

The 'why' of who we are: Exploring the 'culture of practice' of Ministry of Education, Special Education occupational therapists and physiotherapists

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ABSTRACT

This qualitative study sought to describe the shared 'culture of practice' of a group of Ministry of Education, Special Education occupational therapists and physiotherapists. Data from individual semi-structured interviews, enriched by insider observations, were thematically analysed within a cultural constructs framework. An ethos of practice underpinned by notions of collaborative practice, occupational practice, social justice and building inclusive society was revealed, with core attitudes, values and beliefs commensurate with practice within an inclusion philosophy and organisational culture. That ethos is distilled into seven guiding principles. Also emphasised was the enormity of the attitudinal shift entailed in leaving biomedical philosophies behind and embracing inclusion philosophy. The findings highlight the need for therapy-specific induction, supervision and mentoring for entering therapists, and the importance of preparing graduates for practice in non-medical settings.

Research paper

KEY WORDS

School-based therapy, culture, ethos, inclusive practice, participation, ethnography

INTRODUCTION

The Aotearoa/New Zealand government's special education legislative framework (Ministry of Education (MoE), 2003, 2004a) mandates the right of all students aged between 5 – 21 years to attend their local school and learn alongside their peers, regardless of impairment or disability (New Zealand Government, 1989). For occupational therapists and physiotherapists, that shift in *right of access* to local schools heralded two opportunities. First, the opportunity to work in regular schools as members of itinerant interdisciplinary education teams (MoE, 2005a). Second, following international practice trends, it brought the challenge of developing and providing educationally relevant therapy services in schools (Barnes & Turner, 2001; Block & Chandler, 2005; Brandenberger-Shasby, 2005; Bundy, 2002; Case-Smith, 1997; Hanft & Place, 1996).

Occupational therapy and physiotherapy services are provided to students in the regular education sector through a range of initiatives (Davies & Pragnell, 1999; MoE & Accident Compensation Corporation, 2000; MoE & Health Funding Authority, 1999). This includes the Ongoing and Reviewable Resourcing Schemes (MoE, 2004b), services for students with moderate physical needs (MoE, 2005b), and Supplementary Learning Support (MoE, 2006). In addition, there are school property modifications submissions (MoE, 2005c) and health or education-funded assistive equipment provisions (MoE, 2002; MoE & HFA, Disability Support Services, 1999).

The development and delivery of Ministry of Education, Special Education (MoE-SE) therapy services is guided by concepts such as inclusive education (Ballard, 1999; Booth et al., 2000),

collaboration (Dettmer, Thurston & Dyck, 2002), consultation (Hanft & Place, 1996), moving beyond the withdrawal-for-therapy model (Swinth & Hanft, 2002), and using an ecological approach (Dunn, 2000; Law et al, 1996). The integration of therapy into naturally occurring school tasks and routines is advocated (Case-Smith, Rogers & Johnson, 2005; Coster, 1998).

Over the past few years, a small number of researchers have generated insights into school-based practice in Aotearoa/New Zealand (Hasselbusch, 2007; MacDonald, Caswell & Penman, 2001; Marshall, Hocking & Wilson, 2006; Tutty & Hocking, 2004; Vaughan-Jones & Penman, 2004). However, few studies are available to guide the more philosophical aspects of therapists' school-based practice. Accordingly, this study investigated the ethos of MoE-SE occupational therapists' and physiotherapists' practice, where ethos refers to the attitudes held by a community, its characteristic spirit.

The study was guided by ethnography and addressed the question 'What is the shared culture of practice of MoE-SE occupational therapists and physiotherapists?' Culture refers to mores, customs, way of life, traditions, and society, hence our intent was to explore and articulate the group's co-constructed meanings, their communally learned and shared attitudes, values and beliefs about the *how* and *why* of practice. This included the therapists' patterns of behaviour, situated within their practice settings. This aim fits with the growing awareness within occupational therapy that culture resides within professional groups and impacts therapists' practice (Iwama, 2006). Thus, our primary presupposition was the existence of a 'culture of practice' that would permeate MoE-SE therapists' behaviours and mores, shaping *who* they are and *why* they are in their practice settings. We also presumed that an attitudinal shift was necessary for working with students in regular schools.

The study had three key intentions. The first was to inform the school-based practice of occupational therapists and physiotherapists; second, to facilitate induction into the organisation; and third, to provide a text that would assist therapists to reflect on their practice with school-aged

students and inclusive education. The particular focus of this article is on articulating the group's shared culture of practice and acculturation.

METHODOLOGY AND STUDY DESIGN

Methodology

The study is situated within interpretive constructionism, which is founded on the notion that meaning is constructed not discovered. Using an interpretivist approach, we sought to uncover participants' culturally-derived, historically-situated meanings in the "social life-world" (Crotty, 1998, p. 67) of their MoE-SE practice settings. However because it is recognised that different people construct meaning in different ways, even in relation to the same phenomenon (Crotty, 1998), it is acknowledged what is so for participants in this study may not be so for those in different settings.

The methods were guided by ethnography (Atkinson et al., 2001; Davies, 1999; Denzin, 1997; Fetterman, 1998), at the core of which lies the assumption that groups of people evolve a culture that guides members' view of the world and patterns of behaviour (Polit & Hungler, 1997), enabling them to function (Crotty, 1998). Cultural meanings arise through the interaction of a subject (person) with other persons and objects (inanimate articles or artefacts), giving foundation, scope and validity to *how we know, what we know*. In the research field site, objects included therapists' tools of practice (diary, assessments and therapy resources), policies and service guidelines, as well as physical spaces such as offices, schools and students' home settings.

Together with a research audit trail (Ballinger, 2004; Trochim, 2002), participant validation was applied as a technique for establishing the authenticity and trustworthiness of the study (de Laine, 1997). All of the participants were asked to check their transcripts for accuracy. To enhance the credibility and accuracy of the results, data were triangulated by using a range of data gathering

methods, including interviewing, field observations, reflective journaling and data checking with a range of sources. For example, the first author presented the preliminary findings to a regional MoE-SE peer group and sought consultations on the findings chapters with experts-in-the-field. She also reflected on findings in relation to her own observations and experiences as a member of the group and discussed these in supervision.

The Participant Group

Participants who were experienced in MoE-SE practice settings and able and willing to “tell it like it is” (Germain, 2000, p. 249) were purposively selected to ensure rich data from the insider perspective was accessed (Atkinson et al., 2001). In addition, in the role of complete-member researcher (Ellis & Bochner, 2000), the first author was also interviewed by an experienced MoE-SE therapist at the beginning of the study. This interview followed the same question guide used for all participants in the study and that transcript became part of the data.

In total seven occupational therapists and six physiotherapists (including the first author) from 10 out of 16 MoE-SE offices around Aotearoa/New Zealand participated in the study. All 13 were experienced practitioners; the least experienced had 16 years of experience while the most experienced had approximately 40 years. All of the participants were women, had worked for MoE-SE for more than 2 years, and were employed in part-time positions, ranging from 0.4 to 0.9 full time equivalent positions. Each participant had more than 7 years experience working with children and young people and had worked in both the health and education sectors. Twelve participants identified as Pakeha, New Zealand European, or European and one identified as Pasifika. All the participants provided itinerant services for students attending urban and rural schools who were eligible for special education funding support via the Ongoing and Reviewable Resourcing Scheme. Eleven participants also worked with students who met eligibility criteria for the Moderate Physical Contract and the Supplementary Learning Support schemes.

Capturing 'Insider' Stories

Data gathering utilised individual semi-structured interview methods, enriched by insider perspectives gained by the first author 'being there' to observe, ask naïve or insightful questions and to record what was seen and heard in her own work setting. Examples of interview questions were:

- What you believe are the most important attitudes, values and beliefs to have in the MoE-SE work setting?
- How do you know you are practicing inclusion in the school setting?
- Describe the most important aspects of behaving as a MoE-SE therapist.
- Describe an example of successful practice.

Eight participants engaged in face-to-face, audiotaped interviews. To clarify emerging themes, a further five responded to similar shortened questions by e-mail, in keeping with a style of communication typical to the MoE-SE practice setting.

Ethical considerations included separating the research information and field site observations from day-to-day practice, to ensure relationships with colleagues were not compromised, and protecting participants' identities with pseudonyms and individual coding on all transcripts and field notes. Participants were informed about the purpose of the study, the first author's role as overt participant-observer, the provisions for confidentiality and their right to withdraw from the study without any adverse consequences. Data were carefully and consciously processed and the reflexive process of critically thinking about what one is doing and why was applied (Brewer, 2000; Davies, 1999), which allowed the first author to be cognizant of her own influence on the study and to acknowledge and make her own position and assumptions explicit. Being interviewed aided this process.

Data Analysis

Using thematic analysis, explanations and meanings from participants' detailed vignettes were sought (Fine, 2003). To guide the analysis, a cultural constructs framework based on anthropological and sociological concepts was formulated. Drawn from Bates and Fratkin (1999), Cockerham (1995), Haviland (1999) and Miller (1999), the framework assisted identification of themes and sub-themes by outlining the defining characteristics of a culture. For example, the construct enculturation included analysing data in relation to questions such as: What experiences do we share? How do we learn how to act, think, and speak in socially appropriate ways? What are the rules and how do we adjust them to fit our individual circumstances? How do we transmit and sustain our culture? What differences are there in perceptions of the culture?

A range of evaluative questions drawn from Katz (2001, 2002) also guided analysis. This included searching for causal, or logical, explanations by looking for any paradoxes within current practice and forces that shape beliefs, for example moments of strong emotion.

Cassie: Children with disabilities have a right to be out there in the world rather than shut up in a special facility ... I believe that all children should at least try the regular school environment, and they have a right to be there. I obviously have a belief around inclusion, otherwise I wouldn't be working here.

Similarly, it meant looking for things that might have shaped the group's social patterns, for example:

Phillipa: My belief system has shifted hugely. When I first went to the special school and was working on-site I used to see children who had daily therapy and [they] were just as contracted [*shortened muscles*] and disabled as any other child really. I didn't think that these children were straighter or better than any other child, even with daily physio, and so I decided then that that wasn't

the answer ... there is no use taking a kid out once a fortnight, or once a month, and doing something to them and popping them back into the classroom, because it's not doing one iota of good. And that's where I think perhaps we can say to the family "how do you think it is going to be beneficial to your child?" ... Going to [MoE-SE] and hearing another side of things ... [they] had a value system of inclusion, which I thought was pretty good, although I didn't necessarily agree totally with it. I've gone further along this line. The book that I've just read called 'Disability is Natural' really is a reinforcement of that value system ... it's brilliant. Disability is part of life, and it's wonderful because it's been written by a parent. She calls therapy a "toxic antidote".

Analysis also meant looking for poignant or compelling accounts that reveal ways of working, for example:

Pauline: It means that a student with a disability is a student just like any other student. They just happen to have a disability and so the outcome effect is that they are included in normal daily life with some adaptations, because people have to make [adaptations]. ... I promote those values. And I think I also know that I am working in that sense [inclusively] because I am not imposing things on a student or a teacher or a teacher aide that actually require exclusion, that require the student to be out of the class. I always try to be very careful to make suggestions that can actually happen in the classroom.

Such analyses served to enhance interpretations and progress understandings from the *what* and *how* of the group's ethos to the *why*. Central to all data analysis was the question: Does this theme or construct say something about a shared culture of practice and is it illuminated

adequately and richly through the emic perspective to write a text that people would want to read?

FINDINGS

A strong philosophy of inclusion was revealed, underpinned by notions of collaborative practice, occupational practice, social justice, and building inclusive society. In keeping with international trends, such notions forged the group's contextualised identity and contributed to much of the basis of the group's collective values and beliefs systems, expressed through the *what*, *how* and *why* of their contextualised practice. Core values related to collaboration, communication, consultation, relationship building, and teaming. In addition the belief that students (with special education needs) should be perceived and valued as *students* was illuminated, with the challenges posed by impairment or disability perceived as secondary and of lesser consequence by the group. For example, one subtheme was "it's not about fixing the student", another was "going to school is not about having therapy".

Unravelling the Ethos

In exploring the culture of practice in a group of MoE-SE therapists, we arrived at their ethos, the core values and beliefs held by participants. These notions form the foundation of participants' practice narratives, which is summarised in the following statements: Inclusion is at the heart of all we think and all we do! Practice is about inclusion; it's about inclusive practice! We value students *being* students (learners, peers, friends, players). It's about enabling student participation and students learning in schools. It's about collaborative practice and collaborative consultation with others. It's about fostering societal change. Underpinning these beliefs is an attitude that attempting to 'fix' students' impairments is out of line with service expectations, and would only serve to disempower students.

Most importantly, the study revealed that at the heart of the ethos sat inclusion philosophy. It was evident from the study that there was congruence between therapists' values and beliefs and their patterns of practice behaviours, for example:

Bonnie: When I start doing classroom observations, the things I am looking for are whether the student is actually participating in the learning ... as their peers. Where they are sitting in the classroom, how interactive they are with other students? How does the teacher engage with them ... treat them compared to other people? One of my goals, if I see that not happening, that will be my first goal. How can we get some more of that happening? I would start there and forget about everything else, that would be the first thing I would tackle. Yeah. I think too the language that's used, the way other students behave towards the student. Looking at whether teachers talk to the student the same way they talk to everyone. Are they just one of the class and does the teacher just do a circuit and tap the student on the shoulder and say "that's lovely work" and keep going, just like they do with everyone else? You know, how [*is the student*] regarded in terms of sharing the teacher's time? Those sorts of things and the language that other students use – because I think they model that off the teacher ... I think our big focus is really on educating teachers to understand what their [students] needs are. I think my focus [*is*] getting the teacher to change, rather than the student, I think that's probably my prime focus of my practice.

It was also evident that a range of principles guided participants' shared way of being. This included respecting and valuing others and their contributions, working in partnership, and teaming with each other. That meant being inclusive, being collaborative, communicating sensitively by listening to and hearing others' voices and perspectives, and not being 'the expert'

whilst recognising that their expertise and that of others all contribute to students' inclusion at school. It also meant de-emphasising biomedical perspectives of impairment, fostering student identity, and being ecological in their approach to assessment and intervention. Furthermore, the study revealed that these principles are organisationally-embedded, mirroring findings from the MoE-SE 2004 field staff survey (MoE, 2004c).

Being Enculturated

A key insight from the study was that all of the participants were enculturated by the inclusion worldview and their work context, having blended past experiences with new beginnings to shape a contemporary and contextualised way of looking at the world and making sense of it. It was evident that these MoE-SE therapists were thoroughly enculturated into inclusion philosophy and inclusive practice. In addition, whilst participants may have come with a pre-wired professional cultural background, the study showed that they had adapted and changed to fit within MoE-SE culture. Cultural adaptation (Haviland, 1999) had served to shape the participants' ethos, and in turn, allowed them to change and adapt in direct response to the events and changes in their new practice settings and circumstances.

All of the participants strove to be client-centred despite the problem of teasing out whose client-voice to attend to first: student, teacher, teacher's aide, Principal, parent? In keeping with occupational practice and the ecological approach, they were community-focused in their practice, striving to provide services to students within the context of their daily occupations at school and their natural settings. Participants sought to remove both human and non-human environmental barriers in schools and foster student participation in the everyday life experiences of being active members of a school community.

Culture largely structures the behaviour of people, striking balance between the self-interests of individuals and the needs of a group or society as a whole. However, people are not passive

participants of culture (Bates & Fratkin, 1999). Rather, they shape and modify culture and their circumstances, as was found to be the case for the participants. The study showed that an inclusion viewpoint guided participants' view of the world and their patterns of behaviour.

Cherie: Sometimes the most therapeutic solution is not the most inclusive solution for a student, but I will often choose the one that includes them over what might be [therapeutically] right as a therapist. For example, I provide a walker so they can get to the library at the same speed as their class, rather than use quad sticks, which take the child twice as long to walk the distance ... I keep the concept of inclusion in my head when thinking about what the student might need from me. I focus on their participation.

In keeping with current thinking, notions of inclusion, inclusive practice, social justice and citizenship (Neilson, 2005; Taylor, 2004) shaped participants' worldview. This is part of the nature of people learning to be part of a new society. Individuals who are thrown together inevitably grow together, through the process of enculturation. Where there is society, there is 'culture'; neither can exist without the other (Haviland, 1999).

Culture tends not to be something people think about in their daily lives, except perhaps when faced with language or behaviours that are difficult to grasp and which seem to come from an *other* culture (Dickie, 2004). This was probably the case for the first group of occupational therapists and physiotherapists employed by MoE-SE, who would have been faced with different language and behaviours that were sometimes difficult to grasp in comparison to their previous experiences in the health sector. As in any cultural transition, these therapists had to adapt in order to survive.

Deb: I think it's just, I think there is a paradigm shift between working in health and working in education. And I've often thought about how to help people

make that shift. And I think it's quite scary that they [organisation] leave people [therapists] to do it on their own and not guide them. Because if, I think, you don't help therapists to do that ... it reflects on all of us ... I mean, I know there are things written, but there almost has to be some sort of – like a position statement – “This is where we stand! This is where we collectively agree that we think and do” ... and you almost have to induct people into that through some sort of process ... some sort of, you know, like a course, like, people have to do this 5 day course. ... it's a very sensitive issue because most of the therapists we have are experienced ... in some ways it's almost better to get a [new graduate] and then you can indoctrinate them, it can almost be even more difficult with experienced therapists who have got lots of experience, just to help them make that paradigm shift.

Tension was also evident in this emergent culture, in particular tension between traditional, biomedical perspectives and occupational practice (Hocking, 2003), whereby the focus is on things that people (students) are able to do (occupations) in their day-to-day lives (at school). Furthermore, it was evident that there was a need for a huge attitudinal shift to practice within a different paradigm, one that emphasises occupation-focussed intervention and environmental practice in a non-medical setting.

Yolanda: A lot of the time, we are working to help people to understand why we work differently and often that continues to be a mismatch ... “Why don't they fix them? What's the therapist doing? Why don't they fix them?”

Phillipa: I don't think people can just come in and just do it. It is a big stepping on thing and I really feel sad ... it takes a long time to get to that. And if people aren't taken through the path and they are working in isolation, then they

mightn't be sort of joining us on that pathway ...we have a lot to offer, but it's just not that traditional therapy model.

Participants collectively voiced that therapy-specific, contextualised, formal induction, alongside supervision and mentoring for therapists new to the organisation, was required to facilitate the necessary attitudinal shift and transition into the education sector. Their personal and professional values and beliefs linked 'who I am' as a practitioner to 'what I know' to such an extent that it seemed participants had been drawn to this practice context, in which they could express an inclusive, occupation-focused worldview.

DISCUSSION

Whilst some of the attitudes, values and beliefs revealed in the study were anticipated, such notions are now identified and labelled as *ethos* through the process of systematic research. Without gaining insider perspectives, it was difficult to ascertain what philosophical truths underpinned the work of MoE-SE occupational therapists and physiotherapists, what they do, how they do it, and in particular, *why* they practice the way they do. Through this study, the ethos that shapes their particular ways of being who they are was revealed as the practice foundation for MoE-SE occupational therapists and physiotherapists. At the heart of this is inclusion philosophy, alongside emerging occupational and environmental practice.

However, whilst the shared nature of culture is acknowledged, no two members of a culture have the exact same version of their culture and allowance for differences in perceptions must be made, given that the process of enculturation is individual (Bates & Fratkin, 1999). Indeed cultural variation is viewed as an important aspect of culture and both variation and diversity play significant roles in societal change (Cockerham, 1995). However, little to no variation was evident in what participants revealed as core cultural values and beliefs. Nor was there much variation in

what they did in practice (patterns of behaviour). This may be because only a small sample of the most experienced MoE-SE group of therapists was interviewed. Those in the throes of enculturation, that is, new to the work setting, those who had exited the group, and those on the outside who were not employed by MoE-SE were not interviewed. Including them may have revealed differences in perspective.

Nevertheless, the participants recognised that whilst legislation espouses the rights of all students to access learning opportunities in regular schools, and that the New Zealand Disability Strategy (Ministry of Disability Issues, 2001) fosters the right to participation and inclusion; this does not mean that students *will* be included in school communities as full and valued members. Indeed, inclusion and inclusive practice go far beyond the mere writing of policies and location of students with disabilities or special education needs in regular classrooms (Mentis, Quinn & Ryba, 2005). These participants recognise that inclusive notions are primarily situated in the attitudes, values, and beliefs of individuals, communities and society as a whole, underpinned by notions of social justice and citizenship, and dependent upon educational structures, policies, processes and practices. Someone has to run up the flag for inclusion and these participants have individually, and collectively, chosen to be that someone. Thus, to work in their practice settings, MoE-SE therapists need to adopt this value system.

The ethos that was uncovered in this study is embedded in an organisational culture, which is in turn embedded within key Aotearoa/New Zealand legislative frameworks. We anticipated that the process of enculturation would be strongly evident in what participants said, and indeed it was. The insight gained about the importance of enculturation strongly pointed to the need for attention be paid to this aspect in the MoE-SE workplace to facilitate the attitudinal shift required to leave behind the dominant biomedical culture as therapists transition into working in the regular education sector, and to counteract some of the tensions that accompany such a shift. This also means that occupational therapy and physiotherapy educators need to pay attention to preparing

graduates to practice in non-medical settings such as the regular education sector (see also Brandenburger-Shasby, 2005; Bundy, 1997).

Once acculturated, collectively shared values and beliefs come to bear on what participants deem as 'right' and 'good' in their MoE-SE practice lives. Such values and beliefs translate into what are collectively accepted truths by the participants. For example, paramount truths include inclusive education and the fact that students with disabilities and special education needs *are* students. These truths align with an organisational viewpoint and government perspectives, and mirror some of the key messages of the New Zealand Disability Strategy. They also reflect many of the notions called for in today's disability rights and inclusive education discourses (see Ballard, 1999; 2004; Kielhofner, 2005; MacArthur & Kelly, 2004; Neilson, 2005; Pollock Prezant & Marshak, 2006; Slee, 2001; Snow, 2004a; Taylor, 2004).

Participants in this study converged in the education sector to settle in a different paradigm. Choosing to displace themselves, they left behind traditional health sector settings and ways of thinking to work in regular schools. That is, to work in a practice context aspiring to the vision of inclusive education; immersed in an organisation whose culture is imbued by government-driven policies, education-focused protocols, and education-focused thinking. In changing practice settings, they have changed much of the philosophical basis of their practice thinking and patterns of behaviour. They have opened themselves to new learnings, events, situations, and innovative ways of working in a non-medical setting.

Now they are physically, culturally and politically situated within the education sector, within an organisational society extolling inclusive, ecological, and collaborative practices. As ardent proponents of collaborative practice they are intensely consultative in their practice behaviours and pursuit of contextualised partnerships with their clients, whether student, teacher or family/whanau, and do so for very important reasons. These occupational therapists and physiotherapists act as knowledgeable brokers for inclusion in Aotearoa/New Zealand schools,

being re-positioned as community and societal workers. Their ethos, as revealed in this study, reflects this stance. Perhaps they are the new breed of therapist for the new millennium, driven not only by theoretical perspectives, but also by what sits at the heart of their culture: *a student's (person's) inclusion*.

Yolanda: I think that in five years time we will look back and we will say “That was such an important time”.

CONCLUSION

This study set out to investigate the culture of practice of Ministry of Education, Special Education occupational therapists and physiotherapists to arrive at key insights and meanings about their shared ethos. Such meanings comprise the things that shape and make the group's ‘why of who we are’. As such, they give context and foundation to the very fabric of Ministry of Education, Special Education occupational therapists’ and physiotherapists’ practice norms and behaviour patterns.

Inclusion philosophy and inclusive practice permeates MoE-SE occupational therapists and physiotherapists collective worldview and is manifested in their actions, practice priorities and standards, language and ways of being an MoE-SE therapist. This system of values and beliefs influences the theoretical information they are drawn to, which in turn perpetuates the cycle of enculturation into the inclusion worldview. In addition, the ethos is informed and shaped by the Aotearoa/New Zealand government's schooling strategies and the special education legislative policy framework.

To this end, two significant considerations arise from the study for workforce development. First, there is a need to implement formal therapy-specific, contextualised induction, supervision and

mentoring for therapists new to the organisation. Second, occupational therapy and physiotherapy educators need to prepare graduates to practice in non-medical settings.

To assist these outcomes, the attitudes, values, and beliefs that shape MoE-SE occupational therapists' and physiotherapists' practice behaviours when working with students in regular schools are summarised as a set of guiding principles.

- *Practice inclusively:* Learn and apply the principles of inclusive education and inclusion philosophy. Become an inclusion broker, nestled within an ecological approach to school-based practice.
- *Practice collaboratively:* Reflect this way of being in all your consultations, communications, relationships, and teaming. 'Walk with' and 'talk with' others. Honour the client's voice, be it the student, teacher, family/whanau, school community, or all of these people.
- *Know the education system:* Know the Aotearoa/New Zealand legislative framework in its entirety. Know each individual school community and school culture. Seek to know what is contextually right for each student.
- *Enable students' learning:* Think learning in its broadest sense. Work for and enable learning outcomes and learning contexts for students in the context of the National Curriculum. Foster, guide, broker and build accessible learning environments for all students.
- *Enable participation:* Enable students to actively and fully participate in their school communities. Foster student belonging, membership and participation in the school community. Emphasize school occupations in context.
- *Advocate the notion of 'students being students':* Students have equal rights and choices alongside their peers. De-emphasise impairment-focused attitudes. Strengthen the notion of children and young people being valued for who they are, as students, people, learners, peers and friends.

And,

- *Become brokers for societal change:* Stand for the vision of Aotearoa/New Zealand as an inclusive, rather than disabling, society.

Finally, in the words of Snow (2004b):

When we think differently, we'll talk differently. When we think and talk differently, we'll act differently. When we act differently, we'll be creating change in ourselves and our communities. In the process, the lives of people with disabilities will be changed as well.

(p. 2)

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