

# Submission from the New Zealand Association of Occupational Therapists

## Special Education Review 2010

Date of Submission: 19/3/10

### Preamble

This submission is sent on behalf of the New Zealand Association of Occupational Therapists (NZAOT) - the representative professional body for occupational therapists in New Zealand.

Occupational therapy is “the art and science of enabling engagement in everyday living, through occupation; of enabling people to perform the occupations that foster health and well-being; and enabling a just and inclusive society so that all people may participate to their potential in the daily occupations of life” (Townsend & Polatakjko, 2007, p. 372).

Occupational therapists enable people to lead meaningful and satisfying lives through participation in occupation. The term 'occupation' is used in the widest sense - it is “...everything that people do to occupy themselves, including looking after themselves (self care), enjoying life (leisure), and contributing to the social and economic fabric of their communities (productivity); the domain of concern and the therapeutic medium of occupation therapy” (Townsend & Polatakjko, 2007, p. 369).

Part of enabling people to participate in meaningful occupations may include: designing hand splints to enable a child to hold classroom materials or playground equipment; assessing seating needs to maximise children’s attention and comfort in the classroom; consulting with teaching staff to modify learning environments to enable children with disturbed sensory processing to engage in curricular activities.

### Introduction

NZAOT congratulates the New Zealand Government for its review of special education. Occupational therapists stand for fairness and justice, and the building of inclusive society in Aotearoa/New Zealand, underpinned by the principles of the Treaty of Waitangi, the NZ Disability Strategy, and the United Nations Convention on the Rights of Persons with Disabilities (CRPD). Occupational therapists believe in education, in employment, in our communities, and in the right of all children and young people to engage and participate in meaningful school activities and in New Zealand. The notion of occupational justice and equity, is also transparent in the World Federation of Occupational Therapists (WFOT) Position Statement on Human Rights in which it is stated that people have the right to “be included and valued as members of their family, community and society” (World Federation of Occupational Therapists, 2006).

### Schooling

#### 1a. What is needed to help schools succeed?

- We see improved training for teachers and para-professionals (i.e., teacher aids) as one way in which special education can meet the legislative goal of building an

inclusive society. We believe that training should include; basic information about particular conditions (such as Autism, Down's Syndrome) and disabilities such as difficulty self-regulating within a classroom and, ways of managing social challenges of children with disabilities (including minimising bullying). Training that emphasises evidence-based interventions and agreed practice guidelines will be important as will information about how and when to refer to specialist staff, and whom to seek assistance from in specific situations. Occupational therapists and other allied health specialists are ideally suited for these training roles.

- Clearer key worker roles within schools with responsibility for the special needs of students would also help schools to succeed. Although principals and lead learning support teachers can take this role, this does not always occur. In situations where the leader of special needs services within a school is clear, and where these leaders are role models for inclusive practice this positively impacts practice within schools in our experiences.
- Greater attention to bullying issues, particularly of children with high needs who have limited skills in defending themselves. We suggest wider adoption of school wide programmes where students are encouraged to enforce their social conduct rules and norms. We also believe that teachers' advocacy for children with special needs in the playground would be improved on by specialist training in the impairments and disabilities of these children, as recommended above.

### **1b How could schools work together to succeed?**

We suggest policy level change that promotes the sharing of resources and expertise between schools would assist in better outcomes for students with high needs. For example, courses run by one school could be made available to other school staff to attend. Funding systems that support this interchange of information would promote this sort of skill sharing. Knowledge could also be shared by developing communities of practice, websites and listserves for sharing information and collective problem solving specific to facilitating education and participation of children with high needs. A mentoring system between staff experienced in teaching children with special needs and new staff (across schools) would also promote greater collaboration between schools and servicing of children with high needs. A national or regional education networking co-ordinator may also facilitate knowledge dissemination.

## **Transitions and agencies working together**

### **2 What needs to be done to make transitions work better?**

- Many of our members have experienced students transition times as particularly problematic and stress for all concerned. We suggest specific targeted funding be made available over transition times (as per Ministry for Social Development funding currently being offered in some cases). The funding needs to be more widely available so that school staff can go with a student initially to help them better adjust to the new setting as they prepare to leave school.
- In principle we begin to think about and plan for transition out of school when a student begins college e.g., 14yrs. Recently transition agencies have been able to start working with students in their final year at school however, for many students this is not sufficient time to resolve the practical issues of their transition (such as specialist equipment needs) or for students to make the skill adjustments

that may be necessary for a successful transition. There is currently limited flexibility to start the transition process earlier (e.g., with supported work experience) and schools do not always have enough support worker time funded to cover even this limited period. In addition, more alternatives for students with high needs to move on to after high school are required, and from an earlier age. There is not always anything to be gained by staying in the school system until 21 years of age – but for some there are few, if any alternatives to transition on to. We suggest a re-examination of the funding structure and processes involved in transition from school to adult services.

- Health/Education transition from early childhood to school can be done well in some places and poorly in others - there needs to be consistency and encouragement for this to happen. We understand that there has recently been a review of interactions between these Ministries for children with high needs and await the specific recommendations of this review process, due to be public shortly. We anticipate best practice guidelines, exemplar transition services, specific allocation of resources for transitions, (allowing an overlap of fundholder when appropriate) and clear guidelines regarding who the fund holder is are some ways in which these recommendations may take effect.
- The transition between child and adolescent mental health services and schools is a particular area for attention. Greater involvement and communication between school staff and mental health services appears to be necessary in many cases.

### **3. How could services be better co-ordinated and focused on the needs of students and families?**

- The primary area of improvement of services we see is that of systematic training for education staff, particularly for RTLB's, specialist teachers, SENCO and SLS teachers. RTLB's are reasonably well funded but have variable skills bases. A similar format for training as is suggested above is also recommended for these staff. We understand that a review of RTLB training is currently underway in some areas and congratulate the Ministry for initiating this project.
- Greater flexibility in how and where specialist services are physically delivered would also improve the co-ordination of services. For example, in some areas education therapists are actively discouraged from seeing students at home, or health therapists from seeing students at school (i.e., they will only be seen in clinic bases or at the child's home). This situation has changed significantly in some areas in recent years. It appears to occur for a mixture of historical reasons, and as a way to set boundaries on therapists' case demands. In response to this problem we suggest a well circulated joint vision/responsibility statement between the Ministries of Health and Education, in which service responsibilities relate to child/family/whanau need rather than less relevant factors, such as the setting are emphasised. Similarly we suggest that services are better when Health and Education allied health practitioners work more closely together, as discussed above. We would like to reiterate that in some instances overlapping of Health and Education services is in the best interests of the child, family and school staff and promotes skill development among therapists.

## **Fund and resource use**

### **What arrangements for funding, decision-making, verification, and fund holding should we have?**

- Currently, funding streams appear to be unhelpfully complex and unclear. The complexity of funding results in the delay or omission of services to children who would fall within current criteria. The current system also requires considerable time on the part of principals and allied health (including occupational therapists). We suggest that: there are less funding streams; greater transparency about what is available, and the best channels of funding in particular circumstances and; earmarked funding for specific purposes such as teacher aid training, and transition support. We support the recent expansion of the criteria for ORRS funding. We understand that further revision of the criteria is planned and believe this would best occur in collaboration with representatives from occupational therapy, parents and other stake holders.
- Guidance in the use of funding would improve the benefits gained from money spent. Two key issues in what funding is used for are that (1) interventions are evidence-based and (2) that intervention addresses issues of participation restriction (World Health Organisation, 2001) rather than remediation of impairment. Considerably more research evidence supports the use of interventions which target participation, than those which target impairment remediation for those with developmental disabilities, particularly once they reach school age. Furthermore, a focus on participation is consistent with the vision of the Ministry of Education of 'becoming successful citizens.'

### **5a How can individually targeted services and supports be made more efficient?**

- Services from occupational therapists (and other allied health professionals) could be made more efficient with co-ordinated, internally managed specialist training for working within Special Education. Special Education is a unique practice context and there are many competent and experienced therapists working in this area. While graduate occupational therapists are required to meet professional standards under the Health Practitioners Competency Act, most take some years to become proficient in addressing the needs of clients within the school context. Therapists' based in rural centres may take longer to develop skills because of professional isolation. We suggest that the efficiency and effectiveness of therapists working within Special Education would be improved with specialist training and bracketed time during working hours to complete this training. Therapists need to know current best-practice approaches in school-based practice which have a sound basis of research evidence. Training could be an introductory module/paper when starting working in the education setting that could be developed in collaboration with an existing postgraduate education provider such as Otago Polytechnic, Auckland University of Technology or Massey University.
- Brief best practice profiles, summaries of evidence, suggested pathways of care for particular issues which are based on research evidence are also resources that, if developed by the best qualified allied health staff within the Ministry . A professional governance framework that includes discipline specific professional

advisor's (i.e., leadership) for specialist staff within the Ministry of Education may be a useful adjunct to this training.

**5b Is the current mix of programmes, services and supports right and does it provide value for money? What changes would you suggest?**

- The mix between health, education and social sectors toward development of lifelong skills would be improved with better education about disability for education staff as discussed earlier.
- Education goals for students' needs to encompass lifelong/community participation focused goals. In some cases there appears to be an over emphasis on learning traditional educational curricula such as reading, writing and maths when there are more significant lifelong skills such as toileting that are unaddressed.

**High Quality and being accountable**

**6. How can the quality of services be improved?**

- Additional training of teaching (teachers and teacher aids) staff to ensure they understand the difference between what a child can't do due to their condition/impairment and what is disobedience/defiant behaviour. Teacher aids in particular spend the most time with the child but are the least trained in understanding and working with the child and we believe this situation is not in the best interests of children.
- Training should included specific allocation of paid time for training.
  - Schools should have flexibility to choose what training is necessary for them at that time
  - Standards for specialist training as a criteria for employment may be a useful consideration when employing specialist teaching staff
  - A resource centre concept may be useful in being a base for training possibly offering the following: courses, books, videos and teaching resources as well as specialists to talk with and to come out to school and work alongside as/if needed.
- Equity of services for rural schools could be improved through undergraduate training in special needs and post graduate training through resources centres (as mentioned above);mentoring/ supervision for rural based teachers and specialists working with children with special needs; better use of online technology/ tele-support (a growing base of evidence supports the use of tele health care for many conditions); mobile specialist services (similar to the health surgical buses and travelling health checks) that can go to rural schools and give time both to the students and the teachers and support staff.

**7. How can families and schools be better informed?**

- Better access to networking, possibly done through resource centres
- Hotline they can call for advice/support
- Sharing of locally available training as mentioned above
- Encouragement of more Maori and Pacific employment within education in support of Maori and Pacific clients

- Clearer / more transparent information/ pathways of what is available and how to access it (e.g., a flow diagram). It is important that information is readable and easily understood by families as well as education staff. This may mean publication in multiple languages.

**8. What does successful special education look like and how should we measure it?**

- Yes the quality of special education should be measured. Success needs to be defined by students, families, education and allied health staff in terms that reflect education across the lifespan, not just to meet curriculum expectations.

**9. When things do not go well what arrangements should be in place to resolve issues?**

- Systems seem to be in place but don't seem to be used that much (Special Education Facilitator). Need more easily available information about how to make a complaint/get services that you feel should be receiving.
- Disability Commissioner, Child Commissioner are other resources that we understand are available when there is a complaint.

**In closing**

**10. What is the most important change that would improve outcomes for children and young people with special education needs?**

- Access to training, particularly for those working directly with children. Most importantly, the training needs to be evidence-based and systematically delivered, either through staff selected modules or a core entry level qualification for working with children with special needs.

**References**

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