



THE PAEDIATRIC SOCIETY OF NEW ZEALAND

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MINISTRY OF EDUCATION

Email: residentialspecial.schoolsconsultation@minedu.govt.nz

Dear Sir/Madam

Re: Development of a New Intensive Wrap-around Special Education Service and consultation on the Future Role of Residential Special Schools – consultation feedback

Thank you for the opportunity to feedback on the above consultation document. This submission is made on behalf of the Child Development Special Interest Group (CDSIG) of the Paediatric Society of New Zealand. The CDSIG has a membership of 101 child health professionals including Paediatricians, Psychologists, Nurses, Speech Language Therapists, Physiotherapists and Occupational Therapists and others.

The following key points are addressed:

Question 1: Is there a continuing need for the Residential Special Schools within the new proposed service?

Over the past few years there has clearly been considerable work and expertise in the conceptualisation and development of intensive wrap around services and outreach services by the Ministry of Education. There has been the opportunity to trial these with the closure of Waimokoia and then as a result of the Christchurch earthquakes transitioning residential students home and to their local schools. The development of the new out reach services by Halswell and Salisbury is sharing the special expertise and skills of special school staff with local schools. Clearly the new model is seen as achieving better value for money and the potential to provide for twice as many students than are currently provided for through residential schools is noted .

The rationale for change and Ministers decision to approve the development of a new intensive wrap around service is stated to be predicated on 1/ the international evidence as presented in Prof. David Mitchells report “ Joined- Up” March 2012 and 2/ “evidence and anecdotal feedback” showing positive student outcomes from the trial intensive wrap around services. Professor Mitchells report is compelling reading on the case for most students to receive and services to be delivered in their home, local school and community with the integration of education, health and other social support services. However we would argue any major policy decision made today must have a strong evidence base. Professor Mitchell in his report points out

“The strength of evidence that wrap around can positively affect child and adolescent outcomes is rather mixed, but trending in favour of wraparound, compared with more traditional approaches. In a recent meta-analysis, Suter & Bruns (2009) identified seven outcome studies comparing wraparound and control

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groups. They found effect sizes as follows: living situations (0.44), mental health outcomes (0.31), overall youth functioning (0.25), school functioning (0.27) and juvenile justice-related outcomes. More rigorous evaluation is needed in the future, especially if it is employed in different contexts, such as New Zealand.” The effect sizes quoted in these international studies is in fact only moderate. Whilst the consultation document and further information on the Ministry of Education website cites positive results from the Intensive Behavioural Service the outcomes measured are very limited, with no controls or follow up data presented.

Professor Mitchell's review however also notes “In their review of research into residential schools, Cooper & Jacobs (2011) comment that although researchers have neglected them, particularly in recent years, the limited research evidence that does exist offers important food for thought.” (p.117). They note that such evidence as does exist, points to the residential experience being characterised, at its best, by its restorative qualities. In a qualitative study of two residential special schools Cooper (1989, 1993) found three consistent themes in the students' accounts of their experiences. The first was respite from negative influences and unsatisfactory relationships in their home settings and former schools and the sense of safety and emotional security afforded by the residential setting. Second was their experience of positive, warm and supportive relationships shared with the residential staff. Third was their experience of resignification where, as a result of these positive experiences and relationships the students could forge more positive self-identities, replacing the negative and deviant identities they often held on entry to the schools.

Grimshaw & Berridge (1994), found the children and their families reflected the findings of Cooper's study. Families and students also spoke positively about the effect residential placement had on students' emotional and social development and, as a result, the quality of family relationships. In a recent study in Germany, Harriss et al. (2008) interviewed students who had attended a residential school for children for an average of three years. The students attributed the following positive effects to their residential experience: an improved ability to trust others; improved ability to cope with 'difficult feelings'; improved classroom engagement and ability to remain in classrooms during lessons; and improved behaviour and relationships at home. Parents and residential staff echoed these findings, although teachers observed positive developments in pupils' academic engagement and progress while parents expressed concerns that it was often unsatisfactory.

The point being “no one size fits all” and there are circumstances when the family and whanau are not able to participate in a wrap around service and residential schools provide an important alternative. Family stressors- parental mental health issues, physical illness, and other life events prevent families from taking up and engaging with services. Other parents are “at the end of their tether” or “burnt out” and the residential option provides the time needed to rebuild their lives. The Werry Centre (2010) and other research notes that socio-economic status itself is a factor in determining the success of parenting programmes and low SES is associated with more limited outcomes. Parents cannot fully engage until their other basic needs have been adequately addressed.

Wrap around services are dependent not only on school and community but most importantly family/ whanau. Therefore when family/ whanau are not available emotionally or physically for the hugely intensive work wrap around involves, Residential Special Schools have to be available to provide the consistent, safe, supportive, positive place for these children with complex behavioural, social and educational needs. Also the time a child or young person spends at a residential school can play an important role in allowing parents to reflect and focus on their own supports and demonstrate to families what a child can achieve with a consistent behavioural management plan.

Beyond the family/ whanau, schools need to be engaged, willing and able to fully commit to a wrap around service. For example one of the reasons IBS Wraparound was initially considered but ruled out for a South Auckland child was because in part of the recent resignation of the local school principal and staff members with only acting staff in key roles at the time. That child is currently having a very successful period in a Residential School, with a transition plan back to his local school now being developed as the school is now able and willing to reintegrate him into school and his local community.

Closure or significant reduction in the capacity of Residential Special Schools, even with the development of Intensive Behavioural Service Wrap Around will have impacts on other services including health and disability support services. The two schools that focus on children with disability needs provide for children where frequently Disability Support Services (Ministry of Health funded) have not met the need for respite. There are complex reasons for this. Residential Special schools may also be a more acceptable alternative to long term residential care. Given the current pressures on DSS service provision the closure of Residential Schools without any prior consultation with the Ministry of Health regarding respite and carer support will be significant. Similarly the impact on Child and Adolescent Mental Health Services must be considered and discussed.

Residential Special Schools certainly have not been without their problems, and responsible for the closure of one. The children and young people who attend them are by definition both challenging to care for and vulnerable. But for many the experience has been overall positive for children and their families.

In summary whilst we would support the development of an Intensive Wrap Around service and Specialist Teacher Outreach Service, there is an ongoing need for Residential Special Schools.

Question 2: If so, what role should Residential Special Schools play?

Following on from our response to Question 1 Residential Special Schools have a role, when after a child and young person is identified with complex behavioural, social and educational needs and assessed for service, it is recognised by a regional committee and family agree that

1/ either the family/ whanau are unable to fully engage in an Intensive Wrap Around Service, because of very significant life stressors, significant mental or physical illness or other factors affecting the primary carers and family life, and other family or whanau are not able to provide support or participate. Other factors might include burn out by families at that time.

2/ inability for a variety of reasons for a school or community to commit to Wrap Around. This is sometimes temporary and may be more likely in a smaller isolated community where another local school is not easily accessible.

Case examples with all of the above reasons exist and have attended Residential Special Schools.

Residential Special Schools should continue to be an option available for a small group of children and young people. As they are already, Residential Special Schools can provide outreach services and this role along with the Special Teacher Outreach Service, can be used to up skill teachers and staff in regular schools, both for transition of students back to their local school and as a consultative service for other children. Outreach must also work closely with families throughout the residential period and transition and for a period beyond.

Question 3: What other things do we need to consider as we develop the new service model?

Currently the Residential Special schools are majority South Island based with their students predominantly from the North Island. This presumably has a historical basis but should be factored when planning for the future. For example deciding where to locate/ co locate Outreach services.

Educational services – schools, and the Ministry of Education SE, tend to work week days and 9 – 5pm. NGO's and non acute health services also work similar hours. Behavioural management strategies need to be implemented consistently across all settings in the life of the child – home, formal e.g. afterschool care and informal care by other adults e.g. grandparents, not just during the school day. Any service must be able to operate seamlessly across home, school and community and be very flexible in its availability

time wise. Residential Special Schools by their very nature have this ability to be consistent across settings and time.

The ability to integrate the silos between Health, Education and other Social Support Services will be integral to the success of any new service and development. It is a well recognised barrier to effective service and needs urgent attention – from the respective Ministry level filtering down and out to regional and local services and community. And simultaneously community and local initiatives being driven upwards and outwards to the regional and Ministry level.

Yours sincerely



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