

Friday, 19 October 2012

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Dear Mark

Thank you for the opportunity to comment on the DRAFT National Statement of Direction.

I will set my response out in bullet points under each section so you can easily refer to what I am commenting on. By the nature of of such a response, these will be critiques. However before getting into this detail I want to commend you on addressing some of the critical weaknesses in deaf education. Specifically,

- Your overarching statement that there needs to be a "...focus on developing and providing the optimum mix of services to achieve the best educational outcomes ...". This focus is currently lacking in this section of education.
- Your recognition that there are "...requirements for increased intensity and frequency of service provision and increased specialist service provision."
- Your identification of the need for a "...National database to be established to track and monitor students..."

These three items are music to my ears (if you will excuse the pun).

The following pages provide feedback on each section of your draft.

Once again, thank you for the opportunity to comment.

Kind Regards

Sym Gardiner

Executive Summary

- The words around “optimum mix of services” and “increased intensity” and “increased specialist services” are appropriate and needed.
- I am obviously disappointed that Wellington won’t be a trial region but I understand the reasons for selecting HB and Waikato regions.
- Can I suggest you stick with UNHS or UNBHS acronyms for Universal Newborn Hearing Screening as NHS has many other meanings and is not commonly used as an acronym for this.

1. Purpose of the National Statement of Direction

- My major concern is that “nationally coordinated” and “well coordinated” are actually paradoxical. As I have mentioned previously, the needs of children with hearing issues are highly variable and extremely individualised. Even in what would appear to be a rather homogeneous grouping such as Cochlear Implant children, there is enormous variance. The Individualised Education Plan (IEP) approach is recognised in New Zealand and internationally as the best practice approach to coordinating the resources/support needed for children to achieve the best possible educational outcomes. The focus needs to come off the interaction of organisations and onto the needs of the individual children.
- Related to the above point, there is no optimum mix of services at a national level. There are optimal mixes of services for individual children. These change with time and changing child developmental needs. Until the determination of this mix is done at a child level, there will always be a group of children who are being provided inadequately and a group of children who are being over provided for (your basic bell curve).

2. Projected outcomes

- The idea of a National Outcomes Framework for Deaf and Hard of Hearing Learners sounds interesting. I suspect it will be impossible to achieve given the afore mentioned variance in individual children with hearing issues. I would have thought a more general goal of “90%+ of children with hearing issues starting school with no language deficiency” would be a more appropriately general goal. Driving to a level much more defined than that will under pitch what these children are capable of.

3. Project accountability, monitoring and reporting

- Sounds good. I would like to know who the individuals are.

4. Background to the National Statement

- I think you really need to get some data on the real size of the group of children who need NZSL support. This then needs to guide how much emphasis is placed on this group. Typically NZSL agendas drive changes in

deaf education. However on a head count basis it should be the needs of oral communicators that should be at the fore.

- The move to focus on Early Intervention (0-8 years old) is to be applauded.
- The focus of the final paragraph is the inter-relationship of AoDCs and DEC. At the tail of the paragraph the concept of “individual needs” (meaning children) is briefly picked up. It is deeply concerning that the child’s **individual** needs are not at the forefront of the inter-relationship of AoDCs and DEC. Why is this relationship not defined by the needs of the child (as captured in an IEP)?

5. National Database for Deaf and Hard of Hearing Children

- This is a massively important development. The data in the deaf education sector is lacking.
- Why set the top end age to 21? If it is to the end of school, then say so. If it is including tertiary, then say so.
- The Cochlear Implant programmes should be part of this. They currently have the best data for their 325+ children. For some children in the Northern zone The Hearing House is their sole service provider (ie no AoDC or DEC involvement). In the Southern zone, SCIP provide the heart of the Early Intervention.

6. Establishment of a Framework for Collaboration for Service Providers

- This needs to be more specific.

7. Local Level Agreements

- I realise that this is here because of the vagueness of some of the arrangements in the regions. However this really does seem at odds with statements like “An equitable, cohesive, nationally coordinated service...”.

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

- The focus on 0-8 year olds is admirable.
- Why are you having different arrangements for ORS and non-ORS children? This does not seem consistent with the overarching goal of cohesion.
- The suggestion that DEC take a “leadership role” is concerning. The DEC struggle to lead themselves, let-alone provide leadership to other providers such as the MoE, CI programmes, schools, etc. There is a lack of recognition that the real leadership comes from parents of children with hearing issues.
- For CI children, the educational leadership currently comes from the habilitationists in the CI programmes. This is because they are vastly more qualified and skilled than any other practitioners in this field. To remove or limit their leadership would have detrimental outcomes for the children they work with.
- There is a need to define “assistive technologies”. I presume you are meaning FM systems (both direct and sound re-inforcement)?
- Having two points of referral seems odd. It sounds confusing.

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

- For the pilots, where is the parent input/representation into the Management Group? Is this about organisations or is it about better outcomes for children?
- How will the outcomes from these pilots be communicated?
- How will you know if the pilots have been successful? Who will judge this? Parents? Or will you measure outcomes?

10. Workforce Development

- This is arguably more important than any of the other changes in terms of outcomes for children.
- This area needs a much higher priority than it is getting.

Appendix C

- There is a comment that the AoDC role was never meant to have an 'Advocacy' component. This is not a solution to the issue raised about this loss of support for parents. Internationally most CI programmes have a guide/counsellor role. They help the over 90% of parents who are new to the idiosyncrasies of the deaf education sector navigate their way through. AoDCs have filled this role. In fact it is one of the things they do particularly well for the most part. Wiping that role out will be unhelpful for parents in the short term until a strong independent parent advocacy group forms out of necessity. Does the Ministry really want to actively encourage the formation of such a group?

Appendix D

- It would be helpful to aggregate up the data as well as having it by region. I think what the data is saying is that there are 1680 odd children with hearing issues (being 166+190+248+384+694). Is that right?