



The illusion of inclusion

The experiences of neurodivergent children and
those supporting them in Aotearoa New Zealand's
education system

DR NINA HOOD
DR ROMY HUME



the
education
hub

About The Education Hub

The Education Hub is a not-for-profit with a mission to bridge the gap between research and practice in education in order to improve opportunities and outcomes for young people in New Zealand. Our work involves empowering educators as leaders of change in schools and ECE centres by ensuring they have easy access to the right information, in the right form, at the right time, and have the capacity and support to utilise it to improve practice.

About the author

Dr Nina Hood is the Founder of The Education Hub. She has a background as a secondary school teacher and alongside her role at The Education Hub is also an academic at The University of Auckland.

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Acknowledgements

Our deepest gratitude to the 2400 students, parents, teachers, and staff in services that work with and support neurodivergent students for sharing your insights and experiences. While in the accounts there were examples of individual teachers, schools, and therapists who have worked against the system and have gone above and beyond to support neurodivergent children and young people, for the most part, the experiences you shared are heart breaking. We wish that we could have included so many more of your comments and first hand experiences in this report but we hope that throughout you will hear your voice in our words and the words of others shared in this report. We know that a single report is unlikely to result in the systemic shift that is needed. However, we hope that it will add to the growing number of people and organisations speaking out about the need for our education system, and our country more generally, to do a significantly better job at supporting our neurodivergent children and young people.

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From Nina

My personal investment in this report comes from my experiences as the mother of a neurodivergent child. My elder son is neurodivergent with multiple co-existing conditions (his paediatrician refers to him as a “complex case”). Like parents and caregivers across the country, I have had to navigate the medical and education systems to receive diagnoses, to try to figure out what we need to do, when and how, to work with different people and services to access the range of therapies that we need, to advocate for my son's educational needs, to cope with everything that is happening on the home front, and to deal with the underlying worry and fear of what all of this is going to mean for my son both now and into the future.

There are times when it has seemed overwhelming, and has resulted in more episodes of crying in public than I care to remember! But, I also know that I am one of the lucky ones. We have received early diagnoses, when many children never have the opportunity to be assessed let alone diagnosed. We have been able to access private (and public) treatment and therapy. I have the flexibility in my work to be able to fit in the weekly therapy sessions my son needs, and to do daily therapy sessions at home. I have the knowledge and agency to advocate for my son.

We have also been incredibly fortunate in the early childhood centre my son attended, which provided a nurturing and enriching environment, in which he flourished. They were always open to partnership, responsive to suggestions, and took a genuine strengths-based approach, where they celebrated all that makes my son so wonderful, whilst also providing support in the areas in which he needed it.

When I launched the survey that informs this report, I wrote about the terror I felt about my son's imminent transition to school:

He is going to struggle with a number of the skills that form the bedrock of our education system – namely reading and writing. I'm worried that for the first time, he will realise that his brain works differently to those of his peers. I'm also worried that because he will struggle with certain aspects of school, he will internalise a message that he's not capable, that he is a failure, and that this will dampen the joy and zest he has for life, his curiosity, and his delight in learning.

Why we have written this report

Having now gone through the transition, I still worry hugely. He does struggle with those core skills. But again, we are incredibly fortunate to be at school that is open to engaging in partnership with us, has incorporated the ideas and resources we have suggested, and has a school culture where diversity is celebrated and all children are valued and included for who they are. The school doesn't know everything that they need to, I am in advocacy mode more often than I would wish, and the system is certainly not resourcing them in the way or at the level that they require. Yet from the beginning, the school always emphasised how excited they are to have my son there and they have never made us feel like he is a burden or a problem. And for that, it is hard to express enough gratitude.

Despite all of this, it's tough. And if I find it tough, I cannot imagine what it's like for other mothers and families who do not have the same access to support, to resources, to knowledge, or time.

Our system is broken. As a country, we are failing our neurodivergent children on an epic scale.

This is not the fault of any one individual or group. Any improvement will require different sectors and different organisations coming together. But one thing I know is that all our neurodivergent tamariki deserve this.

While I can help my son at an individual level, I also think about what I can do to move the dial for all neurodivergent children. There is so much I cannot do. But, I am in a position where if I take a stand on something, people (at least some of them!) tend to listen. And so this is what this report is. It's for my son, but even more than that, it's for every neurodivergent child who is currently in our education system, and every neurodivergent adult who survived their education but did not thrive. You all deserve so much better than what you have or had. There are many fighting to bring about change. This is report is one small part of this broader effort.



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From Romy

This report resonates with my academic research interests in operationalising one of the key tenets of the neurodiversity paradigm: to support the neurotypical majority in making changes to *their* attitudes and behaviours (rather than always putting the onus of change on the neurodivergent minority). It also served as a personal reckoning with my own experiences of being neurodivergent in a rigid school system that had no place for me.

I spent my school years alternating between states of extreme exhaustion, fear, and literal unconsciousness, regularly falling asleep in my chair while hiding behind my propped-up book in a pretend reading pose. The first time a teacher asked if I was ok was in year 11, in a tiny class of only 8 students, where hiding suddenly became impossible.

Until then, I flew under the radar, masking heavily, making sure I was not failing any classes, and trying to stay out of everyone's way. I sat in the back corner closest to the door, farthest from danger. From the teacher who would throw his heavy bunch of keys at children who weren't paying attention. The teacher who would regularly rage and scream at children for not sitting still, spit flying from her lips. The teacher who would single children out and ridicule them in front of class. This was East Germany in the 80s, and education was more about compliance than learning.

I had looked forward to school as a fresh start after a horrific time in early childhood education, where I was already marked as the weird kid who couldn't handle certain foods without vomiting, didn't play well with others, and cried during nap time. A teacher who always held me back in the lunchroom until I ate my whole meal, intermittently vomiting into my personal bucket, still occasionally turns up in my dreams.

I survived early childhood education and school, but not without an eating disorder, clinical depression, the conviction that learning was about memorising pointless facts, and that I was fundamentally broken. The only reason I went to university was the fact that it was free, came with a state-funded student allowance, and a whole lot of discounts. It was there that I found my tribe of fellow nerds and weirdos, could choose the professors and courses that suited my learning style, got accommodations for my weaknesses, and started to love learning.

It shouldn't have taken this long. I shouldn't have got into Uni *despite* my schooling but because of it. I hope that this report contributes to making early childhood centres and schools across Aotearoa New Zealand more welcoming and accessible to all neurodivergent children. While our current system is a far cry from the authoritarian one I grew up with, it still has similar effects on neurodivergent children: destroying their innate desire to learn and, in many cases, causing long-term mental health effects. Through my contribution here, I am sending a metaphorical hug back to my child self and say: things will get better, and you will be a part of the change.

”

While our current system is a far cry from the authoritarian one I grew up with, it still has similar effects on neurodivergent children: destroying their innate desire to learn and, in many cases, causing long-term mental health effects.

Introduction

Inclusive education is enshrined in law in Aotearoa New Zealand.

The Education and Training Act 2020 states: *“students who have special educational needs (whether because of disability or otherwise) have the same rights to enrol, attend, and receive education at State schools as students who do not.”*¹

The Act also states that the education system must provide “equitable outcomes for all students”, with New Zealand schools also having binding obligations to include and provide a quality education for all students under the New Zealand Disability Strategy and the United Nations Convention on the Rights of Persons with Disabilities.² However, evidence suggests that this is not happening universally across the country. For a variety of reasons, many of them out of the control of individual teachers or schools, schooling in New Zealand is inclusive in name but not in provision or outcomes. Inclusion is all but an illusion for too many of our young people, with no specific education legislation in New Zealand regarding specialist provisions or supports for children with special educational needs.³

Approximately 15 to 20% of the population is neurodivergent.⁴ The extent to which this will impact individuals' day-to-day lives, including educational experiences, will vary. While there is growing recognition of neurodiversity across society, and a greater appreciation of how neurodivergence can impact people's lives – both positively and negatively – the current state-supported provision for neurodivergent young people (and their whānau) through the education and health systems as well as through other supporting services is woefully lacking.

This report has collected the perspectives and experiences of 2400 people engaged with neurodivergent young people – parents and whānau, teachers and education leaders, people working in support services, and neurodivergent tamariki themselves. The story it tells is nothing short of devastating. While there are individuals and organisations – schools, early childhood centres, and support services – that are doing an impressive job (often in challenging circumstances), the reality is that the system does little to support them. There are a substantial lack of resources available to provide the types and amount of support that neurodivergent young people and their whānau need, and there frequently is a disconnect between current educational structures and systems and what the research (and personal stories) tell us best support neurodivergent children.

The purpose of this report is three-fold. Firstly, it seeks to draw further attention to the challenges and opportunities facing neurodivergent young people and their whānau, and in particular the depth of the systemic issues and the long term damage these are causing. Secondly, it gives voice to the people who are grappling with a broken system. And thirdly, it identifies what needs to happen both in the short term and in the long term to ensure that neurodivergent young people are provided with the environments, opportunities, and supports that they need to thrive throughout their lives.



This report has collected the perspectives and experiences of 2400 people engaged with neurodivergent young people

1 Education and Training Act 2020.

2 Ibid., Office for disability issues, New Zealand Disability Strategy. <https://www.odi.govt.nz/nz-disability-strategy/about-the-strategy/new-zealand-disability-strategy-2016-2026/the-new-disability-strategy-download-in-a-range-of-accessible-formats/new-zealand-disability-strategy-read-online/>, Convention On The Rights Of Persons With Disabilities, December 13, 2006, <https://www.ohchr.org/en/hrbodies/crpd/pages/convention-rights-persons-with-disabilities.aspx>

3 Hornby, G. (2023). Review of the status of inclusive education in New Zealand. Progress Towards Agenda 2030; International perspectives on inclusive education, 21, 245-260.

4 Doyle N. Neurodiversity at work: A biopsychosocial model and the impact on working adults. Br Med Bull; 2020. doi: 10.1093/bmb/ldaa021.

Terminology and definitions



Neurodiversity is a biological fact: it is a word for the infinite variation in neurocognitive functioning within the human species, analogous to ethnic diversity or gender diversity. Put simply, it means that all humans are wired differently. These differences influence the way an individual thinks and learns, how they process sensory input and perceive the world, and how they interact with others.

An individual is **neurodivergent** if their mind functions differently from the dominant societal standards of normal. An individual is **neurotypical** if their mind conforms to what is constructed as normal in their society. A group of people is **neurodiverse** if it includes more than one neurotype. As the concept of diversity applies to groups of people, an individual cannot be neurodiverse or have neurodiversity.

The **neurodiversity paradigm** is a perspective on neurodiversity that states that no type of mind is inherently more or less valuable or normal than any other. From this perspective, neurocognitive difference is viewed as natural rather than defective, and it is described in terms of **neurotypes** rather than disorders. In acknowledging the role of socially constructed norms when defining neurodivergence and neurotypicality, the neurodiversity paradigm draws attention to the power dynamics and majority privilege that have contributed to the historical framing of minority neurotypes as abnormal or deficient. It should be noted that not all neurodivergent people subscribe to the neurodiversity paradigm.

Neurodivergence can be broadly grouped under the categories of innate and acquired. **Innate neurodivergence** is present from birth and therefore generally experienced as an inseparable part of personhood. Examples of innate neurodivergence include (but are not limited to) autism, ADHD, dyslexia, dyspraxia, dyscalculia, dysgraphia, synaesthesia, auditory and visual processing disorder, Tourette's, intellectual disability, giftedness, Down Syndrome, and FASD.

Acquired neurodivergence can develop at any time of life as part of a health condition, injury, drug use, trauma, stressful life events, or the side effects of medication. As acquired neurodivergence may be episodic or temporary, it is generally not experienced as a part of personhood. Examples of acquired neurodivergence include (but are not limited to) mood disorders, anxiety disorders, Alzheimer's, schizophrenia, and traumatic brain injury.



Put simply, it means that all humans are wired differently. These differences influence the way an individual thinks and learns, how they process sensory input and perceive the world, and how they interact with others.

PART
1

Background on the current provision and support for neurodivergent students

Learning support for disabled and neurodivergent students in Aotearoa New Zealand is funded via four main pathways. In 2016, the funding breakdown was as follows⁵:

- Specialist services delivered by the Ministry of Education \$139 million
- Ongoing Resourcing Scheme (ORS) \$156 million
- Specialist Schools \$167 million
- Supplementary Support \$157 million

This funding supports a proportionately small number of students, with ORS funding approximately 1.1% of students. When combined with Specialist Schools and Specialist Services approximately 5% of students receive some form of support.⁶ As Supplementary Support is allocated based on each school's total roll and equity index number rather than the number of students needing learning support, the actual number of students who benefit from this funding is unclear.⁷

However, school surveys indicate that much of the Supplementary Support funding is used to further support the students eligible for ORS, as principals see themselves as forced to cover its many shortfalls.⁸ It is therefore reasonable to assume that existing learning support funding in New Zealand is accessed by no more than six or seven percent of students. Considering that 11% of 0-14 year-olds in New Zealand are disabled⁹ and international research suggests that between 15% and 20% of the population are neurodivergent, a significant funding gap remains.

Research based on Statistics New Zealand's Integrated Data Infrastructure and the New Zealand Disability Survey (2013) found that 41% of disabled/neurodivergent 5-11-year-old students "did not have any record of Ministry-funded learning support, whereas for the group of older students, it was closer to three-fifths (59%)".¹⁰ Due to the current system's focus on students with the highest needs and so-called severe behaviours, neurodivergent students who do not present with [overtly] challenging behaviours are at a particular disadvantage.¹¹

5 Parata, H. (2016). Cabinet Paper: Strengthening Inclusion and Modernising Learning Support. <https://assets.education.govt.nz/public/Documents/Ministry/Initiatives/special-education-update/Cabinet-Paper-Strengthening-Inclusion-and-Modernising-Learning-Support-July-2016.pdf>, p. 11.

6 Education Counts. (2022). Ongoing resourcing scheme (ORS). <https://www.educationcounts.govt.nz/statistics/ongoing-resourcing-scheme>; Parata, 2016.

7 Yang, J., Delahunty, C., Dowie, S., Hipkins, C., Lee, M., Martin, T., Muller, T., Rurawhe, A., Salesa, J., Smith, S., & Williamson, M. (2016). Inquiry into the identification and support for students with the significant challenges of dyslexia, dyspraxia, and autism spectrum disorders in primary and secondary schools: Report of the Education and Science Committee. <https://assets.education.govt.nz/public/Documents/Ministry/Initiatives/special-education-update/Cabinet-Paper-Strengthening-Inclusion-and-Modernising-Learning-Support-July-2016.pdf>

8 SPELD New Zealand Inc. (2015). Submission to the Education and Science Select Committee. <https://www.speld.org.nz/wp-content/uploads/2018/03/speld-nz-submission-inquiry-sld-oct-2015.pdf>; Yang et al., 2016.

9 StatsNZ. (2014). Disability survey: 2013. <https://www.stats.govt.nz/information-releases/disability-survey-2013/>.

10 Mhuru, M. (2020). The educational experiences of disabled learners. M. o. Education. <https://www.educationcounts.govt.nz/publications/schooling/he-whakaaro-the-educational-experiences-of-disabled-learners>, p. 12.

11 SPELD, 2015; Yang et al., 2016.

To provide support to neurodivergent students, many schools have to raise additional funds, utilise their already insufficient operational funds, or ask parents to cover some of the cost of their child's teacher aides and specialist services (which technically is not allowed by the Ministry of Education).¹² Research has found that if additional funding for specialist support staff could not be raised, disabled children were regularly excluded from school activities¹³ and 12% of disabled children could not attend school full-time because their parents could not afford to subsidise teacher aides.¹⁴

The ORS funding scheme has drawn considerable criticism. The scheme supports only those students with the highest needs, thereby excluding the majority of deserving children. The application requires the use of the deficit model, with descriptors such as "inappropriate", "meaningless", "remote", "unaware of people", or "disruptive". A 2009 study identified shifting goalposts in the application process, unreliable assessment data, and a tendency to cut funding as soon as a child shows any progress. It concluded that ORS is "failing in its objective to support students and improve their outcomes by providing a funding process that is deliberately limited, unfair and unclear. It is heart-breaking for all concerned and morally repugnant".¹⁵

Similar issues were identified in a 2016 study which assessed ORS funding as too competitive and restrictive. Eligibility requirements mean that teacher aides are withdrawn once the student no longer displays challenging behaviours and the student's wellbeing has to decline again before their teacher aide is re-instated. ORS effectively requires a "history of failures". In response to this situation, then Minister of Education Hekia Parata suggested a review of ORS to improve its flexibility, make its language less stigmatising, strengthen inclusion, and evolve existing support plans rather than continuing to require multiple referrals and assessments at each transition point.¹⁶ To date, there have been not substantial changes to ORS.



The ORS funding scheme has drawn considerable criticism. The scheme supports only those students with the highest needs, thereby excluding the majority of deserving children.

12 Education Review Office. (2015). Inclusive practices for students with special needs in schools. <https://ero.govt.nz/our-research/inclusive-practices-for-students-with-special-education-needs-in-schools>; New Zealand Post-Primary Teachers' Association. (2015). Submission to the Education and Science Select Committee: Inquiry into the identification and support for students with dyslexia, dyspraxia, and autism spectrum disorders in primary and secondary schools. <https://www.ppta.org.nz/publication-library/document/252>; Pūaotanga Independent Review Panel. (2021). Realising the potential of every child: An independent review of staffing in primary schools. <https://www.nziteiriuroa.org.nz/assets/downloads/NZEI-Pu%CC%84aotanga.pdf>; SPELD, 2015; Tomorrow's Schools Independent Taskforce. (2018). Our schooling futures: Stronger together. M. o. Education. <https://conversation.education.govt.nz/assets/TSR/Tomorrows-Schools-Review-Report-13Dec2018.PDF>; Wylie, C., & MacDonald, J. (2020). What's happening in our English-medium primary schools: Findings from the NZCER national survey 2019. <https://www.nzcer.org.nz/research/publications/what-s-happening-our-english-medium-primary-schools-findings-nzcer-national>; Yang et al., 2016.

13 Yang et al., 2016.

14 Tomorrow's Schools Independent Taskforce, 2018; Wylie & MacDonald, 2020.

15 Bartleet, 2009, p. 126.

16 Parata, 2016.



There are inequities in the clinical identification of disabilities and the provision of educational psychologist reports

Recent research has identified additional issues relating to learning support and inclusion in education:

- **There are inequities in the clinical identification of disabilities** and the provision of educational psychologist reports, as seeking assessments and support requires high levels of parental involvement, and is costly and time-consuming. These demands make it unachievable for some socio-economic groups.¹⁷ As a result, there are “significant differences between deciles as to the percentage of students identified as having the kinds of special education needs”¹⁸.
- **Access to specialist services and learning support is too complicated and stressful**; parents don't know what support is available or how to access it; there are long waiting lists for specialist services.¹⁹ Parents and teachers need easier access to support with shorter wait times and more qualified specialist staff.²⁰
- **Transitions are difficult as funding does not follow the student** and there is little information sharing between schools during transitions. Parents and school staff go through the same stressful and time-consuming funding application process each time a child changes schools.²¹
- **Teacher training on adaptations for diverse learning needs and neurodivergence is inadequate**, and teachers have difficulty finding relevant professional learning and development and external guidance.²² More than a third of SENCOs were only “partially confident or not confident to carry out their role”,²³ which is not surprising given there is no requirement for SENCOs to have specific qualifications or to undertake training.²⁴ It is little surprise, therefore that there is no consistency between schools in how they support neurodivergent students, and big variations in competency between staff.²⁵
- **There is not enough support for teachers**, particularly in-class support. At current staffing levels, 42% of primary school teachers felt they didn't have enough support to teach students with learning support needs.²⁶
- **The available interventions are inadequate**, and typically target behaviours rather than underlying support needs.²⁷
- **Fewer than half of primary school principals believe their schools are fully accessible.**²⁸ In particular, modern learning environments often don't work for autistic and other neurodivergent students due to sensory issues.²⁹ Disabled students are frequently made to feel unwelcome in schools during enrolment, with staff telling parents “that another school would be a ‘better fit’ for their specific needs”.³⁰
- **Workload for classroom teachers and class sizes are too big** to allow for individual support of all students.³¹

17 New Zealand Post-Primary Teachers' Association, 2015; SPELD New Zealand Inc, 2015; Yang et al., 2016

18 New Zealand Post-Primary Teachers' Association, 2015, p. 6.

19 Education Review Office, 2015; Parata, 2016; Tomorrow's Schools Independent Taskforce, 2018; Yang et al., 2016.

20 Ministry of Education, 2015; Pūaotanga Independent Review Panel, 2021; Tomorrow's Schools Independent Taskforce, 2018.

21 Ministry of Education, 2015; Pūaotanga Independent Review Panel, 2021; SPELD New Zealand Inc, 2015; Tomorrow's Schools Independent Taskforce, 2018; Yang et al., 2016.

22 (Education Review Office, 2015; Ministry of Education, 2015; Pūaotanga Independent Review Panel, 2021; SPELD New Zealand Inc, 2015; Wylie & MacDonald, 2020; Yang et al., 2016.

23 Tomorrow's Schools Independent Taskforce, 2018, p. 81.

24 Hornby, 2023.

25 Yang et al., 2016.

26 Wylie & MacDonald, 2020.

27 Yang et al., 2016.

28 Wylie & MacDonald, 2020.

29 New Zealand Post-Primary Teachers' Association, 2015.

30 Tomorrow's Schools Independent Taskforce, 2018, p. 80.

31 Pūaotanga Independent Review Panel, 2021.

It is unsurprising that in a 2019 NZCER survey, parents' impressions of their child's school experience were markedly more negative if their child had a disability or learning support needs compared to parents with neurotypical/non-disabled children.³² Parents reported that their disabled or neurodivergent children felt less safe at school and did not feel a sense of belonging, enjoyed school less and found it less interesting, had fewer friends, felt less included in activities, did not have realistic learning goals or adequately challenging tasks, and felt less motivated to learn. Furthermore, parents of children with learning support needs were less happy with their child's progress and the overall quality of schooling the child received, felt less welcome at school themselves, and had less trust in the school's ability to help their child with any difficulties.³³

The Ministry of Education's Learning Support Action Plan 2019 holds promise for improvements.³⁴ It acknowledges that neurodivergent children often "do not qualify for the Ongoing Resourcing Scheme, but need teachers and other educators with increased capability, as well as targeted or specialist support" and that they "are much more likely to need flexible ongoing support, rather than a specific, shorter term, intensive intervention".³⁵ New funding was approved, including for the employment of over 600 fulltime Learning Support Coordinators (LSCs) to work collaboratively across schools by 2020 (although given there are over 2000 schools across New Zealand, their ability to adequately support all neurodivergent students is limited). LSCs' focus is supporting neurodivergent children with low to moderate needs. Ministry plans also included a new Learning Support Delivery Model, designed to be more flexible, less fragmented, and more accessible for parents. The plans promise better early identification of learning needs and better early interventions; better tools and resources for parents and teachers; better and more flexible supports for neurodivergent children; new support for gifted children; and easier transitions without the need to reapply for supports.

As part of the Action Plan, the Ministry also aimed for improved data and information sharing nationally via Te Rito (yet to be fully enacted) and between schools at transition points, acknowledging the fact that the current "absence of a central data system makes it impossible to gauge the true scale of demand for learning support and undermines policy planning and data-informed decision making".³⁶ These indicated changes address many of the concerns raised in earlier surveys and reports, but have not yet all been fully implemented.

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32 Wylie & MacDonald, 2020.

33 Wylie & MacDonald, 2020.

34 Ministry of Education, 2019b.

35 Ibid., pp. 32-33.

36 Ibid., p. 41.



To understand the limitations of funding in New Zealand, it is useful to see how it compares – at a high-level – to public funding available in Australia and the USA.

The Ministry of Education's learning support satisfaction surveys already show some improvements following the instatements of LSCs, particularly for educators. In 2018, parent satisfaction with overall learning support was rated at 73/100, but educators' only at 65/100.³⁷ In 2020, satisfaction with overall learning support increased to 75/100 for parents, and 74/100 for educators, likely due to the instatement of LSCs in some schools.³⁸ The first official LSC evaluation showed that LSCs are mostly delivering on their responsibilities, with some challenges concerning logistics, overlaps with SENCOs and RTLBs, and inadequate support provision in rural areas and in Māori medium schools.³⁹ In the evaluation, 70% of schools were satisfied with their LSC, and 32% felt that their learning support had improved a lot after appointment of the LSC. However, 10% of schools were still "struggling to implement the role" and some staff, who felt that learners with mild to moderate needs were still left behind, described learning support as "suboptimal" (p. 16). Sixty percent of LSCs felt they couldn't do their work adequately due to lack of resources, long waiting lists for services, and inadequate PLD.⁴⁰

A 2021 review of primary schools, which included over 2650 written submissions by staff, trustees, principals, and parents, also sheds a less than favourable light on any improvements in inclusion for neurodivergent children.⁴¹ Eighty-nine percent of school principals (n=682) "said their schools did not have sufficient funds to meet their level of learning support needs [...] 83% said they did not have sufficient funds to employ the necessary teacher aides" (p. 16). Overall, submissions suggested that disabled and neurodivergent children are still discriminated against in schools, primarily due to lack of specialist staff, lack of teacher aides, and lack of staff knowledge on supporting children with diverse learning support needs. The review concluded that there should be at least one teacher aide in every classroom (in addition to the ORS-funded teacher aides assigned to specific children), and a fully funded SENCO in every school.

International funding comparison

A recurring theme in reports on support for neurodivergent young people is inadequate funding. This reflects both how funding is structured and allocated as well as the amount of funding that is available. To understand the limitations of funding in New Zealand, it is useful to see how it compares – at a high-level – to public funding available in Australia and the USA. The tables below provide a brief, high-level overview of current funding provision.

While parents and teachers in Australia and the USA indicate that funding and access to the specialist services that children require remains problematic, the data demonstrate the substantial difference in funding and resourcing provision between New Zealand and both these countries.

37 Ministry of Education, 2019a.

38 Ministry of Education, 2021.

39 Andrews et al., 2021.

40 Andrews et al., 2021.

41 Pūaotanga Independent Review Panel, 2021.



International funding comparison

	NZ: ORS Ongoing Resourcing Scheme	AU: NDIS National Disability Insurance Scheme	AU: Department of Education funding	South Australia: Student Support Services	Victoria: PSD Program for Students with Disabilities	USA: IDEA Individuals with Disabilities Education Act	USA: SSI Supplemental Security Income
Who applies	Schools but parents are involved	Parents or doctor	Schools	Schools	Student Support Group (parents, school representatives, professionals)	Schools but parents are involved	parents
Criteria	<p>EITHER: Evidence of extreme or severe difficulty in at least 1 area of need,</p> <p>OR: Evidence of moderate to high difficulty with learning AND with 2 other areas of need</p> <p>(diagnosis of disability alone is NOT enough)</p> <p>Assessed by 3 verifiers</p> <p>(Ministry of Education, 2022)</p>	<p>EITHER: Evidence of permanent disability (via assessments and reports, or doctor to fill out application). Autism level 2-3 automatically qualifies, no more evidence needed.</p> <p>OR: meets the early intervention requirements (will need less disability support in the future and functional capacity will improve with early intervention)</p> <p>(NDIS, 2022)</p>	<p>Vague.</p> <p>Funding allocated to schools based on the annual NCCD, where school staff submit information on the level of additional support their students receive in the classroom.</p> <p>(NCCD, ND)</p>	<p>Vague.</p> <p>Needs are assessed based on existing information, observation of the child in class or elsewhere at school, and/or formal assessment</p> <p>(Department for Education South Australia, 2022)</p>	<p>Disability AND high needs</p> <p>Significant deficits/ impairments requiring regular support, severe/deviant behaviour requiring regular psychological or psychiatric treatment, IQ two standard deviations or more below the mean.</p> <p>(State Government of Victoria, 2021)</p>	<p>Disability AND, as a result of that disability, need special education to make progress in school</p> <p>Child is evaluated through observations, interviews, tests, curriculum-based assessment, and info from parents, teachers, specialists, child.</p> <p>Parents are also in the group that decides on their child's eligibility and are involved in creating the IEP.</p> <p>(Center for Parent Information and Resources, 2022; U.S. Department of Education, 2000)</p>	<p>Poverty AND child has 'marked and severe functional limitations'.</p> <p>Medical professionals have to confirm severity of disability. Assets of parents can't be more than \$3,000, and very low or no regular income.</p> <p>(Romig, 2017)</p>



International funding comparison (continued)

NZ: ORS Ongoing Resourcing Scheme	AU: NDIS National Disability Insurance Scheme	AU: Department of Education funding	South Australia: Student Support Services	Victoria: PSD Program for Students with Disabilities	USA: IDEA Individuals with Disabilities Education Act	USA: SSI Supplemental Security Income
<p>Primary disabilities supported</p> <p>Supported disabilities not specified by type but by needs.</p> <p>High needs includes: requiring <i>significant adaptation</i> of teaching and support at least <i>half day/week</i>, plus a <i>monthly</i> specialist</p> <p>Very high needs includes: extremely delayed cognitive development, extremely severe physical disability, blind or Deaf, severe disorder of language use and social communication requiring <i>complete adaptation</i> of teaching and <i>daily</i> support, plus a <i>weekly</i> specialist</p> <p>(Ministry of Education, 2022)</p>	<p>autism (30.9%)</p> <p>intellectual disability (20.2%)</p> <p>psychosocial disability (9.1%)</p> <p>(Australian Bureau of Statistics, 2021)</p>	<p>Cognitive disability (54.9%)</p> <p>Social-emotional disability (32%)</p> <p>Physical disability (10.2%)</p> <p>(Australian Curriculum Assessment and Reporting Authority, 2022)</p>	<p>developmental delay</p> <p>learning difficulties</p> <p>behavioural issues</p> <p>health or wellbeing issues</p> <p>communication difficulties</p> <p>(Department for Education South Australia, 2022)</p>	<p>significant physical disability or health impairment</p> <p>moderate/severe visual or hearing impairment</p> <p>severe behaviour disorder</p> <p>Intellectual disability or autism with significant deficits in adaptive behaviour & language skills</p> <p>Severe language difficulties</p> <p>(State Government of Victoria, 2021)</p>	<p>specific learning disabilities (33%)</p> <p>Speech or language impairment (19%)</p> <p>Other health impairment (15%)</p> <p>Autism (12%)</p> <p>Development delay (7%)</p> <p>(National Center for Education Statistics, 2022)</p>	<p>Down Syndrome, cerebral palsy, autism, intellectual disability, blindness</p> <p>(Romig, 2017)</p>



International funding comparison (continued)

	NZ: ORS Ongoing Resourcing Scheme	AU: NDIS National Disability Insurance Scheme	AU: Department of Education funding	South Australia: Student Support Services	Victoria: PSD Program for Students with Disabilities	USA: IDEA Individuals with Disabilities Education Act	USA: SSI Supplemental Security Income
What's covered	<p>70% of total funding goes to teacher aides</p> <p>The rest goes to specialists (speech-language/ occupational/ music therapists, psychologists, special education advisor, learning support advisor, additional teacher who coordinates the student's learning programme with the class teacher.</p> <p>Schools decide how much can be spent on these specialists.</p> <p>(Controller and Auditor-General, 2009)</p>	<p>Supports to improve social and communication skills, therapeutic supports including behaviour support, home modifications, support with personal care, specialists.</p> <p>Funding levels are described as cost-per-hour. Eg.: specialised home-based assistance for a child is funded up to \$57.46/h</p> <p>1:1 assistance to access community-based social and recreational activities funded up to \$58.60 on a weekday or up to \$\$124.55 on a public holiday</p> <p>Counseling up to \$183.53/h</p> <p>(National Disability Insurance Agency, 2018)</p>	<p>Reasonable adjustments as needed (Education Council, 2021).</p> <p>At the highest level, this includes "extensive support from specialist staff" at all times, and "highly modified classroom and/or school environments".</p> <p>At the most common level, it includes "intermittent specialist teacher support", "support or close supervision to participate in out-of-school activities"</p> <p>(Education Services Australia, 2019)</p>	<p>Specialists (speech-language/behaviour therapists, psychologists, social workers, special educators)</p> <p>(Department for Education South Australia, 2022)</p>	<p>Specialists (e.g. Special Needs Coordinator, occupational therapist, speech pathologists)</p> <p>Specialist equipment or materials</p> <p>Education support staff</p> <p>6 levels of support, from \$8,380/year for a low-needs students, to \$63,965/year for the highest need.</p> <p>(State Government of Victoria, 2021)</p>	<p>the education of disabled children, including funding for teacher aides and specialists (e.g. physical, occupational, and speech therapy, counsellor, psychologist, parent counselling, social worker) and supplementary aids and services, such as transport, adaptive equipment or special communication systems.</p> <p>(U.S. Department of Education, 2000)</p>	<p>Up to \$791 per month per child, average \$650</p> <p>(Romig, 2017)</p>



International funding comparison (continued)

	NZ: ORS Ongoing Resourcing Scheme	AU: NDIS National Disability Insurance Scheme	AU: Department of Education funding	South Australia: Student Support Services	Victoria: PSD Program for Students with Disabilities	USA: IDEA Individuals with Disabilities Education Act	USA: SSI Supplemental Security Income
Supports how many students?	<p>In 2022, it supported 1.3% of students (Education Counts, 2022).</p> <p>Considering that 11% of children are disabled in NZ (StatsNZ, 2014), and more recent data suggest 25% of the population are disable, including 15-20% of the population being neurodivergent, most were not supported by ORS.</p>	<p>In 2019, it supported 4.1% of 0-6 year olds and 3.3% of 7-14 year olds (Australian Bureau of Statistics, 2021).</p> <p>No data on 15-18 year olds (next bracket was 15-35).</p>	<p>In 2022, it supported 22.5% of students. However, only 1.9% of all students received the highest level of support. Most (9.6%) received supplementary support.</p> <p>(Australian Curriculum Assessment and Reporting Authority, 2022).</p>	<p>Data not available online - Emailed to ask</p>	<p>Data not available online - Emailed to ask</p>	<p>In 2021, it supported approx. 15% of all public school students</p> <p>(National Center for Education Statistics, 2022)</p>	<p>1.2% of all children (Romig, 2017)</p>



International funding comparison (continued)

	NZ	AU	USA
Proportion of disability in student population	11% of 0-14yos are disabled (StatsNZ, 2014)	7.7% of 0-14yos are disabled (Australian Bureau of Statistics, 2018)	5.5% of 5-14yos are disabled (Young, 2021)
Proportion of neurodivergence	Among all disabled children: learning disability: 52% psychosocial disability: 40% speaking disability: 36% developmental delay: 6% (StatsNZ, 2014) (doesn't add up to 100% as some co-occur)	Among all disabled children: intellectual disability: 58% psychosocial disability: 40% Most common specific conditions: autism and related conditions: 27% ADHD: 15% Cognitive: 54.9% Social-emotional: 32% (Australian Bureau of Statistics, 2018) (Australian Curriculum Assessment and Reporting Authority, 2022)	Among <i>all</i> children: Developmental disability: 17.8% ADHD: 9.5% Autism: 2.5% intellectual disability: 1.2% (Zablotsky et al., 2019) Learning disability: 7.3% (National Center for Health Statistics, 2021) (Couldn't work out percentages among disabled children since data from Young/Census conflicted with data from survey studies.)
Proportion of other disability	Among all disabled children: Sensory, mobility, agility: 37% (StatsNZ, 2014)	Among all disabled children: Physical restriction: 23% Sensory and speech: 40% (Australian Bureau of Statistics, 2018) Physical: 10.2% (Australian Curriculum Assessment and Reporting Authority, 2022)	



International funding comparison (continued)

NZ	AU	USA
<p>Notes</p> <p>Language describing severe needs on ORS website is dehumanising (behaviour described as unusual, inappropriate, meaningless, remote, unaware of people, disruptive, non-verbal) (Ministry of Education, 2022)</p> <p>In 2018, 29.7% of autistic students received high-needs ORS funding (Bowden et al., 2022). Not clear from article if the remaining 70% received no ORS funding or very high needs funding. I suspect no funding since total ORS funding covers approx. 1% of school kids, while approx. 2% of children in NZ are autistic (Tupou et al., 2021).</p> <p>Bartleet (2009) identified issues with ORS that seem to be still the same today: criteria exclude the majority of deserving children, application requires use of the deficit model, shifting goalposts, unreliable assessment data. Her suggestions were: more transparency of the process, proportion of eligible students needs to increase, change to a strengths-based approach, more support for teachers. Concluding words in the article are: "... failing in its objective</p> <p>to support students and improve their outcomes by providing a funding process that is deliberately limited, unfair and unclear. It is heart-breaking for all concerned and morally repugnant."</p> <p>Tiso and Stace (2015) argue that the current system promotes exclusion and call the allocation process "perverse" (p. 44) in the way that funding is cut when the child shows any progress.</p> <p>* All NZ schools also receive Support for Inclusion Funding to support disabled students. But this is allocated based on total enrolments, not the number of disabled students. Very unfair and encourages exclusion of disabled students if the going gets tough. No incentive for schools to become more inclusive - in fact, quite the opposite.</p>	<p>Proportions of neurodivergence vs. other disability in the population roughly match proportions of funding allocated for those disability types.</p> <p>Of the disabled children who needed assistance with at least one activity, almost all were receiving some form of assistance (97.2%).</p> <p>23.2% accessed a counsellor or special support person</p> <p>31.2% attended special classes or special schools</p> <p>(Australian Bureau of Statistics, 2018)</p>	<p>*At state level, Medicaid also fund some medically necessary services, but this is not additional to IDEA funding in the school system. If a child is eligible for education-related services/supports under Medicaid, IDEA doesn't have to cover that specific support. Outside the education setting, Medicaid also funds other medically necessary services. Depending on state, from 26% to 71% of children with IEPs are also on Medicaid.</p> <p>(Williams & Musumeci, 2022)</p>



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PART 2

The research informing this report

In May 2023 The Education Hub began a research project to explore how well New Zealand's education system is set up to support our neurodivergent students. Online surveys were used to capture the perspectives and experiences of teachers, students, parents and whānau, and people working in support services⁴² in order to better understand what's working, what's not working and how the situation can be improved.

Altogether, we received 2400 responses. See table 2 for a breakdown of the different groups surveyed.

We had responses from people from all regions and from different types of schools. While we have broad representation in survey participants, it remains possible that the views of those who chose to participate may be different from a) the views of people who knew of the opportunity but decided not to participate and/or b) the views of people whom we missed in our recruitment efforts. The latter category is particularly relevant for the parent group, which was accessed primarily through social media channels, key stakeholders involved in the neurodivergent community (including a number of the supporting organisations e.g. Autism New Zealand), and through word of mouth.



Table 2: Breakdown of participants

Group	Number of responses
Parents of school-aged children	1112
School teachers and leaders	595
ECE teachers and leaders	405
People in support services	204
Students	45
Parents of ECE-aged children	39

42 This includes: speech language therapists, occupational therapists, play therapists, psychologists, educational psychologists, paediatricians, support organisations, learning support services, RTLBs, teacher aides, social workers, counsellors, tutors, community support workers, among others.

The survey responses were analysed using NVIVO. A thematic analysis was utilised with data going through multiple rounds of analysis as codes were developed, and then modified and refined in subsequent analysis rounds.

The findings reported in the section below summarise the key themes arising from the analysis process. All of ideas raised are based on the data of multiple (and frequently hundreds) of respondents, with the aim of the report being to capture the experiences that appear to be common across many participants. The choice of quotes to include in the report was challenging. We wanted to do justice to the voices and experiences of our participants, but there were simply too many to include them all. The quotes selected below provide perspectives from a range of participants and viewpoints.

PART 3 Findings

3.1 Setting the scene; a broken system with students and schools in crisis

Respondents from all backgrounds overwhelmingly described the current education system as outdated and heading towards major crises, with many seeing home schooling as the only option.

Many parents gave heart-rending accounts of the mental health impacts they witnessed in their neurodivergent children during the time they attended school, describing trauma responses, clinical depression, anxiety, self-harm and suicidal ideation from as young as the age of six.

"we pulled him out of school because his mental health had deteriorated to the point that I was scared for his life. He will never go back and when people with younger children ask me for advice, I tell them to home school if they can. The damage that our school system does is simply too great" (Parent).

"The Ministry of Education perpetuates the widespread social discrimination against people with mental illness and neurodiverse children. Their website can be summarised as: "Your child must fit into our system and classroom ... We will pay lip service to inclusion but in reality we have no resourcing to meet your child's needs". (Parent)

Even a school SENCO stated:

"if I had a learning support child I would seriously homeschool my child. At times I suggest to parents the same. The New Zealand school system currently cannot support these students".

There are a growing number of neurodivergent children, but Ministry of Education data do not adequately capture this nor has available resourcing kept pace, leading to significant pressure on schools and growing rates of burnout among teachers and specialist support staff.

Respondents indicated that the Ministry of Education appear unaware of the realities teachers were dealing with, stating that "the MoE are working off a tip of the iceberg model, in that their data is only based on referrals and the real depth of support is not understood, nor resourced" (ECE teacher).



Respondents indicated that the Ministry of Education appear unaware of the realities teachers were dealing with.

The result of inadequate funding and resourcing and growing numbers of students requiring support is burnout. This is present in most schools but is particularly prevalent in specialist schools, special character schools, and the mainstream schools and ECE Centres that are known for their excellence in supporting neurodivergent students, where there are frequently a much higher proportion of neurodivergent students.

"It is a concern to me that the schools/staff that have embraced better approaches to supporting neurodiverse students (and others with special needs) often are flooded with those students. This is unfair, does not always come with extra funding/resources, and allows those who are deliberately blind to remain that way." (Teacher)

The impact of growing numbers of neurodivergent students and poor resourcing led one teacher to write:

"After 15 years in education I'm burnt out from the long, hard slog of supporting such a range of needs in my classroom with often little or no support. I often end up with the 'tricky kids' due to my time in education and teaching experience. Neurodiverse children are my all-time favourite to work with, however our classrooms and system are not set up to support them or their teachers. My greatest teaching successes and joys are from my experiences working with neurodiverse children and I will miss them greatly when I leave the classroom at the end of this year." (Teacher)

Specialist staff such as physiotherapists, Resource Teachers of Learning and Behaviour (RTLb), SLTs and OTs similarly described their caseloads as "way too large to do anything effective":

"the workforce is feeling burned out, unsatisfied, and ignored by government. Every SLT I know working for Ministry of Education Learning Support is looking for a new job". (Support Services).

For many respondents, the inability to provide students with the support that they need due to large numbers of students needing additional support, inadequate resourcing, and a lack of knowledge and training about how best to support neurodivergent students is taking a substantial toll.

"So many students are currently not having their needs met. This is heart-breaking to watch and frustrating and demoralising for teachers who know they are letting their students down but are helpless to provide them with the support they need." (Teacher)

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The result of inadequate funding and resourcing and growing numbers of students requiring support is burnout.

3.2 Funding and policy settings

64% of survey responses referenced inadequacies in current policy settings, with particular focus on accessing funding or the availability of funded services, including funding amounts, thresholds, complicated bureaucracy, and long waitlists or the lack of specialist personnel in their region.

3.2.1. Issues with funding and funding settings

There is a lack of public funding available to ECE centres and schools to support their neurodivergent students, resulting in many having to draw on their operational budgets or fundraising to afford necessities such as teaching resources, in-class assistance, sensory accommodations, and screening or diagnosis for students.

Some schools have family members come into schools to support their child's learning, as the school cannot afford to employ a TA.

"Our school is funding two-thirds of our teacher aide budget through [our] operations grant, mostly spent on supporting akonga who are Neurodiverse [to] participate and engage in the classroom as they don't fit the narrow criteria for learning support funding." (Teacher)

Individual teachers are at times buying sensory supports or specialised resources for their students, and often create their own resources.

An additional concern of some parents revolved around the lack of accountability regarding the school's use of individual funding. As one explained, their school "lacks funding for teacher aides so our child's support was then 'spread out' for others as the need across the school was so high for those not meeting the criteria for ORS." However, a greater number of parents drew attention to this practice of 'spreading out' TAs to assist more children in the classroom as the only way their child could access help and were grateful to their schools for this flexibility.

The high threshold and limited criteria for support, particularly for ORS funding, means that many students who require support are missing out.

ORS and ICS funding was described as "bottom of the cliff support", only available to children with the most severe impairments, who had already proven that they would fail without support, and who display extreme externalising behaviours. Children with mild to moderate learning needs, particularly those without a diagnosis or without externalising behaviours, were seen as "falling through the gaps".

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Individual teachers are at times buying sensory supports or specialised resources for their students, and often create their own resources.

”

67.7% of parents reported their child had no access to state-funded support.

Indicators for whether or not a child met these thresholds were seen as largely based on the behaviours a child may exhibit when in crisis.

“Having been told first hand from Education Support “if the child is not flipping tables then we can’t really help you” I strongly believe these tamariki are being hugely let down.” (ECE)

“The lack of support financially makes supporting all learners very difficult. We have 3 students at our school currently that require 1-to-1 support (some have higher needs than the 5 ORS funded students we have) who have been declined for ICS and ORS funding.” (Teacher)

The majority of parent respondents indicated their neurodivergent child received little to no funding or support. 67.7% of parents reported their child had no access to state-funded support. They drew attention to masking as a factor in children not meeting thresholds, and described the devastating impact both on them and their children when support funding was deemed unnecessary.

“The ORS process is hideous, one of the worst application processes I have ever had to be involved in, demoralizing & stressful, then you get rejected for the most trivial reasons & have no opportunity to discuss face to face with anyone from the ORS verification team!!!! My child was rejected because they can ride a bike.....tell me what that has to do with the fact that they CANNOT read?????” (Parent)

Another parent whose child did not qualify for government-funded support and consequently was unable to attend school wrote:

“My child is high-masking and internalises distress so can appear quiet and compliant when in reality he is disassociating, paralysed, and unable to speak. Because of this, his needs and distress are not recognised, and he does not qualify for the support that a child with the same level of distress displayed as explosive behaviour would. After he hit crisis point at nine years old I sat in a room with three mental health professionals who acknowledged that despite coming from a loving and supportive family with many protective factors, he is at high risk of self-harm and taking his own life because of his particular neurodivergent profile.” (Parent)

In addition to the low likelihood of success, applying for government funding and funded services was described as a painful process, hard to navigate, and with many hoops to jump through.

Respondents struggled with large amounts of paperwork involved in every application. Poor attitudes and poor communication from Ministry of Education staff added to the load, making teachers feel dismissed and ignored while murky guidelines led to confusion and uncertainty. Respondents also pointed out the disjointed nature of Ministry of Education funded services as an aggravating factor, calling it a “fragmented and silo’d approach... no one really knows who does what, when or why” (Teacher).

Systems did not connect across schools and agencies did not communicate with each other so that “work started at one level doesn’t move fluidly to the next level” (Teacher). This enforced duplication or triplication of effort in applications for funded services, further complicating the system for teachers.

“The application process & “qualifying threshold” for teacher aide/ in class support is bureaucratic, invasive & ultimately hopeless - filling out endless forms (parent/teacher/medical or other specialist) only to be refused help & needing to start the whole process all over to access different forms of help or to try for a reassessment.” (Parent)

”

Respondents struggled with large amounts of paperwork involved in every application.

3.2.2. Issues with support availability and the quality of provision

The lack of ministry-funded in-class support was the most discussed consequence of the general lack of funding.

Respondents all drew attention to the necessity of working one-on-one with their neurodivergent learners in order to keep them and others safe, and to support their learning adequately. Having support staff available for this one-on-one interaction was mentioned most often as a helpful factor in supporting neurodivergent children.

Due to the discrepancy between ministry-funded hours for TAs or Education Support Workers (ESWs) and the actual hours children spent in ECE or class, schools and ECE saw themselves faced with three options: fundraise to pay for their own in-class support, tell parents they could only accommodate their child for brief periods of time (effectively excluding them from most school/ECE activities), or get educators to deal with increasingly diverse classes without the necessary support.

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Having support staff available for this one-on-one interaction was mentioned most often as a helpful factor in supporting neurodivergent children.

“Our centre currently has 3 Autistic children plus others who are neurodivergent in various ways. The autistic children need an adult with them at all times (due to eating objects, violence towards other children, climbing furniture, etc) which means there are only 2 teachers for the remaining 37 children. We currently get 1 hour of funding per day for 3 of the 4 days they attend. That is 3 hours each for the 28 hours a week that they actually attend.” (ECE)

If TA support could not be secured, teachers and students both suffered under the pressure created by this gap.

“Even students with the highest support needs do not have access to full time aides, which often means that they are not able to participate in school full time. This significantly impacts their equal access to education, which is their right This is particularly harmful to children who do not qualify for special schools but need accommodations or additional supports.” (Support service)

Even when funding was available for a TA, it can be difficult for schools and ECE centres to find and retain skilled staff to fill these roles.

Respondents attributed this shortfall to poor working conditions, lack of respect, lack of career development options, and low, irregular pay due to the stop-start nature of funding.

"The funding model for teacher aides makes it impossible to be a good employer as funding is so piecemeal. Nor can we ensure continuity of support for children who need it most." (Teacher)

There is high turnover among ESWs and TAs, making it difficult for schools and ECE centres to build expertise, and for children to build relationships. This lack of consistency in reliable adult figures further impacted student learning.

In some cases, the lack of permanence and limited training of TAs and ESWs led to the implementation of cookie-cutter advice rather than individualised support, and could manifest in a tendency for some TAs to take over too much of the child's work.

Respondents described cases of children becoming "velcroed" to a TA, creating a situations of learned helplessness instead of independence among some students. Some respondents also reported issues arising if neurodivergent students are primarily being taught by a TA rather than their classroom teacher as no specific qualifications are required to become a TA and many have received no or limited training in how to support neurodivergent students.

"the children with the highest needs are in the hands of people that are not trained in the areas that they need to be trained in" (ECE).

"We have untrained teacher aides in our schools delivering out of date programs for dyslexia. This is doing so much more harm." (Parent)

"Teacher Assistants need training. If they are good it is fantastic if they are not it is a disaster and can be profoundly damaging to a vulnerable child." (Parent)

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There is high turnover among ESWs and TAs, making it difficult for schools and ECE centres to build expertise, and for children to build relationships.

Accessing external services is challenged by high wait times, lack of specialists in some regions, and inadequate funding.

Wait times for applications to be processed and for Ministry-funded support to be provided were described as ridiculous across all respondent groups. In ECE, wait times ranged between 5 months and 2 years depending on the service required and the local area. Waiting was made even more onerous by the lack of communication from Ministry of Education during this time, which left whānau feeling anxious.



While some respondents had positive experiences of Ministry-funded specialist support, overall, there appears to be a substantial lack of funded services, specialists, and resources.

"It is absolutely unacceptable that a referral to MOE can take at least 6-9 months to be actioned, when we know that early intervention is so critical and in the meantime teachers are left to struggle along on their own." (ECE)

"assessments take a long time to happen - as an example, we've applied for a child's speech assessment 18 months ago and still haven't had any return." (ECE)

In schools, wait times appeared even longer with some teachers saying students had been waitlisted for up to 3 years.

"Students who are identified by teachers are having to wait 18-24 months to be assessed. In the meantime teachers are struggling to get the support they need to meet the needs of students in the classroom. Everyone suffers." (Support service)

Parents also described lengthy waitlists for services and specialists, or not being allowed onto a waitlist at all.

"we've been turned away from getting the necessary help because the school/specialist centres/counselling services' wait lists are so large that they are not taking any more names, and if help is available the wait time is so excessive." (Parent)

While some respondents had positive experiences of Ministry-funded specialist support, overall, there appears to be a substantial lack of funded services, specialists, and resources.

Some parents were happy with Ministry support, with one stating, "MOE Psychologist input for selective mutism has been invaluable. The professional support in helping implement and train teachers/staff to create an ideal environment is absolutely valued and helpful", and another, "the RTLB working with our 9 year old has taken a holistic approach, looking at our child's mental health and wellbeing first which has been helpful." However, the majority of respondents identified substantial limitations in funded specialist support, with ECE teachers perceiving themselves as particularly neglected compared to primary and secondary education. They often described the knock-on effects in the child's life as they progressed through the education system without a strong foundation in ECE:

"So many children have complex issues. Getting support early in education could eliminate escalating difficulties of the future. ECE is so much the poor relation to [school-level] education. (ECE)

Funding for specialised learning resources was frequently described as non-existent, which meant that teachers had to hand-make or source them in their own time, often using their own money. Some parents reported that their dyslexic children had "never had access to Dyslexia friendly reading material at school". As a result, they saw themselves forced to provide their children's "resources for maths and literacy (has cost me thousands)." A teacher wrote:

"I am watching the neurodiverse students in my class currently failing because I do not have the resources to cater for them. I am a teacher of 30 years - and it is still so difficult!"

Many respondents commented on chronic understaffing within the Ministry of Education and specialists with unmanageable caseloads.

Some respondents suspected that the stress caused by understaffing had led to high turnover, which further hindered effective delivery of services and support.

"The range and often changing staff at a system level is very counter-productive to gaining traction, consistent support and effectively meeting the needs of the children who need it most. Sometimes in a funding cycle(s) of a child who qualifies there will be 3-4 different staffing changes at the system level - each time you meet with that new person precious time is soaked up bringing people up to speed and establishing new relationships." (Teacher)

"We have one ASD coordinator for an incredibly large area and when they are absent there is no cover. That is a huge responsibility for one person and must put immense pressure on them. There are too many single-points of failure." (Parent)

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Some parents reported that their dyslexic children had “never had access to Dyslexia friendly reading material at school”.



Respondents wished for earlier screening and easier, more consistent access to at least partially funded diagnostic services, preferably school-based, and more awareness of atypical presentations of neurodivergence, particularly in girls.

Funded support through outside agencies, specialists, and therapists was described as lacking on all levels.

The services particularly mentioned were: Speech Language Therapists and Educational Psychologists (with some respondents not having had access to either for 2+ years); Early Intervention Teachers; Child Psychologists; Occupational Therapists; Physiotherapists; Counsellors; and RTLB.

"Currently we do not have an Ed Psych available in our area and therefore no referrals made are being tended to. Prior to the referral being assigned we will often get an email to see if the service is still required. The answer is always yes." (Teacher)

"Accessing occupational therapy support and putting strategies in place is near to impossible. There is a distinct lack of resourcing from a therapies point of view which leave the vast majority of adaptations to be left to the class teacher which is quite frankly, an impossible task. They cannot possibly be expected to be expert teachers and therapists without any input from appropriate specialist support services." (Support Service)

"As an LSC it is hard to do the 'coordinate' part of my job when there are no agencies available to coordinate/access to support our students." (LSC)

The process for screening, diagnosis, and assessment of students was described as too long and difficult, preventing the initiation of specialised support during a crucial time in a child's life.

Respondents wished for earlier screening and easier, more consistent access to at least partially funded diagnostic services, preferably school-based, and more awareness of atypical presentations of neurodivergence, particularly in girls.

"In NZ we cannot refer tamariki until they are 3 years old yet it can be evident, especially to experienced teachers when a child requires intervention from two." (ECE)

"The system does not recognise signs of SLD early, assess needs or provide intervention. It is alarming to continue to have children with undiagnosed dyslexia/dyscalculia/other SLD entering secondary school several years behind their peers. As a maths teacher, I have tried to refer students for dyscalculia testing, only to be told there is no testing that can be done. I know that to be untrue." (Teacher)

Issues surrounding assessment and diagnosis are exacerbated by the Ministry of Education's decision that their Education Psychologists no longer to undertake assessment and diagnosis of children as part of their roles. As a result, it is incredibly challenging to get assessments for particular conditions in the public sector. As one Educational Psychologist reported:

"The collaborative, ecological, non-diagnostic model currently used by the MoE comes from a belief that if we had sufficient support we would not need to "label" or diagnose on tamariki and that this is more culturally appropriate in Aotearoa. Unfortunately, in reality, this leads to a lack of understanding both for the student's own identity and the people working across the student's environments and the ability to sometimes apply targeted support. We now have a cohort of practitioners who only know and work in this ecological model and therefore are fiercely protective of dismissing anything that resembles standardised testing, which is required for a neurodivergent diagnosis." (Support Service)

Even when Ministry of Education specialist services are available, they can be insufficient or their advice and support inappropriate.

Examples included specialists visiting too infrequently, observing for 30 minutes to an hour, and then coming up with unrealistic plans that would require 1:1 ratios, or only offering generic recommendations not tailored to the child, many of which teachers had already tried. Some respondents claimed that the adoption of the ecological model has gone too far, resulting in consultation and conversations but not the level of action or specific support that teachers, parents or children require.

"The Ministry has adopted a consultative model which is so diluted that it feels like children and families even with significant diagnoses are receiving nothing. Specialists coming from the Ministry now don't seem to even know how to interact and model strategies with children, and strategies are generic and not individualized." (ECE)

"Bless the RTLB people, but in all honesty, every time I had one visit to support a diagnosed learner I could practically mouth along with them the strategies they would suggest, it was always the same, it was never related to the learner. ... Now I have seen great work from RTLBs around other types of behaviour, but honestly the ND support seems pretty cookie cutter." (Teacher)

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Some respondents claimed that the adoption of the ecological model has gone too far, resulting in consultation and conversations but not the level of action or specific support that teachers, parents or children require.



Even if their children theoretically met funding thresholds, some parents did not know who to approach or how to access funding. Families have to be proactive, savvy, and resourceful, and they have to have the time to pursue support for their child.

"The absolutely ineffective MOE support services around SLT and OT. So much wasted time and money. The staff do not know our children, spend too much time observing, consulting, getting advice from teachers and carers (who are not experts in Speech Language therapy and actually want guidance), writing up notes, and not actually even working with the children in question to at least demonstrate strategies." (Parent)

For parents, public support was wholly insufficient, often leaving them on their own to deal with feelings of hopelessness and despair.

Parents described the opaque referral systems, which seemed designed to obfuscate and confuse rather than support. They further described not knowing who to turn to for support or how to find out what was available. Teachers also observed "children and families left to sink or swim" (ECE) and having to pick up the pieces as the only points of contact to guide parents in navigating the system.

"I am both a Kaiako and a parent. I work within my daughter's school so that I can support her when she needs it. My partner is a university lecturer in health sciences. We have the vocabulary of both health and education, yet we struggle to negotiate this system and get support for our daughter... If we cannot navigate this, I don't know how anyone manages to access support." (Parent)

"The experience as a parent has been depressing, isolating, exhausting, and relentless. Everything has been a fight, and it feels like any progress with my child occurs despite the system rather than because of it." (Parent)

Inequities in ability and opportunity to access support exist across the system.

Even if their children theoretically met funding thresholds, some parents did not know who to approach or how to access funding. Families have to be proactive, savvy, and resourceful, and they have to have the time to pursue support for their child. If children do not meet the threshold for government funding, then only certain groups are able to afford private diagnosis, therapy, specialist tutoring, or enrolment in private schools. This leads to systemic inequities where often only the children of wealthy, educated, and well-connected parents could access diagnosis and support.

"parents in disadvantaged communities may not know their child needs additional support, thus don't ask or agitate for it. They often cannot be effective advocates for their children as the system has accepted they come from disadvantage and thus will have more difficulties. It is not right that we accept lower levels of achievement and thus lower future potential. They also can't afford private services. Dyslexia is a rich person's diagnosis. There are almost no children in schools in disadvantage communities that have a diagnosis of dyslexia, dyspraxia, DCD etc." (Support service)

"This should not be a lottery where the winners are those lucky enough to have parents able to pay for testing, support, tutoring etc." (Teacher)

Parent respondents who were able to afford private support and/or had the resources to agitate for funding and school support often drew attention to their privilege, highlighting the plight of families whose children were not so lucky.

"Tamariki without the resources my child gets, due to my access to intergenerational wealth, who contend with both socioeconomic poverty and learning disability is tragic and we should be ashamed we let this continue in our society." (Parent)

"We got him privately assessed through SPELD ... We are also lucky that I could stop working on Wednesday mornings so that I can get him to tutoring and back and can pick him up from school most days and do homework with him." (Parent)

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3.2.3. Issues with ratios and school environments

Adult to child ratios in school classes and in ECE were described as unfeasible and ridiculous, across all respondent groups.



Teachers noted increasing stress levels and feelings of inadequacy as a result of being aware of this situation while not being able to change it, and some saw it as a factor in burnout.

Current minimum ratios do not allow teachers to engage efficiently with all students, and if there is more than one neurodivergent student in a class or centre – which often is the case – differentiation becomes impossible and neurodivergent students are left on their own unless distressed. Teachers noted increasing stress levels and feelings of inadequacy as a result of being aware of this situation while not being able to change it, and some saw it as a factor in burnout.

“The ratio remains 1 to 10 regardless of the needs of the tamariki. In a roll of 30, if 1 kaiako is doing nappies, 1 engaged with a neuro diverse child, that leaves 1 kaiako to supervise/support/engage with 28 tamariki, assuming these tamariki are not also neurodiverse and needing more kaiako support. So what tends to happen is the neurodiverse child doesn't get the support/interaction she needs.” (ECE)

“I teach at Intermediate and have 29 [students in my class], 6 are neuro divergent, 2 trauma, 3 low academic, no TA support” (Teacher)

More realistic ratios, taking into account the number of neurodivergent children within each class or group, were seen as an essential step towards better inclusion:

“When my child had the chance to work with just 18 kids in his hub due to a trip his teacher noted it was like having whole new kid in class he was so engaged and able to work” (Parent)

Most respondents felt that current school and ECE environments cannot meet neurodivergent students' sensory needs, describing spaces as inaccessible, non-inclusive, exclusionary, or even hostile, with MLES, ILES, and open pod learning particularly singled out as being problematic.

The most mentioned factors in sensory inaccessibility were large, busy, crowded, noisy, brightly lit teaching spaces, which were seen as overstimulating and overwhelming. Other physical factors contributing to inaccessibility include poor building acoustics, loud bells, and smells. Some student respondents said they avoided school because it was too loud, or that they had to be home-schooled for part of the week to be able to cope.

In primary and secondary schools, MLEs were almost universally condemned as harmful, including to the teachers themselves. Teachers called MLEs “diabolical”, “torture”, “a joke”, and “a nightmare”, due to competing auditory inputs from teachers talking at the same time, different groups in the same space watching videos, and large numbers of students talking or even just whispering among each other. MLEs were seen as particularly damaging if there were not enough breakout areas provided for quiet learning, an issue for many respondents where school rolls had grown to the point that breakout areas had to be absorbed into general teaching spaces.

“Almost all paediatricians, psychologists, occupational therapists, audiologists, and speech therapists in a recent Auckland-wide poll re ILES identified concerns about ILES. Often it is the ‘child that has the problem’ rather than a response to being in an appropriate environment. If schools, teaching, classrooms and environments were designed with consideration of the 5-10% of children with the most needs/differences, I am sure it would work well for all.” (Teacher)

In ECE, sensory triggers were to some extent also ascribed to the natural noise levels produced by a group of young children. However, many ECE respondents drew attention to the lack of funding for ECE combined with less regulated licencing, which had prompted centres to grow larger in order to sustain profit. Some ECE teachers pointed out that group sizes had grown to the point where *all* children were struggling to cope, not only those with sensory sensitivities.

The Learning Support Action Plan appears to have had very limited impact on the experiences of most neurodivergent students to date.

Only 13% of respondents answered the survey question on whether they had noticed any changes following the rollout of the first tranche of the LSAP in 2019/2020, with most stating they had not noticed any changes or that they had never heard of it. Only 3% stated that the introduction of the LSAP made a difference.

The positives that were mentioned include help with the upskilling teachers, improved awareness of neurodiversity, and improved communication and information-sharing across the school. As a result, a more consistent approach to supporting neurodivergent students was identified. Some respondents also mentioned that the LSC role had facilitated improved access and easier referrals to external agencies and better transitions between schools.

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The positives that were mentioned include help with the upskilling teachers, improved awareness of neurodiversity, and improved communication and information-sharing across the school.



Many participants stated that they are not aware that the LSAP had been implemented or what it is meant to do, and that, if anything, support for neurodivergent learners had decreased since 2019/2020.

Many participants stated that they are not aware that the LSAP had been implemented or what it is meant to do, and that, if anything, support for neurodivergent learners had decreased since 2019/2020. As one teacher explained:

"The Learning Support Action Plan is not well understood by schools. If you ask teachers they have never heard of it. Some SENCO's and LSCs have engaged but it is sporadic. No other agency engages with it." (Teacher)

Specific negatives about the LSAP revolved around the lack of equity due to rollout only to a minority of schools and a lack of knowledge, training, or experience of some LSCs.

"Has the learning support action plan helped? No. Actually worse BUT only because the person allocated to be the learning support coordinator for the school is absolutely ignorant and useless. She means well...but is the wrong person for the job. If she was a different person it could be better." (Parent)

Some respondents commented that LSCs are being used to support the unmet needs of 'severe' students instead of neurodivergent students as intended, while others suggested it just added another layer of bureaucracy, putting more pressure on teachers who were meant to implement the LSC's recommendations without resourcing or support.

"The money has been spent in bureaucracy rather than at ground level - it hasn't reached the majority of the students who need it. The screening tools that were meant to be provided have not been delivered, nor have the flexible supports." (Teacher)

3.3 Schools and Early Childhood Centres

Many of the issues and challenges identified here as school-level factors are systemic in nature and tied to policy settings and funding. It is also important to note that there are examples of teachers, early childhood centres, and schools that are having a positive impact on neurodivergent students. However, substantial progress is still needed to ensure that all neurodivergent young people receive the support that they need to thrive in their education and beyond.

3.3.1. Teacher knowledge, understanding, behaviour, and biases

There is growing awareness and acceptance of neurodiversity; however, comprehensive knowledge of neurodivergence was not the default among educators. The majority of respondents identified the lack of educator knowledge about neurodivergence as a substantial problem.

There appeared to be extensive knowledge gaps across sectors regarding all aspects of neurodivergence; from basic knowledge of which disabilities are funded, to recognising and understanding common traits of neurodivergent children, to supporting students through differentiation and accommodations.

"More than anything else, lack of teacher knowledge, both theoretical and practical, at every level from beginning teachers to management. Our failure as a country to address this issue means schools are not at all well prepared for these children and in some cases are strongly resistant to acknowledging them." (Support Service)

"Lack of knowledge from teachers is astounding. They really do not know nor have they been trained to teach and behaviourally manage neurodivergent students." (Teacher)

Student respondents were particularly attuned to the substantial gaps in some teachers' knowledge of neurodivergence:

"The most pressing issue, I would say, is the lack of teacher understanding. Most teachers do not have sufficient training in properly catering to education-difficulty disorders/neurotypes. It doesn't matter in the end whether the teachers mean well if they don't get what other people are going through." (Student)



Student respondents were particularly attuned to the substantial gaps in some teachers' knowledge of neurodivergence.

The impact of this lack of knowledge was described by many students.

"I can't count how many times I've been told I was dumb or ignored because the teacher didn't know, understand or want to know my disability. Sometimes teachers would rather flunk me out by denying me my exams support and blaming me for what had happened." (Student)

Parents also identified lack of educator knowledge as a major issue.

"the school have said they cannot teach maths to my daughter. They do not have the knowledge to help her. It was suggested she spend her four maths lessons a week going off somewhere on her own to consolidate her other learning." (Parent)

Some parents felt forced to provide training to their child's teacher themselves, or to pay for tutors who had the relevant skills and knowledge.

"we have done a lot of educating so that they can understand & support our child appropriately. We have suggested alternative lesson plans & how to adapt the curriculum to suit our child's learning abilities, but this shouldn't need to come from us as parents." (Parent)

There seem to be educators who do not believe in neurodiversity or that specific conditions actually exist.

"We still have teachers who don't believe in various ND. There are more of them than people can even begin to imagine! Or they try to temper it with, oh we are all a little bit autistic - taking the continuum thing too far. This is how they give themselves permission for doing nothing to support learners with ND, because if we are all a bit like that, then most of us are fine so they just need to try harder." (Teacher)

Many teachers are keenly aware of the gap between their desire to support neurodivergent students and their ability to do so, but there is a lack of professional development opportunities.

"It is so demoralizing as a qualified teacher with 20 plus years of experience that I genuinely don't know the best way to support a child" (Teacher)

Respondents mentioned that the professional development available is often not specific enough to be useful, too expensive to afford without extra funding, or only available in large cities meaning rural ECE centres and schools struggle to access it. In addition, few teachers were given release time to attend professional development, reducing the likelihood of them being able to attend when already stretched to capacity with classroom work.



Many teachers are keenly aware of the gap between their desire to support neurodivergent students and their ability to do so, but there is a lack of professional development opportunities.

Many recent graduates have limited understanding of neurodiversity due to a lack of focus on neurodivergence in initial teacher education.

This appears to be an issue with both early childhood and school-level initial teacher education programmes and with providers across the country.

"teachers that have graduated in recent times are not coming with an understanding of how to support neurodivergent children. The providers are not delivering this topic as a course requirement." (ECE)

"In mainstream classrooms teachers are not trained to support the education of neurodivergent students. The teacher training program both secondary and primary does not give enough weight to educating teachers about these students..” (Teacher)

Teacher behaviour and attitudes towards neurodivergent students are instrumental to the success of school inclusion for neurodivergent students, and appear to be strongly connected to a teacher's personality, interpersonal style, and familiarity with neurodivergence.

While leaders are instrumental in developing a school-wide culture towards neurodiversity, individual teachers have a substantial impact on students.

"The most powerful, positive impacting factor that I have noticed is a teacher's belief that the student can learn and wants to do well, and the belief that the teacher has in themselves and that the things that they do will make a difference." (Support Service)

The single behaviour that was mentioned most often was getting to know "each child as an individual: their strengths, interests, triggers, sensitivities, and preferred means of self-regulating" (ECE) – getting to know the whole child.

Student survey respondents unequivocally emphasised the importance of teachers actively listening to them and seeking their input:

"Please pay proper attention to the neurodivergent people themselves. Do not ever presume to know what we want or need. We can speak for ourselves. The job of the neurotypical public is to listen to us wherever possible and follow what we need, not what other people want us to need. Do not censor us. Do not remove us. Do not pretend we are incapable of knowing what we need." (Student)

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While leaders are instrumental in developing a school-wide culture towards neurodiversity, individual teachers have a substantial impact on students.

A punitive approach to discipline, which appears to occur in many schools, was the most commonly mentioned negative staff behaviour.

"staff push me away using only negative reinforcement and they talk as if it's a good thing. I don't care what they think anymore, they refuse to help even when I tell them I'm struggling and falling behind, they just say "a detention will fix that" and then you're forced to write their silly code of conduct for an hour instead of even getting any support. They seem to want kids to fail."
(Student)

"The punitive manipulative reward and punishment based school system is cruel and exploitative. The common practice of a child having their morning tea and/or lunch break taken away as punishment for non-compliance is absolutely abhorrent, draconian and counter intuitive as it is during breaks that our most vulnerable and sensitive students can hopefully reset their mindsets and regulate their emotions through movement and freedom from adult expectations." (Support Service)

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The delay in support for students that resulted from this behaviour could cause anxiety and widen the achievement gap until it became insurmountable.

Other damaging attitudes and behaviours included being close-minded, rigid, and biased in behaviours. There were many mentions of "old-school" ways of being, which were considered lacking in empathy, uncaring, judgemental, and authoritarian, often focusing only on negative behaviours and shaming students. There were also reports of staff who were lazy, abdicating responsibility and lacking understanding.

Some teachers do not report on students' progress honestly until it is too late, downplaying difficulties and trying to be falsely reassuring.

"Telling parents everything is fantastic then giving failing report at the end of the year" (Parent)

The delay in support for students that resulted from this behaviour could cause anxiety and widen the achievement gap until it became insurmountable.

"A lot of people just want to take a wait-and-see approach even though we know early intervention provides a successful outcome for our children."
(Parent)

The impact of waiting not only impacted students' academic achievement, it also often affected their self-esteem and self-efficacy.

*"Waiting to fail and once the kid has reached that point years have been wasted, [and the] kid is so behind and their self-esteem is rock bottom."
(Parent)*

Strong, positive relationships between teachers and neurodivergent students play a critical role in a successful educational experience, however, there were many examples of this not happening.

*"I can't emphasise the importance of relationships enough. No amount of strategies / TA support / private therapy will make any difference if the child thinks the teacher doesn't like them. I've seen children who have been described as 'extremely challenging/difficult' completely change when moved into a classroom with an empathetic/well-supported teacher (supported to invest time into the relationship). The teacher needs to be supported by management to have a relationships-based approach."
(Support Service)*

A student respondent said that, at their school, "Some teachers relate to students on a personal level but that is a rare occasion" – poor relationships were more common in their experience. These poor relationships could have a negative effect on learning.

While the reasons for limited relationship building were not apparent in our data, there were some suggestions that it was the result of high teacher workload.

"I am still seeing an over reliance on 'positive' behaviour systems such as sticker charts, over relationship building between teachers and students. I don't think teachers have the time required to bond well enough with children that the relationship is reliable enough to support their best communication and behaviour, because they are overworked" (Parent)

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While the reasons for limited relationship building were not apparent in our data, there were some suggestions that it was the result of high teacher workload.

3.3.2. The importance of leadership, school policies and school culture

Poor leadership was most commonly associated with punitive approaches to behaviour management, exclusionary practices, lack of effort in supporting neurodivergent learners, and a lack of support for staff to attend PD on neurodiversity.

Respondents described belligerence, ignorance, lack of empathy, complacency, and laziness in their leaders, for example “when management place all responsibility on staff who are not given the authority to make changes” (Support Service).



Respondents described belligerence, ignorance, lack of empathy, complacency, and laziness in their leaders.

“Too many schools have exclusionary attitudes. Family given ‘reasons’ from schools why their school is not the right place for the child, unwillingness to adapt kaupapa and curriculum to meet learning and development needs.” (Support Service)

“A principal who lacks any empathy towards neuro-diverse students. A principal who doesn’t want to employ TA’s, gives them minimum hours, little training, no prep time etc.” (Support Service)

“too many school leaders are content with success for the majority and accept a level of ‘co-lateral damage’ that is simply unacceptable.” (Support Service)

“the school told me they were unwilling to have a LSC at the school as they don’t welcome outsiders ‘interfering in school business’. The school have been unwilling to discuss what experience or qualifications the SENCO has but this is the person ‘assessing’ our children to decide who needs the support.” (Parent)

Effective leaders who had knowledge of neurodivergence and positive practices for supporting neurodivergent students and staff made a substantial difference.

In particular, several parents noted a distinct change in how their child was supported by the same school after a change in leadership.

"Our daughter's first year at school was terrible with a huge lack of support provided despite numerous meetings with the principal, SENCO and teachers. After a change in principal we found instant support and the new principal engaged RTLB which has been amazing." (Parent)

"We have been very lucky to live near a school that is sensitive to the needs of neurodiverse kids and their parents. However we recognize this is because of the leaders in the school, not the education system. Even before the diagnosis the team were willing to support our son's transition to new class and teacher with additional visits and a book about his new teacher and classroom." (Parent)

Poor leadership also has a negative impact on teachers, with teachers who want to authentically include neurodivergent students in the classroom having to do all associated work in their own time, leading to exhaustion and burnout.

"Most of the role is completed in the evenings and weekends - this is not sustainable." (SENCO)

This unpaid work included planning individualised lessons for neurodivergent students, modifying in-class activities and creating resources to suit the needs of the students, having meetings with RTLB, SENCO, ORS, and Team leaders, getting to know and supporting whānau, completing funding applications, processing and integrating large amounts of information sent via email by support organisations, and upskilling in PLD.

"Non-contact [time] is very limited even in my role as head Kaiako. Trying to juggle managing a centre, profiles, and working with tamariki with diverse needs as well as all our tamariki is a challenge" (ECE)

"I always feel like I'm failing to help them meet their potential as I don't have the resources, class sizes are too big & then I also feel like I'm failing my neurotypical children too. This year alone, I've been supporting two lots of parents with getting diagnoses which involves multiple after school meeting, emails & phone calls. Then each child I have spent well over 5hrs each writing reports for paediatricians & psychologists... All in my own time." (Teacher).



Poor leadership also has a negative impact on teachers, with teachers who want to authentically include neurodivergent students in the classroom having to do all associated work in their own time



Schools with a truly inclusive kaupapa actively encouraged peer acceptance and helped “develop empathy and resilience”

Positive peer relationships were the hallmark of a school culture in which respondents felt that neurodivergent students could thrive.

Some respondents stated that positive peer interactions tended to happen naturally, as “many children have great empathy and manage their interactions with others at an appropriate level” (ECE). Most noted, however, that positive peer interactions had to be scaffolded in both directions – supporting neurodivergent children in learning and understanding neurotypical social skills and supporting neurotypical children “on how best to engage with their neurodiverse peers” (ECE).

Schools with a truly inclusive kaupapa actively encouraged peer acceptance and helped “develop empathy and resilience (both typical and neurodivergent students)” (Teacher). Educators taught their neurotypical students “what neurodivergence means, normalising difference”. They told them that neurodivergent students’ brains worked differently and that they may act in different but no less valid ways, which needed to be not only accepted but embraced.

However, there were a number of respondents who mentioned bullying was a particular issue for neurodivergent students.

“There’s still a lot of stigma and bullying of ND students because people are not aware of the different conditions and how they present” (Teacher)

In some cases, the actions of a teacher or other staff member contributed to a child being stigmatised.

“he was teased badly for being called out in front of class to get extra reading, and was told he was dumb by students.” (Parent)

Rigid curricula, timetables, assessments, and the general standardisation of processes in early childhood centres and schools were universally condemned by respondents.

In ECE environments, rigid systems primarily included enforced mat times and strict, timed routines, as well as other one-size-fits-all rules that did not make allowances for neurodivergent children. This kind of standardisation appeared to have become more prevalent over time. One ECE teacher observed that, over the course of their career, they had seen a “marked change from the child-led ‘seize the teachable moment’ approach to a more teacher led ‘plan for the group’ approach where the needs of individual children are less important.”

Student respondents drew attention to the negative impact of rigid expectations that demanded, for example, full-time attendance, participation in assemblies, the use of group projects, limited breaks and only at prescribed times, strict adherence to rules, and handing in multiple assessments in a short timeframe. Even school systems for cyber safety can be an issue, as firewalls can block access to assistive software like Grammarly.

"the system is designed for one specific type of person, I don't ever feel supported, understood" (Student)

"Having to ask to leave the classroom. At my last school I would go a full day without going to the bathroom because I was very anxious about asking in front of my peers." (Student)

"I hate sitting down for too long. I hate sitting on the mat. I hate that we have to do this. I am scared that the other children will laugh at me and be mean to me because they have seen me meltdown and they won't forget that. They will be mean. Stop trying to make me act all the time. I have to try to act like the others and it makes me tired." (Student)

For some respondents, the rigidity of curricula, pedagogies, and structures within a school could also lead to an "emphasis on the deficit in skills rather than appreciation and utilisation of areas a neurodiverse child excels in" (Parent). Children in those schools often built a negative self-image, which parents felt did not reflect their true nature.

"My child misses out on the reward fun time EVERY WEEK (bar one) because he takes longer to do his must do's and doesn't get them done in the given time. He is starting believe he is dumb. He is not. The one week he got the reward time was when the teacher focused instead on rewarding the kids for being a good person (tidying up, helping others). My boy earned and then shared them among his classmates who didn't get any. I was told that by another parent, no acknowledgement from the teacher. Just that he is behind in his writing." (Parent)

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Student respondents drew attention to the negative impact of rigid expectations

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Worryingly, several respondents drew attention to the fact that their students were not being considered for special assessment conditions, despite existing diagnoses of neurodivergence, which impact their ability to complete certain assessment tasks.

Parents, teachers, and support service professionals also identified the rigid application of rules and structures as a major factor interfering with the achievement and wellbeing of neurodivergent students.

Rigidity was most often seen in curriculum demands and the criteria for assignments and assessments, which forced neurodivergent students to prove their learning in a modality of expression that often did not meet their needs. For example, a parent noted that the “current senior school system is too rigid to support ND children who have skills but the written, learning style needs are so different to what NCEA expects”.

“What doesn't work is when my child is forced to work in a particular way - such as having to copy material from the board and his dysgraphia makes this a very difficult and stressful task and could be avoided.” (Parent)

“Insisting the child ‘keep up’ and demonstrate learning in the same way as other neuro typical children (handwritten for example, silent reading)” (Parent)

Worryingly, several respondents drew attention to the fact that their students were not being considered for special assessment conditions, despite existing diagnoses of neurodivergence, which impact their ability to complete certain assessment tasks.

In addition, at some schools, accommodations for neurodivergent students are being arbitrarily denied or discouraged.

For example, students not being allowed to wear their noise-cancelling headphones or to use noiseless fidgets in class, or being forced to remain in overwhelming situations. In some situations students are being prevented from using assistive technology, which had been provided by the Ministry of Education:

“He was not allowed to use talk to text or have teacher aide support during written assessments, (despite it being an agreed accommodation for him). So he made no progress in 14 months at school.” (Parent)

“At Intermediate, teachers were adamant that it was more important to ensure that surface features of writing were strong, so disallowed use of MOE funded laptop in literacy times.” (Parent)

Positive student outcomes were more common when schools viewed learning as a partnership involving families, whānau, and support services. However, such collaborative relationships are not yet universal.

Input from and collaboration with whānau could strengthen strategies and make them more relevant, supporting “the child’s identity, the culture, language and the aspirations of the family for the child” (ECE). Maintaining these relationships often requires daily or weekly check-ins and “informal coffee meets” (Teacher) as well as “regular in-depth discussions and updates with the whānau to make sure we are all on the same page” (ECE).

“Involving families and supporting teachers to talk to families and learn from them about what they do at home to support students is invaluable. Not only do the parents feel included but their expertise is recognised. Teachers always walk away from these meetings learning something new about how to support the child.” (Support Service)

Respondents attribute a lack of collaboration in part to the absence of coherent systems for information-sharing within their schools and wished for easy access to a register of written profiles on neurodivergent students.

TAs, in particular, often appear to be excluded from information gathering or sharing. Some TAs were not given even basic information about their new student’s needs. Given TAs’ close involvement with students, respondents felt that cutting them out of the loop represented a missed opportunity for everyone.

“TAs have the most first-hand knowledge of students but there are no meetings or places to feed back.” (Teacher)

Parents also often felt out of the loop, as discussed earlier, due to a lack of good systems for information-sharing.

“Once my son got to high school I really had no idea who to talk to and how to get information out to all his teachers. I still don’t know this. I can communicate something to one staff member and I have no confidence that the others will hear. As a parent of a neurodiverse child it’s so hard to keep up with everything that needs to be done. I would like communicating with high school to be simple. Clear pathways would be good. Not getting messages through to all the teachers resulted ultimately in my child dropping out of school and a long and expensive process to re-integrate.” (Parent)

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Some TAs were not given even basic information about their new student’s needs. Given TAs’ close involvement with students, respondents felt that cutting them out of the loop represented a missed opportunity for everyone.

The successful implementation of collaboration systems appeared to depend partly on the efficacy of SENCOs or LSCs.

Competent, fully released SENCOs or LSCs were instrumental in connecting teachers with agencies and building relationships, sharing information, identifying students in need of support, and creating collaborative action plans.

"The SENCO provides us with easy access to general and specific information via the school intranet and just by being approachable"
(Teacher)

However, optimal SENCO support was rare, with many schools lacking the funding to provide enough release time for this role.

SENCO are particularly feeling the strain given the growing number of neurodivergent students requiring support in schools.

"I have been doing the SENCO role for 4 years and I have never experienced the level of need we have in 2023. Every day I feel hopeless, frustrated and helpless to support the students, their whānau and our teachers. The role is all-consuming and a very heavy load to carry each day. We are already doing all we can with all we have and it feels nowhere near enough."
(SENCO)

Many SENCOs have to split their time between several different roles and this could lead them to not being as proactive as they or others would like and could prevent them in investing in upskilling. As a result, some SENCO did not have the necessary knowledge, passion, or time to support teachers and build knowledge sharing systems. Some SENCOs appeared to be actively working against the purpose of their role.

"Even after diagnosis and providing the report to the school SENCO, we have had no input from the SENCO since her responding to the email I sent through with the report. Her response was a 1 page list of links to some websites. There has been no follow up / help since that email back in May 2022." (Parent)

"had a SENCO (2020) more or less say they didn't believe in the diagnosis and refuse OT classroom assessment." (Parent)



SENCO are particularly feeling the strain given the growing number of neurodivergent students requiring support in schools.

The use and implementation of Individual Education Plans (IEP) is highly variable across schools, with many examples of schools not offering IEPs or not implementing them.

"My daughter's school does not want to write an IEP for her. It seems that schools are reluctant to write IEPs for students that are not ORS funded - this is unfortunate, since many, if not most students would benefit from an IEP. This appears to be a workload issue - there is usually only one person in each school who is responsible for writing IEPs, and clearly this area of providing support needs funding." (Parent)

"My child's IEP disappeared sometime between primary school and high school with no consultation." (Parent)

"I feel processes eg IEP are lip service but actually don't get followed through" (Parent)

"School is a hard place where his IEP seems like tokenism." (Parent)

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The use and implementation of Individual Education Plans (IEP) is highly variable across schools, with many examples of schools not offering IEPs or not implementing them.

PART 4

What needs to happen

There is overarching agreement that the current system is not only not fit for purpose but in many cases is doing active, long-term harm to neurodivergent young people. For many respondents, while there are immediate changes that would improve the current situation, what they want is a complete overhaul of the education system. As one respondent wrote,

"if we were designing an education system from scratch today, not only for neurodivergent students but for any and all children, I do not believe that it would look like it currently does. We have spent too long tinkering around the edges. What is needed now is a completely new system, that looks not only at education but also how education intersects with related sectors, for instance health. Until we do this, we are short-changing our children and perpetuating inequities, stigma and challenges." (Parent)

New Zealand needs a coherent, systematic, and systemic response to supporting neurodivergent children and young people. The response must bridge education and health (and other related sectors and services), ensure that actions, policies and decisions are informed by robust, up-to-date evidence. It must bring together everyone who is impacted by and involved in the system: parents and whānau; teachers and schools, including specialist staff within school; support services; the Ministry of Education; and most importantly, neurodivergent children and young people. Increasingly, early childhood centres and schools are being positioned as the sites of intervention for a wide range of needs and issues including public health, mental health, social services, education, and educational intervention. While early childhood centres and schools have the potential to play a significant role as a community and societal hub, it is essential that they are fully resourced for this. The challenges outlined in this report cannot be solved by simply adding more responsibilities onto schools.

This final section of the report draws on the responses provided by our survey participants to identify seven key areas where improvement is greatly and immediately needed. These mirror the ideas raised in the previous section, and to avoid duplication, we have kept this section succinct. We have also included some quotes throughout, as there is nothing quite as powerful as hearing from those directly affected by the current situation.

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New Zealand needs a coherent, systematic, and systemic response to supporting neurodivergent children and young people.

4.1 Funding: priorities, thresholds, and processes

Almost all respondents called for more funding across the education sector, enabling better pay for teachers and trained support staff, allowing more investment in special education and in lower socio-economic areas, and affording better access to funded specialist services and supports.

In addition, they want the increased funding to be distributed more fairly, based upon the number of neurodivergent students at the school, not on the overall school roll, and they want the funding to follow the child during transitions rather than requiring new applications.

Funding thresholds need to be re-evaluated to accommodate more students, in particular removing the need to fail before becoming eligible, and to continue failing in order to remain eligible. Participants suggested that there should be a needs-based system uncoupled from diagnostic status and externalising behaviours.

Respondents want clearer referral pathways and an “easy to follow and accessible system” (ECE). They also suggest that “funding should go with the child for their educational journey. Staffing should be less siloed” (Teacher), and asked the Ministry of Education to “give us the resources directly, we can decide best how to use them. We don't need to jump through hoops with 15 different people at ministry level”. Finally, they want “one set place you refer to for EVERYTHING and then it is streamed to the right service rather than applying multiple times and being bumped from place to place” (Teacher).

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Participants suggested that there should be a needs-based system uncoupled from diagnostic status and externalising behaviours.

4.2 Resources, interventions, and specialist services

Having timely access to funded external support and resources, and in particular specialists and therapists, was identified as one of the most helpful things to enable inclusion, and an area where the most respondents felt improvements could make a big difference.

“Money needs to be put into learning support, to ensure there are enough frontline specialist staff (e.g. psychologists, speech language therapists) who are paid well enough to work in the public sector.” (Teacher)

Respondents wish for resources and services to be to be school-based, or shared in a hub between several smaller schools, for ease of access (by phone or in person) and to enable more consistent relationship-building. Others suggest that rather than relying on a small number of specialists funded directly by the government, schools should be able to access funding for specialists and use it to engage specialists of their choice. Parents of dyslexic children specifically asked for SPELD tutors (or other trained specialists) to “be in every school, and paid for by the ministry so that every child that struggles to fit into the ‘normal’ school system has a chance of learning in the way their brain works”. As one teacher remarked:

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There is an urgent need for evidence-informed interventions and specialised resources to be funded and made available in all schools.

“If every school had reasonable access to an OT, SLT, RTLB - learning, RTLB - behaviour, educational psychologist, RTLit, RTD (for schools that needed it), counsellor and possibly some other specialists I’ve forgotten about then our neurodivergent students and their teachers would have a vastly different experience of the school and education system.” (Teacher)

A critical component of this must include funding and quick access to screening and diagnosis, and then ongoing support for students and those working with them.

There is an urgent need for evidence-informed interventions and specialised resources to be funded and made available in all schools. It is essential that the interventions used are those proven to be most effective and are implemented in the school setting by someone who is trained in their delivery.

4.3 Central co-ordination, including support for parents

Creating an organisation or structure responsible for centrally co-ordinating the full range of support needed by neurodivergent students is essential for ensuring there is a consistent and holistic approach to support.

There is an opportunity for individual or groups of schools and early childhood centres, supported by a central organisation, to be positioned as co-ordinating hubs for the services and supports required by neurodivergent students. However, this would require substantial changes to the current structures and systems in education and in health and would need to be fully resourced. This would include trained staff to work in these co-ordinator roles, and access to the resources required by students, including specialist services, assessments, and interventions. Early childhood centres and schools cannot undertake this function with their current funding, staffing, or with the current poor connections between different parts of the education system and between health and education.

Central co-ordination would not only lead to children and young people being able to access the full-range of supports and services that they require but could also facilitate smoother transitions as children move between schools, and also support more effective school-whānau relationships.

Part of the co-ordination service should focus on greater support for parents and whānau, including information, resources, education, home support, counselling, connection with other families in self-help groups, advocacy, access to services, and guidance in navigating the system is seen as essential. This support, parents stated, should be available in a one-stop-shop that had an overview of all services available.

"It would be nice to have some sort of system where you and your child could meet with a support service who could lay out all the supports available both educational and in the community, what other people find helpful, what works and doesn't, helps find mental health support tailored for neurodivergent needs, provides advice on how to transition kids between primary, intermediate and secondary and then on after secondary. And teaches the kids how to advocate for themselves." (Parent)

"A dedicated central body where teachers, family and older students can get advice on access to assessments, supports, information, etc" (Parent)

"A centralised system for IEP discussions - it took me 3 years to work out what to ask for, it really would have helped for me to see examples so that I could get ideas, so it wasn't just me guessing what the pressure points were, as my son couldn't identify them." (Parent)

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4.4 In-class support

Substantial improvements are required to the provision of in-class support to neurodivergent students including ratios and class size, TAs, specialist resources, and accommodations.



Ideally, respondents want a fully trained, experienced, permanent TA in every classroom.

More TA/ESW hours is the most common single suggestion for how to improve the system. Ideally, respondents want a fully trained, experienced, permanent TA in every classroom.

"teacher aide available every single day and maybe have enough to cover 2 classrooms. It's a big ask and a lot of money but if the 'system' can get children learning and happy about their progression then it'll save a lot of money when they're adults as the mental health bill is a lot bigger" (Parent)

In addition, extra TAs or specialist support staff who are able to work one-on-one or in small groups with students if and as they need additional support is also seen as important.

"Teacher Aide support is vital for these learners - to unpack learning tasks, support them in completing tasks, ensuring they are working in a space that is suitable, supporting them with self regulation and brain breaks." (Teacher)

ECE centres also want to be able to choose their own support workers instead of being assigned one by the Ministry.

"Essentially centres need an aide worker/extra staff member to be able to provide the extra support and one to one care for neurodivergent children for the whole day (or at least for all the hours the child attends) in order for the centre to properly cater for neurodivergent children and provide them with an inclusive and immersive ECE experience." (ECE)

Ensuring that TAs are working in ways that are research-informed is also essential. This includes targeted deployment, where TAs are trained to deliver an intervention to small groups or individuals and ensuring that when students are receiving support from a TA this supplements teaching but does not reduce the amount of high-quality interactions they have with their classroom teacher both in and out-of-class.⁴³

Respondents also commented that an actual career path should be opened up for in-class assistants, with qualifications, professional development, better working conditions, and "increased salaries for teacher aides. The increase in salary is fair remuneration for the important work our teacher aides do." (Teacher).

43 Education Endowment Foundation. Teaching Assistant Interventions. Accessed [14.03.2024] <https://educationendowment-foundation.org.uk/education-evidence/teaching-learning-toolkit/teaching-assistant-interventions>

Respondents also suggested implementing more appropriate and respectful accommodations “to ensure actual equity and not a tokenistic approach to inclusion” (Support Service). Suggestions pointed towards more general flexibility in how teachers allow students to work and be assessed, including allowing students “to move from one activity to another without judgement of not ‘being on task’” (Teacher), shorter lessons, and “flexibility with assessment dates and means of producing evidence of work eg. portfolio, video, audio, written text, images/diagrams, photographs, conversations.” (Teacher)

“Sometimes it is necessary to have a ‘same-same, different’ approach in terms classroom expectations or the mahi. For example, the whole class is doing a writing explanation sample, I’d rather my student write about whatever they want in order to better capture their skills than force them to squeeze out a few sentences on something totally uninteresting to them. Or if being on the mat, quiet is too much, I ask that being mat adjacent, on a chair not talking works.” (Teacher)

Greater access to funded assistive technology was another point on respondents’ wish lists. As one teacher remarked, “having something such as ‘Google Read and Write’ extension available for free to all schools/students would help immensely. Currently the charges are horrendous.” It is important that teachers, and where appropriate TAs are trained in how to effectively use assistive technology.

Greater sensory accommodations and safe spaces within a school are also needed. Respondents want learning environments to be quieter, more organised, less stimulating, with dimmer/natural lighting, soft colours, less busy displays on walls, and flexible seating options such as kneelers, rocking stools, wobble chairs, or standing desks. Some suggest the use of noise-absorbing furnishings, clearly defining spaces in open areas with moveable partitions, and replacing transparent walls with opaque walls. Many offered noise-cancelling headphones or ear muffs and regular, scheduled movement breaks, and advocated for encouragement of stimming by allowing or even providing fidgets and chewelry (any chewable necklace, bracelet or other chewing product that is used to provide oral sensory input for those who need to chew). A student wrote:

“The school that I would make for autistic kids would be not even close to my school. I would need my dog, my crane, a soft snuggly to be okay. All the autistic kids would need different things to be okay because we are all different.” (Student)

Ensuring that every student who requires an IEP is given one, that they are regularly reviewed and updated, and that their implementation is compulsory, is essential for ensuring that neurodivergent students receive equity of access and opportunity in the education system.

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Ensuring that every student who requires an IEP is given one, that they are regularly reviewed and updated, and that their implementation is compulsory, is essential for ensuring that neurodivergent students receive equity of access and opportunity in the education system.

4.5 Upskill all staff in schools

There is an urgent need to upskill teachers, school leaders, and those employed in SENCO, LSC, or other specialist teacher roles in schools in understanding neurodivergence, specific conditions, and how best they can support their neurodivergent students.

Student respondents want their teachers to have access to professional development on neurodiversity, primarily focusing on creating more understanding and empathy, as well as teaching teachers ways to better support their students.

Extensive, compulsory pre-service training on neurodivergence, and fully funded, regular, easily accessible (i.e., webinars, in-house workshops) professional development, with appropriate release time to attend is required. Respondents want courses to be specific and practical, focusing on resources and strategies to help teachers cater for neurodivergent learners, on providing an inclusive educational environment based on Universal Design for Learning (UDL) principles, on supporting children in dealing with big emotions, and on learning about different presentations of neurodivergence in girls and LGBTQIA+ people. They also wanted Senior Management staff and, most importantly, TAs to be included in this professional development.

Student respondents want their teachers to have access to professional development on neurodiversity, primarily focusing on creating more understanding and empathy, as well as teaching teachers ways to better support their students.

"The biggest impact you could ever have is by educating teachers and schools on the different disorders, what they look like, how they feel and the challenges for the students. If a teacher doesn't understand these disorders they cant first of all empathise with their students or support them. This is the biggest area of impact. Educate the teachers they have the most significant role to play in a child's classroom and wider-school experience."
(Teacher)

Ideally, respondents want both pre-service training and professional courses to be informed and led by neurodivergent educators who could offer insider perspectives. In addition, they want courses to be evidence-based, reflecting current research, integrating case studies, and promoting best practice rooted in the social model of disability, not the medical deficit model. In this context, respondents also drew attention to the need for more research on supporting neurodivergent children to inform best practice guidelines.

"Have neurodivergent adults talk with pre-service teachers when they are training, share experiences and increase understanding in teachers early, and with senior leadership teams and boards." (Support Service)

It is also essential that those staff who are taking on specialist roles within schools such as SENCO or LSC positions receive additional training, not only in neurodivergence but also in how to navigate the system and the different supports on offer. Employment of more full-time, qualified SENCOs is one of the primary recommendations for improving systems, with a teacher suggesting, "Provide each school with a quota of 1 to 300 rather than 1 to 500 for LSC/ SENCO support. That way the school automatically attracts staff dedicated to learning support. The learning support faculty will have the support of numbers and SENCOs would be less stressed." (Teacher)

4.6 School policies, procedures, and pedagogy to meet students' needs

Establishing school-wide policies and procedures that are fair and responsive to the needs of neurodivergent students is essential.

Frequently mentioned aspects of these include the provision of dependable routines, structure, boundaries, clear expectations, and consistency in practice as well as staffing. A high level of consistency and predictability was seen as essential for supporting neurodivergent students. If routines have to change, respondents suggest doing so in a gentle way, giving plenty of notice. For students, this was also one of the most important factors: they wanted to know in advance what they would be doing on a given day and across the whole term in order to prepare properly. Structured timetables that were the same each week were important to ensure this predictability.

All respondents recognise the need for clear rules and regulations, including behaviour policies. However, ensuring that these are not punitive and that they remain flexible in these is essential. Flexible hours of attendance were seen as helpful, working with the child's energy levels and ability cope on any given day. As one parent wrote:

"Some children like mine will only probably be able to access education in a tailored and flexible way, with options for part-time, external programmes, one on one support etc. There needs to be much more flexibility within the education system for his needs to be met that isn't just small tweaks here and there that aren't effective, or a forced 'choice' to homeschool." (Parent)

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A high level of consistency and predictability was seen as essential for supporting neurodivergent students.

In the classroom, taking an informed, strengths-based approach, modified to the needs of individual students, is essential.

*"it would be great to see us investing in them for their strengths instead of expecting them to conform to a system that highlights their challenges."
(Support Service)*



Overall, moving to "more individualised learning that takes into account children's specific interests" was a commonly requested change by parents.

Overall, moving to "more individualised learning that takes into account children's specific interests" was a commonly requested change by parents. As part of that, they wanted schools to "recognise (and reward) effort, not just achievement", "building confidence so she is not afraid to try and isn't shamed i.e. bringing home certificates and getting acknowledged in assembly etc." They added that "using lots of praise definitely helps."

"Differentiated tasks that are set at the student's level rather than the class's level" (Teacher) but also focus on extending the student and not placing ceilings on their learning is important. Beyond differentiating the curriculum itself, teachers should also, where appropriate, differentiate how they teach it. Multimodal, multisensory teaching was the most widely discussed pedagogic adjustment, leading to "lessons that are able to be accessed in the way the child needs for learning" (Parent). Multimodal teaching was seen as a way to help the whole class, not just neurodivergent students. Active, hands-on, outdoor, learning-by-doing was a favourite modality for many respondents, as it allowed for more connection with nature, movement, and authenticity.

There needs to be a balance between providing individualisation, choice, and interest-based approaches in some aspects of the curriculum and pedagogy, while also ensuring that teachers are engaging in explicit instruction, and structured approaches to teaching and learning. Alongside this, explicit teaching of self-regulation and social-emotional skills throughout ECE and school will support not only neurodivergent students but all students.

4.7 Ensuring that change is legally required and actually happens

It is essential that the Education and Training Act is amended to ensure that all children with special educational needs not only have access to education but have access to the supports, services, and resources that they need to fully participate in and benefit from education.

While the Education and Training Act 2020 affirms the rights of all children with special educational needs to attend mainstream schools, it does not affirm their right to the funding, resources, and support that they require to receive equity of educational opportunity and outcomes. Consequently, there is no legal obligation for the Ministry of Education, schools, or other supporting services to ensure that neurodivergent students receive the quality of education that all children deserve. Similarly, there are no statutory guidelines for schools regarding children with SEND that schools must follow. It is essential that the Ministry of Education and all early childhood centres and schools have a legal obligation to provide equity in educational opportunities for all students. For this to happen, all of the factors mentioned in the sections above (and in all likelihood many more) need to be addressed and implemented, to ensure that we no longer have an educational system that is inclusive in name but not in provision.

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It is essential that the Ministry of Education and all early childhood centres and schools have a legal obligation to provide equity in educational opportunities for all students.



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education
hub