

Te Atatū – Insights

September 2023

Children with high additional learning needs

At a glance

This report summarises insights from the Social Wellbeing Agency's work looking at how children with the highest additional learning needs are identified and supported in the education system. We used data from the education and health systems to see how those systems identified need in different ways, and how many children might have high additional learning needs that are not currently supported in education.

Key findings

- The education system identifies and supports many children with high additional learning needs, with 12% of children in our study population having received individualised learning support.
- However, using data from outside the education system, we found that 5.1 % of children have evidence of high needs but have not received individualised learning support. For children in the custody of Oranga Tamariki, we found 9% have evidence of high needs but have not received individualised learning support.
- Inconsistency in identification of, and support for, high needs between the health and education systems, shows the benefit of more systematic information sharing between the health and education systems and more proactive screening for additional learning needs.
- The Highest Needs Review and Oranga Tamariki Action Plan have the potential to improve the wellbeing and education experiences and outcomes of many children and young people with high additional learning needs who are currently missing out.



The education system identifies and supports many children with high additional learning needs¹

To support the Ministry of Education's Highest Needs Review², the Social Wellbeing Agency examined the learning needs of 280,000 children born in New Zealand between 2009-2012. We also analysed a subset of this population of children who are or have been in the custody of Oranga Tamariki ('in care').

Our work concentrated on 280,000 children who were born between 2009 and 2012. For each of these children, we constructed indicators of receipt of eight types of learning support:

- Early Intervention (8.6% of children supported at some point in their lives)
- Communication Service (4.2% of children)
- Behaviour Service (1.6% of children)
- Ongoing Resourcing Scheme – ORS (1.2% of children)
- Specialist schools (0.6% of children)
- School High Health Needs Fund (0.6% of children)
- Physical Disability (0.3% of children)
- Intensive Wraparound Service (0.1% of children)

We then used four different evidence sources outside the education system to identify high needs that might create a barrier to learning.

Almost 12% of children in the population we examined have received one or more of the eight individualised learning supports. For children in care, 38% have received individualised learning support. However, we also found evidence of potentially high additional learning needs using data outside the education system, suggesting there is substantial unmet need.

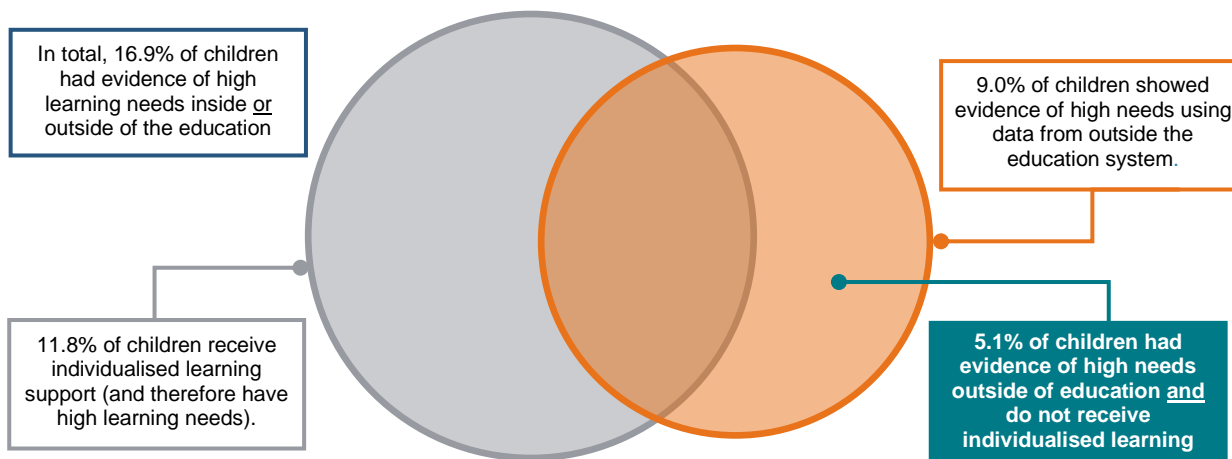
¹ 'Additional learning needs' describes learning difficulties or disabilities that make it harder for a child to learn compared to children of the same age, and therefore require extra support to learn.

² Which set out to "review the supports for children and young people with the highest levels of need, including the Ongoing Resourcing Scheme, to ensure they are meeting needs of children and young people, and delivering the intended outcome".

About 5% of children have evidence of high learning needs but have not received individualised learning support

Using data from outside of the education system (a combination of health assessments and parent reports), we found evidence of high needs that are likely to create barriers to learning in 9% of all children in our population (the orange circle below). For the majority of these children (5.1% of the total population), there was no record of receiving any of the individualised learning supports in the education system.

There is no comprehensive developmental screening programme during schooling years when many additional learning needs manifest.



These proportions tripled for our children in care subset, with evidence of high or very high needs in 27% of children, a third (9%) of whom have no record of receiving individualised learning support.

While not all of these children necessarily require individualised learning support, our findings are consistent with what the Ministry of Education heard from whānau and the education sector that there are many children and young people who are missing out on crucial learning support services³. When children who require individualised learning support miss out on these crucial services, this perpetuates inequity of education and later life outcomes.

³ NZ Council for Education Research (2021), *Highest Needs Review: What matters to stakeholders*, [NZCER-Highest-Needs-Review-What-Matters-to-Stakeholders-Oct-2022-ENGLISH-PDF-.pdf](#) (education.govt.nz)

This was the first time the size of this group had been quantified, providing an estimate (and supporting evidence) of potential unmet high learning needs

A case for comprehensive screening for additional learning needs?

In most cases, evidence of high learning needs first appears before children reach school age (usually through the B4 School Check or a health diagnosis).

While there is a comprehensive national screening programme to identify health and development needs for children in the early years of life – the Well Child Tamariki Ora programme – only the B4 School Check (at 4.5 years) occurs an age where most children are in (early childhood) education. Results of the B4 School Check are generally not shared with the school when a child starts as a new entrant. There is no comprehensive developmental screening programme or check during schooling years when many additional learning needs (such as behavioural challenges or neurodiversity) manifest.

Furthermore, many individualised learning supports are application-based. This means children receiving these supports have confirmed high additional learning needs, but some with high learning needs may never apply. Equitable access to individualised supports was a strong theme in submissions made to the Highest Needs Review, including that access was “too dependent on the knowledge and willingness of individual school staff and professionals, and availability of particular evidence to make successful applications”⁴.

Children and young people entering the care and protection system should receive a ‘Gateway Assessment’ to identify health and education needs. When this occurs after the child has started school, additional learning needs could be

⁴ NZ Council for Education Research (2021), *Highest Needs Review: What matters to stakeholders*, [NZCER-Highest-Needs-Review-What-Matters-to-Stakeholders-Oct-2022-ENGLISH-PDF-.pdf](https://www.education.govt.nz/assets/Uploads/Highest-Needs-Review-What-Matters-to-Stakeholders-Oct-2022-ENGLISH-PDF-.pdf) (education.govt.nz)

identified and assessed by an education expert. However, there are known issues with the Gateway Assessment process⁵ and the level of potential unmet need in the in-care subset of our population suggest that this (usually) one-off assessment is not sufficient. This is likely to be compounded by more frequently unstable or transient care and education experiences, and therefore inconsistency in support.

There is an opportunity for the education system, in collaboration with the health system, to take a proactive approach to assessing learning and other additional support needs, similar to the B4 School Check. There would be benefits to a universal approach, with a focus on schooling transitions and developmental stages, that is integrated across the relevant children's agencies and support providers.

Sharing data and referrals between the health and education systems would reduce the chance that some children are missing out on support that they need.

A systematic approach to sharing information between children's agencies could reduce gaps in support

We found that two-thirds of children who received individualised support in the education system (represented by the grey circle in the above diagram) have no evidence of high need in the health system. This implies that the education system should not (and does not) rely on the health system to identify need, and that there is scope for needs identified by educators to feed back to health or social supports.

Within the education system, schools routinely monitor the learning and wellbeing needs of their students. However, this information is not always recorded and shared in a consistent way between schools, or with the Ministry of Education. This creates the conditions for existing support to be disrupted when children make educational transitions, or for some children to miss out on specialist support altogether. Parents

⁵ [Gateway Assessments Review | Oranga Tamariki Action Plan](#)

and caregivers report they often must play the role of sharing information between providers⁶.

This suggests that information sharing arrangements could be particularly beneficial for ensuring consistent support for children and young people in care, whose are more likely to multiple school changes⁷. A systematic approach to sharing essential information and referrals between, in particular, the health and education systems (and Oranga Tamariki, for children in care) would improve identification of additional learning needs and reduce the chance that some children miss out on support that they need.

Opportunities for action

The Ministry of Education requested that we undertake this analysis to support their thinking on the Highest Needs Review, which has led to the [Highest Support Needs Change Programme](#). The data and insights presented in this report directly fed into the review.

This analysis has shown that high learning needs are being identified though health and education screening points but has also raised questions that cannot be answered with the data currently collected across government. For example, we are unable to quantify how many of those with *potentially* unmet high learning needs have *actually* unmet high learning needs, or how many children have high learning needs that go unidentified in both the education *and* health systems.

Our analysis intends to shine a light on areas where children and young people may 'fall through the cracks' and support children's agencies to work collectively to ensure all children and young people have the support they need, when they need.

The Government's [Learning Support Action Plan 2019-2025](#) commits to reviewing the learning supports for children and young people with the highest levels of need to ensure they are meeting needs of children and young people and

⁶ Ibid.

⁷ NZ Treasury (2018), *Student Mobility Across Schools and its Links to under achievement*, <https://www.treasury.govt.nz/sites/default/files/2018-04/twp18-01.pdf>

delivering the intended outcomes. To deliver on this commitment, the Ministry of Education undertook the Highest Needs Review in 2021-22 and recommendations from the review were informed by our analysis.

The [Oranga Tamariki Action Plan](#) is the joint plan for children's agencies to better support the wellbeing and outcomes of children and young people in or 'at-risk' of entering the care and protection systems. The Highest Needs Review forms Action 8 of the Oranga Tamariki Action Plan and the Gateway Assessment process is also being reviewed under the Action Plan to identify areas for improvement. There have also been various commitments from Oranga Tamariki and the Ministries of Health and Education about information sharing to improve service delivery and support for children and young people.

Implementation of the Highest Needs Review's change programme and the Oranga Tamariki Action Plan are both significant, long-term commitments from children's agencies that have the potential to improve the wellbeing and education experiences and outcomes of many children and young people.

Appendix: How we categorised need

Our work concentrated on 280,000 children who were born between 2009 and 2012. For each of these children, we constructed indicators of receipt of eight types of learning support:

- Early Intervention (8.6% of children in our sample ever receive)
- Communication Service (4.2% of children ever receive)
- Behaviour Service (1.6% of children ever receive)
- Ongoing Resourcing Scheme – ORS (1.2% of children ever receive)
- Specialist schools (0.6% of children ever enrol in these settings)
- School High Health Needs Fund (0.6% of children ever receive)
- Physical Disability (0.3% of children ever receive)
- Intensive Wraparound Service (0.1% of children ever receive)

We then used four different evidence sources outside the education system to map high needs that might create a barrier to learning.

Mapping of diagnoses to needs

In the IDI, we have access to data on diagnoses from Inpatient, Day Patient, Outpatient, Community, Mental Health or Addictions Specialists.

Need type	Diagnoses
Cognition and learning	Global developmental delay Intellectual disability
Social, emotional and behavioural	Substance abuse/dependence Emotional regulation Internalising and externalising behaviours Autism spectrum disorder Oppositional defiance disorder Conduct disorder Attention deficit hyperactivity disorder Intermittent explosive disorder Bipolar disorder
Physical	Mobility diagnoses Motor skills diagnoses Pain Medical conditions
Sensory	We identified children as having a high sensory need if they received support from the Ministry of Social Development relating to vision or hearing. This generally requires documentation from a medical professional.

Mapping of NASC assessments to needs

Needs Assessment Service Coordination (NASC) services are organisations in the health and disability sector that assess the needs of people who have very high support needs as a result of disability, mental health, or older age. The results of these assessments are used to provide supports within the health system. We considered any NASC-identified need as a high need. We mapped them to need categories using:

Need type	NASC need
Cognition and learning	Developmental delay Intellectual disability
Social, emotional and behavioural	Emotional problems Relationship problems
Physical	Mobility Motor skills Pain Activity Self-care
Speech, language and communication	Speech Communication
Sensory	Vision Hearing Ataxia

Mapping of Census data to needs

The 2018 Census contains the Washington Group Short Set, a series of six questions asking about difficulties the respondent faces in every day life. For children, this was encouraged to be completed by their parent. The children in our population would have aged 6-9 at the time of the Census.

Each question had four response options: No difficulty; Some difficulty; A lot of difficulty; or Cannot do at all. In each category, we coded a response of “a lot of difficulty” as high need and “cannot do at all” as very high need. We mapped the questions to the need categories using:

Need type	Census question
Cognition and learning	Do you have difficulty remembering or concentrating?
Speech, language and communication	In your usual language, do you have difficulty communicating, for example understanding or being understood?
Sensory	Do you have difficulty seeing, even if wearing glasses? Do you have difficulty hearing, even if using a hearing aid(s)?
Physical	Do you have difficulty walking or climbing steps? Do you have difficulty with self-care, such as washing all over or dressing?

Mapping of B4 School Check to needs

More than 90% of children in New Zealand participate in the B4 School Check, a health screening exercise. This contains the Strengths and Difficulties Questionnaire, which is collection of statements that parents and teachers report agreement to. The statements are grouped into four categories, and each has three response options: Not true; Somewhat true; or Certainly true.

Each response yields a score of 0-2 (generally 0: not true; 2: certainly true, except statements marked by * are scored in the opposite direction). We defined a high need if children had a score of 7 (out of a maximum of 10) in any group of statements.

B4SC scale	Items
Hyperactivity scale (mapped to cognition and learning)	Restless, overactive, cannot stay still for long Constantly fidgeting or squirming Easily distracted, concentration wanders * Thinks things out before acting * Good attention span, sees chores or homework through to the end
Emotional problems scale (mapped to social/emotional)	Often complains of headaches, stomach-aches or sickness Many worries or often seems worried Often unhappy, depressed or tearful Nervous or clingy in new situations, easily loses confidence Many fears, easily scared
Peer problems scale (mapped to social/emotional)	Rather solitary, prefers to play alone Picked on or bullied by other children Gets along better with adults than other children * Has at least one good friend * Generally liked by other children
Conduct problems scale (mapped to social/emotional)	Often loses temper Often fights with other children or bullies them Often argumentative with adults Can be spiteful to others * Generally well-behaved, usually does what adults request

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Integrated Data Infrastructure (IDI) disclaimer

Access to the data used in this study was provided by Stats NZ under conditions designed to give effect to the security and confidentiality provisions of the Statistics Act 2022. The results presented in this study are the work of the author, not Stats NZ or individual data suppliers. These results are not official statistics. They have been created for research purposes from the Integrated Data Infrastructure (IDI), which is carefully managed by Stats NZ. For more information about the IDI please visit <https://www.stats.govt.nz/integrated-data>.

Atatū – Insights

Ka pō, ka ao, ka awatea is a well-known tauparapara (traditional incantation) within te ao Māori, which refers to the separation of Ranginui (the sky-father) and Papatūānuku (the earth-mother) which brought light into this world. It talks about ‘coming from darkness to light’ or ‘transiting from a place of not knowing to knowledge’. Te Atatū, indicates the morning light and acknowledges this series of events, and the importance of light representing knowledge in te ao Māori.