Assessment processes to be completed within a time frame that enables services put in place within early childhood environments and then assisting with the transition into school. Practitioners need to be able to provide comprehensive assessments and organise follow up that includes family/whanau and home visits. Changing the name of B4School to something that triggers people’s engagement earlier within the health check schedule. Aligning assessment with 20 hours free application so that assessment processes can start earlier, with awareness that skills develop rapidly over the pre-school years. Therefore a process of enrichment to occur before remediation.
- Culturally appropriate assessments carried out in the child’s natural environment in which language, social skills, problem solving and self-

care/self-management can be observed through engagement in real tasks that naturally occur within that context.

- Students' strengths need to be recognised and used to support their learning– especially with the use of assistive technology.
- A clear formula ensuring that only a small proportion of allocated funding is spent on assessment procedures and the bulk of funding on intervention services.

Priority Two

Strengthen the range of support for children/tamariki and young people/rangatahi with disabilities and additional learning needs. This includes establishing a learning support co-ordinator, flexible co-designed packages, early intervention, dispute resolution, support for at risk, and transitions into the next step or life/learning and aligning support and services from health and education.

What is missing?

- Acknowledgement that many of the issues are due to massive under resourcing of the entire education sector. Children/tamariki with learning support needs are within the context of a classroom of peers, therefore class sizes also need to be considered.
- Clarity regarding the flexible packages, does this mean that depending on the needs and wants of the family a child/tamaiti focus or family/whanau focus can occur and that funding to enable this range of services is provided? For instance through the Enabling Good Lives model.
- Dedicated learning support specialists who are also attached to schools/Communities of Learning. Developing relationships with the Learning Support Co-ordinator/teachers/learning support assistants are essential for any long term outcomes to occur as consistency and follow through. Ongoing support is so important for children/tamariki who learn differently.
- Learning support assistants require ongoing face to face modelling and support to problem solve and progress learning outcomes as class work changes so often and requires constant adaption and accommodation. Research within New Zealand [9] Imbedded programmes within schools daily activities are possible and enable positive collaboration and outcomes for all students not just those identified with learning support needs.
- Acknowledgment of the holistic needs children/tamariki and therefore provision for mental health programs overlapping into the action plan.

Recommendation:

- Family-centred ways of working that targets 0-8 child/tamaiti age group / and their family/whanau

- Supporting children/tamariki at school needs to be driven from strong relationships with family/whanau rather than with the school. Learning support through whole of school life requires people who love the child/tamaiti to understand and drive it to ensure it is what is going to meet the needs of the child/tamaiti. Developmental support needs to start at home and then be transferred to the school setting rather than the other way around. Services funded to provide high levels of initial support to home and school to ensure the learning needs are understood and strategies are going to work. The partnership with family/ whanau creates a tension in this draft learning plan, as although acknowledging parents/whanau the plan is very child/tamaiti focused, with supporting family/whanau members being distanced from the child/tamaiti.
- A process developed to reconnect with families and students who have already disengaged due to needs not being historically met.
- Relationships are key to working with schools and school based staff. Funding dedicated suitably qualified practitioners to individual Communities of Learning or large schools would enable these relationships to develop and local level solutions to grow and develop. Relationships take time, and the ability to connect face to face, therefore acknowledgement and appropriate funding to enable this needs to occur. This means enabling space for meetings with teachers and parents at a time that suits them.
- Many children/tamariki who require learning support are living in high risk homes. They cannot learn while their basic health, psychological and/or physical needs are not being adequately met. Support for parents/carers in these situations is ongoing and often will remain that way. Parents need support to get to appointments, attend specialist consultations and with the day to day treatment regimes (such as managing botox/serial casting in cerebral palsy). They may need support such as housework, particularly keeping the house clean and dry. They may need help getting the children/tamariki to school as often there are sick adults in the house.
- Consideration of policies and contracts which currently stop the flow of services would need to be identified and re-created, including the unequal service provision between ACC and non ACC clients.
- Services need to be able to be open ended, whole of life and over whole of school life rather than based on referral/discharge cycles. Use the current Children's Team model (Oranga Tamariki) for all children/tamariki so any child/tamaiti can have a Lead Professional who co-ordinates all services until no longer needed.

Priority Three

Improving how we respond to neurodiverse and gifted learners. This includes improving teacher capacity, more information, flexible targeted support.

What is missing?

- Acknowledgment that there is a tension between the new learning space initiative and the needs of many learners as the physical environment can

have serious impacts on learning, engagement and participation for some students. Open learning spaces can increase challenges for learners particularly with increased background noise, increased movement of others within the learning space, and fluid work stations.

- Providing more generic information about neurodiverse learners is not adequate to meet children/tamariki needs, however appropriate at undergraduate level of education.

Recommendations:

- Ensure that Whāia Te Ao Mārama 2017-2022: The Māori Disability Action plan is weaved into how services are provided and how children/tamariki and youth/rangatahi are described.
- That services can be provided due to individual learning achievement, classroom situation and peer engagement and overall well-being rather than by diagnosis.
- In-context analysis of children's challenges and enablers during authentic tasks that includes the physical environment, teacher instruction, background noise, and fatigue on learners and teachers.
- Support for engagement in out of class activities which offer social learning opportunities or engagement in strength based tasks also needs to be considered.

Priority Four

Learning support has the resources to increase support and services (this includes specific schools such as special schools wrap around services).

What is missing?

Special schools/satellites need to be supported by the same level of services as mainstream schools so they are not isolated and siloed outside mainstream education.

Recommendations:

- OTNZ-WNA strongly support attention to the level of learning support resources in particular; the number and quality of training of teacher aids; the quota for Ongoing Resourcing Scheme funding; and the number of specialist services including occupational therapists, physical therapists, speech language therapists, psychologists and social workers.
- Education workforces plans need to consider allied health workers who support engagement in education. Profession specific networks enable rapid translation of knowledge between health and education health practitioners and as such can quickly support new models of service delivery.
- That clear processes and information about what specialists can offer for children/tamariki with developmental and neurodiverse behaviours is provided at both an undergraduate level during teacher training and as professional development.

- That ERO monitor referrals and collaborations with specialist services as part of their review process. This should include referrals for ORRS identified children/tamariki, children/tamariki who fit this new learning support plan as well as other diverse learning needs.
- Training specialised assistive technology practitioners as a new education specialist. Many learning support solutions heavily rely on assistive technology and there is very limited support for implementing these within the schools and even less to teach family/whanau how to support their children/tamariki using it.
- Schools have dedicated specialists based on site so they get the support to confidently accommodate and welcome new students in mainstream schools. Parents would also feel more confident that the school could provide an accessible and safe education for their child/tamaiti as there would be visible and ongoing specialist support available to them.

Conclusion

Many occupational therapist already work across the health and education divide to provide the best services possible for children, it is possible. There are both national and international examples which demonstrate new ways of practice which enable improved engagement by children/ tamariki within their childhood environments, be this home, school or community [12-14]. We look forward in working in an environment where services and outcome measures embrace children's engagement in everyday learning opportunities and achievement within the context of overall well-being for both the child/ tamariki /rangatahi, family/ whanau, teachers and schools. For this to be achieved a flexible continuum of care from person to population is required. A continuum of services which can move across individual, targeted and universal design service needs addressing school systems, groups of similar learning needs and individualised learning plans would enable this to occur.

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For and on behalf of the membership of OTNZ-WNA



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