

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

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Practice Leader:
Mark Douglas
mark.douglas@minedu.govt.nz

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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 led 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, equitable, 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.

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.

- 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.

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 DEC's 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:
 - i. Early Years Service 0 to 8 years non ORS (birth to Y3)
 - ii. Non ORS verified Learners 9 years + (Y4 to Y 13)
 - iii. ORS verified Learners (verified due to hearing loss)
 - iv. 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:
 - i. A Practice Framework for children identified with hearing loss through Newborn Hearing Screening birth to 3 years of age
 - ii. Early Intervention Practice Framework
 - iii. A Practice Framework for ORS verified Learners
 - iv. 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.

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.

- Re – referrals
- MoE responsible for transition and the monitoring and management of assistive technology and equipment for students:
 - From birth to Y3 non ORS
- DEC's 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 DEC's
 - Y4 to Y13 non ORS students.
- Through a Framework of Collaboration protocols are to be developed in collaboration with the DEC's, 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.

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.

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.

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.

- 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 from 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
<p>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.</p> <p>Support for an Early Years focus – (with employment of additional AoDC)</p> <p>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.</p> <p>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</p>	<p>Where is the evidence that supports a 0 to 8 service provision is effective practice.</p> <p>Parents value the ‘Advocacy role’ and neutrality of the AoDC, there is a concern that children 9+ would lose this support.</p>	<p>Evidence based practice suggests that Early Intervention will provide better outcomes for children and their families.</p> <p>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.</p> <p>Allows for seamless transition for the child into early childhood and then into school.</p> <p>Provides time (if required) to develop and establish appropriate supports for the school environment</p> <p>Allows for AoDC experience around assistive equipment to be capitalised on during the first three years of schooling</p> <p>AoDC role was never intended to be one of ‘Advocacy’. Role definition would be established through the development of Protocols with the DEC’s.</p> <p>Establishment and development of robust</p>	<p><i>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.</i></p> <ul style="list-style-type: none"> • <i>Birth to 8 years of age to be used as another measure.</i> <p>Rationale:</p> <ul style="list-style-type: none"> • <i>Foundation years for children are birth to 8 years of age.</i> • <i>Allows for transition into school</i> • <i>Y4 would be the transition year for students</i> • <i>Allows time to provide a service for children with mild and unilateral hearing loss.</i> • <i>Allows time to identify and provide service provision for Maori and Pasifika families and under represented families</i>

<p>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</p>	<p>In some areas AoDC are under skilled, how will these AoDC be up skilled to deliver an early years programme.</p> <p>Need to consider how to develop and provide service provision for families following a bilingual / bi cultural approach for their children.</p> <p>There is variability in the skill set and capability of AoDC to provide a service which complements the services offered by NCIP & SCIP.</p>	<p>training programmes and professional development opportunities with an Early Years focus.</p> <p>Explore the possibility of the Establishment of Deaf Culture /Community Advisor in each region (similar to Kaitakawaenga)</p> <p>Establish and develop robust training programmes and professional development opportunities with an Early Years focus</p>	
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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
<p>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.</p> <p>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.</p>	<p>DECs ability to accommodate deployment shift</p> <p>How will a Maori to Maori service provision be provided by DECs for this group of students (cultural profiles) without the equivalent of Kaitakawaenga?</p> <p>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.</p> <p>Parents value the 'Advocacy role' and neutrality of the AoDC, there is a concern that children 9+ would lose this support.</p>	<p>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 .</p> <p>A process developed in collaboration with DECs to provide access to MoE specialist services – SLT, KTW, OT/PT.... for this group of children.</p> <p>Develop a shared understanding of what would be required to operationalise this proposal.</p> <p>AoDC role was never intended to be one of 'Advocacy'. Role definition would be established through the development of Protocols with the DECs.</p>	<p><i>Deployment shift of responsibility for non ORS students Y4 plus to the DECs.</i></p> <ul style="list-style-type: none"> <i>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.</i> <i>A data base to be established to track and monitor students birth to 21 years of age and to inform future service provision.</i> <p><i>Explore the possibility of an establishment of a national data base for Deaf and Hard of Hearing Children</i></p>

3. AoDCs continue to provide specialist services to children aged 5 to 21 verified to receive ORS support.			
Feedback	Questions raised	Solutions	Suggested Direction
<p>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.</p> <p>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.</p>	<p>Creates an environment where overlaps and gaps in service provision may continue to exist between MoE and DEC.</p> <p>Creates possible confusion for families and schools – who to approach to access services, who is accountable for service provision?</p>	<p>Through the development of protocols between DEC and MoE role clarity and responsibilities can be clarified.</p> <p>Refer to Practice Framework for Complex Needs Students to help develop protocols around accessing MoE specialist services.</p>	<p><i>MoE provides specialist services on request to children 5 years of age to 21 years of age ORS verified (aggregated to the DEC).</i></p> <ul style="list-style-type: none"> • <i>DECs take a leadership role in the provision of services to students verified due to hearing loss (aggregated to DEC).</i> • <i>MoE continue to hold funding for specialist services and provide MoE specialist services on request</i> • <i>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.</i> • <i>IEP process and plan may be used to signal need for and to access specialist services.</i> • <i>Protocols developed in collaboration with the DEC to establish role clarity and expectations of service provision for AoDC and RTDs.</i>

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
<p>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 DEC's</p> <p>Referrals might sit with the MoE or DEC's as long as referrals processes were established to provide consistency and accountability.</p> <p>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.</p>	<p>Maintaining current referral process main be seen as gate keeping by the MoE for the 9+ students.</p>	<p>Current system provides clarity of referral processes for referrers – audiologists, schools and families.</p>	<p><i>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.</i></p> <p><i>DEC's responsible for all new referrals for students 9 years of age + (Y4 onwards) approximately 25% of all new identifications of children with hearing loss.</i></p> <ul style="list-style-type: none"> - <i>Late onset of hearing loss</i> - <i>Acquired hearing loss</i> - <i>Overseas students.</i> - <i>Re - referrals</i>

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
<p>Responsibility for transition and the monitoring and management of assistive technology and equipment for older students (9+) to be the responsibility of the DECs.</p> <p>If responsibility was to be transferred to DECs provision for professional development and up skilling in this area would be required.</p> <p>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.</p>	<p>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</p>	<p>MoE may provide opportunities for professional development and up skilling in this area – related to MoE processes for trialling and applying for assistive equipment.</p>	<p><i>MoE responsible for transition and the monitoring and management of assistive technology and equipment for students:</i></p> <ul style="list-style-type: none"> - <i>Birth to Y3 at school</i> <p><i>DECs responsible for transition and the monitoring and management of assistive technology and equipment for students:</i></p> <ul style="list-style-type: none"> - <i>5 years of age to 21 years of age ORS verified due to hearing loss</i> - <i>Y4 to Y13 non ORS students.</i>

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
<p>Support for protocols to be established with the DEC's to ensure that the process for transitions of students to another service provider is-</p> <p>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</p> <p>A national referral form is established to clarify the above process to the referrer.</p> <p>Support for the development of protocols between DEC's 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.</p>			<p><i>Protocols to be developed in collaboration with the DEC's, NCIP, SCIP and Audiology to cover the following areas:</i></p> <p><i>Transition of service provision between service providers:</i></p> <ul style="list-style-type: none"> - <i>Nationally consistent protocols to be established.</i> - <i>Then local level protocols to be developed (similar to local level agencies) working towards national consistency.</i> <p><i>Role clarity for and service provision responsibility:</i></p> <ul style="list-style-type: none"> - <i>Nationally consistent protocols to be established.</i> - <i>Then local level protocols to be developed (similar to local level agencies) working towards national consistency.</i>

**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

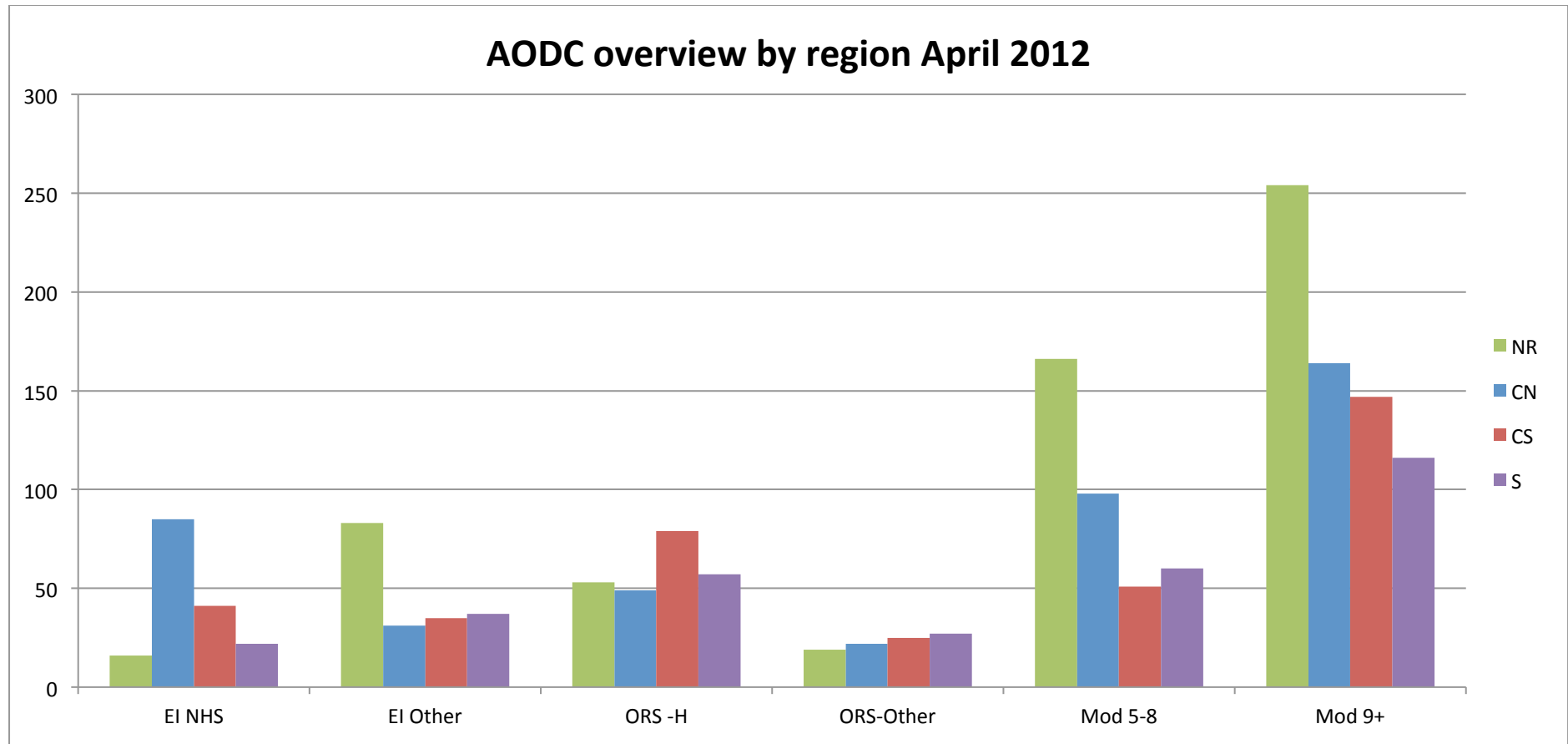
- A snapshot was taken of the number of children and students on Resource Teacher of the Deaf, Specialist Teachers and Part Time Teachers for the Regional Services of the Deaf Education Centres. This data was divided into areas similar to MoE Districts and included:
 - children identified through Newborn 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

(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



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.)

- | | |
|--|--|
| • 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 DEC's to allow AoDC to provide service provision with an Early Years focus. The number of students non ORS 9+ on the DEC's 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 DEC's will require identifying each individual student and matching the names of the students from the DEC's 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 DEC's regional service.

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.

- 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 led 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.

**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 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

- 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.