

Review of Developmental Orientation and Mobility Service Delivery

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Foreword

The following quotation comes from a speech given in the 1980's by Kevin Carey, a person with vision impairment speaking to the International Council of Educations of Vision Impairment, (ICEVI).

“The two things I use every day of my life are social skills and orientation and mobility skills... Those were the lowest priorities for my teachers when I was in school”

Executive Summary

BACKGROUND

The Ministry of Education commissioned Cognition Education Ltd to review developmental orientation and mobility (DOM) services. DOM services teach children skills to travel independently and to move safely, confidently and well within their environments. DOM also includes teaching of concepts that underlie spatial reasoning, navigation and movement.

DOM skills are seen as critical to enabling blind and low vision students to fully access the curriculum and to participate fully in all aspects of life. They are essential to enabling an inclusive educational and societal context for people who are blind or low vision.

The purpose of the review was to provide the Ministry with ideas and options for how best to meet children's DOM needs within existing resource constraints. The Ministry wanted the review to consider the funding, management, service models and provision of DOM services as well as future workforce needs and implications. The needs of Māori, Pasifika and children with complex needs were also considered.

METHODOLOGY

A sector advisory group supported the review by engaging closely with the process, providing information and ideas and reviewing options.

The review canvassed the international literature and explored the current service context within New Zealand.

Key informant interviews and an on-line survey were used to canvas views on current needs, existing service arrangements, funding arrangements, ideas to improve services, and models for future service provision. The information from the surveys was analysed and a separate report compiled that is appended in this review.

CURRENT CONTRACTING AND SERVICE PROVISION

DOM services for school age children are funded by the Ministry through two main contracting arrangements. A national contract for children with moderate vision needs with a funding pool of \$88850 per year and four regional contracts for ORS verified blind and low vision students at \$173,000. ORS fund holding schools contract for DOM services for individual students.

The Ministry contract with BLENNZ for the moderate contract. BLENNZ then subcontract with RNZFB and Moving Forward to provide these services. RNZFB hold the ORS contracts.

RNZFB have had difficulty staffing and providing services in all parts of New Zealand. They have also raised concerns about the sustainability of these services. Where services are provided parents express satisfaction with the services received.

PERSPECTIVES ON CURRENT SERVICES

Perspectives on current services were gathered from key informants. The concerns identified in this review include:

- Lack of clarity in respect of funding mechanisms and how resources were determined and allocated
- Lack of information on DOM needs of children with vision impairments
- Little information on the DOM needs of children in special and fundholder schools
- Strong sector perceptions that children's DOM needs were poorly met
- The importance of children's DOM needs not well understood within the education sector
- Lack of integration between DOM services and the Expanded Core Curriculum
- Variable links between home and school in respect of DOM services
- Few opportunities for training of parents and other support people
- Historical and bureaucratic contracting practices as opposed to needs based service contracting
- Variable access to services depending on geographical location
- Inconsistent models of DOM practice
- Workforce issues including inability to attract and retain skilled DOM staff by providers.

SERVICE DELIVERY IDEAS AND OPTIONS

Options for future service provision have been identified and ideas presented on funding, service management, best practice models, ways to strengthen the workforce, meet the needs of Māori and Pasifika, and ensure smooth transitions from early childhood to school and from school to post school environments.

Future service delivery models will need to be:

- Funded so they are sustainable
- Well managed to ensure maximum return for funding
- Based on international best practice adapted to our New Zealand context
- Staffed with well trained, efficient and effective professionals who are competent in developmental orientation and mobility training, understand child development and learning and have the ability to work with Māori, Pasifika and within diverse contexts
- Well integrated into educational contexts and wrap around the student/family
- Child and family/whānau needs and outcomes driven
- Focused on children's early years and whole of life needs to establish strong learning foundations.

Funding

Funding streams need to be fully identified and an efficient mechanism for distributing the funding determined. Clarifying the funding requires:

- Determining the ORS specialist resources that blind and low vision students attract and the proportion that should be directed toward DOM services
- Determining the needs and the level of funding available to support students with moderate needs.

Once funding streams are clearly identified, the Ministry needs to determine service funding mechanisms that:

- Streamlining funding processes to maximise the amount going into service provision
- Allow service priorities and decisions to be made as close to the student as possible.

The range of possible funding and contracting options for consideration by the Ministry include:

- **Pooled funding** - All DOM specialist service funding (ORS and moderate contract) is pooled by the Ministry who provide/contract directly to providers for DOM services.
- **Individual Funding Packages** - ORS specialist service funding for students who are blind or low vision is notionally allocated to each student and decisions on the use of the funded resource made by teachers, specialists and parents through an IEP process. In this option the moderate funding contract would remain as a separate contract.
- **All Specialist Vision Resources Fundheld by one provider** - All specialist service funding for all ORS funded vision impaired students and the moderate contract are contracted to one fundholder. This is the preferred funding option.

Service management

A range of service management options were identified. The preferred service management option was for BLENNZ to provide all DOM services through its Visual Resource Centres. This option would transfer all specialist resource allocated to DOM services to BLENNZ who would then provide/contract all services to school based children through its existing network of visual resource centres.

Other options canvassed included:

- **RNZFB provides all DOM services** - The Ministry contracts with RNZFB for DOM services for students who receive ORS or have moderate needs. This would remove the current subcontracting arrangement through BLENNZ for moderate students.
- **Special Education provides DOM services** - Special Education expands its specialist service base to include DOM services. Other fundholders contract to provide DOM services for the students for whom they fundhold.
- **Independent DOM practitioners** contract to BLENNZ, the Ministry and schools to provide services. This model would involve a network of private practitioners contracting out their services for a fee to SE, BLENNZ and fundholder schools

STRENGTHENING DOM PRACTICE MODELS

There are currently a range of different practice models for providing DOM services. Best practice approaches that build on international best practice and are appropriate within the New Zealand context need to be identified and developed. Practice models will need to reinforce the roles of family, paraprofessionals and teachers. Ways for DOMs to skill share with these key people could maximise students' outcomes. DOM practitioners have a role to play in developing information and support materials for parents, teachers and paraprofessionals. Developing on-line resources and self-help tools for students and families could also enhance future DOM service provision.

STRENGTHENING THE WORKFORCE

Strengthening the profession will require determination of:

- The professional training requirements and status of the DOM specialist and possible paraprofessional support roles. This will require clarification of the skills needed for both the specialist DOM role and supporting paraprofessional DOM roles. Possible tiered training options could then be developed. These could include: post graduate training through the Specialist Teachers Diploma; achieving NZQA credits through an apprenticeship model; undertaking training through Renwick Centre in Sydney.
- The ongoing professional development and support of DOM practitioners including consideration of DOM practitioner networks and national practice advisors.
- Employment conditions (salary, working context, access to professional development, teaming arrangements) including clarifying roles, qualifications and employment expectations.

MEETING THE NEEDS OF MĀORI

A well functioning DOM service would meet the needs of Māori students/whānau. Stakeholder feedback suggests that a well functioning DOM service would take a holistic, integrated approach working closely and appropriately with all families.

Options need to be explored to encourage Māori to consider undertaking DOM training. Other options include future service delivery that builds strong links with Ngāti Kāpo (Māori health and disability advocacy organisation). Other considerations are to provide scholarship options to Māori teachers to support them to undertake specialist education training of which DOM training could be a component. Establishing paraprofessional training avenues that lead to accreditation of skills in DOM implementation could also increase Māori staffing numbers.

MEETING THE NEEDS OF PASIFIKA FAMILIES

Finding out more about service engagement is required prior to decisions being made on what changes might need to be put in place. Given the relatively small number of students, it is likely that strategies that ensure all DOMs have the attitudes, values, knowledge and skills to work across diverse cultural context will be more feasible than attempting to develop ethnic specific service options.

TRANSITIONS FROM EARLY CHILDHOOD EDUCATION TO SCHOOL

Currently, DOM service for young children prior to their going to school are funded by the Ministry of Health and provided by RNZFB.

Once children begin school it is perceived that there is less funding and flexibility in the use of the funds. Transitions are too important to be left to chance and work needs to be done to ensure that there are effective transition processes in place for all children.

The Ministry of Education will need to engage the Ministry of Health in communicating any changes to school based services so that policies across both agencies enhance transitions.

TRANSITIONS FROM SCHOOL TO POST SCHOOL ENVIRONMENTS

Currently RNZFB and a range of other providers are contracted to support transitions from school to work or other education. There is a lack of clarity as to where DOM services feature in these arrangements with a number of organisations working in this context. There is a view that some vision impaired students do not have adequate consideration given to the DOM needs at this crucial point with the consequence that this could impede their independence. The Ministry may need to liaise with other funders in this domain to work through transition issues and concerns.

PROVISION OF INFORMATION AND SUPPORT

Greater consideration needs to be given to training and supporting parents, paraprofessionals, teachers and other educational staff in DOM techniques so that children receive higher levels of ongoing support and encouragement in developing orientation and mobility skills. Increased use of online learning communities and activities could greatly influence the understanding of DOM competencies and their importance to children's overall development.

POLICY IMPLICATIONS

The review has highlighted a number of areas that have policy implications. These include a range of policy decisions in respect of the way funding is determined and allocated. Pooling current ORS and moderate contracts will require Ministerial approval as will any changes to fundholding arrangements for children who are verified for ORS as a result of the vision criteria.

Policy work to determine consistent service models, frameworks and standards will also be required. The training qualifications required for an individual to provide services and mechanisms for future funding and provision of training will have policy implications.

Introduction

According to BLENNZ in 2010 there are approximately 1400 blind and low vision children that are eligible to receive developmental Orientation and Mobility (DOM) services. These students come from the full range of ethnic and cultural backgrounds including Māori, New Zealand European (Pakeha), Pasifika, Asian, European, Middle Eastern and African cultures. Their education settings include mainstream primary and secondary schools, special schools, special units attached to mainstream schools, Blind and Low Vision Education Network New Zealand (BLENNZ) Homai Campus, home-schooled, and Te Aho o Te Kura Pounamu (the Correspondence School).

DOM services provide blind and low vision children with the skills involved in:

- independent travel and the concepts that underlie spatial reasoning and navigation
- a variety of areas usually developed through observation e.g. independent movement and environmental awareness.

Currently these services are being delivered through a number of Ministry of Education contracts under two different funding streams:

- A national contract for children with moderate vision needs (the moderate contract) at \$88,850 a year excluding GST.
- Four regional contracts for Ongoing Resourcing Schemes (ORS) verified blind and low vision students at \$173,000.

In addition, ORS fund-holding schools contract for services for individual students.

There is a strong perception across the sector that service needs are not being met in all locations.

Rationale and Purpose of the Review

In contracting for this review, the Ministry of Education wanted to review the current service delivery model and be provided with options and ideas for how best to meet children's DOM needs within existing resource constraints.

In keeping with the Ministry of Education's requirements for the review, this report:

1. Identifies the scope of DOM services and the necessary service components
2. Outlines the current need and benefits of DOM services in New Zealand
3. Reviews and presents international evidence and best practice in DOM delivery for children
4. Canvasses service delivery ideas and options that could meet the identified needs including:
 - sustainable service delivery options and models

- service management options
- alternate ways of delivering DOM services
- workforce implications of the options
- costing models that maximise outcomes within the available resources
- policy implications
- associated risk.

5. Identifies implications of options for Māori and Pasifika students

6. Identifies and discusses transition issues and options from Early Childhood Services.

The Ministry also wanted the review to consider alternative ways of delivering the DOM services including:

- by specialised staff or non-specialist staff including the training and workforce implications
- provision of information and support materials in different formats
- development of self-help tools (off or online).

Scope of the Review

The review covered services provided to children in state-funded or private schools or who are home schooled within the compulsory sector are eligible for:

- DOM services for children with moderate vision impairments
- DOM services for ORS verified blind and low vision students.

The Ministry of Education determined that the review considers:

- The scope of DOM services identifying the different service components that are required to meet orientation and mobility needs in today's world
- The need for these services e.g. benefits, population demands etc
- How to best meet the DOM needs of the student
- The options for providing sustainable services and service models
- The skill requirements and workforce development implications of the options.

Review Methodology

THE REVIEW TEAM

Dr Barbara Disley managed the project, undertook field work and prepared final reports. Barbara was supported by two project advisors. Paula Daye (Past CEO of the Foundation of the Blind) who reviewed the draft report, and Micheal King, Te Pouherenga Matauranga at Cognition who advised on Māori engagement. Dr Patricia Vermillion Peirce was responsible for survey design, information and data collation and analysis.

An Advisory Group supported all aspects of the work advising on both processes and the draft report.

REVIEWER'S APPROACH

The review took an informed facilitation approach. Full details of the review methodology are set out in Appendix 3.

Current Contracting and Service Provision

The Ministry of Education lets two separate contracts for orientation and mobility services. One contract combines four regional contracts for ORS verified children that the Ministry fundholds for and the other is a national contract for moderate vision children.

The ORS funding contract is currently held by RNZFB. The contract requires RNZFB to provide services to a total of 223 students across the country comprising:

- Northern Region 45 students
- Central North 95 students
- Central South 39 students
- Southern 44 students

The contract specifies that the services to be provided include:

- Initial DOM assessments
- Reports on the students' need for DOM services and recommended programme plans
- Ministry approved further DOM Services
- Reports on student outcomes.

The management of the contract is bureaucratic with the Ministry regional offices controlling the way in which services will be allocated. While there is a contract to provide services in place, all access to ongoing DOM services must be individually approved by the Ministry. This mechanism could be improved.

The student numbers identified in the contract appear to bear little relationship to the number of ORS funded students with vision impairment within each Special Education district. Likewise the amount of money provided for the services varies district to district between regions. There may be historical reasons for the current numbers for funding and service levels, but these are not understood by either the Ministry or the vision sector. Funding does not directly attach to a child and if a child moves from one region to another the funding and services they may have been receiving does not automatically follow them.

Over recent years, RNZFB have found it difficult to attract and retain DOMs to adequately staff the service. This has meant that access to services has been variable. Overseas recruitment of DOMs has been expensive and retention difficult. RNZFB have paid for training of DOMs through Massey University but they can no longer afford to do this.

RNZFB have indicated that their current contract is not financially sustainable.

There is little known about the provision of DOM services to ORS verified students who have their services provided through other fundholders. A small number of schools contract with RNZFB or Moving Forward for the provision of services to students but there is a strongly held view that blind or low vision students who receive their education in special schools or through other fund-holders have restricted access to DOM services. BLENNZ (Homai Campus) and Manurewa High School are identified as exceptions in this respect as these schools contract independently or employ DOM practitioners.

The Ministry of Education contracts through the “Moderate” contract to BLENNZ for the DOM services for students with low vision who are not verified for ORS. The total resource available to support students with moderate needs is \$88,850. Not all of this is currently utilised on direct DOM service provision. The BLENNZ contract provides for the provision of assessments and support services and for the development of information resources. The contract specifies that services are to be provided to a maximum of 60 student referrals, 50 student assessments and 40 student programmes per annum.

There is little information on the DOM needs of this group of students to adequately assess whether the quantum of resource allocated to support this group is adequate.

Literature Review

THE DEFINITION OF DEVELOPMENTAL ORIENTATION AND MOBILITY SERVICES

The Ministry of Education service contracts states developmental orientation and mobility (DOM) includes

“Skills involved in independent travel and the concepts that underlie spatial reasoning and navigation (for children in compulsory education)”¹

The Early Intervention Training Centre for Infants and Toddlers with Visual Impairments at the University of Carolina² defined Orientation as:

“Knowing oneself as a separate being, where one is in space, where one wants to move in space, and how to get to that place”

and mobility as:

“Motor development, including the normal integration of reflexes, acquisition of motor milestones, refinement of quality-of-movement skills, and purposeful, self-initiated movement”.

Hill and Ponder³ describe orientation as:

“the process of using sensory information to establish and maintain one’s position in the environment and mobility as the process of moving safely, efficiently and gracefully within one’s environment.”

Griffin-Shirley, Kelly and Lawrence⁴ argued that within public school settings, orientation and mobility is an important and integral part of the disability-specific core curriculum in the comprehensive delivery of services to children with visual impairment.

In the New Zealand context, orientation and mobility are an integral part of the Expanded Core Curriculum (ECC). BLENNZ the main educational provider to children with vision impairment notes that:

¹ Regional Orientation and Mobility Services –ORS Funded Contract 1 July 2009 to 31 December 2011

² The University of North Carolina Early Intervention Training Center for Infants and Toddlers With Visual Impairments FPG Child Development Institute (2004) Presentation: Foundations of Developmentally Appropriate Orientation and Mobility Session 1.

³ Hill, E. & Ponder, P. (1976). *Orientation and Mobility Techniques*. New York. American Foundation for the Blind.

⁴ Griffin-Shirley, N.;Kelley, P.; and Lawrence, B. (2006). *The Role of the Orientation and Mobility Specialist in the Public School*. Council for Exceptional Children: Division on Visual Impairments.

<http://www.cecdivi.org/positionpapers.html>

“Children NEED to move and explore their world because this is how they learn:

- *To move their bodies*
- *To relate ‘spatially’ to their world*
- *About things in their world and how it works*
- *About being a safe and “thinking” pedestrian in a sighted world*
- *To sort ‘real life’ problems out for themselves”*

They note that while this is important for all children it is more important for children who cannot see well.

The Royal New Zealand Foundation of the Blind (RNZFB), the main provider for developmental DOM services in New Zealand takes a broad and integrated approach in defining orientation and mobility. Their definition reinforces the importance of taking a “developmental” approach with children and young people and introduces the concept of developmental orientation and mobility (DOM) as being designed to teach:

“Purposeful movement and an understanding of the environment in an age and developmentally appropriate manner”⁵.

RNZFB describe *orientation* as the cognitive component of purposeful movement including learning

- To use sensory systems to interact and problem solve
- About one’s body, its boundaries and how “self” relates to other people & objects
- About the world around one’s self including object, people and how these relate
- How to use this understanding to problem solve and interact purposeful and have control over one’s environment.

Mobility is defined as purposeful movement for desired outcomes that includes:

- Development of voluntary movement
- Development of organised movement for desired outcome
- Refinement of movement for efficient travel
- Increase movement complexity and application of equipment for movement.

The focus on movement is more that the mechanical aspects that comes with other physical therapies. Developmental orientation and mobility services take a vision perspective and focus on the impact of low vision on movement.

⁵ Royal New Zealand Foundation of the Blind (2005). *Services for Children*.

EXPANDED CORE CURRICULUM AND DOM SERVICES

Internationally, the Expanded Core Curriculum is critical to supporting positive learning outcomes. In New Zealand developmental orientation and mobility is an integral part of the Expanded Core Curriculum. The Expanded Core Curriculum contains a body of knowledge and skills specific to blind and low-vision learners. It is a tool that helps learners who are blind and low vision to access and participate in the regular curriculum, as well as develop independence skills. It allows children to access the regular curriculum and is the base of BLENNZ⁶ teaching and learning programmes. It covers areas of learning such as:

- Communication skills e.g. concept development, tactile communication, e.g. Braille
- Visual efficiency skills
- Physical abilities
- Orientation and mobility
- Physical education
- Social skills
- Life skills
- Assistive technology
- Career and future planning

The orientation and mobility needs of children are different from those of adults and effective teaching requires knowledge of and adaption to the learning styles and stages of development of the individual child.

Orientation and mobility skills should be integrated into the core curriculum. However, not all teachers have the required level of understanding of these competencies to ensure that children's orientation and mobility needs are met. DOM needs are best assessed and programmes planned by DOM practitioners who can work with the student, classroom teacher and paraprofessionals to ensure smooth integration of the programmes into the wider educational context.

WHAT WORKS FOR CHILDREN WITH ORIENTATION AND MOBILITY NEEDS

In a comprehensive review of the literature Fazzi and Naimy⁷ note that effective teaching of orientation and mobility concepts to school age children and young people requires not only a working knowledge of the skills and techniques for independent travel but:

⁶ <http://blennzonline.edublogs.org/curriculum/>

⁷ Fazzi, D.L. and Naimy, B.J. (2010). Teaching Orientation and Mobility to School-Age Children. In William R. Wiener, Richard L. Welsh, and Bruce B Blasch, (Eds.) *Foundations of Orientation and Mobility*. American Foundation for the Blind.

- Deep knowledge of orientation and mobility competencies
- Varied and effective teaching skills
- Interpersonal qualities for working as part of educational team
- High expectations of student success
- Understanding of the complexity of student needs
- Active involvement of students in the learning process
- Creativity in instructional design
- Good interpersonal communication
- Knowledge and skills to work with child with visual and multiple impairments
- Commitment to ongoing professional development

In addition, this review noted that effective education for children with visual impairments:

- Establishes strong partnerships with parents, children, extended family and teachers
- Provides both core and Expanded Core Curriculum for vision impaired students
- Ensures students with visual impairments are taught the skills to obtain access to information
- Is broadly conceived
- Involves child centred, collaborative and trans-disciplinary team approaches
- Provides direct instruction in concept development, environmental and community awareness and motor development
- Designs and implements in-service education activities in orientation and mobility for teachers', other professionals, paraprofessionals, parents, consumers and administrators.

THE NEW ZEALAND DISABILITY CONTEXT

New Zealand is a signatory to the UN Convention on the Rights of Persons with Disabilities (See Appendix 4 for relevant sections). The UN Convention sets a context that ensure that all persons with disabilities have access to the same rights, to full citizenship and to the opportunity to participate fully in all aspects of life. The Convention specifically identifies that there is an obligation to specifically respect the evolving capacities of children and preserve their identity.

The New Zealand Disability Strategy (See Appendix 5 for relevant sections) clearly sets out the responsibilities in respect of education for children. It reinforces two clear responsibilities of the education sector. The first is to provide the best possible education for disabled young people and the second to educate for a non-disabling society.

In 2010 the Ministry of Education consulted widely with the community about special education and how services could be improved. (Appendix 6: Summary of Review Discussion Document). The Government was seeking to ensure that special education maximised the use of existing resources and that there was a clear focus on schools providing the best possible education and therefore the best possible educational outcomes for students.

The Ministry of Education's⁸ goal for special education in 2010 was:

“Every learner must have the opportunity to enjoy high-quality education that allows them to participate and to contribute socially and economically to New Zealand. This relies on raising expectations of what children can do, rather than being influenced by what they cannot do – focusing on ability and potential, not disability.”

In addition, the National Curriculum⁹ for all students states:

“The vision is young people as confident, connected, actively involved, lifelong learners. It gives schools the flexibility to develop learning programmes that ‘work’ for all students. It provides broad principles, values and key competencies to be explored and adopted through the teaching of eight learning areas.”

The curriculum has eight learning areas and five key competencies. The competences are:

- Thinking
- Using language, symbols and texts,
- Managing self,
- Relating to others
- Participating and contributing.

The competencies are seen as enabling people *“to live, learn, work and contribute as active members of their communities”*¹⁰

CONCLUSIONS FROM LITERATURE REVIEW

Knowing and managing self, being able to relate to others, to be able to think, all depend on blind and low vision students being able to access all parts of the curriculum and their environment and to be able to form relationships that enable them to participate and contribute. The ultimate goal is an inclusive society.

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<http://www.minedu.govt.nz/theMinistry/PublicationsAndResources/AnnualReport/AnnualReport10/PartOne/SpecialEducation/OurGoal.aspx>

⁹ <http://www.minedu.govt.nz/Parents/AllAges/EducationInNZ/TheNationalCurriculum.aspx>

¹⁰ <http://nzcurriculum.tki.org.nz/Curriculum-documents/The-New-Zealand-Curriculum/Key-competencies>

The implications for students who are blind or low vision is that they too will have equal access to the curriculum, to a learning context that ensures their active participation in all aspects of school and educational life and is non-disabling. Being able to have access and control over your environment is therefore of critical importance to achieving these goals. Orientation and mobility services are an essential aspect of ensuring that children and young people are well positioned to achieve their competencies.

Perspectives on Current Services

Perspectives on current services were gathered through key informant interviews and through an on-line survey that was provided to selected participants. The on-line survey questions canvassed the same areas as the key informant interviews and results were collated. A list of the individuals who participated in key informant interviews is provided in (Appendix 8)

PERCEIVED NEEDS

While some work has been done previously by RNZFB on the orientation and mobility needs of students who are blind or low vision, there appears to be no current up to date information available on children and young people's needs for services. A needs assessment undertaken in 2005 by the Vision Education Agency identified that of 485 children enrolled on the Visual and Sensory Resource Centres, 285 were receiving some DOM services while 200 were not. All children do not receive an annual review and assessment of needs which was seen as good practice as children's needs are constantly changing as they grow and develop.

Stakeholders expressed the view that little is known about the needs of children in ORS fund-holding and special schools. In particular there was only a small amount of contracting with RNZFB and private providers by other fund-holding schools or special schools. It was perceived that there is a need for better information about how DOM needs are being met for this group of young people.

There is a strong perception that funding is inadequate to ensure adequate assessment, ongoing intervention and support for students who would benefit from DOM services.

While Māori accessed regular DOM services, these are not always provided in culturally appropriate ways. There are few if any DOM practitioners who have the ability to work in Te Reo settings.

There is no data to enable comments on access of Pasifika to services.

The provision of services across the country is not equitable and the quality of provision is dependent on access to DOM practitioners, referral practices of Resource Teachers of Vision (RTVs), teachers' and parents' advocacy. Inconsistencies in referral, assessment and intervention practices were identified as contributing to poor service outcomes for students. Families and RTVs often did not refer children to services as they had become frustrated with the lack of response in the past. Access in Auckland and some rural areas due to lack of DOM practitioners is restricted.

Multiple organisations are involved in the process of accessing and providing services. The processes are perceived as complicated and bureaucratic.

Recruitment and retention of DOM practitioners is an ongoing concern. Funding of services was perceived as insufficient to ensure access to ongoing professional development. Staff conditions were generally perceived as poor (low pay, limited professional development or support, few qualification options, no career pathways).

Stakeholders were of the view that there is low level of understanding amongst teachers, families, other health and educational specialists, paraprofessionals and funders of the importance of DOM services for enabling blind and low vision children to fully participate in schooling and access the wider curriculum.

Where the Ministry Special Education is the fund-holder it was reported by stakeholders that:

- Regional variation in service contracting levels existed
- The rationale as to current service numbers was unclear except that the contracting levels appeared to be historical
- Contracting and reporting arrangements were bureaucratic with multiple referral and checking points that seemed unnecessary. Better administrative processes could allow greater resource to be available for direct service provision.

There is a strong perception within the sector that students who are blind or low vision do not have access to all specialist resourcing that they attract.

PERCEIVED STRENGTHS

Stakeholders reported a number of strengths in respect of the current services:

- Where services were provided these were seen as being family centred and of high quality
- DOM staff were viewed as competent, passionate and highly skilled
- Positive and supportive relationships and networking existed between instructors.

There was also a perception that the current contracting arrangements with RNZFB meant that DOM services had access to charitable dollars which resulted in increased service levels. While RNZFB reported that this perception was not entirely correct in that there were lower levels of charitable funding available to support services, they also acknowledge that the service contracts did not include travel costs and that the RNZFB met these costs from other funding sources.

PERCEIVED WAYS TO IMPROVE SERVICES

Key informants were asked a number of questions relating to ideas and options they had for improving services. Feedback clustered around the following themes:

A holistic approach

A holistic approach to DOM service provision is wanted that includes integration of services into students' lives, including across the wider curriculum. Greater integration and collaboration between school and home is required. Parents and teachers were seen as important in the ongoing provision and support of DOM needs and are therefore seen as vital to supporting specialist DOM interventions.

"[Orientation & Mobility] becomes an integral part of mainstream educational programmes. It should not be seen as an 'if' or a 'maybe', but as an integral part of the child's educational success."

Supportive and collaborative management structure

Enhanced collaboration between the agencies, including BLENNZ, RNZFB and community is seen as critical to ensuring effective DOM service provision over the lifetime of individuals. Currently RNZFB provides early intervention and adult services as well as services to children in school. A call was made to reduce the numerous control points ("double-handling") for service provision (referral, planning and documentation). These processes are perceived as not adding to the quality of provision and result in providers and specialists feeling over-managed and not trusted.

"Major changes are needed to the referral, planning and compliance documentation for ORS work; this absorbs staff time and cannot be invoiced."

Student-centred services

There is a strong view that students and their DOM needs should drive services. Currently services were seen as being "funder" and "provider" focused. Programme, principles and goals need to be focused on the individual student and their specific needs (e.g. blind, low vision, complex needs). There was a plea for the student and their family to be at the centre of services and their provision.

"The family/ student should be at the heart of their service"

Enhanced assessment practices

Greater commitment to better understanding and responding to needs is necessary. There is recognition that needs change and that regular assessment should be undertaken particularly in the younger years to determine the specific yet changing needs at various points within each student's life.

Clarification of funding

There are different views on how funding should be provided. Some stakeholders want all specialists' funding for blind and low vision children to be pooled to support an IEP process that then allocates funding to individual students according to their range of specialist support needs. Other stakeholders want one clearly identified funding stream dedicated to DOM services.

Meeting the needs of Māori

While there was a view that current services were provided in a way that was responsive to Māori young people and their family/Whānau there is recognition that there are no trained DOM practitioners who work into Kura Kaupapa environments. It was also recognised that currently there are limited training options to ensure that all professionals have the range of skills and attributes that would enable them to work effectively with Māori clients. Māori families had limited choices about educational context as most chose regular schooling environments for the blind or low vision children to enable access to the specialist support services.

Skilled and committed workforce

There is a strong perception that the workforce needs to be strengthened. Staff are difficult to attract and retain.

There are differing views as to the role of DOM practitioners. Some informants suggested that specialist professionals are required to deliver DOM services while others would prefer a tiered workforce arrangement where specialist undertake assessments and devise programmes that are then implemented by trained paraprofessionals, parents and teachers.

“Having a skilled workforce to deliver services - staff under supervision to provide services to those with less complex needs”.

Service delivery ideas and options

FUTURE SERVICE REQUIREMENTS

Given New Zealand's international commitments to the UN Conventions that apply to both children and people who are disabled and its own Disability Strategy, there is a logical implication that orientation and mobility services for children who are blind or low vision should be readily available and be an integral component of their educational context. The ability of the education sector to ensure that all blind and low vision children leave schools with the five core competences is dependent on their receiving sound orientation and mobility education. For a young person to have control over their environment, to be self managing and to have the opportunity and ability to fully participate and contribute requires that they have the skills to navigate their environment and to develop relationships and connections that are meaningful for them.

It is recognised that orientation and mobility training requires a specialist capability that is currently not widely available in New Zealand. This needs to be addressed urgently if future workforce is to be available to ensure that there are sufficiently skilled people to meet children and young people's orientation and mobility needs.

There is a widespread view that the current service options are not sustainable or meeting the needs of all children. Current funding and the difficulty that the main provider (RNZFB) has in attracting and retaining skilled staff means that needs are not met. Future options need to be sustainable while ensuring that the needs of all students can be met. A primary consideration is that services need to be provided to students all over the country. RNZFB currently have a provision network but despite this they have difficulty ensuring sufficient staff are available to meet demands and specialist have large operational areas with considerable time spent on travel. Auckland is currently underserved by DOMs and this means that access to services by a large numbers of young people has been limited.

To be sustainable, future service delivery models will need to be:

- Funded so they are sustainable
- Well managed to ensure maximum return for funding
- Well integrated into educational contexts and wrap around the student/family in a seamless way.
- Provide a “one stop shop” approach for parents and students
- Staffed with a range of efficient and effective professionals who are sufficiently skilled
- Based on international best practice adapted to our New Zealand context including being Child and family/whānau needs focused.

The following section will present ideas and options for the future that consider these requirements.

FUNDING

The total quantum of resource currently allocated by the Ministry to provide DOM services is approximately \$262,000. No other avenues for funding orientation and mobility needs for school aged young people were identified from other agencies (Health or Ministry of Social Development).

Considering the minimum costs to employ a DOM and cover travel, office accommodation and ongoing training is \$80,000, this resource is only likely to employ 3.25 full time equivalent professionals. Spreading this resource across the country means that DOMs will in the main be employed in part time roles or face considerable travel and related costs.

The Ministry of Education needs to clarify the funding to be allocated to DOM services. There are three key funding avenues which need to be better understood.

1. ORS resources to DOM services where SE is the fundholder

The way in which the quantum of resource for ORS funded students where SE is the fundholder is unclear district to district, region to region. Students who receive ORS funding each attract either \$3000 per high needs student or \$5000 for each very high needs student into the specialist funding pool. A more thorough review of the needs of students in relation to the expenditure of this resource is required. While students are currently incurring costs for services (through SE) it is important to understand whether these costs relate to direct specialist services or to service coordination. It is possible that SE specialists incur costs by attending an IEP which will also be attended by an RTV. Funding and expenditure on specialist services by this pool of students needs clarification.

2. ORS resources to DOM services by other fundholders

At present there is little information about the needs or services provided to students who have their ORS funds held by other schools. Very few schools contract existing DOM services. It is likely that students within this group who would benefit from DOM services are not receiving them. Ministry of Education will need to examine more closely the DOM specialist service provision for these students.

3. Moderate Contract

There needs to be greater clarity around the level of funding available and the needs of students who have low vision who currently access their services through the moderate contract. Better understanding the needs of this student group would allow clearer decisions on how well needs would be met if this funding pool were combined with that available for these services through the ORS contracts. Ensuring that the needs of this group are not subsumed by the children with higher support needs will be important if the resources are pooled.

Conclusions

A range of options for funding are possible and the Ministry will need to explore how more consistent funding mechanisms that are responsive to student numbers and need levels can be put in place. It is possible that with clarification of the funding that students who are blind or low vision attract as a group, additional funding may not be necessary. On the other hand, closer examination of student needs in relation to the educational supports required may mean that additional funding is needed to cope with increased referrals and ensure that a sustainable, equitable and accessible service is available.

OPTIONS FOR DISTRIBUTING FUNDING

Once funding is clarified the Ministry will need to determine how it will distribute resources for DOM services. There are a number of ways to do this. The funding mechanism will determine who provides services.

Pooled funding

All specialist service funding (ORS and moderate contract) is pooled by the Ministry who provide/contract directly to providers for DOM services. This is similar to the existing approach where the Ministry contract to RNZFB for the provision of services to ORS students and to BLENNZ for services to moderate students. BLENNZ currently then subcontract to RNZFB for these services. With pooled funding of the groups a more streamlined contracting approach would be possible. The advantage of this model would be that resources would be amalgamated and contracting processes simplified. Removing the double contracting arrangements would also simplify the processes and reduce double handling and reporting. This could release both Ministry of Education and provider resources that in turn could be applied to direct DOM services.

One of the disadvantages of amalgamating the ORS and moderate contract is that resourcing could easily slip away from the children with more moderate needs unless this was closely monitored.

Individual Funding Packages

Specialist service funding for ORS students who are blind or low vision is notionally allocated to each student and decisions on the use of the funded resource made by teachers, specialists and parents through an IEP process. That is, a notional individual funding option is used. Health is increasingly moving to distribute disability support funding through individual funding mechanisms and the education sector may need to examine the merit of similar approaches. The advantage of this approach is that there is clarity around the resources each child attracts and decisions can be made closer to the child as to how these resources will be allocated.

On the other hand the disadvantage of this approach is that it reduces the flexibility to apply resources to children within a funding pool based on their prioritised needs. This model also does not recognise that within any group of children DOM service needs will fluctuate depending on the child's circumstances and there is less flexibility to move funding between children to address these fluctuating needs.

One Fund-holders All Vision Resources

All specialists' service funding for **all** ORS vision impaired students and for the moderate contract could be fundheld by one provider who could either provide or contract for these services. This model would include all resources for students verified for ORS as a result of vision needs. The rationale for this method of allocation is that all support needs for vision students would be provided by the fundholder in an integrated way. This arrangement would enable professionals with responsibility for developing student IEPs to prioritise student needs and services. The principle of supporting resource allocation decisions close to the student aligns with this suggestion.

SERVICE MANAGEMENT

The current arrangements for ORS funded students is that the Ministry contracts with RNZFB for provision of these services through four regional contracts that have set amounts of money for services to each district. The contract for service for children with moderate needs is held by BLENNZ who then subcontract to RNZFB and Moving Forward for the provision of these services.

Ensuring services are well managed to enhance both efficiency and effectiveness is a priority. To a degree, the funding options above will influence the way in which services will be managed. Currently the services are provided by RNZFB, Moving Forward and BLENNZ. RNZFB have indicated that their services are unsustainable due to the levels of funding received, their ability to attract and retain sufficiently skilled DOMs, the geographic coverage services require and the travel and administration costs for the service. These issues will all need to be addressed irrespective of the provider.

Options for service management

In assessing service management options consideration needs to be given to the ability of the options to provide a sustainable integrated service to students. Providers will need to have:

- A proven track record in managing DOMs or professionals working in the vision sector
- The ability to integrate DOM services into the Expanded Core Curriculum
- The capability to provide a “one stop shop” approach to education for parents and students
- Experience in employing DOMs
- ORS funderholder experience
- A national network capable of providing services in all parts New Zealand
- Experience in providing workforce training within vision sector
- A relationship with Ngāti Kāpo
- A responsiveness to Pasifika

There are four possible service management options:

1. RNZFB

2. Special Education

3. BLENNZ

4. Contract Independent DOM networks

Table 1 sets service options and comments on the ability of each to meet the above requirements.

Table 1: Service Options and Provision Requirements

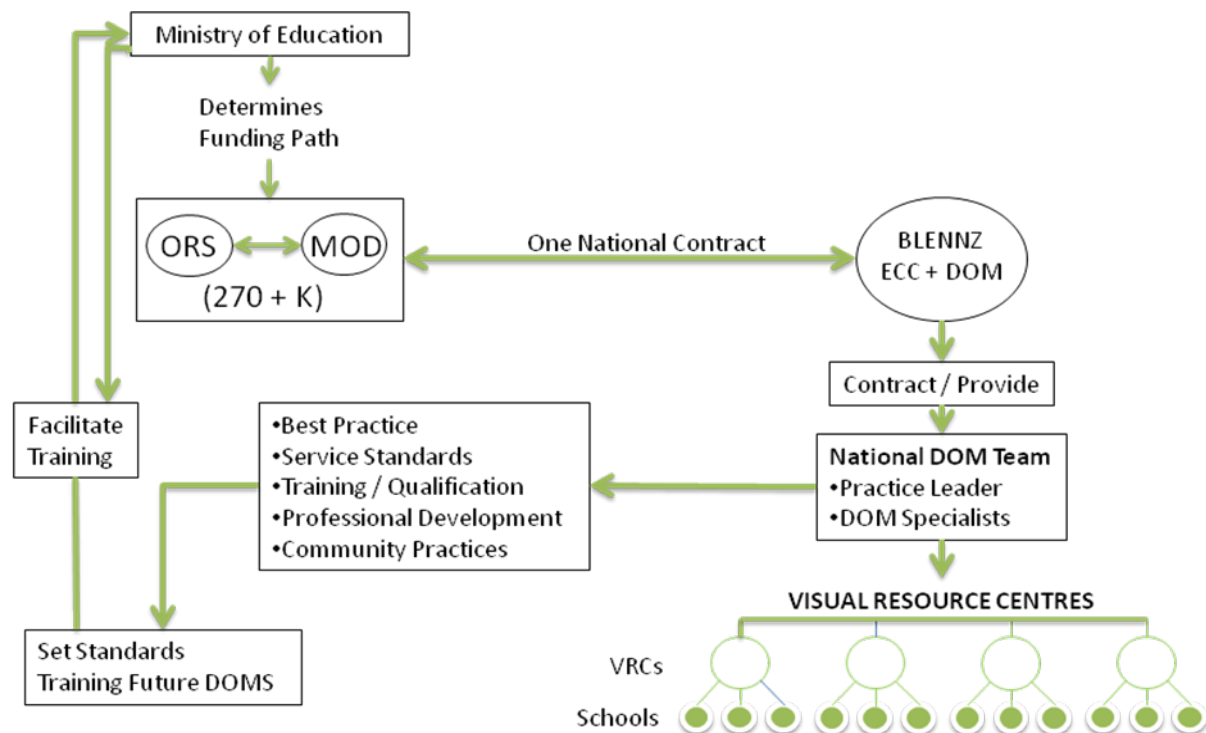
Criteria	RNZFB	Special Education	BLENNZ	Independent Network e.g Moving Forward
Track Record	Yes	No	Yes	Some
Integrate DOM and Expanded Core Curriculum	No	No	Yes	No
Can provide “One Stop Shop”	No	No	Yes	No
Experience employing DOMs	Yes	No	Yes	Yes
ORS fundholder	No	Yes	Yes	No
National network	Yes	Yes	Yes	No
Experience training vision sector	Yes	No	Yes	Yes
Relationship Ngāti Kāpo	Yes	No	Yes	No
Responsiveness Pasifika	Limited	Limited	Limited	Unknown

In the above assessment, BLENNZ meets most of the criteria for providing integrated DOM services. BLENNZ could provide DOM services through their Visual Resource Centre networks in a way that ensures positive integration with the Expanded Core Curriculum. This is the preferred model for future service provision.

THE PREFERRED MODEL FOR DOM SERVICES

Figure 1 presents an outline of the preferred option for the Ministry to consider going forward. This option contains a number of components.

Figure 1: Proposed DOM Funding and Provision model



The above model could be funded in two different ways.

In Option 1 both ORS and the moderate funding resources could be combined into one clear funding pool. The rationale for combining the resources is to simplify future contracting arrangements.

Alternatively, in Option 2, the moderate contract could remain a separate contract and BLENNZ could become the fundholder for the specialist resource for children who are funded with ORS (High and Very High). BLENNZ would have responsibility for providing all specialist services including DOM. In a similar way to the transfer of .1/.2 FTE teaching resource, the specialist resource could transfer and the Resource Teachers of Vision would take oversight of IEP planning and facilitate the access to specialist resources for students.

BLENNZ currently fundholds for students on its Homai campus and it manages the network of Visual Resource Centres. In this option, BLENNZ would provide or contract all specialist services for children who receive ORS funding through the ORS criteria of blindness or low vision.. BLENNZ would either employ or contract in the necessary resources across the country to provide all specialist services.

The transition to this arrangement could be staged to facilitate continuity. Initially in the first year, a contract for DOM provision for ORS verified students could initiate the new model until fundholding transition arrangements are clarified.

Benefits

The benefit of this option is that all blind and low vision students would have their educational services coordinated through one point. This would reduce the double handling that currently occurs for students (RTV, SE or fundholder school staff coordinating IEPs). BLENNZ would have responsibility for negotiating access to DOM services within each district. BLENNZ could employ a practice advisor(s) to support the network, develop explicit practice standards and service pathways. The network of DOMs would also support the development of parent and paraprofessional training programmes to allow greater ongoing support of students in order to better meet their orientation and mobility needs.

DOM practitioners would be part of an overall vision education team. This could increase the numbers of DOM practitioners as there are a small number of RTVs who have dual professional qualifications and this option means that they could be encouraged to work across both domains. There may be additional incentive for Resource Teachers Vision (RTVs) to undertake DOM training to provide them with a broader educational role.¹¹

This option would address parents concerns about access to more integrated services. That is it would enable a stronger “one stop shop” model of educational support for children. It could enhance professional communication and networking between RTVs and DOMs which could in turn lead to more efficient and effective utilisation of resources. BLENNZ could support more coordinated ongoing professional development, teaming, supervision and communities of practice by including DOM practitioners in existing BLENNZ professional development processes. The national network of DOM practitioners could provide assessments, develop program plans and work with and train others in the local context (parents, paraprofessionals and teachers) to reinforce appropriate DOM practices. Working as part of an integrated team could provide a more attractive career pathway for DOMs.

Risks

The disadvantages of this option are that without thorough planning, including the identification of resources to adequately support the services, BLENNZ could find it difficult to establish and manage the services. Irrespective of the provider, funding sustainability and the ability to attract and retain a skilled DOM workforce needs to be addressed.

¹¹ The post graduate specialist teaching diploma course currently provided by Massey University may be able to provide modules that would support DOM training.

Currently, RNZFB provides both early childhood and adult DOM services and has a network of DOM practitioners. However, despite these economies of scale, it subsidises the school based services by covering travelling costs through its charitable resources. Unless the pool of resources available to support DOM services are more clearly identified and transferred to support service provision, transferring the services to BLENNZ would result in the financial risk being transferred as well. While it is possible that some RTVs will have DOM skills or may seek to acquire these, the reality is there may be little incentive for them to do this as there is little opportunity to increase their salaries given DOM are generally lower paid than other professional groups in the current system. The motivation to undertake additional training will be low. Related to this is the risk that BLENNZ will not be able to attract sufficient DOMs to undertake the work.

BLENNZ will need to work closely with RNZFB in the transition arrangements. It is possible that RNZFB will have DOM practitioners in some parts of the country and that BLENNZ will be in a position to negotiate with them for the provision of integrated DOM services. Both organisations are used to collaborating and in the past there has been a high level of cooperation. However, RNZFB may find that it can fully utilise its DOMs in services in the early childhood and post school areas and there may not be additional DOM capacity to support BLENNZ to provide services to its children.

A further risk is that this model concentrates resources in BLENNZ. Governance and management quality could fluctuate over time and this would have negative consequences for the vision sector.

OTHER OPTIONS CANVASED

While the BLENNZ model is the preferred model, each of the other options canvassed as part of the review is briefly presented below.

RNZFB Provides All DOM Services

RNZFB do have an established network of orientation and mobility specialists and while service coverage is variable they do have specialists spread throughout the country. RNZFB holds contracts to provide services in early intervention, the ORS and Moderate needs contracts and adult services.

Feedback on this arrangement indicates that where a service is received, the quality of the service is generally high. In addition, because RNZFB provides services to children under 5 and to adults it is in a good position to ensure smooth transitions. Links into the assistive technology context can also be more readily made for individuals as they are existing clients of RNZFB.

The Ministry of Education Provides DOM Services

Special Education currently provides specialist support services to ORS students for whom it fund holds. Special Education has a network of district offices that enables geographic coverage and a critical mass of specialist professionals to provide collegial support, service management and teaming approaches. As the fund-holder it could retain the resources and employ or contract DOM practitioners to undertake service provision.

The possible advantages of this model are that the Ministry has an established mechanism for employing professional staff and for supporting them to work as part of an integrated team. The arrangement would remove one contracting step within the process as the Ministry would be the provider. In addition, the Ministry, through its provider role, would better understand the pressures and issues in respect of service provision and be more able to ensure that needs and resourcing align.

Building a service from a zero base may mean that existing service provision could be jeopardised. DOMs are not employed by SE presently so they may be reluctant to move into this new employment environment given most now work within the vision sector.

Consideration would need to be given to how DOM services would be integrated into the established national network of blind and low vision education. While Deaf Advisors are employed by Special Education, specialist professional with experience in blind and low vision specialist education are not.

Adequate consideration would need to be given to the way in which geographic service coverage could be managed given that the budget allocation to DOM in most districts is small and would be insufficient to attract permanent staff without significant travelling required. It is possible that with additional training, the SE pool of occupational and physiotherapists could undertake DOM work and strengthen the numbers.

Independent DOM practitioners contract to BLENNZ, Ministry and schools for services

This model would involve a network of private practitioners contracting out their services for a fee to the vision sector and schools. This is in part the model that exists for schools that fund-hold for specialist services and special schools. This model appears to work for Manurewa High School, a fund-holding school that has a larger number of blind and low vision students. However, the disadvantages of this model are that DOM practitioners would generally be operating in isolation, communities of practice and support are less likely to develop, and the employment of specialist could be tenuous and inconsistent dependent on the priority schools give to DOM services. Given the perception that the value of DOM services is not well understood this could leave future service provision vulnerable.

This model could lead to further marginalisation of DOM providers as they will be operating in the main, without an established coordinated management base. The services are likely to be less integrated into other vision education services.

DOM Practice Models

Once a decision is made about how services are managed, it will be important that a consistent practice model is developed to drive the provision of effective services. Currently, DOM services are provided using a variety of different practice models. Models of practice have reflected the country of origin of the DOM specialist and their original training experiences. The DOM profession is relatively new and still determining its scopes of practice and where it fits in the overall educational context. A practice model that more adequately reflects the New Zealand educational and specialist service provision context needs to be explored and developed. In addition, changing technologies could have extensive application in supporting orientation and mobility practices. DOMs could have a lead role in ensuring that students have access to the advances that technology can provide.

Stakeholder feedback identified that a well functioning DOM practice model would:

- Be holistic and integrated with other vision education services
- Take a whole of life approach to service provision
- Be multidisciplinary providing DOM services within an integrated team
- Be student/family focused and responsive to their needs and culture
- Build DOM knowledge and skills in parents, teachers, other professionals and paraprofessionals
- Be responsive to the needs of Māori
- Build strong school/family/whānau/community links
- Be focused on continual practice development

There is the opportunity to ensure that a future DOM practice models builds on international best practice and reflect a child and family/whānau focus. In addition, the education sector has encouraged strong home school partnerships and high levels of professional collaboration to support skill sharing and development to maximise educational outcomes.

Ensuring that the practice model meets the needs of Māori is essential. Taking time now to build a strong service framework and practice model that is consistent with best practice in blind and low vision education could strengthen practice and therefore child outcomes. The option of supporting existing providers and practitioners to work together to develop a coherent model of practice that is appropriate for high quality vision education could be explored. This work could be led by a national practice advisor. In addition, work need to be done to develop consistent service standards that ensure services are delivered in a skilled, consistent and child/family centred way. Models of practice need to consider school and whole of life needs. Given the role that the Expanded Core Curriculum plays in the education of blind and low vision children, orientation and mobility components need to be fully integrated into the educational context.

In addition, DOMs are instructors and consultants as well as family and community educators in respect of orientation and mobility for blind and low vision children. Practice models will need to reinforce the importance of these roles particularly in relation to how DOMs work to share DOM skills and knowledge and develop capability in the network of RTVs, teachers, paraprofessionals and parents so that student learning is maximised.

Strengthening the Workforce

Parents and the vision sector want DOM services that are staffed with well trained, efficient and effective practitioners who are competent in orientation and mobility training, understand child development and learning and have the ability to work with Māori, Pasifika, and children with complex needs within diverse contexts. Strengthening the profession will require consideration of:

- The professional training requirements and status of the DOM role including work to identify the core components of assessment, programme development and implementation.
- The ongoing professional development and support of DOM practitioners
- Employment conditions (salary, working context, access to professional development, teaming arrangements).

A larger workforce competent to undertake DOM assessments, develop and implement intervention programmes is required. This workforce could comprise a range of different professional groups who have acquired core competencies in DOM. Once practice models are identified, skills and competencies will be clearer.

TRAINING REQUIREMENTS

Within New Zealand there has been recognition within the current RNZFB services that a sound understanding of the developmental needs of children is a required competency of orientation and mobility practitioners. The focus on child development within the context of orientation and mobility training has led to the growth of a specialist category of practitioners, Developmental Orientation and Development Specialists (DOMs). This emphasis recognises that in working with children, it is important that practitioners have an understanding of child development and the adjustments in teaching approaches that need to be made to accommodate differing developmental stages. In addition, DOMs need knowledge and skills in:

- assessment
- cognitive, motor and sensory development
- environmental and community awareness
- human movement
- safety issues
- the use of community resources

- the use of assistive technology
- skills for adaptive daily living
- mobility aids and their use and adaptation.

International research has identified that the roles and responsibilities of orientation and mobility specialists include¹² :

- *Instructor and consultant* - with the ability to provide direct instruction in concept development, environmental awareness and motor development, cane instruction and street crossing. These authors note that DOM practitioners may release some basic instructional activities such as monitoring of routine travel to parents, teachers or paraprofessionals. The DOM Specialist is responsible for DOM assessments and for conducting these in partnership.
- *Family and community educator* – with responsibility for designing and implementing ongoing service education activities in the area of DOM for teachers, other professionals, paraprofessionals, administrators, parents and consumers.

There are varying views as to the qualifications required for the DOM role. The qualifications for the role range from postgraduate diplomas or masters equivalent through to more apprenticeship type training approaches that enable a new entrant to work through unit standards to achieve a tertiary qualification. Given the role definitions above that DOM practitioners are both instructor/consultants and a family/community educators, it is possible that there could be a tiered arrangement that allowed a broader range of DOM providers who worked in different ways. For example, it is possible that an “apprenticeship” model of training could be used to develop DOM skills in paraprofessionals who could be accredited as being competent to implement programmes with individual clients that have been developed by a DOM specialist.

Within the New Zealand context, training options for Orientation and Mobility practitioners are currently limited. A post-graduate course used to be provided by Massey University but this is no longer the case. Units standards developed by Kay Daly for RNZFB historically have been used by Moving Forward in an apprenticeship model for staff training, both within agency and for paraprofessionals. The apprenticeship model allowed for people to gain standards up to the post graduate level equivalent. The Australian Guide Dogs Association provides a six months in house training programme to its practitioners and the Renwick Centre for Research and Professional Education offers postgraduate training modules on orientation and mobility. There is currently no specialist funding to support training of Developmental Orientation and Mobility practitioners.

¹² Griffin-Shirley, N., Kelley, P., & Lawrence, P, (2006) *The Role of Orientation and Mobility Specialist in the Public School*. <http://www.cecdvi.org/positionpapers.html>:

Clarification of the core skills required for the role or roles that need to be undertaken by a DOM or a trained DOM support person will enable training options to be determined.

It is possible that the current specialist teacher training programme operating through Massey University could provide practical DOM modules that would enable a larger number of future specialist teachers to acquire DOM skills. This avenue could support a larger number of existing RTVs to become dual trained. Renwick Centre in Sydney runs similar DOM training through post graduate modules. In addition, an “apprentice” type approach to DOM training that allows someone with a suitable base degree to undertake practically focused DOM training and acquire unit standards. This model is not unlike that used by the NSW Guide Dog Association that has a six month training programme for their future DOM employees. Utilising the existing training programme in Australia may be an option for more quickly developing a pool of practitioners who can provide DOM services.

The option of providing a higher level of tiered training for paraprofessionals needs to be explored. If the model of integrating the DOM services into the Visual Resource Centres was to be pursued, it could be possible over time to develop a DOM paraprofessional qualification could be acquired through working through unit standards. This would allow a workforce to support DOM Specialist in programme intervention to grow. This would change the existing DOM specialist role in that this role would take a stronger professional practice and training approach across the sector. Given the difficulties in attracting and retaining staff and providing adequate services to children, these models need to be thoroughly explored if future services are to be sustained.

Consideration could be given by the Ministry to funding specific study fellowships to support the training of future DOMs through either the specialist teacher training programme or through an accreditation process based on an apprenticeship model.

With additional DOM training, other professional groups could provide these services. While occupational therapists and physiotherapists provide differing services to DOMs it is possible that their training could incorporate modules that better equip them to provide DOM services within educational settings. Consideration needs to be given to exploring the opportunities for the undergraduate training programmes in these specialist fields to provide DOM specialisation and also to providing additional professional development opportunities to people who are already qualified. This could be a further avenue for expanding the pool of people who, relatively quickly, could undertake DOM assessments and programme interventions.

Further work needs to be done to explore the various skill requirements of the range of possible support roles that could be developed to help address the current skill shortage.

ONGOING PROFESSIONAL DEVELOPMENT AND SUPPORT

Greater access and support for professional development was also noted as an aspect of service improvement. This included increasing the capability of the current DOM practitioners as well as the understanding and supporting skills of other groups (parents, teacher and other health and educational professions such as occupational therapists),

Creating a more supportive professional environment that enables greater collegial support and sharing was seen as necessary to enhance the overall quality of service provision. Currently DOM practitioners often worked in isolation and do not have access to either collegial or other professional support. Opportunities for resource sharing are limited as is access to peer support, supervision and communities of practice.

In addition, a structure that provides for DOM practice advisors could be useful in enabling a mechanism for ongoing training and development of the DOM workforce, parents, teachers and paraprofessionals. SE has used this model in other areas of specialist service provision. The DOM practice advisor role would require higher levels of knowledge, skill and experience in respect of understanding the practice of DOM, including assessment and programme development as well as skills in adult education and e-learning. As professionals, DOMs link informally but there are no strong communities of practice that provide regular review, support or professional supervision. The small number of DOMs mean that there is no association or professional network. The type of ongoing professional development and support required will be closely linked to the final service configuration and management structure for the services. Consideration needs to be given within this structure to a mechanism that enables practice advisor(s) roles that can give professional support and supervision to the DOM practitioner network. Consideration will need to be given to how such a role may be integrated into the BLENNZ network.

EMPLOYMENT CONDITIONS

Clarifying the role expectations and setting qualifications and standards will enable clarity around employment conditions. At present there is no explicit pathway to becoming a DOM or little opportunity for career progression within the structures that employ DOMs. Link to this as identified above, are the limited opportunities for ongoing professional development and support. Building a future structure for DOM service provision will require consideration to these issues.

Meeting the Needs of Māori

A well functioning DOM service would meet the needs of Māori students/whānau. Stakeholder feedback suggested that a well functioning DOM service would take a holistic, integrated approach that works closely with families and adapts to ensure practices and approaches are acceptable and effective. Given the size of the DOM services currently, it is unlikely that a Māori specific service could be developed. However, options needs to be explored to encourage Māori to consider undertaking DOM training. Future service management options need to build strong links with Ngāti Kāpo to better facilitate Māori responsiveness. Other considerations are to provide scholarship options to Māori teachers to support them to undertake specialist education training of which DOM training could be a component. One of the advantages of training and credentialing paraprofessionals to undertake more extensive programme implementation is that this could provide an opportunity to build the Māori workforce and offer a pathway for Māori to begin to participate in the DOM workforce.

Meeting the Needs of Pasifika families

Little is known about the specific needs of Pasifika families and their perceptions, access and use of current services. Finding out more about service engagement is required prior to decisions being made on what changes might need to be put in place. Given the relatively small number of students, it is likely that strategies that ensure all DOMs have the attitudes, values, knowledge and skills to work across diverse cultural context will be more feasible than attempting to develop ethnic specific service options. Again, the options of providing paraprofessionals with higher level skills and knowledge in supporting DOM interventions is an opportunity to bring more Pacific people into the workforce.

Transitions from Early Childhood Education to School

Currently, DOM service for young children prior to their going to school are funded by the Ministry of Health and provided by RNZFB. Feedback from stakeholders indicates that the funding for DOM services for younger children is higher, that contracts are simpler and more flexible, the provision model is strongly home/community based and therefore parents are more highly engaged than when services are provided within the schooling context.

Once children begin school it is perceived that there are less funds, less flexibility in the use of the funds and that services are restricted to being provided “inside the school gate”. It was also noted that there are no nationally consistent communication or shared transition process in respect of identifying and conveying DOM needs to the schooling context. Transitions are therefore not seen as easy or seamless.

Given that RNZFB is the main provider of DOM service for both early childhood and schooling, it is likely that this has enabled greater consistency in DOM provider to support transitions. However, transitions are too important to be left to chance and work will need to be done to ensure that there are more effective transition processes in place for all children.

The Ministry of Education will need to engage the Ministry of Health in communicating any changes to school based services so that policies across both agencies enhance transition.

Transitions from School to Post School Environments

The perception of key stakeholders is that transitions from school are not well managed and that they are no clear, nationally consistent transitional policies or services to support young people moving into new post school environments. It was also noted that the quality of services provided while a young person was at school contributed to how well transitions would be managed. Where students had access to high quality services and were in an environment where their independence was promoted, they are more able to deal with transitions. Likewise lack of access to effective DOM services was seen as creating greater dependency in later life.

There is currently a difference in approaches across the country to student transitions with a range of different organisation contracted to undertake this work. There is a view within the Vision sector that at times, these services are provided to blind and low vision students without adequate acknowledgement and consideration of orientation and mobility needs. Approaches also differ in respect of whether a student is moving into a tertiary environment or to work. There is a perception within the Vision sector that students transitioning to tertiary education often have difficulty securing an appropriate DOM service to support their transition.

Adult DOM services are funded by the Ministry of Health and provided by RNZFB. Once service models have been developed by the Ministry of Education, they may need to engage with the Ministry of Health to ensure that transitions from school to work are smooth. The Ministry of Social Development also funds some transition to work programmes that are more generically based. The Ministry of Education may wish to discuss more fully how DOM services to support transition from school to work or education are funded and provided.

Provision of Information and Support Material

One of the key roles of DOMs is that of provider and educator. In order to build greater overall DOM awareness and capacity, a greater emphasis on training parents, teachers and paraprofessionals in DOM techniques could provide higher levels of ongoing orientation and mobility support. This could support the work of the limited number of DOMs to promote better outcomes for children. A focus on using the limited DOM capacity to create on-line training resources, to provide training to RTVs and other professionals and to support parents to take a stronger role as “first” teachers of their children. Exploring new ways of providing higher levels of support to parents to enable them to take a greater role in life-long facilitation of learning opportunities in orientation and mobility for their child is necessary. Training forums for parents using videoconferencing supported by parent on-line communities could enable a much higher level of access to ongoing learning and support for parents.

Policy Implications

The review has highlighted a number of areas that have policy implications.

FUNDING POLICY

Determining the ongoing funding pool and reviewing current use by ORS blind or low vision students of professional services will enable policy decisions to be made about how funds might be more fairly allocated to this pool of children in the future. While this may be more easily undertaken in respect of students who have their ORS services provided by Special Education and BLENNZ, work needs to be done to better understand access to DOM services that blind and low vision children have who have their ORS funds managed by fund-holding schools including special schools. Better understanding the resources that children both attract and utilise will be required prior to policy changes being made in respect of how they might better be applied to the overall student pool. In addition, policy work will need to be undertaken if consideration is given to making BLENNZ the fund-holder of all ORS resources for children who are blind or low vision.

Ministerial approval would need to be sought to amalgamated the funding pools (moderate and ORS) and to clear the way to transfer the specialist resource to one combined pool and one provider.

SERVICE MODELS, FRAMEWORKS AND STANDARDS

Future work to determine consistent service models, frameworks and standards will be necessary if consistent, high quality services are to be provided. The Ministry may wish to consider supporting an approach that engages the blind and low vision sector in developing operational policy that leads to consistent service provision that has a focus on quality and standards. Transition policies from ECE to school and from school to post school environment also needs to be worked through. Policy implications of shifting some resource from direct service provision to training RTV's parents, teachers, and paraprofessionals in better supporting DOM needs may also need to be explored.

TRAINING PATHWAYS

Determining the level of qualifications required and the mechanisms for training future DOMs will require the Ministry to work with the sector to develop minimum standards. Policy decisions may also need to be made around how initial training could be funded to ensure that there are sufficient numbers of new DOMs available to ensure sustainable services. Policy decisions about specific funding avenues and whether these will be supported or operate in the same way as other professional groups training will also need to be made. Decisions around the structure of future service provision including, use of practice advisors who support credentialed paraprofessionals will require further policy work.

TRANSITION ARRANGEMENTS

Changes to the way DOM services are provided to school aged children may have implications for the interface between ECE and school based DOM services. The Ministry of Education and the Ministry of Health will need to consider this interface and the possible implications in any changes to service provision. Likewise, the Ministry of Social Development currently funds transition from school to post school environments for older children and this interface will also need to be clarified.

Conclusions of the Review

The review identified a range of concerns relating to the current access and provision of service for school age children who are blind or low vision. The report has identified a number of areas where better information is required to enable services to be improved. A priority must be clarifying the current funding sources and ensuring that the funding currently allocated to specialist service providers is being spent to support the education needs of the group of students who are blind and low vision. Once funding is clarified the Ministry will need to determine the DOM service models that will work best in New Zealand and how these might best be implemented. Decision around future training, employment and service configuration options for DOM services will then be able to be made.

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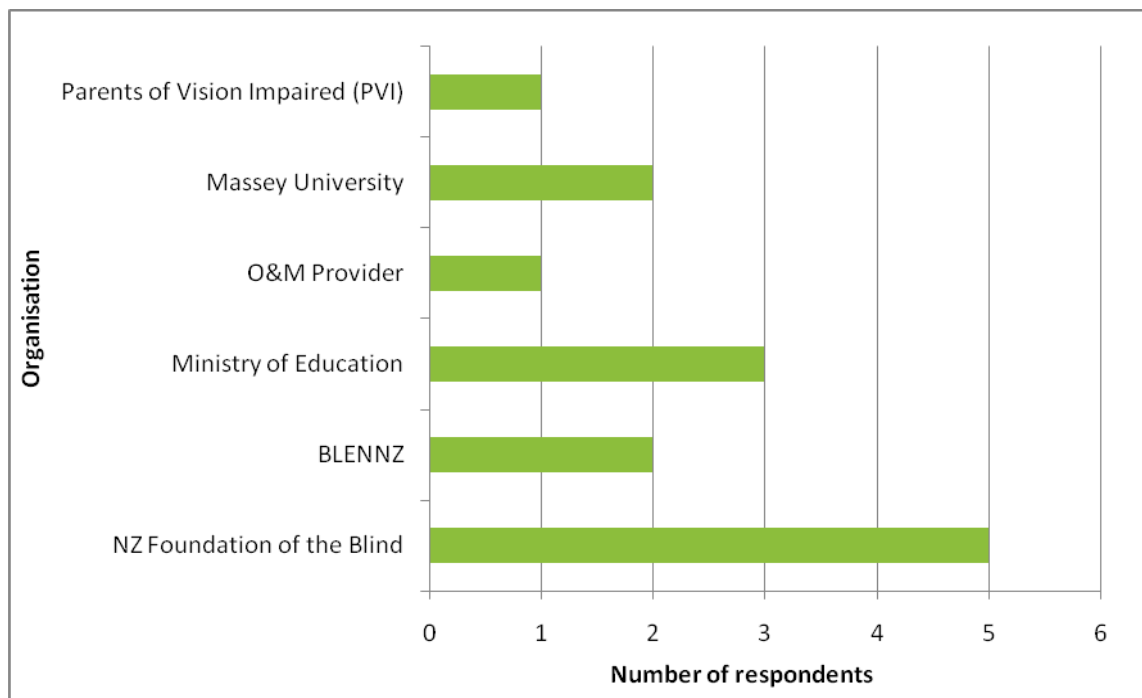
Appendices

APPENDIX 1: RESULTS OF STAKEHOLDER SURVEY

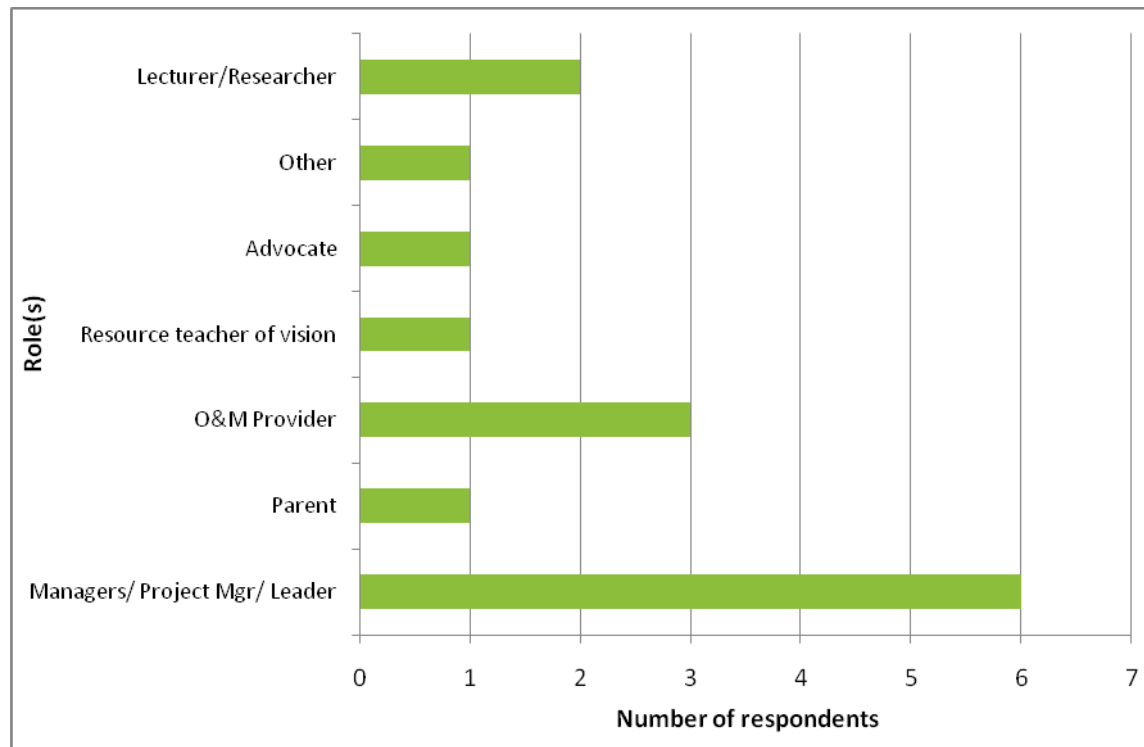
Survey Sample

The on-line survey was provided to a limited range of key stakeholders (21) who were invited to respond. A total of 15 responses were received. The stakeholder organisations and the roles they held within those organisations are captured in Graph 1 and Graph 2 below.

Graph 1: Survey Respondent organisations



Graph 2: Roles held by respondents



Results - current orientation and mobility service

Participants were asked a range of questions about the current orientation and mobility services provision. They were intended to elicit perceptions of current need, and identify the positive and negative aspects of the current service in meeting these needs. A synthesised model (Figure 2) was developed around these identified components, illustrating the components of the service that were believed to be strengths of the current system (blue) and those that were noted as weaknesses (red) in meeting the current needs (black).

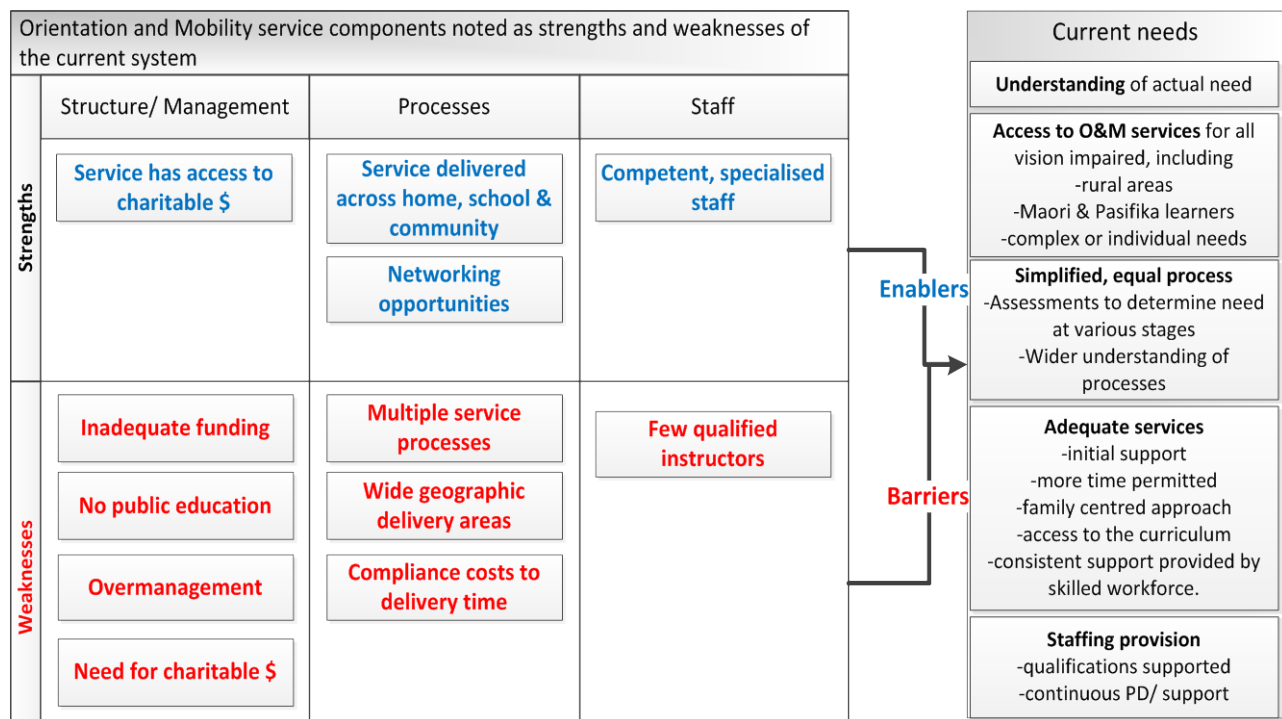


Figure 2: Perceived strengths and weaknesses of the current Orientation and Mobility services in meeting current needs.

The model summarises the range of reported perceptions, which are aggregated according to theme. It is intended to depict the variation of high-level strengths and weaknesses.

In addition to the overall strengths and weaknesses, the feedback also illustrated the interconnected nature of the service weaknesses and their outcomes, both of which impact on the current service. A theory of change model (Figure 3) was developed around this relationship, showing the *input-related weaknesses (red)*, the *activities (blue)* and the *hypothesised outcomes of these inputs and activities (black)*.

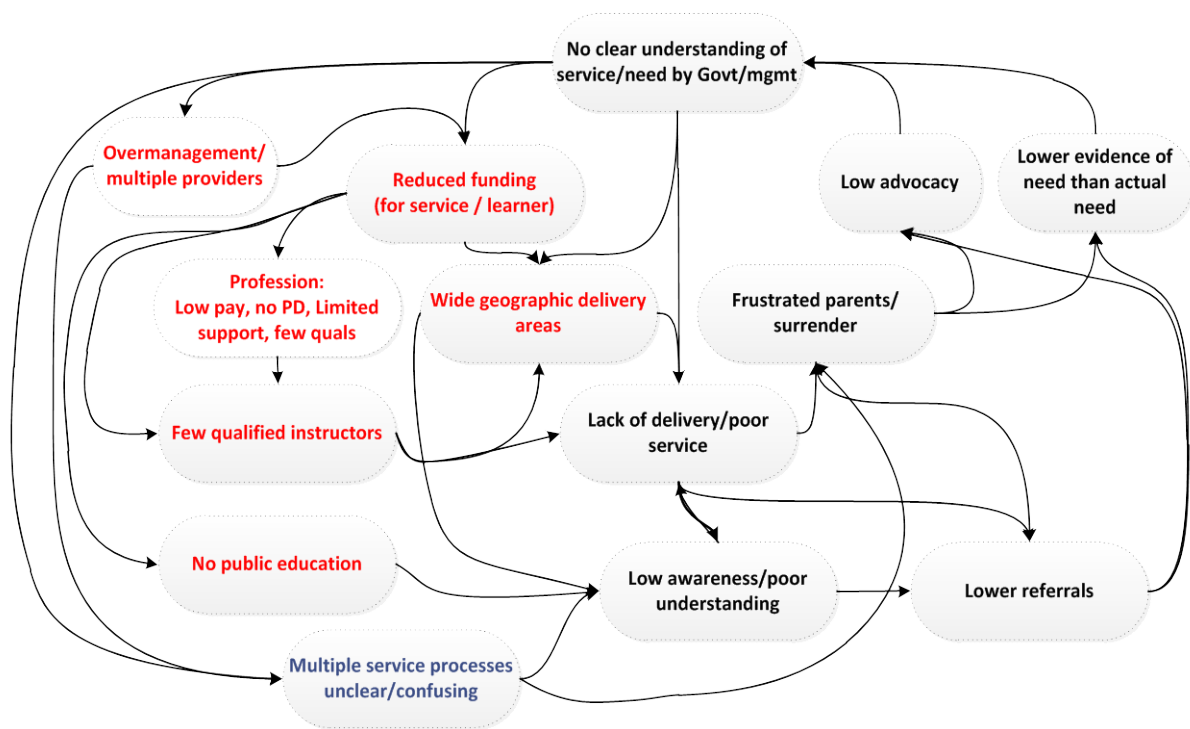


Figure 3: Plausible theory of change depicting the theorised relationship between the identified issues hindering an effective delivery of Orientation and Mobility services (red illustrates service input issues, blue depicts activity-issues, and black are outcome-issues).

The cyclical nature of the model illustrates how the negative inputs result in negative outcomes, which in turn, support the negative inputs. The result is a perpetuating chain of inputs, activities and outcomes which inhibit the learners’ needs from being met.

Current needs

Participants were asked what children’s current needs are in respect of DOM services (i.e. for children with complex needs, children in rural settings, Māori and Pasifika)? The results suggest that children have a range of needs, and the feedback included a variety of considerations:

- **A clear picture of the current actual needs**, as there may be different understanding of need or an inaccurate measure of actual need.
- **Access to O&M services** for all individuals in need was a noted need, including to learners of all age groups and regardless of severity of visual impairment. Access need was also noted for vision impaired learners in rural areas and Māori and Pasifika students.
- **Assessments** were noted as needed both as an initial assessment to determine severity and at various points throughout life, so that learners’ specific needs can be cared for appropriately throughout their lives.
- **Family centred approach** was a current need noted, with lessons for the parents and also positive social supports for the families noted as positive aspects of this approach.

“Given many families have low resources, not just financial, they need a provider who can be there with them, empowering them, teaching them and en-skilling them.”

- Learners with **complex or individual needs** are not being met well due to limited time available.
- **Access to other areas of the curriculum**, such as physical education, is required.
- **Continuous support**, provided consistently and reliably by a high functioning team
- **Initial support** for vision-impaired learners, such as familiarisation into new environments
- **Support provided consistently by skilled workforce**
- **More time** to provide support to vision impaired children.

“Research from USA states that a child who is blind/ low vision should receive 140hrs O&M services a year. [The] need/ demand [is] hidden by the delivery of limited approval for funding hours i.e. 5hrs direct client time allocated for a student who is totally blind etc. What can you realistic[ally] deliver in this amount of time?”

- **Wider understanding** of Orientation and Mobility services amongst teachers, families and communities, and the needs of vision impaired students.

Essential service components

Respondents were asked what they believed are the essential service components. This question elicited a range of responses, indicating the breadth of minimum standards for the Orientation and Mobility services. Responses were provided on the structure and management of the service, the delivery components for the learner, and the professional standards that are required.

- **Integrated structure/management**, including joint access across agencies, coupled with joint engagement as essential components of the service. It was also noted that DOM services should be integrated with other educational services provided.
- **Service delivery** for/ with learners that is individualised to meet their specific needs, and incorporates a range of developmental areas and integrated with the learners’ lives.

“It is important that the specialist can generalise this knowledge to encompass the child’s home environment, parents, Whānau, teachers, assistance etc”

- **Professional standards**, including quality training for competency, collaboration and communication, and delivery according to child-centred principles.

Relationship between Expanded Core Curriculum and DOM services

Respondents were asked about the relationship between the Expanded Core Curriculum and the Orientation and Mobility service. The responses are summarised here:

- *Orientation and Mobility is an important part of the Expanded Core Curriculum, which enables a child to access the curriculum.*

“O & M is one of the primary areas of the Expanded Core Curriculum in its own right. It also directly impacts other areas including, social skills, recreation, sport and leisure, tactile discrimination and fine motor skills, body and spatial awareness for daily living skills, mapping skills used in daily living and gross motor in sport and recreation”

- *Variation around how the service is approached between schools, which may be due to the clear understanding of the relationships between the providers and the schools*
- *The Expanded Core Curriculum requires updating.*

“It now needs to be re-written to reflect a broader and more comprehensive reflection on the integration between the teaching of main stream education skills and the development of life skills e.g. DO&M.”

Benefits from these services

Respondents were asked about the benefits children are getting from these services.

- **Independence** in life, including travelling, problem-solving, confidence, which can enable participation and employment.
- **No clear picture of direct benefits.**

How well are the current services meeting needs

Participants were asked how well the current O&M services are meeting current needs. Most had indicated that the services provided variable benefits, or that the current needs are not being met. The reasons, when provided, are summarised here.

- Current system focuses time and subsequent funding on the management and processes rather than the vision impaired learner.

“The quality of service is severely compromised by time available to teaching staff and referral process that can result in gate-keeping practices.”

- System structure directly impacts on the delivery.

“The types of service outcomes that are being achieved are directly shaped by the funding and organisational environment from which it is based. Where a child has received adequate funding, managerial understanding (internal and external), and has had a continuity of service, more often than not the child and families needs are met. This is especially where the family has been an integral part of the programme design and implementation. Where the funding has been low or virtually non-existent, the service would have been intermittent at best, with the results to match. Most families need a continuity of service in order to trust the provider, without this, any service will struggle to meet need on consistent bases.”

Strengths of the current system

- Orientation and Mobility has **access to charity assistance**, which can subsidise the costs for the service.
- **Delivered across many environments**

“Delivered across home, community and educational environments”

- **Current staff** was noted as a particular strength, including staff that are “*competent*”, “*passionate*” and “*highly-skilled*”.
- The **relationship/networking opportunities** between these instructors and sharing of resources was also noted as a strength.

Weaknesses of the current system

Respondents indicated a range of issues with the current system, and the issues were noted frequently and interdependent. These are provided in the theory of change model. Each of the issues are listed here:

- **No clear understanding of service or need** by government/ management, which is due to low advocacy and lower evidence of need than actual need.
- **Communities do not understand** the processes, so give up on pursuing services, which results in lower referrals
- **Management and processes** are cumbersome, and absorb costs that would be better directed at delivery.
- **Inadequate funding** is available to provide quality services, or professional development to the staff.
- **Wide geographic delivery** areas results in rural areas receiving less service.
- **Profession** does not have equitable pay with other similar professions, limited professional development opportunities or support, and few qualifications, which results in few, qualified instructors
- **Resources** required, including a national database and trained/experienced staff.

Issues in accessing services

Participants were asked about the issues in accessing services. The range of themes provided were:

- **Understanding and awareness** within community

“Parents also do not always understand the service, how to access the service or why the service is important for their child”.

- **Frustrated** families with poor services (or no service) have given up.
- There are **insufficient numbers of trained specialists** available to provide sufficient services.
- **Funding** is inadequate to provide service to everyone in need.
- Many **areas** do not have Orientation and Mobility services, including rural areas, or the coverage area is too large.

“I known Palmerston North to be covered from Christchurch”

- **Multiple organisations and complicated processes** (e.g. referral process), which are dependent upon individual perspectives.

“There are two different organizations with two separate enrolment processes. This may confuse families/professionals and limit the amount of referrals for service.”

Improvement suggestions

Participants were asked a range of questions eliciting suggestions to improve on the current orientation and mobility services. They were intended to elicit ideas, and the implications of implementing these suggestions.

When participants were asked what should be covered by Orientation and Mobility services, the responses centred on three primary themes, including learning content and delivery. Specifically, the content of learning should include physical awareness and sensory development, as well as life skills. Other types of learning are for the wider audience, and included how to adapt the environment to better meet vision-impaired learners’ needs. How the learning should be delivered included a holistic-type of delivery, and specifically within the curriculum.

A range of suggestions was provided on how the Orientation and Mobility services can better meet these needs than is currently done. The suggestions included the following themes:

- A **holistic approach** to Orientation and Mobility services, which includes an integration of the services into the student’s lives, including across the wider curriculum as a multidisciplinary team approach, and across the school and into home activities. This approach includes incorporating parents and communities into the educational programme, as teachers of DOM.

“[Orientation & Mobility] becomes an integral part of mainstream educational programmes. It should not be seen as an ‘if’ or a ‘maybe’, but as an integral part of the child’s educational success.”

- **Supportive and collaborative management structure**, including collaboration between the agencies, including BLENNZ, RNZFB and community, reducing the numerous control points (“double-handling”) for service provision (referral, planning and documentation), maintain international best practice of processes, and not over managing staff.

“A management structure that is a team of professionals working together as professionals not overly managed but supported to do a good job”

“Major changes are needed to the referral, planning and compliance documentation for ORS work; this absorbs staff time and cannot be invoiced.”

- **Student-centred services**, whereby programme, principles and goals are focused on the individual student and their specific needs (e.g. blind, low vision, complex needs).

“The family/ student should be at the heart of their service”

- **Compulsory assessment** of students to determine their specific yet changing needs at various points within their lives.
- **Funding** included two different views, with one view noting that funding should be provided according to need across the wider curriculum, whereas another said funding should be provided as “one funding stream for O&M”. Another suggested an “accountable funding structure that allows relationships, employment continuity, adequate pay to provide an effective service based on long term goals and wellbeing rather than short term fix”

- O&M profession was also noted, with the general theme of ensuring a **skilled workforce** as how the service might better meet current needs. Some suggested that specialist professionals are required to deliver Orientation and Mobility services to meet the vision-impaired individuals' needs. Others noted that there should be a shared responsibility for providing this service.

“Having a skilled workforce to deliver services - some specialised staff to assess/deliver services to children with very high/complex needs, and non-specialised staff under supervision to provide services to those with less complex needs”.

- **Professional development** was also noted, including increasing the capability of the current staff as well as other groups (parents, teachers), training within New Zealand and using other fields training models for the specific O&M training (“Occupational Therapist” was provided as an example).
- **Supportive professional environment**, including greater collegial support and locating professionals within the same building as it would encourage professional development and resource sharing.

A range of implications was also provided for the suggestions, including implications for ensuring a skilled workforce, funding, management options, risks and for Māori and Pasifika learners. A table was developed around these indicated implications.

	Improvement options	Sustained, skilled workforce	Funding	Management options	Risks	Māori and Pasifika students
Holistic approach	<ul style="list-style-type: none"> • Integrated curriculum • Integration within students' lives & incorporating parents & communities • Increasing capability of parents, teachers 	<ul style="list-style-type: none"> • Consistent training of all professionals at tertiary level • Incorporating other professionals 	<ul style="list-style-type: none"> • One funding stream aligned with proven need. 	<ul style="list-style-type: none"> • Service leaders would require understanding of community needs 	<ul style="list-style-type: none"> • Staff recruitment • Education • Funding • Failure to recruit knowledgeable service leaders 	<ul style="list-style-type: none"> • Would be based on severity of need • May be weighted as per MoE policy
	<ul style="list-style-type: none"> • Multidisciplinary approach 	<ul style="list-style-type: none"> • Consistent training package made available • Ongoing professional development • Reduction in level of specialisation required 	<ul style="list-style-type: none"> • Initial cost, but more effective service 	<ul style="list-style-type: none"> • Management that understand and supports O&M profession. 		<ul style="list-style-type: none"> • Little change from current practice - all students benefit
Supportive and collaborative management structure	<ul style="list-style-type: none"> • Small management structure/ Self-manage • National funding manager to reduce reporting requirements 	<ul style="list-style-type: none"> • Empower practitioners – (e.g. develop collaborative policies) • Review qualifications 	<ul style="list-style-type: none"> • Review all O&M expenses rather than segments. 	<ul style="list-style-type: none"> • Practitioners self manage/ few “managers” 	<ul style="list-style-type: none"> • Current practitioners not able to function in new approach • Reluctance of other professionals to join • One person responsible 	<ul style="list-style-type: none"> • Little change from current practice - family driven must include cultural aspects.

	Improvement options	Sustained, skilled workforce	Funding	Management options	Risks	Māori and Pasifika students
	<ul style="list-style-type: none"> •Collaboration between agencies/ communities •Single contract for all services •Reducing numerous control points for service provision (referral, planning & documentation) 		<ul style="list-style-type: none"> •More efficient 		<ul style="list-style-type: none"> •Less management time on funding compliance, more time with children 	
Student-centred services	<ul style="list-style-type: none"> •Identify individuals' needs •Focus on individual learners' needs 	<ul style="list-style-type: none"> •High level of funding based on individuals' needs. •Child's needs are not segmented by different funding streams •Funding sitting closer to the learner & more spent on provision •travel of professionals 	<ul style="list-style-type: none"> •Greater inter-organisational cooperation (e.g. processes, collaborative assessment) •Simplified processes •Teaming approach 	<ul style="list-style-type: none"> •Capacity for individual organisations, without required infrastructure and resources 	<ul style="list-style-type: none"> •Less management time on funding compliance, more time with children 	<ul style="list-style-type: none"> •All students should benefit, regardless of ethnicity

	Improvement options	Sustained, skilled workforce	Funding	Management options	Risks	Māori and Pasifika students
Compulsory assessment	<ul style="list-style-type: none"> • Universal assessment 		<ul style="list-style-type: none"> • Funding required for this to take place • Could assist with one funding stream, as funding can be aligned with proven need relative to an agreed severity scale (assessment) 			<ul style="list-style-type: none"> • All students should benefit, regardless of ethnicity
Funding	<ul style="list-style-type: none"> • One funding stream for O&M • Needs-based funding 					
Skilled workforce	<ul style="list-style-type: none"> • Specialists provision for high needs • Supervised non-specialised staff to provide service to less complex needs • Use specialized staff to develop programmes to be delivered by generalist staff. 	<ul style="list-style-type: none"> • Require MoE and RNZFB to collaborate on training and employment 	<ul style="list-style-type: none"> • Sufficient funding to cover services • Require a small FTE for specialists 	<ul style="list-style-type: none"> • Management that understand and supports O&M profession. • Specialists managed by BLENNZ, nationally or regionally 	<ul style="list-style-type: none"> • Additional expense for specialists to service non-metro areas. 	<ul style="list-style-type: none"> •

	Improvement options	Sustained, skilled workforce	Funding	Management options	Risks	Māori and Pasifika students
	<ul style="list-style-type: none"> • Attract Māori and Pasifika people to work in the field 	<ul style="list-style-type: none"> • Workforce development plan required. 				<ul style="list-style-type: none"> • Better response from Māori and Pasifika children
	<ul style="list-style-type: none"> • Dual qualified Vision Resource teacher/O&M specialist 	<ul style="list-style-type: none"> • Dual qualification through Massey University/ Canterbury's specialist teaching programme 	<ul style="list-style-type: none"> • More VRTs would be needed. 	<ul style="list-style-type: none"> • BLENNZ 	<ul style="list-style-type: none"> • Not many • “dumbing down the role” • Too much to do for already stretched staff • Skills don't always match the person 	<ul style="list-style-type: none"> • More Māori and teachers would need to be employed to meet needs
Professional development & Supportive professional environment	<ul style="list-style-type: none"> • Increasing capability of current staff 	<ul style="list-style-type: none"> • Consistent training of professionals at tertiary level • Ongoing professional development • Formal training within New Zealand 	<ul style="list-style-type: none"> • Funding for scholarships 			
	<ul style="list-style-type: none"> • Using other fields' training models 	<ul style="list-style-type: none"> • Provision for funding of local training 	<ul style="list-style-type: none"> • Long term savings 	<ul style="list-style-type: none"> • Use providers other than RNZFB (e.g. BLENNZ) 	<ul style="list-style-type: none"> • Lack of funding • Lack of political drive 	<ul style="list-style-type: none"> • Positive if staff are culturally trained

	Improvement options	Sustained, skilled workforce	Funding	Management options	Risks	Māori and Pasifika students
	<ul style="list-style-type: none"> • Greater collegial support • Resource sharing • Locating professional within the same building 	•	•	•	•	•

Funding organisation

Participants were asked about how funding should be organised to better meet current needs. The suggestions included:

- **All costs** associated with the service **identified** (“*travel... different costing needs for ORS students with large support teams*”)
- A **simplified funding stream/ system**, which is accountable and streamlined, including streams identified yearly, bundled into a “pool”, funding through one organisation (“*BLENNZ*”), or an individualised funding system - “*IF [Individualised Funding] just might provide better service outcomes.*”
- Aligned to the **individual children’s needs**, using an assessment to determine this need.

Barriers

Participants were asked what the barriers are for doing things differently.

- **Lack of understanding** of the uniqueness and current service need, processes and risks within Orientation and Mobility service, and amongst the community.
- Current staff, organisational and government **attitudes and expectations**, which limit the ability to think beyond what is currently provided

“Managing current perceptions of whom/which organisation provides what service to BLENNZ learners”

“Some constraints about where the service can be provided e.g. at home and in the community”

- **Lack of cooperation and sharing** between agencies, including vision and philosophies.
- **Lack of skilled staffing structure (and staff)** to deliver services, including a workforce development/retention plan, and the reliance on specialist staff.

Transition issues (ECE to school)

Participants were asked about transition issues that they see exist in respect of current services transition from ECE services to school.

- **Funding** is reduced and more fragmented for school age children.

“Change of model of service delivery from bulk funded to the bitsy funded”

“Funding for school age is significantly less and yet at a time when often their needs are just as great if not greater.”

- **Delivery model** changes, including from home/community to school.
- **Lack of nationally consistent communications/ shared processes** when learners transition between early childhood and school, which impacts on the level of expected need not matching the actual need.

“Lack of clear processes in place to make transition as easy and seamless as possible.”

Transition issues (school to work/education)

Participants were asked about transition issues that they see exist in respect of current services transition from school to work.

- **No clear, nationally consistent transitional policies or services**, which are assisting vision impaired individuals

“Transition services are fairly chaotic and hard to pin down”

“... Young adults who are transferring from school are often left without resources...”

- **Lack of appropriate levels (quantity) and types (content) of support** during school may lead to dependency after school.

“...Students are suddenly stripped of all Teacher Aide support, RTV input and Children’s O & M. They may not understand their own needs/limitations, and how to advocate accordingly in “the real world”

Ideas / options for transition issues

Respondents were also asked for suggestions on how to overcome the noted transition issues.

- **High level policy** changes, to facilitate change.
- **Simplifying and streamlining management and processes**, including a collaboration between groups.

“Perhaps the management of O&M provision by a single organisation would enable a more seamless transition through the education stages 0 to 21 (or end of compulsory education)”

- **Professional** changes, including more vocational training for professionals.
- **Education** about Orientation and Mobility services to other professionals/communities.

APPENDIX 2: ADVISORY GROUP MEMBERS

Carin Sundstedt (MoE)

Chris Shelton (RNZFB)

Jane Wells (BLENNZ)

Karen Stobbs (BLENNZ)

Kay Daly (Moving Forward)

Paul Manning (PVI)

Stephen Bellamy (BLENNZ)

Teresa Bradfield (RNZFB)

Veta Endemann (RNZFB)

Yvonne Hope (MoE)

APPENDIX 3: REVIEW METHODOLOGY

The review model implemented by Cognition recognised the importance of engaging a range of stakeholders who are involved in the provision and receipt of DOM services. An informed facilitation approach that has five underlying drivers was utilised in this review. The five underlying imperatives were:

- Informing key stakeholders about the consultation/review purpose
- Encouraging key stakeholder thinking about best practice and innovative options to improve DOM service provision
- Utilising the already existing strengths and knowledge within the blind and low vision sector
- Identifying key stakeholder preferences for sustainable solutions/initiative options within the constraints of the resources available. This includes identifying implications and risks for future service delivery
- Ensuring future options will meet the needs of Māori and Pasifika students.

Cognition recognised that a successful review needed to accommodate the complex and, at times, competing views of multiple stakeholders. These include the Ministry and government policy for which it is responsible, the views of advocacy groups, parents/whānau, principals, teachers, and providers.

In order to support the review and ensure that key stakeholders were engaged in the process and outcomes, an Advisory group was established.

THE ADVISORY GROUP

The external advisory group members are set out in Appendix 2. The advisory group provided advice and input into:

- the review plan
- identification of information sources
- stakeholder identification and communication
- canvassing of options for future service provision
- review of ideas and options
- the final report

REVIEW METHODOLOGY

The review consisted of four stages. These are depicted in the diagram below.

Diagram 1: Depicts the core review

1

Phase 1: Project Planning

The advisory group provided advice on the project plan, reviewed methodology, identified issues of significance to the review, and identified information sources and key informants. The primary focus of the project planning phase of the review was to ensure good communication and engagement in the review process of key stakeholders and informants, to identify data and information sources and to confirm the review methodology. Key tasks included:

- Determining the scope of DOM services
- Gathering relevant existing data from the Ministry, providers and other key stakeholder groups.
- Identifying key informants
- Confirmation of information requirements
- Identification and confirmation of target groups who may not be currently accessing services
- Confirmation of communication processes in respect of the review with key stakeholders.
- Suggestions to inform the review project communication plan.
- Guidance on the communication styles and mechanisms including the need for translation.
- Confirmation of the information gathering process for the key informant interviews including identification of key stakeholders. It was necessary to identify people who had experience providing services or had knowledge of needs that were unmet including those in rural contexts.

Phase 2: Information Collection

The following information was sought:

- A literature review to identify international and national evidence of best practice, sustainable models of DOM services provision and effective special education service models.
- Existing Ministry data on service funding and provision within current contracts.
- Information from key informants who participated in either face-to-face or telephone interviews. Their views were canvassed in respect of:

o current DOM provision

o current perceptions, understandings and expectations about existing services including strengths and weaknesses (gaps) in the current DOM provision and issues in accessing services

o perceptions and understanding about best practice in the provision of DOM services particularly in relation to how best meet the needs of specific groups (children with complex needs, children in rural settings, Māori and Pasifika children)

o perceptions about possible solutions/innovations that will improve DOM service provision.

o perceptions about service management options

o perceptions about future workforce configurations to maximise service coverage and outcomes.

Phase 3: Information collation

Utilising the above information, analyses was undertaken in order to present a range of ideas and options. Information collation included:

- Information on current service provision in relation to the anticipated need within each region needs group, population group and schooling context.
- Determination of critical service components including direct service provision, information and support materials in a range of formats, and self help tools (both off and on-line).
- A review of costs of current service contracts and data on current service provision. .
- Modelling of the workforce (specialised and non-specialised staff) required and the training /workforce implications to deliver all service components (direct services, information services and self help tools).

Phase 4: Preparation of a final report

Following the information collation, a draft report that set out the range of ideas and options for consideration was prepared. Following consultation with the advisory group, the report was finalised and submitted to the Ministry.

APPENDIX 4: UN CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES

Article 3: General principles

The principles of the present Convention shall be:

- a) Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons;
- b) Non-discrimination;
- c) Full and effective participation and inclusion in society;
- d) Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;
- e) Equality of opportunity;
- f) Accessibility;
- g) Equality between men and women;
- h) Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

Article 7: Children with Disabilities

1. States Parties shall take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children.
2. In all actions concerning children with disabilities, the best interests of the child shall be a primary consideration.

Article 9: Accessibility

1. To enable persons with disabilities to live independently and participate fully in all aspects of life, States Parties shall take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas. These measures, which shall include the identification and elimination of obstacles and barriers to accessibility, shall apply to, inter alia:
 - a) Buildings, roads, transportation and other indoor and outdoor facilities, including schools, housing, medical facilities and workplaces;
 - b) Information, communications and other services, including electronic services and emergency services.
2. States Parties shall also take appropriate measures:
 - a) To develop, promulgate and monitor the implementation of minimum standards and guidelines for the accessibility of facilities and services open or provided to the public;

- b) To ensure that private entities that offer facilities and services which are open or provided to the public take into account all aspects of accessibility for persons with disabilities;
- c) To provide training for stakeholders on accessibility issues facing persons with disabilities;
- d) To provide in buildings and other facilities open to the public signage in Braille and in easy to read and understand forms;
- e) To provide forms of live assistance and intermediaries, including guides, readers and professional sign language interpreters, to facilitate accessibility to buildings and other facilities open to the public;
- f) To promote other appropriate forms of assistance and support to persons with disabilities to ensure their access to information;
- g) To promote access for persons with disabilities to new information and communications technologies and systems, including the Internet;
- h) To promote the design, development, production and distribution of accessible information and communications technologies and systems at an early stage, so that these technologies and systems become accessible at minimum cost.

APPENDIX 5: NEW ZEALAND DISABILITY

Vision of a non-disabling society

Along with other New Zealanders, disabled people aspire to a good life.

The vision of this Strategy is a fully inclusive society. New Zealand will be inclusive when people with impairments can say they live in:

'A society that highly values our lives and continually enhances our full participation.'

This will happen in a country where:

- 1.disabled people have a meaningful partnership with Government, communities and support agencies, based on respect and equality,
- 2.we have moved forward from exclusion, tolerance and accommodation of disabled people to a fully inclusive and mutually supportive society<,>
- 3.disabled people are integrated into community life on their own terms. This means that equal opportunities are assured but individual choices are available and respected,
- 4.the abilities of disabled people are valued and not questioned,
- 5.interdependence is recognised and valued, especially the important relationships between disabled people and their families, friends, whānau and other people who provide support,
- 6.human rights are protected as a fundamental cornerstone of government policy and practice,
- 7.the diversity of disabled people, including their cultural backgrounds, is recognised, and there is flexibility to support their differing aspirations and goals,
- 8.disabled people are treated equitably, regardless of gender, age, cultural background, type of impairment or when and how the impairment was acquired,
- 9.community-based services ensure that disabled people are supported to live in their own communities, and institutionalisation is eliminated,
- 10.the idea that society imposes many of the disabling barriers faced by people with impairments is widely understood and, therefore, legislation, policy and other activities enhance rather than disable the lives of people with impairments,
- 11.the principles of the Treaty of Waitangi are recognised.

Objective 3: Provide the best education for disabled people

Actions

- 3.1 - Ensure that no child is denied access to their local, regular school because of their impairment.
- 3.2 - Support the development of effective communication by providing access to education in New Zealand Sign Language, communication technologies and human aids.
- 3.3 - Ensure that teachers and other educators understand the learning needs of disabled people.

3.4 - Ensure that disabled students, families, teachers and other educators have equitable access to the resources available to meet their needs.

3.5 - Facilitate opportunities for disabled students to make contact with their disabled peers in other schools.

3.6 - Improve schools' responsiveness to and accountability for the needs of disabled students.

3.7 - Promote appropriate and effective inclusive educational settings that will meet individual educational needs.

3.8 - Improve post-compulsory education options for disabled people, including: promoting best practice, providing career guidance, increasing lifelong opportunities for learning and better aligning financial support with educational opportunities.

APPENDIX 6: REVIEW OF SPECIAL EDUCATION

Executive Summary

Successful schools

Many schools are very successful at welcoming and supporting all students; others struggle to support students with special education needs and may be reluctant to enrol these students. Schools can learn good practice from each other. We may also need to change the way we educate teachers and build leadership in the education system.

Changing the way that schools work together

All students are legally entitled to go to their local school and the majority of students do so. Some students go to special schools and they and their parents and caregivers value having this choice available. We are interested in your views on how to improve the interactions between regular schools, special schools and the Ministry of Education in ways that make the most of the specialist expertise in the system and ensure that there is choice about where students go to school.

Improving interagency cooperation and transitions

Students with special education needs often need to interact with other agencies, such as health providers. We want to improve the ways that the education system works with other agencies and organisations to support students and are seeking your views on what would make the biggest difference for students. We also want to improve the support offered when students move from early childhood education into school, between and within different levels of schooling, and from school to the community.

Allocating and using funding and other resources

The way that we allocate funding and who makes decisions about resources are important. We want a system that treats everyone fairly and that is efficient in terms of its administration. The Government also needs to manage the overall cost of support. We want to know your views on the current way funding is allocated and whether there are ways of doing this better.

Improving the quality of services

Improving the quality of services across schools and specialist services will improve outcomes for students. We need to ensure that New Zealand's geography and widely spread population are not barriers to services being of high quality.

Improving accountability

Having good accountability for student outcomes and for using government funding wisely requires setting clear expectations, monitoring and reporting effectively, making good quality information available, intervening when things are not going well, and spreading good practice where they are.

APPENDIX 7: NUMBER OF STUDENTS WITH VISION IMPAIRMENT WHO RECEIVE ORS IN EACH DISTRICT

MoE SE District	Students with Vision only	Students with Vision only where Ministry SE is the fundholder	Students with Vision only with Other fund-holders	Students with Vision plus other disabilities estimate	Students with Vision plus other disabilities Where ministry SE is the fundholder estimate	Students with Vision plus other disabilities with Other fund-holders estimate	Ministry SE District Contract funding allocation
Tai Tokerau	8	8	0	20	15	5	11520
North West	28	26	2	35	9	26	14372
Auckland City	15	10	5	50	13	37	8580
Manakau	31	22	9	75	7	68	11520
Waikato	27	23	4	36	12	24	13000
Bay of East (Tauranga)	21	21	0	17	12	5	12000
Bay of West (Rotorua)	2	2	0	11	8	3	7000
Gisborne	6	5	1	11	6	5	15000
Hawkes Bay	5	5	0	20	8	12	4000
Greater Wellington	28	28	0	54	36	18	25000
Central	9	8	1	28	23	5	12000
Taranaki	5	3	2	14	9	5	4500
Nelson/Marlborough /West Coast	12	12	0	23	18	5	6000
Canterbury	42	41	1	77	30	47	17777
Otago	6	6	0	8	8	0	6750
Southland	5	5	0	14	14	0	4044
Totals	250	225	25	493	228	265	173063.33

Information provided by Ministry of Education, Special Education 2011

APPENDIX 8: LIST OF KEY INFORMANT INTERVIEWEES

Carin Sundstedt (MoE)

Chris Shelton (RNZFB)

Christine Cowan (Ngati Kapo)

Elaine Gilmore (BLENNZ)

Ewa Borskowski (NSW Guide Dogs Association)

Jane Wells (BLENNZ)

Jen Seel (MoE)

Julia Budd (Massey University)

Karen Stobbs (BLENNZ)

Kay Daly (Moving Forward)

Michael Ocean (BLENNZ)

Mike Steer (Renwick Centre Sydney)

Nancy Higgins (Massey University)

Paul Manning (PVI)

Regina Renfree (NSW Guide Dogs Association)

Stephen Bellamy (BLENNZ)

Teresa Bradfield (RNZFB)

Yvonne Hope (MoE)