



**Kāpō Māori Aotearoa
New Zealand Inc.**



7 December 2021

Tēnā koutou,

Thank you for the opportunity to submit to the parliamentary *Inquiry into learning support for ākongā Māori*.

Our joint submission from Kāpō Māori Aotearoa New Zealand Inc and Parents of Vision Impaired (NZ) Inc., is focussed on the educational needs of ākongā kāpō Māori (blind, deafblind, low vision or vision impaired Māori students).

We would like to speak to this submission. Our contact details are below.

Ngā mihi,

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The inquiry

The Māori Affairs Committee is opening an inquiry into learning support for ākonga Māori (Māori school students) across primary, secondary, alternative, and Māori medium education in Aotearoa New Zealand. The inquiry seeks to gain an overview on the learning support needs of ākonga Māori and whether these are currently being met, as well as identify ways to better meet these needs. The inquiry seeks to:

- investigate current learning support and strategies for ākonga Maori, including neurodiverse ākonga Māori
- identify barriers for ākonga Māori in receiving this support
- explore ways of collecting data on learning support needs among ākonga Māori
- enhance understanding of specialist workforce requirements including language skills and behaviour
- enhance understanding of resourcing required to support ākonga Māori and Māori learning support initiatives.

Kāpō Māori Aotearoa (KMA)

Kāpō Māori Aotearoa is an indigenous, national disabled led incorporated charitable society under the Incorporated Societies Act 1908. Our society is open to all people: disabled, able-bodied, Māori and Non-Māori. We are a founding member of the Disabled People's Organisation (DPO) Coalition in accordance with Section 4(3) of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). We are a national health and disability service provider contracted by Government to provide disability information and advice services and specialist Māori disability cultural support services. We focus on tāngata whaikaha Māori and whānau access, engagement and navigation of health and disability services. Our purpose is to educate, inform and support our 1,400 kāpō Māori, tāngata whaikaha Māori and whānau members to thrive and prosper. We design and deliver our services in accordance with Te Ao Māori principles and practices.

Parents of Vision Impaired

Parents of Vision Impaired (PVI) is a registered charity which supports parents who have blind, deafblind, low vision, or vision-impaired children. There is no cost to enrol and we provide a supportive community of parents who are overcoming challenges every day. Our current membership is at just over 1300 active members, with close to 800 email subscribers. PVI offers parents advice, information, and opportunities to meet other parents. We publish a quarterly newsletter (eVision) and have a members-only Facebook page for families and whānau to share information and to network. We run an annual conference and AGM which allows parents and whānau to get together face to face for a longer time to talk, listen and learn in a social setting. PVI takes an active part in the disability sector through making sure that the voice of visually impaired children and their parents is heard in consultations with government, schools, local councils, and other organisations.

Ākonga kāpō Māori

Blind Low Vision NZ has over 14,000 persons registered with their service. Of these, approx. 800 are under the age of 16. BLENNZ enrolments fluctuate from year to year but generally there are between 1400-1600 students under the age of 18 registered with their service. BLENNZ has blind and low vision students in ECE, primary, secondary, alternative, and Māori medium education. Exact numbers of ākonga kāpō Māori in each area can be obtained directly from BLENNZ or MOE. It is worth noting that BLENNZ enrolments are predicated on meeting the ORS criteria for low vision, which means actual numbers of ākonga with a vision impairment is likely to be more than those on the BLENNZ roll. We suspect that there is an under-counting of ākonga kāpō Māori but the available data is insufficient to know for sure.

Before proceeding, we wish to highlight the following research with regards to kāpō Māori:

- Cerebral Vision Impairment (CVI) remains poorly understood, under-diagnosed and under-supported¹. The behaviour of low vision students with CVI is typically misinterpreted by educational staff as “behavioural challenges”.
- Keratoconus (a hereditary and degenerative eye condition) in young people remains under-diagnosed², especially for rangatahi Māori. Diagnosis and treatment of keratoconus requires specialist training. This is a failure of the health system, which creates multiple barriers for families seeking to access optometry or ophthalmology support. Nevertheless, Education has a role to play in providing access to alternate formats and assistive technologies for such students even in the absence of a formal diagnosis.
- Māori remain overrepresented in blind and low vision statistics³.
- Māori and rurally located families remain an underserved population and the barriers faced in this regard have not changed in any significant way over several decades⁴.
- There is a long history of kāpō Māori feeling forced to choose between accessing culturally appropriate support or accessing disability support⁵. This is an ongoing issue and has implications for education.
- Historical educational service provision for ākonga kāpō Māori has been poor⁶. While improvements have been made, there is more work needed to ensure educational environments are not disabling and discriminatory environments.
- Wider society remains recalcitrant at providing needed disability access⁷.

¹ McDowell 2020a, 2020b

² Papali'i-Curtin et al., 2019

³ Chong & Dai, 2013.

⁴ Ministry of Justice, 2019

⁵ See, for example, this 260 page report from 2010:

<https://www.donaldbeasley.org.nz/assets/publications/haua-maori/Growing-up-kapo-Maori.pdf>

⁶ Bevan-Brown & Walker, 2013

⁷ Graham et al., 2021

Current education support systems

BLENNZ

For ākonga kāpō Māori who receive support and services from BLENNZ⁸, particularly in the form of specialist support such as Resource Teacher Vision (RTV) hours, teacher training, Ongoing Resource System (ORS) support, and teacher Aide (TA) hours, these assist ākonga kāpō Māori with their education journey. While difficulties and challenges do occur, these are more likely to be resolved and addressed in a manner that supports learning and positive educational outcomes.

We note the excellent work BLENNZ does in providing for the educational needs for ākonga kāpō Māori. However, there is a need for additional resourcing to increase BLENNZ bilingual RTV capacity. This is especially important in Māori medium education e.g. rumaki reo (total immersion). In providing learner support, RTVs visit the kura to provide assistance to the learner and to the teaching staff. If the RTV is not fluent in te reo Māori, this means that either the anake, kaiako and ākonga kāpō have to communicate in English OR the ākonga kāpō Māori learner has to be taken off site. Neither are ideal. Ākonga kāpō Māori have a right to receive high quality vision support and education in te reo Maori. Resourcing and language capacity are key barriers and need addressing.

We also support increased funding for BLENNZ so that they can extend their services to include ākonga whose sight loss is significant, but which is not yet “bad enough” to qualify under current regulations, and for those ākonga who have not yet been able to secure the appropriate diagnosis to qualify for ORS support (see below), as well as to improve and increase their responsiveness to ākonga Māori. We also support a more secure funding model for support staff (such as RTV’s and TA’s) so that BLENNZ (and schools) can retain existing staff and build capacity within the sector.

ORS (Ongoing Resource System)

The requirement for vision-related support under the current system are outlined in ORS Criterion 2.3 and Criterion 6.2. The criteria is predicated on a medical diagnosis and ophthalmologic examination. These health-related barriers are covered further later in our submission.

The assumptions embedded into the ORS Criterion are that (a) vision loss is static and unchanging (which is an issue for degenerative conditions), and (b) that blindness and low vision occur as a ‘stand-alone’ educational issue. These unspoken and unchallenged assumptions drive the ORS Criterion and assessment process. Tamariki who have multiple areas of need (e.g., low muscle tone, vision impairment, and delayed development) often struggle to access support as neither area is “bad enough” to qualify for funding. If a student has needs across multiple categories there is not a pathway for consideration of the compounding impact for their overall disability needs. If a student falls short in a single category, they may not receive the support they need.

⁸ See <https://www.blennz.school.nz/>

Families whose child has a degenerative disorder/whose sight is not yet “bad enough” to qualify for support must wait until their child’s sight further degenerates until they can access items such as Braille readers or assistive technology, despite such learning being valuable for bridging the transition. There is minimal support available for students and staff alike where a student’s vision impairment/visual acuity is below the funded threshold. As a result, vision impaired students are excluded from receiving needed supports and their teachers denied much-needed training. BLENNZ do the best they can in this regard but are constrained by both available funding and the willingness of individual schools and teachers to engage.

The process of accessing ORS-related support is one filled with many barriers. In some ways, ORS fits better in the ‘barriers faced’ section! The barriers to accessing ORS funding disproportionately impacts on Māori, and even more so for those who live rurally, who have multiple points of need, and who may not feel comfortable engaging with educators who are dismissive or discriminatory in any way.

These are challenges for all vision-impaired students but disproportionately impact on ākonga Māori due to levels of unmet need and historical experiences of discrimination and exclusion⁹.

We also point readers to the current Highest Needs Review being conducted by the Ministry of Education. Submissions to this review noted the inequitable access faced by Māori learners and their whānau, the difficulties faced by whānau when attempted to apply for ORS, the negative and deficit orientations required during the application process, ableism, gatekeeping, and fostering of negative attitudes towards disability. We point readers to this review for a more comprehensive understanding of the ways in which ORS gatekeeps resources and excludes ākonga Māori.

What supports ākonga kāpō Māori?

Having **access to specialist support** for teachers, educators and school staff, and where specialists are able to **upskill school staff** with regards to accessibility and reasonable accommodations, works to create an inclusive and supportive school environment.

Whānau having **access** to responsive, quick, and fluid **funding mechanisms** to immediately meet stated needs¹⁰. This includes reimbursements for additional printing required for enlarged worksheets, providing interactive hands-on activities, vouchers for purchasing apps, and such like. This process needs to be whānau driven according to the stated needs of the whānau.

Understanding by school leadership, staff, and educators of the need for ākonga kāpō Māori to access health-related services is useful. Appointments are routinely made by DHB’s during work hours with little regard for school attendance or whānau work hours. The centralising of ophthalmology specialities in urban centres can mean that health-related appointments can require a full day (or more) of absence from school. Health-related appointments can be tiring for students which again, contributes to increased absence. Where schools are understanding and supportive this assists with returning to school feeling confident and able to manage.

⁹ Margrain & Macfarlane, 2011

¹⁰ Graham, 2021

Understanding of visual and neural fatigue, particularly how fatigue presents in ākongā kāpō Māori, is a significant positive. Being able to implement strategies that reduce fatigue for ākongā kāpō Māori contributes towards positive outcomes. Whānau explain:

- Our student started full time college this year (mainstream) but will come home when too overwhelmed/overloading and strategies not working (which isn't very often). This is a change from the last school. They have a pass to get out of class if it is all too much and can go to learning support or the library to complete work. Then home last option if we are available.
- After struggling with major tiredness we were able to adjust [child's] curriculum and get picked up early before lunch (was only 1 period after lunch anyway) but this meant loss of socialisation time which is a major detriment...at the time [child] was not coping and too grumpy to socialise anyway.
- Funnily enough, [name] never gets actually sick but needs mental health days about 4-6 days a term due to being overwhelmed, fatigued, stressed or anxious or any combination of those. This strategy really works for us, we recognise it. Give a day off, refreshes, then gets back into it.
- Our two [students] are full-time mainstream but only because the school has proper withdrawal, specialist learning spaces, and a large teacher aide team. Because [name] is ACC funded they get 30 TA hours but are still very fatigued after school.

What barriers do ākongā kāpō Māori face?

Visual fatigue and neural fatigue remain poorly understood by schools and teaching staff, with the actions and behaviour of visually fatigued ākongā kāpō Māori commonly misinterpreted as “poor behaviour”.

There are disparities between proffered supports and the realities faced on the ground by our parents. Common issues are that educational staff don't recognise vision issues (e.g. “you don't look blind”, “your child can see fine some days, they're just putting it on”); that our children are not “bad enough” to qualify for support (e.g. “only” blind in one eye, degenerative condition has degenerated enough to qualify); and that schools can be disinclined to provide support to the disabled student and their family (e.g. schools who refuse to engage in property reviews or allow yellow paint to be applied to steps as it ‘ruins the look’ of the school).

There are very few options for ākongā kāpō Māori and their whānau when they are faced with a disinterested, uncaring, or actively exclusory school environment. Currently available pathways are writing to the Board of Trustees (who are not mandated to provide disability representation to the Board), followed by a complaint to the Ombudsman – both of which are time consuming, draining, and rarely result in a prompt resolution for the child.

Impact of COVID-19 on ākongā kāpō Māori and parents

COVID-19 has impacted on ākongā Māori learning. For ākongā kāpō Māori the disruption to their routine has placed additional stress and anxiety on whānau. The need to provide additional resources at a time of constrained access places further responsibility on parents and other family members to take up the additional responsibility of ‘home schooling’ their child.

Some Māori medium education services presented examples of providing iPads and conducting classes through Māori TV and radio channels. In comparison, general special education services struggled to cope, leaving parents to fend on their own. A high proportion of these whānau are classified in the low income threshold and were already under pressure. The national and regional lockdowns exacerbated difficulties faced.

Learnings from the March-August 2020 lockdown has resulted in improvements. However, there is still much to do in the area of resourcing ākongā kāpō Māori and their whānau. For example, providing equitable access to supports such as counselling, assistive technology, and kaupapa Māori well-being centred programmes.

Attitudes

There is a clear need for educators and school staff to be **overtly** welcoming and supportive of disabilities such as vision loss. Disabled persons and their whānau are keenly aware of body language and the subtleties of spoken language that are employed to exclude disabled people and promote stigma. This form of terminological inexactitude, where people use polite language to exclude (e.g. suggesting another school/job as a 'better fit'; saying it would be 'too hard' to introduce accessible signage/entranceways; complaining at having to enlarge handouts via photocopier) very clearly communicates a lack of welcome. This type of indirect (yet clearly communicated) rejection is harder to challenge than more overt forms of discrimination. Nonetheless, it leaves ākongā kāpō Māori and their parents/whānau feeling unwanted, excluded, marginalised – and reluctant to ask for the reasonable accommodations to which they are entitled to.

One ākongā kāpō Māori shared their experiences of the attitudes they experienced at school:

“It was very traumatic for me going straight from a kura into a mainstream school where they didn't understand me. The amount of bullying and the hatred I received from students and teachers was phenomenal. I was quite violent at school, yup. I used to hit kids ... Hit me in the back of my head and I'll push you down the stairs ... What saved me was the music really. One time they locked me in the cupboard, and it was all dark, so I opened up the piano and started playing in the dark.”

There is much to unpack here in this quote. It is worth considering the attitudes held by educators which played an important part in teachers and education staff considering locking a child in a cupboard acceptable practice.

Other attitudinal barriers include gatekeeping of resources and supports, such as in the following example, as described by a whānau member:

For three years, I didn't know there was a traveling allowance. It was [name of Kāpō Māori Aotearoa employee] that told me about it, she sent me the forms. I filled them in, send it to school and then they sent me a letter saying that I wasn't entitled to it. And I go, "Oh, really?" I ring up MOE and I spoke to them about it and they goes, "No, what happens with that is when the school applies for funding for the travel allowance, they also get their conveyance allowance paid up to them." They give them both, MOE supposed to pay the parents. And I went, "Is that right?" He says, "yeah." "Okay, thank you." And I rung back to the school and told them. "I'm entitled to it. I was told by the

MOE. You get the money when you apply for the funding for the bus. We don't pay for the bus. The Ministry does. We got to pay to get our kids to the bus stop. You pay us for taking our kids to the bus stop." ... It took them a while. And now I got it and all the parents that are at the bus stop when I get there, "You done your form yet? You're entitled to it. Get it."

Having support and funding allocated does not necessarily mean that is accessible to individual families. In the above example, accessing available support required a person who knew what was available and how to access it.

Contributing to these challenges are the sometimes negative attitudes of other parents, who may not understand or value inclusion, who may have concerns and worries of their own with regards to including disabled young people in the school and who may view disabled young people as a negative influence in the classroom. There is a need to address wider societal attitudes towards disability and to ensure that schools are inclusive and welcoming.

Wider environment

The wider disabling environment that ākongā kāpō Māori are subjected to impacts on school experiences:

- School classrooms that are too noisy, too bright, and too overwhelming
- Seating allocations in classrooms which increase anxiety due to the students inability to see the whiteboard from their seat – as one (now adult) ākongā kāpō Māori said to us “I want to go back to university, but I'm scared I'll be sitting in the [back] trying to read the blackboard again.”
- Students being seated to the side because of learning behaviours, resulting in feelings of shame and exclusion
- Playgrounds and outdoor areas that are too noisy, too bright, or are physically difficult to access
- Educators do not always provide work material in the students preferred alternate formats
- Whānau being told that the school's policy and/or teaching pedagogy takes preference over providing the materials or furniture that would support the learning of the vision impaired student
- Assistive technology can take months (up to a term is considered an “acceptable” delay) to order and/or fix – yet a fully sighted child would not be expected to go this long without access to pen and paper
- Mobility toilets in schools and workplaces are still being used as storage cupboards and/or locked to prevent access by students. This excludes disabled learners who need unrestricted and unfettered access to mobility bathrooms
- Transport options that arrive late or leave early. For example, one parent noted that their child attended full-time but that they had to “finish 40mins earlier on a Friday so the bus driver can get to their other route on time”.

These types of disabling environments communicate a lack of welcome for ākongā kāpō Māori. It is our opinion that addressing such things would be highly effective in improving educational outcomes for all students.

Comments from parents on this include the following:

- We find [name] runs out of steam by Thursday and we have noticed he doesn't want to go [to school].
- We had full-time with issues at some schools and not with others. We were at Correspondence School because of massive issues during the first year of high school...in my experience, a lower decile school is actually better [at including disabled students].
- Our child attended full-time but as they progressed through the school system it became harder and harder. At high school they were far too keen on shortening school days, not wanting [name] on some days, sending them home for minor reasons, and it was often a fight to maintain their right to be at school full time. The school gave the impression that as [name] was disabled, it didn't really matter if she attended or not.

Where multiple disabilities are present, currently available supports are inadequate and insufficient. As one parent notes, "It's when your child has multiple disabilities that things can get really complex, and the [education system] may fail to work as planned."

More thought needs to be given as to how to address the above noted concerns in order to ensure that ākonga kāpō Māori receive a high-quality educational experience and feel welcomed and valued in the school classroom and playground. A recently published piece in The Spinoff by an ex-teacher argued for exclusion of disabled children from the classroom and it is exactly this sort of attitude that contributes to students and their parents/whānau feeling unwelcome and to poor educational outcomes.

Poverty

There is a strong relationship between poverty and disability in Aotearoa. Disabled children are more than twice as likely than non-disabled children to be in low income households, with [1 in 5 disabled children living in material hardship](#). There are various direct and indirect costs associated with raising a disabled child, including additional travel and health costs (including having to pay for non-funded therapies), and the increasing need for one parent to give up paid employment in order to manage caregiving requirements.

Disabled children are doubly vulnerable to poverty: both as children, and as a disabled adult. Indeed, disabled youth are [twice as likely to leave school with no formal qualifications and four times as likely to not be in employment, education or training](#). This has implications for the life course of the disabled young person.

Poverty in the context of disability is strongly linked to [income inadequacy](#), with disabled people less likely to say that they have enough money to meet their everyday needs. The income gap reflects both discrepancy in the employment rate and that disabled persons are more likely to be in part-time work. Income inadequacy is exacerbated by the high cost of housing in Aotearoa. Disabled people in particular face additional challenges due to an insufficient supply of accessible homes and are [more likely to live in lower quality homes](#) that are cold, mouldy, damp and unsuited for their needs.

Families with a disabled child are typically juggling multiple demands, insecure housing, and complex health issues. In addition, there is an expectation that such families will attend multiple

health, education, and social welfare-related appointments, without any form of recompense for their time. This expectation occurs alongside restrictive access to welfare support and a propensity for paternalistic state control over disabled people's lives. This can result in parents spending disproportionate amounts of time navigating overly administrative welfare processes and having to provide their child's disability over and over again. Not only that, but parents note that information is difficult to access and typically requires previous knowledge of said supports.

“You're never told what you are entitled to, you have to try and figure it out yourself. Basically, I thumb a ride through Facebook and ask other parents what they got and how they got it.”

This reluctance to provide needed welfare support exacerbates inequities and discriminates against Māori and Pacific whānau and families, who already face [higher-than-average disability rates](#). A [recent report on child disability](#) from Child Poverty Action Group found that in the predominantly Pacific, low-income Auckland suburb of Otara, four out of every five households with children with a disability or chronic health condition were unfamiliar with the child disability allowance and/or unaware that they could receive assistance from Work and Income at all.

“We didn't always know what was possible or even options available to us so having support people around us providing information and wisdom and imparting experience so that we could then be confident knowing what we could push for, especially when like was said previously, things won't happen unless we as parents make them happen.”

As if financial stress, poor quality homes, and inaccessible support wasn't enough, families must also contend with judgmental attitudes and unfair characterizations. The last 3 decades have seen untrue [stereotypes](#), [myths](#) and [outright lies](#) perpetuated about people who require welfare support. These have in turn influenced societal attitudes towards poverty, which has subsequently resulted in a lack of political will and sluggish action on the very policies and recommended changes that would immediately lift the incomes of disabled persons, such as those recommended in the [Welfare Expert Advisory Group](#) and in Child Poverty Action Group's [“Living Well? Children with disability need far greater income support in Aotearoa”](#) report.

Vision and health access for ākonga kāpō Māori

Visual impairments (VI) are underdiagnosed in Aotearoa New Zealand. This means that young people who have a VI often don't receive the support they need in their learning and social environments. Without diagnosis and without support, visual fatigue and challenging behaviours can be misinterpreted and misread. This is exacerbated for whānau Māori who also have to encounter racial discrimination and low-quality service provision¹¹.

More specifically, Keratoconus and Cerebral Visual Impairment (CVI) are both common vision disorders but are underdiagnosed in Aotearoa New Zealand.

¹¹ Graham & Masters-Awatere, 2020

Keratoconus is a progressive visual conditions that predominantly affects Māori youth: generally Keratoconus affects 1 in 191 adolescents but 1 in 45 Maori adolescents¹². Keratoconus is associated with Māori ethnicity, atopy, lower school decile, visual impairment, and the underutilization of visual aids. There is currently no nationwide screening program or efforts to reduce the burden of disease associated with Keratoconus.

The late detection and incorrect diagnosis of keratoconus is traumatic and costly for ākongā Māori, their whānau - and for the government. Undiagnosed keratoconus greatly reduces the capacity for tertiary study for ākongā kāpō Māori, which means that career options are also greatly reduced. One such example is given in the following response to the 2021 Kāpō Māori Aotearoa Māori Eye Health Survey:

“[I was] misdiagnosed at 7, [had] corneal hydrops [sic] at 19, family infighting because of my condition, raised by grandparents, low income background from South Auckland, had to leave university due to lack of support, Work and Income wouldn't support me because they never heard of my condition, first paying job at 23.”

Having their eye condition (in this case, keratoconus) misdiagnosed resulted in irreversible vision loss. While this young person has managed, there was much that could and should have occurred, including educational support while studying.

Cerebral Visual Impairment (CVI) is a congenital condition, and the underdiagnosis of CVI contributes to insufficiency of vision services for children¹³. While support is available, the variable nature of CVI along with difficulties in accessing ophthalmology services which are located only within certain tertiary health facilities, makes it challenging for families to get their child diagnosed. Again, these barriers are exacerbated for whānau Māori.

International research has found that various forms of maladaptive behaviours occur at higher rates in children and adolescents with visual impairments, with self-injurious, aggressive and/or destructive behaviours in youths occurring more frequently the more severe the visual impairment¹⁴. The underdiagnosis of visual impairments means such behaviours are more likely to be misread and such youth to experience punitive responses to their behaviour rather than ophthalmologist assessments and provision of services.

The aforementioned vision and health issues are compounded for ākongā Māori. The **Māori Health Disability Statistical Report (2019) Wai 2575, #B24**¹⁵ describes difficulties found in attempting to locate robust, comparable data for vision-impaired tamariki Māori. That is, we don't know how many Māori whānau and their children have poor vision. Additionally, ophthalmology appointments for Māori children were poorly attended by families, irrespective of whether these were referrals from B4 school checks or regular appointment rounds. Māori non-attenders were not routinely followed up by ophthalmology departments. The experiences of

¹² Owens & Gamble, 2003; Papali'i-Curtin et al., 2019

¹³ McDowell, 2020a, 2020b

¹⁴ Lang & Sarimski, 2018

¹⁵ Ministry of Justice, 2019

Māori in hospitals are that hospitals have consistently been alien and inhospitable environments for whānau¹⁶.

Ophthalmology appointments through the publicly available health system are only available upon referral from a medical specialist such as a GP, with only certain urban centres having ophthalmology services. This makes transport and travel a major barrier for whānau who are rurally located when accessing ophthalmology services.

Improving outcomes for ākongā Māori means addressing health-related challenges. As noted above, ākongā kāpō can exhibit challenging behaviours. There is a need to move beyond punitive responses in schools that disproportionately impact on Māori.

Having to navigate education services, other day to day barriers and whānau are pressures could be alleviated through ensuring school based eye examinations, information and supports for ākongā Māori and their whānau .

The importance of optometrists and ophthalmologists working with kaupapa Māori support organisations such as KMA is imperative. The stories and examples we have shared highlight how early intervention and ongoing engagement enable ākongā kāpō Māori to follow their dreams, complete university, and join the workforce in high quality, well-paid employment. Not only that, but it saves their whānau a lot of pain and money!

Data collection on ākongā Māori learning support needs

- Data collection for kāpō is poor across the board.
- The shift in the 2018 census to digital only data collection was poorly thought through and provided limited robust data for Māori.
- The disability survey in 2013 remains the most reliable form of robust data for disability in Aotearoa New Zealand, and this poorly serves kāpō.
- Currently, data is not shared across and between schools and territorial authorities. This means schools are often unprepared for learning support needs.
- Health and education are linked, but data is not shared across and between health and education services.
- Data sovereignty is important and must be a cornerstone for all data collection processes.

Another area that has little data collection is that of grandparents raising their mokopuna. A [2018 article from the NZ Herald](#) highlighted this issue. The 2013 census reports that 9,543 grandparents were raising their grandchildren. Of these, census data tells us that 42% are Māori. Research from Gordon (2018) found that many of these grandparents end up as the primary caregiver due parent issues with alcohol abuse, drugs, imprisonment, domestic violence, and/or CYFS/OT involvement. Such experiences mean that children and their grandparents are dealing with additional trauma and associated behavioural challenges. While these challenges were discussed in the paper, no data was provided with regards to disability, let alone vision impairments in this group.

¹⁶ Graham & Masters-Awatere, 2020

Specialist workforce requirements for ākongā kāpō Māori

As previously mentioned, BLENNZ is the key learning support provider for ākongā kāpō Māori. Massey University trains specialist vision support services. Both programmes provide reasonable supports and generally work in culturally appropriate ways.

We noted earlier the challenges faced with regards to te reo Māori language capacity for rumaki reo kura. Delivery of RTV supports for ākongā kāpō Māori in rumaki reo learning environments and kura has been and continues to be an ongoing challenge for BLENNZ. The lack of RTVs who are competent and fluent in te reo Māori is a barrier for ākongā kāpō Māori.

To be clear, BLENNZ encourages and fully supports RTVs to increase their competency in te reo Māori and with regards to tikanga Māori based practice. It is a challenge to recruit teachers who are fully fluent in both te reo Māori and English and who are able to fulfil education regulations and qualifications. Not only that, but there is a nationwide shortage of specialist vision support services, both with regards to RTVs (resource teacher vision), O&M (orientation and mobility) and ILS (independent living services) specialist staff. This is due to several issues related to an insufficient and overworked workforce, insecure and fragmented funding, and ongoing challenges in the disability sector.

It is not the sole responsibility of BLENNZ to resolve this issue. BLENNZ are constrained by education policy and standards and should not be expected to expend the limited resources they have in workforce development. Additionally, this is not unique to BLENNZ as increasing numbers of parents of ākongā tāngata whaikaha Māori are choosing to have their child educated within Māori medium education settings.

We suggest a possible solution to resolve the workforce gap is building the competency of teacher aids/learning assistants in schools who can support ākongā kāpō Māori in Māori medium education learning settings, such as Rumaki Reo. Aides and assistances in this education setting already take on the responsibility of implementing RTV directed plans, many also having years of experience. The only drawback is that many do not have the required teacher qualifications or classroom teaching experience to enter the RTV service. We strongly suggest that serious consideration has to be given on how to resolve this workforce gap e.g. attracting teachers with the required competence to train as an RTV or building the competency of classroom aides and learning assistants.

From a whānau perspective, whānau have repeatedly requested a “one-stop” shop with regards to specialist vision support for tamariki and rangatahi. Whānau have also repeatedly requested that O&M and ILS services for tamariki and rangatahi are delivered by persons trained in working with children and young people. This has yet to occur, in part due to fragmented funding across the sector. RTV support is delivered by BLENNZ, and O&M and ILS services by Blind Low Vision NZ. This creates overlap and inconsistency of services. Subsequently, specialist vision services can be delivered by staff who work primarily with adults and who may or may not understand working effectively with children, and who may or may not work effectively with ākongā Māori.

Having to engage with multiple organisations, who may or may not be culturally competent, alienates whānau and creates additional barriers to high quality service provision.

Resourcing ākonga kāpō Māori learning support initiatives

As previously mentioned, there is a need to fund specialist vision services for ākonga who exist outside of the current ORS framework. Having access to specialist support for teachers, educators, and school staff makes a difference for ākonga kāpō.

Where specialists are able to upskill school staff with regards to accessibility and reasonable accommodations works to create an inclusive and supportive school environment. Currently, this is dependent on the willingness of school staff to listen and to include such training in their PD program.

Whānau having access to responsive, quick, and fluid funding mechanisms to immediately meet stated needs is useful. This includes reimbursements for additional printing required for enlarged worksheets, providing interactive hands-on activities, vouchers for purchasing apps, and such like. This process needs to be whānau driven according to the stated needs of the whānau. A successful example of this in practice is provided by Parents of Vision Impaired in the reference list (see Graham, 2021).

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