

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

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Reviewer:
Ross Wilson
stewart_wilson@extra.co.nz

Contract manager:
Brian Coffey
brian.coffey@minedu.govt.nz

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Executive Summary

Information on the role of AODCs 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 including a view that clearer role differentiation, between AODCs and RTDs in particular, is needed as well as a move of some education provisions from AODCs from to the DEC, particularly for those children receiving services from DEC, and over a short time frame, and with careful planning, provision for all school-aged learners by the 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 on the focus of AODC work over time, being 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 agreement that AODCs should remain in the employ of the Ministry 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. AODCs gave parents confidence and information, and opened up opportunities for the learners and their families.

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

1. **Purpose of the Review:** To review the role of the Advisor on Deaf Children, its current focus, and possible future development. The review considers the context of the range of services and support that is 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 deaf and/or hearing impaired students across New Zealand.

2. **Projected outcomes:**

This report will:

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

It will seek the following outcomes:

- Improved educational and social achievement outcomes for deaf and hearing impaired children and young people.
- Well coordinated, consistent, equitable, evidence based professional services provided 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 AODCs 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.

It will:

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

The timeframe for the review is from 24 May to 12 October 2011 with a first draft report due with the Ministry of Education by 26 August 2011.

3. Project Background:

In the early 1960s Adviser on Deaf (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 in the two Schools for the Deaf which were under the direct control of the Department of Education. They became part of each school's outreach services, promoting the inclusion of deaf and hearing impaired students in regular early childhood and school settings.

AODCs were also well trained to carry out audiological work in a time before audiological services were not widely available through the Health services.

As a result of the 1989 NZ education reforms, known as *Tomorrow's Schools*, Advisors on Deaf Children were employed by the newly formed Crown entity, the Special Education Service. Within the Special Education Service, Advisors on Deaf Children (AODCs) 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 NZ 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 is different in a number of ways.

- The schools for deaf have become Deaf Education Centres (DEC) and provide specific resources nationally to deaf students with high and very high needs, particularly those who have been verified as need ongoing resources (ORS). These include teaching resources through resource teachers of the deaf (RTD)
- When employed in the two schools for deaf, Advisors on Deaf Children occupied relatively senior positions and provided professional leadership and some management of other staff members. They were invariably experienced and qualified teachers of the deaf who would have 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 for these management and leadership functions.
- Most deaf and hearing impaired youngsters now attend their local school and receive itinerant services from RTDs and/ or AODCs. There are some 'satellite classes' for students enrolled at one of the two DECs, but no school age students currently attending the base campus of the Kelston DEC and only a few attending the Van Asch base campus.
- There has been a much greater emphasis on the early detection and education of young deaf and hard of hearing 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 times as for the deaf child's peer group.

The role of Advisors on Deaf Children has been considered in relation to teachers of the deaf who are employed by the two deaf education centres and the range of other specialists and supports available for deaf and hearing impaired 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 Services, considered the role of the two schools (deaf education centres) and how those schools can best work together to achieve a national strategy for deaf education. The boards of those two schools are consulting with each other on the possibility of combining both boards to assist the development of a national strategy on deaf education. A greater number of submissions to this review favoured the option of one organisation providing comprehensive services to all deaf and hearing impaired (DHI) children across NZ.
- The role of NZ Sign Language 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 unrealized goal following legislative confirmation of New Zealand Sign as an official language of New Zealand.
- The UN Convention on the Rights of Disabled Persons, the New Zealand Disability Strategy affirms that deaf culture and the acquisition of New Zealand sign language means that deaf students should be provided with opportunities to learn together.
- The New Born Hearing Screening (NBHS) 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 the implementation is consistent and that there is a consistent way of monitoring and evaluating the outcomes of this programme. AODCs have become heavily involved in this project. There is an expectation that more deaf and hearing impaired youngsters will be identified at birth and this will require more AODCs working in early intervention. In anticipation of this, financial resources have been obtained and funding distributed to Ministry districts for the employment of additional specialist staff, including AODCs. 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 is, in 2012, aggregating specialist teacher resourcing and probably in 2013, teacher aide funding. Rather than it going directly to schools where the DHI child is enrolled it will be allocated directly to the DEC 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 for students. The ‘aggregating resources project’ is likely to impact on the work of AODCs who currently provided advice to Ministry colleagues on the allocation of such resources.

5. Related Issues.

- Recent advances in assistive technology for Deaf and Hearing Impaired learners have significantly changed the outlook for education success for DHI 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 Advisors on Deaf Children interface with the deaf education centres and services to deaf and hearing impaired students and their families. The changes for the deaf education centres with the aggregation of sensory resources and a more consistent national approach will impact on the current roles and responsibilities of at least some AODCs.

- These developments in deaf education provide uncertainty for Advisors on Deaf Children. This review is 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 Advisors on Deaf Children has been difficult. The low numbers of Advisors means it is difficult for universities to retain a course and specific qualification. This has required the involvement of Australian Universities to provide the papers and qualifications. There are also issues around advisers already in their role who have not completed this training. The Ministry supports only advisers already employed as advisers and expected to carry out the required duties to undertake the study.
- The ongoing professional oversight and development of the AODC is fragmented and depends on where the AODCs are located as to how they access ongoing development.
- Some Ministry of Education districts currently experience difficulty in filling AODC vacancies and this has resulted, in a small number of cases, in Van Asch Deaf Education Centre employing AODCs under the Primary Teachers' Collective Agreement and subcontracting their services to the Ministry.

6. Project Constraints

The current projects listed above are related to, but not the subject of this review. However, as required, they will be taken into account in any recommendations arising from this review.

During the course of the review some industrial and cost issues relating to each option have been raised.

These are not considered as part of this review and are the responsibility of the AODCs' current employer, the Ministry of Education. 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 NZEI who represents most Advisors of the Deaf.

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

7. Project Accountability/Monitoring and Reporting

The Ministry of Education established a Steering Group of Ministry employees 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 and three different questionnaires were distributed by email to parents, professional field staff and Ministry 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.

Consultations and Meetings

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

- Four meetings were held with AODCS; in Auckland, Taupo, Wellington and Christchurch, which almost all AODCs attended. A separate meeting was held with the three AODCs who are employed by Van Asch DEC and seconded to the Ministry. Some service leaders and audiologists also attended at least two of these meetings and one was attended by an NZEI Field Officer. Four AODCs were interviewed on their own, as well as attending the combined meetings. One of these four was interviewed in his capacity of President of the Association of Advisers on Deaf.
- Three Regional Managers of the Ministry – Special Education, and some District Managers, as well as other managers having 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 SoundSkills
- Principals, senior managers and Resource Teachers of Deaf employed by both Kelston Deaf Education Centre and Van Asch Deaf Education Centre – 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 with separately with six parents separately.
- The Director and a Board Member of Deaf Aotearoa
- The President and a Board Member of the NZ Federation of Deaf Children
- The Lecturer in 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.

Questionnaires

Apart from feedback received at the above meetings, individual audiologists, AODCs, 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 are seen by the submitter to provide better outcomes for learners and their families. Submissions received were from:

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

Relevant documentation including the following was reviewed:

- Job Descriptions of AODCs and other professionals providing educational services to deaf children and young people
- Administrative documents describing services and processes for providing them, from various agencies
- Outcomes of the Review of Deaf Education
- Newborn Hearing Screening Programme
- Descriptions of current training programmes for AODCs and Teachers of the Deaf including RTDs
- Success For All - Every School, Every Child
- Ka Hikitia
- The Ministry of Education Statement of Intent
- The New Zealand Disability Strategy
- The UN 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

14. Results of the review

Quotations are provided to highlight significant issues raised during interviews and meetings and to give a touch of reality to the report.

10.1 The overall make-up of educational provision that is needed in the deaf/hearing impaired sector.

There was a high level of consistency from the responses of 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/hearing impaired sector. For example, audiologists who responded had a clear and consistent view of the AODC role which, in most cases, coincided with AODCs' 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.

- Everybody agreed that early intervention work (birth to 3 or 5 year olds) is for **AODCs'**, 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 New Born Hearing Screening Programme (in conjunction with audiologists). For AODCs 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, keeping abreast of new technological developments.
 - Monitoring and advising on listening environments to promote maximum learning.
 - Assisting with transitioning young children into an early childhood facility or into school.
 - Advising and recommending for ORS support prior to school entry and assisting with 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.

AODCs are more cost effective than RTDs if they prevent a child from needing the services provided by an RTD.

After a DHI child enters an early childhood centre or school, there was general agreement that the following services are provided by AODCs:

- Working with teachers and families of non ORS students usual referred to as moderately (mostly) and mildly (less so) hearing impaired.

“Are AODCs 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 later identification of deaf and hearing impaired youngsters not identified in NBHS.
- Coordinating applications for ORS, Section 9 and assistive listening devices or other equipment as required.
- Advising on and/or recommending for ORS support, and assisting with the application.
- For the 65-75% of DHI children, mainly moderate, and to a lesser extent mild disability learners, who do not get RTD support, providing information, advice and guidance to mainstream schools with DHI children enrolled.
- Working with families to support them and their DHI child outside the school environment.
- Assisting with transition for students moving between schools, or leaving formal schooling for further education, training and work.
- Providing links to counselling, psychological, speech language therapy, occupational therapy and physiotherapy services for the DHI and their families.
- 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 of hearing loss to DHI student’s classmates.
- Audiological assessments and profiles, coordinating audiology appointments and hearing aid fitting and communicates results to RTD if RTD involved. Assesses hearing levels (audiometry) particularly, but not exclusively, in rural (remote) areas.
- Monitors and advises on listening environments to promote maximum learning.

A snapshot of Waikato AODCs’ caseloads taken on 30 June 2011 show, under separate categories, the following numbers of learners AODCs were actively working with, and the numbers of annual referrals.

	<i>Number on caseload</i>	<i>Number of annual referrals</i>
<i>NBHS</i>	23	8
<i>Early Intervention</i>	18	8
<i>ORS</i>	26	3
<i>Moderate</i>	78	40
<i>APD</i>	2	3

Comment: With one or two exceptions, all AODCs showed a consistency of responses and accepted the above as their responsibilities, as did those of their immediate service managers. The Northern Region AODCs, supported by the Regional Practice and Implementation Team, have 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 RTDs 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)**. Most referrals to DEC's come from AODCs.

- 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.
- Classes for students who benefit most from learning with deaf peers.
- Immersion courses or day classes for special learning purposes – this provision could be further developed.
- For students on their caseload, RTDs work with mainstream school personnel and the student each week; tests functioning and quality of listening devices and when necessary processes for repair. Additionally the RTD provides guidance and advice to mainstream schools, students and their families to maximise their understandings and use of the equipment.
- Assisting with audiology appointments with family and school to increase student attendance, assisting with 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, using and maintenance of assistive equipment, and in-class presentations to DHI student's peers.
- RTDs specialising in CI habilitation (under separate contract) work with CI youngsters providing guidance to other RTDs and families.

10.2 The role of AODCs in relation to the role of RTDs employed by the two Deaf Education Centres; and the other specialists and support available for deaf and hearing impaired students

- Advisers were seen, more than were RTDs, to generally work with a wider variety of others: child development teams, SLTs, OT, PT, Audiologists (private and DHB), ENT, neurodevelopmental therapists, EI teachers, psychologists, kaitakawaenga, Plunket, district nurses, ear nurse specialists, social workers in schools, DEC's, RTLBs, CYF, CI Trusts, teachers, teacher aids, parents, Phonac and Oticon.
- AODCs are perceived by most respondents as having more of a community/family focus than RTDs; they have a broader understanding of the context in which DHI youngsters and their families find themselves, and a greater knowledge of options available for the young person's overall development, socially as well as educationally. Some respondents questioned this, saying that with separation of AODCs and RTDs in different organisations, changes taking place in DEC's and the Ministry, and the growing distance between the two, this is no longer possible.
- AODCs are seen to work less directly with children and more with linking 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 is when the AODC has a direct teaching role as a habilitator for children who will be having or who have received a cochlear implant.

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

- RTDs were seen to be more early childhood centre and schools focussed with education and direct teaching. RTDs are more hands-on and work directly with young people rather than with their families.
- RTDs work in early childhood centres and classrooms with students formally admitted to their caseload.

“We really value our advisers; when the AODC and the RTV 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 DHI child throughout the school system – keeping a ‘watching brief’.
- Some AODCs still see themselves as providing professional guidance to RTDs, rather than just sharing information.
- The use of NZSLT by AODCs.*
- AODCs’ 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 AODCs 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 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 quoted in the Cochlear Implant Habilitationist Services Review (p22)

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, and these positions receive additional remuneration as provided for in the relevant CA for leadership positions.

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

This is still a contentious issue and requires commenting on because it impinges on the roles of AODCs and RTDs. 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 RTDs and AODCs in this important area.

“No single method of communication is going to be appropriate for all deaf children.” – Marschark and Spencer (2003) quoted in Changing Parameters in Deafness and Deaf Education, Greg Leigh (p37)

The Deaf Association says that it has no issue with Deaf children receiving a cochlea 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 means to communicate. 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 the 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 choose 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 Conventions 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)

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

A requirement for AODCs to enrol for 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. As well, as a prerequisite for enrolling in the compulsory *Deafness: Culture and Community* course they must have achieved level 1 competence in NZSL.

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

- RTDs have a direct teaching role in assisting learners to access the curriculum and effective communication through one or other, or both modes is essential for this to happen.
- It should be possible for one educational institution (e.g. a newly constituted DEC with a diversity of staffing including those 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 NZ 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 for ORS, and with the "aggregation of teaching resources" currently under way should have access to a properly 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 learning to sign. 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 CI 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, AODCs 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 AODCs currently have few opportunities to retain their signing ability because of their likely low use of this medium in the course of their work, *"Use it or lose it."*

"Members of Project Heidi and UNHS 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 (p21).

Recommendation: AODCs 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.

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

- Regular fortnightly access to families of CI learners and more aural/oral language support (including direct teaching support) before child enters early childhood centre at 3 years and after habilitationist ceases regular work with child.
- Identifying, assessing, managing and monitoring needs of mild/moderate HI 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 consistent 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 Maori learners and their families.
- Culturally appropriate support for Pasifika learners and their families, including ESL.
- 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, but for whom technology makes them non-ORS.
- Greater access to SLT assessment and services from very early on and through 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 AODCs (and DECAs) which means more time available for AODCs to carry out their EI 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 families
- Funding for interpreters and for RTDs and AODCs to keep fluent in their signing.
- A seamless transition from trial of assistive equipment to regular on-going 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 RTDs 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, which he estimates to be 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 AODCs 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 should provide:

- Instances of double handling of applications for various activities, e.g. dual entry points for services, placement visits
- Attendance at, and responsibility for, 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 AODCs and RTDs to information about an individual child from the other 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 RTDs (KDEC) and AODCs.

- The ongoing role of the AODC when DHI child is enrolled with, or on case-load of a DEC.
- Maintenance of hearing aids and other technology.
- Both AODCs and RTDs train/provide information on types of hearing loss (including measurement), assistive equipment and trouble shooting, implications and appropriate strategies including providing on-going information and training to school staff on hearing aid maintenance and use and presenting in-class presentations to Deaf/hearing impaired student's 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 have created overlaps, rather than through any deliberate strategy.

When first developed, AODCs' roles had a much more prominent role in audiometric testing prior to the availability of so many audiologists. Some of their tasks were determined by geographic isolation in a country where a low incidence disability was widely dispersed, making itinerant workers less specialist than they are now and 'jacks of all trades' in an era much less reliant on sophisticated technology.

As well, AODCs were, up until the Tomorrow's Schools reforms of 1989, employed in, and occupied relatively senior positions in the two NZ schools for deaf. Since their change to employment by the Special Education Service in 1989 the schools for deaf have developed their own management and leadership structures to fill the vacuum created by the departure of the AODCs, 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 AODCs, 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 AODCs' current job description does not discriminate clearly 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 AODCs 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. KDEC has developed such a protocol for collaboration between GSE and DECs with aspirational principles for working together, but it lacks specificity as to actual roles to be carried out by each provider.

10.3 Changes to the role to improve services and assist educational achievement for deaf and hearing impaired students

Despite some apparent inconsistencies in the ways that the two DEC's and the AODCs work there is a great deal of common understanding that AODCs work with DHI children and young people not on the caseloads of RTDs – particularly those under three years of age, those under five not enrolled in an early childhood facility, those with a moderate disability and to a lesser extent those with a mild disability (most of whom AODCs prefer to call non-ORS).

It is generally accepted that AODCs' 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 late identified DHI learners, particularly those non ORS learners, will need to be met by DEC's.

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, whanau 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 view on this and parents in particular valued the oversight they saw AODCs 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, AODCs would say, “call me if you need me”, many having already made clear how busy their working lives are and how excessive is their caseload. For this reason parents said they felt guilty in doing so 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 AODCs and RTDs suggest that AODCs 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.
- AODCs have no responsibility for the professional development or oversight of DEC staff members. This is the responsibility of the RTDs' employer. AODCs and RTDs

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 AODCs into early childhood services exclusively, AODCs 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's 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: As a further move to providing a more complete service for all school aged children and young people, DEC's should take on the trialling, installation and maintenance of assistive equipment for students on their caseload thus relieving AODCs of this responsibility.

10.4 Options for changes to the role, to provide greater 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 AODCs are involved with should diminish. 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 NBHS and CI programmes, which should significantly reduce numbers of older learners needing continuing intensive support.

This would then leave AODCs to concentrate on their work in the early intervention area and with the additional AODCs coming on-stream through the CI initiative and sound training for all AODCs 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 NZ 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 AODCs to concentrate on their growing and developing role in early childhood, DEC’s, or a new provider of services, provide all services for school aged DHI children and young people, including those services currently provided by AODCs.

Comment: With the reducing numbers of DHI students needing long term support through NBHS and effective early intervention work including cochlear implantation, as well as the aggregation of ORS teaching resources, DEC’s should have the capacity to carry out work with school-aged learners currently performed by AODCs. 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 DEC’s 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 at which their child is enrolled.

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

10.5 The role of Advisors on Deaf Children in the broader context of developments in the deaf education sector

- A Review of Deaf Education considered the role of the two schools (deaf education centres) and how those schools can 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 the two boards to assist the development of a national strategy on deaf education. The implication of this for AODCs has been explored above.
- a. The role of NZ 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 as an official language of New Zealand. This has also been explored above.
- b. The UN Convention on the Rights of Disabled Persons, the New Zealand Disability Strategy affirms that deaf culture and the acquisition of New Zealand sign language means that deaf students should be provided opportunities to learn together. This has also been explored above.
- c. The Newborn Hearing Screening Programme has been developed collaboratively with the Ministry of Health. AODCs 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 approach should be replicated for other areas of AODCs work, with a view to achieving greater consistency and effectiveness across a wider range of their work.

There is an expectation that more deaf and hearing impaired youngsters will be identified at birth or shortly after and this will require more AODCs 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 SLTs, 5.3 new EITs and 14.4 new AODCs.

Although current results are variable for the NBHS 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) thereby shifting the major part of AODC's work to an earlier age group, and reducing numbers on traditional DEC caseloads allowing them (it) to provide more comprehensive services for a smaller school age cohort.

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

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

"CHIP is a 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 NBHS programme. It will involve AODCs 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 (p48).*

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 Habilitation Services Review (p21).*

- The “Success for All – Every School, Every Child” policy will, in 2012, aggregate specialist teacher resourcing and probably in 2013, teacher aide funding, allocating direct to the DEC for DHI ORS students. The ‘aggregating resources project’ is will impact on the work of the AODCs, who currently provided advice to Ministry colleagues on the allocation of such resources, as well as for Section 9 approvals for school students to attend special education facilities.

With DEC managing this resource, and probably further ORS resources into the future, AODCs are unlikely to be involved in giving advice on, and supporting, these allocations. If and as 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 a 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 amount length of process and amount of work needed to be considered for a Section 9 agreement.

10.6 Training Issues

The availability of training for AODCs 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 AODCs in the early 2000s has been blamed by some as the reason for a downturn in the numbers of well trained AODC recruits. When Auckland University lost their contract for training RTDs it appears that its involvement with the Renwick Centre in the training of AODCs was no longer viable.

Other factors in the requirements for becoming an AODC have clearly been a disparity in working conditions and remuneration between RTDs and AODCs. Now it is possible to become an AODC without having first been an RTD and without having post graduate training appropriate to carrying out the AODC role. (Written material issued by the Ministry 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 AODCs have been appointed to their positions because of other qualifications and experiences they may bring to the job (e.g. trained SLT) the absence of the prerequisites referred to above represents a downgrading of the specialist skills and knowledge required by AODCs, 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 AODCs who have been RTDs 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 AODCs 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 AODCs.

- The salary and work conditions for AODCs compared to those for RTDs (these are covered in the next section of this report);
- Some AODCs, having completed their advanced training with Ministry 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 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 actual employer of AODCs 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, AODCs have commented positively on the usefulness of 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's caseload.

Two things would be desirable to overcome issues identified in this and the next section of this report:

- The need to encourage more trained RTDs 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 AODCs be reviewed to ensure that AODCs 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 AODCs currently enrolled in the Master of Special Education degree to complete their degree. However no new enrolments from AODCs 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 NBHS 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 AODCs who have undertaken them. The three courses taught in NZ 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 NZ practitioner.

The Director of the Renwick Centre has indicated its willingness to visit NZ to discuss any arrangements for 2012, and also to work with a NZ University such as Canterbury University, to provide NZ 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 on having AODC training in NZ, as a natural follow-on from RTD training and to create a research culture in NZ 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 Hearing Impairment, leading to further study towards a Master of Special Education (Hearing Impairment) for AODCs after appointment, for trained RTDs wishing to become an AODC, as well as for all AODCs who do not already have this qualification or its equivalent.

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

Content of Training courses: Content priorities that need to be included in training AODCs 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 AODCs. 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 PG 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
- Learning 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 – at a separate course to gain various levels of certification
- EIT training with EI team was seen as very valuable
- Self reflection to help AODCs 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 AODCs 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 AODCs 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 (p23)

***Note:** The two Technology Companies met with believe that the specific training they provide for AODCs for new products and in more general courses dealing with deafness and technology, are useful for AODCs (a view shared by AODCs). However there appear to be some restrictions by the Ministry on AODCs accessing such courses – perhaps due to a potential conflict of interest. The DEC’s may not take the same approach and this has been advanced as one (small) reason why AODCs should be employed by DEC’s, rather than the Ministry.

10.7 Problems in attracting, retaining and rewarding AODCs.

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 AODCs who have been RTDs 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 RTDs. Some RTDs have been AODCs and prefer the working conditions and salaries offered by the DEC’s.

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

Salaries and conditions of work for AODCs are no longer covered by the same CA as for RTDs it is difficult to equate levels of responsibility except with and 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 CA already above the step 10 cap on the Ministry Field Staff CA salary scale.

AODCs 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, AODCs have the advantage of additional days leave on public holidays which, for RTDs, may fall within school holidays. RTDs’ leave entitlement encompasses that 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 RTDs 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 and as set out in the respective collective agreements, be similar.

Many AODCs 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 recruitment and, to a lesser extent, retention, remain issues for the future sustainability of AODC service – some Ministry districts have experienced difficulties. A continuation of the current arrangement where RTDs 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 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 AODCs may be unattractive to potential recruits into the service. No RTDs interviewed expressed an interest in becoming AODCs and in discussion with them, they have raised the following issues: *a perception that AODCs 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 DEC 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.

“AODCs are at everybody’s beck and call and because of work pressures have a high chance of not meeting parent and school expectations.”- RTD

“RTDs do not want to be AODCs – 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.” - RTDs

But also,

“AODCs have more flexibility in their work patterns and requirements than RTDs; and can respond more quickly.” - RTD

Other issues:

- Some RTDs have expressed an interest in undertaking the *Masters of Special Education – Endorsed Sensory Disabilities* degree with Ministry support, but are not prepared to be AODCs upon completion. It appears that some AODCs who have undertaken the study with Ministry sponsorship may have then applied for and been appointed to RTD positions.
- AODCs 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 The best employment options for advisors.

- Most respondents indicated their preference for AODCs to remain employed by the Ministry.
- All current AODCs employed by the Ministry, except for three who clearly stated their preference for employment by a DEC, chose this option. At meetings held with

AODCs, apart from one of the dissenting three AODCs 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 AODCs' employment should remain with the Ministry.
- All Ministry managers who responded saw continued employment by the Ministry as the best option for AODCs. One Ministry manager had experience of an AODC being employed by a DEC as meeting his local needs in an area with difficulty in providing an AODC service.
- All three AODCs 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 DEC's felt that AODCs could work well within the DEC's. The principal who already employed the three AODCs 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 AODCs into the DEC's, which now had their own arrangements covering areas formerly covered by AODCs.
- The parent group as a whole, while seeing some logic in keeping all services for deaf children together, thought that AODCs should continue to be employed by the Ministry.
- The speech language therapist and occupational therapist who responded in writing supported ongoing employment of AODCs by the Ministry, as did various professional colleagues of AODCs who attended meetings held with AODCs.
- Many respondents from across the groups, who were aware that probable changes to the DEC's are in the pipeline, but are currently unknown, stated that the future shape of the DEC's/DEC may affect their preference for where AODCs 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 AODCs remaining in the Ministry – listed in order of importance as identified in this review:

1. Working within a multi disciplinary team approach within MOE teaming , 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 MOE e files, facilitating whole team sharing of information and access to the Ministry library.

Comment: This was seen as the most important reason for AODCs to remain in Ministry employment. AODCs have significant involvement in early intervention work including 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 DEC's 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 EI work becomes increasingly effective.

A significant number of AODCs have referred to the invaluable role that kaitakawaenga play in establishing good relationships with Maori whanau, explaining and providing information about deafness and its effect on learning, and working alongside AODCs 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 AODCs 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 DECs and AODCs, 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 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 AODCs 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, AODCs 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 AODCs 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.

“AODCs 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 networks and a physical closeness to Ministry operations.

Comment: Many saw a need for AODCs to be within the Ministry as important to keep deaf education issues and needs in front of Ministry policy and operations management. Some AODCs 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 AODCs are able to 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.

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 DEC.

Advantages of AODCs moving to DECs – in order of importance.

Note: Many respondents said that in view of the current work looking at one board of Ministerial appointees 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 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 but 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 AODCs to influence service developments within the DEC and for DECs to influence AODC service developments.

Comment: During the review representatives of DECs were critical of some aspects of AODC work and some AODCs 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, DEC's appear to have, to varying degrees, broadened their role 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 AODCs were employed by the DEC's. Appendix 3 of the *Resourcing Notice* set out criteria by which the DEC's determine their caseloads and these criteria are not exclusive of criteria that AODCs might regard as useful guides for their own work on behalf of students not on a DEC caseload.

Moving AODCs 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 roles of all its staff to ensure requirements set out in the Ministry Resourcing Notice were achieved. Clearer job descriptions for AODCs and service protocols developed in collaboration with DEC's might also serve the same purpose. If, as recommended, AODCs 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 on who provides for the learning needs 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 AODCs.

4. Less professional isolation for AODCs, more effective sharing of information between AODCs and others working in the DEC, better career advancement opportunities for AODCs 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 AODCs by DEC's. 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 AODCs in the Ministry. AODCS 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 DEC's and AODCs provide economies of scale and 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 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 DEC's and AODCs who thought they should be. Most AODCs 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 AODCs 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 DEC's.

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 AODCs into the employment of DEC's as the only way of addressing inequities in pay and conditions. Other comments and recommendations regarding exploring incentives to encourage recruitment of AODCs are made in an earlier section of this report.

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

Other issues:

- A few AODCs thought that all AODCs and RTDs should all be employed by the Ministry of Education, leaving the deaf education centres 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 AODCs thought that AODCs could be employed by the DEC's 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 AODCs but would seem to counter the main reasons given for AODCs to be employed by DEC's, 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, AODCs remain employed by the Ministry of Education.

15. General Discussion

Most discussion has already taken place in my comments throughout this report. Information on the role of AODCs 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 on the focus of AODC work, being in the early years of a DHI child's life, are implemented.

16. Conclusions

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

Responses were overwhelming in favour of AODCs remaining in the employ of the Ministry for two main reasons; their membership of, and easy access to, early intervention teams and their members. A further significant reason given for AODCs to continue employment with the Ministry 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 DEC's, with their particular approaches.

Responses in favour of AODCs being employed by the DEC's 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 deaf and hearing impaired youngsters and their families.

I was impressed with the high level of integrity and professionalism shown by all the Advisers on Deaf Children, 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. AODCs' 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 AODCs work and the job they do. On the evidence presented and my analysis of it, AODCs should remain within the Ministry's employment.

13. List of Recommendations

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

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

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 DEC's or DEC.

Recommendation 4: As a first step towards the move of AODCs into early childhood services exclusively, AODCs 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's 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, DEC's should take on the trialling, installation and maintenance of assistive equipment for students on their caseload thus relieving AODCs 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 CA for leadership positions.

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

Recommendation 8: The Ministry Resourcing Notice to the DEC's 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 AODCs be reviewed to ensure that AODCs 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: AODCs 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 Hearing Impairment, leading to further study towards a Master of Special Education (Hearing Impairment) for AODCs after appointment, for trained RTDs wishing to become an AODC, as well as for all AODCs who do not already have this qualification or its equivalent.

Ross Wilson
Reviewer
6 September 2011