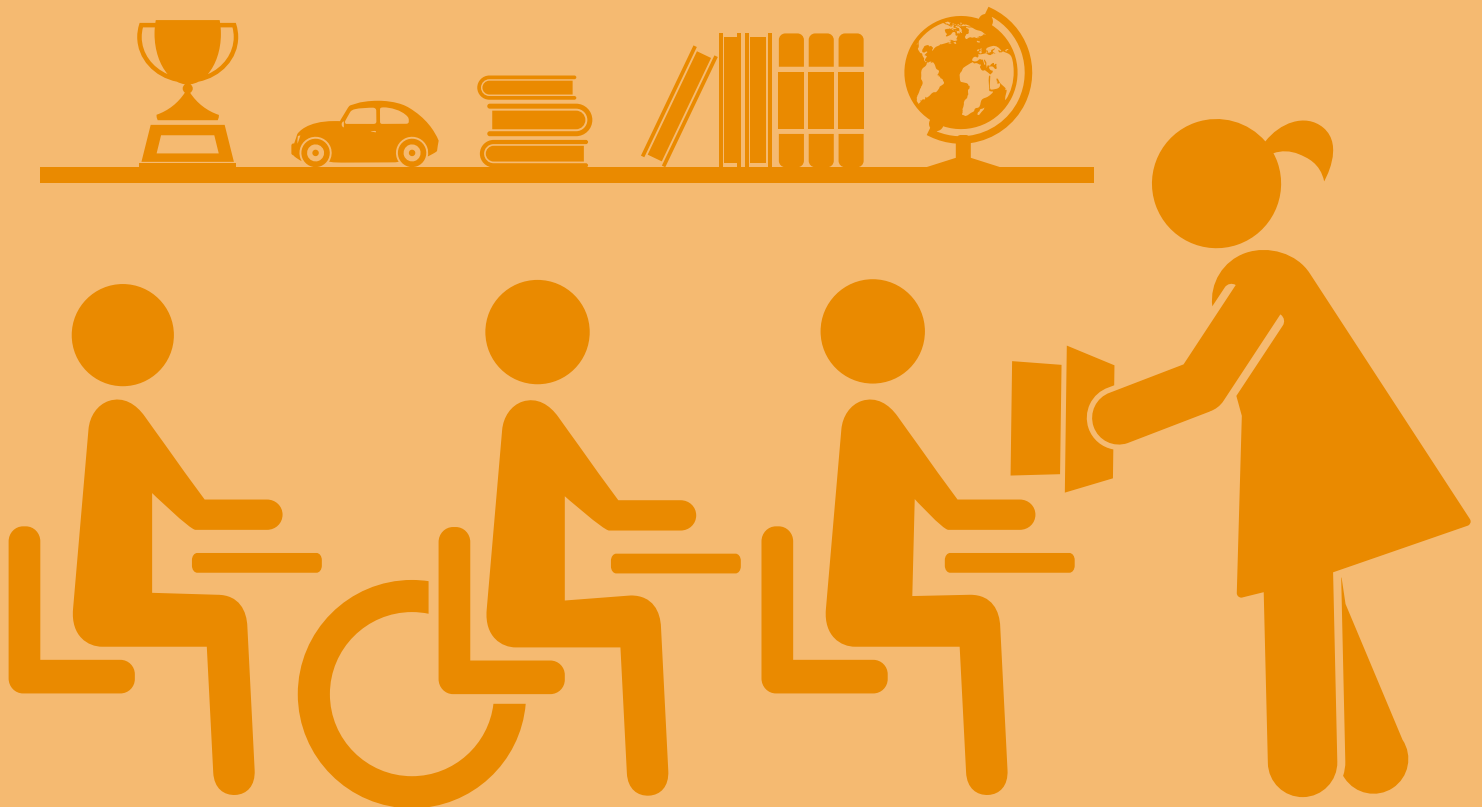


Comprehensive Review of the Special Needs Assistant Scheme

A New School Inclusion Model to Deliver the Right Supports
at the Right Time to Students with Additional Care Needs

March 2018

NCSE POLICY ADVICE PAPER NO. 6



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Contents

Index of Tables	iii
Index of Figures	iii
Foreword	v
Acronyms	vi
Glossary	vii
Executive Summary	2
1. Introduction	10
1.1 The SNA Scheme	10
1.2 Structure of Report	13
2. Review Process	16
2.1 Research Base	16
2.2 Consultative Process	16
2.3 Progress Report	17
2.4 NCSE Working Group to Develop a Proposal for a Better Model of Support	18
2.5 Finalisation of Conclusions and Recommendations	18
3. Key Findings	20
4. Proposal for a Better Way	30
4.1 Description of the Proposed Model	30
4.1.1 Guiding Principles	30
4.1.2 Care Needs and Additional Care Needs	31
4.1.3 Continued Role for Special Needs Assistants but Change of Name	31
4.1.4 Frontloading of Inclusion Support Assistant Posts	32
4.1.5 A Continuum of Support Framework	33
4.1.6 A Broader Range of Support Options is Available	35
4.1.7 Roles and Responsibilities under the Proposed Model	36
4.1.8 Role of the Inclusion Support Assistant	37
4.1.9 Implementation	39

5. Recommendations	42
5.1 Continuum of Support Framework	42
5.2 Range of Support Options	42
5.3 Allocation of Inclusion Support Assistant Posts	44
5.4 Allocation to Special Settings	46
5.5 Ring-Fenced Funding for Therapy Services	48
5.6 Management of Complex Medical and Behavioural Needs and Intimate Care Needs	50
5.6.1 Complex Medical Needs	50
5.6.2 Complex Behavioural Needs	51
5.6.3 Intimate Care Needs	52
5.7 Governance Framework	53
5.8 Guidance	54
5.9 Appeals Process	55
5.10 National Training Programme to Develop School Capacity	55
5.11 Implementation Plan	57
5.12 Separate note on SNA Terms and Conditions	59
 6. Conclusions	 62
 Appendices	 65
Appendix 1: Terms of Reference (September 2016)	66
Appendix 2: NCSE data on SNA supports 2011-2018	67
Appendix 3: Overview of Research Studies	68
Appendix 4: Consultation Process	94
Appendix 5: A Continuum of Support Framework	109
Appendix 6: Existing and Recommended Support Options	111
Appendix 7: Levels of SNA Support in Special Schools and Classes	114
Appendix 8: List of Recommendations	116
 Bibliography	 122

Index of Tables

Table 1: Increase in SNA support 2011-2017	67
Table 2: Distribution of SNA posts across school levels 2016-2018	67

Index of Figures

Figure 1: Continuum of Support Framework within an Inclusive School Culture	34
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Foreword

The NCSE has a vision of a society where children and adults with special educational needs are supported to achieve better outcomes in their education to enable them reach their potential.

One of our key roles is to provide the Minister for Education and Skills with policy advice on the education of students with special educational needs. We were very pleased to be asked by Minister Richard Bruton T.D. to carry out a comprehensive review of the SNA scheme.

We wanted to identify what was working well in the scheme and what, if any, improvements could be made to ensure that students are getting the right support to achieve their potential. We consulted widely, reviewed the research evidence and current practice in schools, as well as scoping practices internationally.

There is no doubt that the SNA scheme has been transformative. Many students would not be able to attend school without SNA support. Over 34,600 students are currently being supported and SNAs are deeply valued by students, their parents and schools. They provide an invaluable service.

It is clear from our work that improvements can be made to how students with care needs can be supported in schools. These students have a range of needs, not all of which can be met through the SNA scheme. This report sets out a proposal for an improved support model to deliver the right supports to students at the right time.

We greatly appreciate the support and contributions made by students, parents, principals, teachers, SNAs, SENOs and other stakeholders in completing this review. We are especially indebted to the members of the NCSE Working Group, led by the NCSE chairperson, Eamon Stack, for their commitment and dedication involved in developing the proposal for a new model of support.

The NCSE is confident that, if our proposals are accepted and fully implemented, students with care needs will have the right supports when they need them, and the focus of these supports will be on enabling students to achieve better outcomes and be better prepared for life as adults.

Teresa Griffin
Chief Executive Officer

March 2018

Acronyms

AIM	access and inclusion model
APP	Altered Provision Project
ASD	autism spectrum disorder
AT	assistive technology
BSCs	behaviour support classrooms
CAMHS	Child and Adolescent Mental Health Service
CPD	continuing professional development
DEIS	Delivering Equality of Opportunity in Schools
DES	Department of Education and Skills
DoH	Department of Health
EBD	emotional disturbance/behavioural disorders
EPSEN (ACT)	Education for Persons with Special Educational Needs (Act)
ERC	Educational Research Centre
FPA	focused policy and assessment
HSE	Health Service Executive
IGEES	Irish Government Evaluation and Economic Service
IEP	individual education plan
ISL	Irish sign language
NCSE	National Council for Special Education
NFQ	National Framework of Qualifications
NPC	National Parents Council
NEPS	National Educational Psychological Service
OT	occupational therapy
PDST	Professional Development Service for Teachers
QQI	Quality and Qualifications Ireland
SEBD	severe emotional disturbance/behavioural disorders
SENO	special educational needs organiser
SLT	speech and language therapy
SNA	special needs assistant
TA	teaching assistant

Glossary

Care Needs

Care needs are needs that can reasonably be expected to be met, with appropriate planning and preparation, by the teaching staff and, as necessary, through teachers upskilling their knowledge and practice; curricular differentiation; the use of assistive technology/specialist equipment; the adaptation of the learning environment; and the advice and support provided by NEPS, the NCSE, the HSE, and other support services.

Additional Care Needs

Additional care needs are needs that represent a significant barrier to students' ability to learn and participate in the school environment. They are described as additional care needs because they arise to the extent that some other or more intensive extra support, over and above what teachers can reasonably be expected to meet, is essential to include students with additional care needs and to provide better outcomes for them.

In this document the term 'care needs' is used in its broadest sense to include students who may require therapy supports, ISL support, Braille support and so on. It should not be taken to refer only to those who require personal or nursing care.

A Continuum of Support Framework

A continuum of support framework recognises that students' care needs occur along a continuum, ranging from mild to severe, and from transient to long term, and that students require different levels of support depending on their identified care needs (DES, 2017). Using this framework helps to ensure that support is incremental, moving from whole-school support to more targeted support to more intensive support, as required. This model is premised on the principle that students with the greatest level of need have access to the greatest level of support.

Frontloading

Frontloading means that a proportion of the available care support posts is allocated in advance (from the start of the school year) to schools to enable them to respond to existing and emerging need. A small number of posts are retained for allocation to schools on the basis of exceptional or unforeseen circumstances.

Inclusion

The NCSE's Consultative Forum proposed that inclusion is a process of¹:

- Addressing and responding to the diversity of needs of learners through enabling participation in learning, cultures and communities; and
- Removing barriers within and from education through the accommodation and provision of appropriate structures and arrangements to enable each learner to achieve the maximum benefit from his/her attendance at school (Winter & O' Raw, 2010: 39).

This concept of inclusion promotes the active participation of the learner as the primary aim rather than simple placement or accommodation. It emphasises the need for changes within the education system and the school to accommodate the learner (NCSE, 2011).

DES Guidelines for Schools states that 'meaningful inclusion implies that all pupils are taught in stimulating and supportive classroom environments where they are respected and valued' (DES, 2017).

Educational Outcomes

Educational outcomes for students with special educational needs include:

- Academic achievement-related outcomes (such as literary, numeracy, examination results);
- Attendance-related outcomes (such as school attendance, early school leaving);
- Happiness-related outcomes (such as wellbeing, confidence, positive relationships, self-esteem, attitude to school and learning, engagement in extra-curricular activities, quality of life indicators);
- Independence-related outcomes (such as resilience, socialisation, mobility, use of assistive technology, life skills);
- End of school outcomes.

(NCSE, 2014)

¹ This definition was noted by the NCSE Council and was based on a combination of the UNESCO (2005) definition and the description included within the Department of Education and Skills [Science] publication, *Inclusion of Students with Special Educational Needs: Post-Primary Guidelines* (2007).

Executive Summary

Introduction

In 2016, the Minister for Education and Skills, Richard Bruton, T.D. requested the NCSE to lead a comprehensive review of the special needs assistant (SNA) scheme and, as part of this review, to identify a model of support to provide better outcomes for students with disability and care needs.

The SNA scheme funds schools to recruit adult support to enable students with additional care needs attend school. The NCSE has found that the SNA scheme currently supports over 34,600 students in primary, post-primary and special settings. These students have many and varied care needs that require additional adult support in school including support for personal care, mobility, respiratory difficulties, complex medical needs and/or physical needs. The scheme includes support for deaf/hard of hearing students and those who are blind/visually impaired. Students presenting with challenging behaviour and those with severe communication difficulties may also require support through the scheme.

The Government has increased the level of investment in the scheme even throughout the economic recession. Between 2006 and 2011, the number of SNA posts in the system grew by 23 per cent (from 8,390 posts in 2006 to 10,320 posts in 2011). Since 2011:

- The number of students accessing SNA support has increased by 56 per cent (from 22,284 students in 2011 to 34,670 in 2017);
- The percentage of the overall student population with access to SNA support has grown from 2.5 per cent in 2011 to 3.7 per cent of students in 2017;
- There has been a 35 per cent increase in SNA numbers (10,320 posts in 2011 to 13,969 posts in December 2017);
- There has been a 36 per cent increase in the cost of the scheme – up by €126m to approx. €476m in 2017.

The Department of Education and Skills (DES) Action Plan for 2018 indicates that over 14,850 SNA posts may be required to be in place by end 2018.

The scheme is focused on developing students' independent living skills (DES Circular 30/2014) to the greatest possible extent, in line with individual age and ability.

NCSE Approach to the Review

The NCSE took great care to establish a strong evidence basis for the review and any proposals arising from the review. We undertook eight different research strands and arranged for extensive consultations; school visits; presentations to Council from experts including parents, academics, school principals, and Government departments (Education and Skills and Children and Youth Affairs). We submitted a progress report to the Minister in May 2017.

The **eight research strands** comprised: reviews of relevant international literature; how 32 different administrations support students' additional care needs; outcomes for 291 students after five years on the scheme; the operation of the scheme in 25 Irish schools; 200 professional reports to examine whether these reports, on their own, provided a sufficient basis for the allocation of SNA supports; a study on how a sample of students manage in post-school settings; findings from the DES-led Altered Provision Project²; and some literature on the delivery of in-school therapy supports.

The **consultation and reflection phase** included meetings with 37 different consultation groups; visits to 10 schools to speak to school staff and students in order to see how the scheme is working in schools; over 330 responses to an electronic survey; an additional 22 written submissions received from various individuals and organisations; and discussions with national coordinators from 18 countries arranged as part of a biannual meeting of the European Agency for Special Needs and Inclusive Education.

Review Findings

All 32 administrations surveyed by the NCSE had some scheme in place to meet students' additional care needs. All 18 European agency national coordinators reported that they were experiencing increased demand for care supports and struggling to find the right model.

We found that the SNA scheme has played a very important part in assisting students with additional care needs to attend schools, both mainstream and special. The scheme, as currently configured, works well and is particularly effective in meeting the needs of younger children and students for whom it was originally designed, i.e. students with more 'traditional' type care needs such as toileting, mobility, feeding and so on.

The scheme is greatly valued by parents, students and schools and there is evidence of an enduring loyalty and a strong attachment between many schools, students, parents and 'their SNAs'.

The scheme is flexible in that support intensifies or is faded in line with changing needs. We reviewed data returns from 291 students which showed:

- 11 per cent no longer required SNA support;
- 39 per cent reduced level of support;
- 10 per cent increased level of support;
- 40 per cent the same level of support.

² The Altered Provision Project is a DES-led project whereby additional teaching hours were provided in lieu of SNA support for students with emotional disturbance/behaviour disorder in a small number of post-primary schools.

There is frustration among stakeholders regarding the scheme's narrow focus which they suggest should be expanded, for example, to enable SNAs to meet student learning, emotional and social needs; and/or to include students without a diagnosis of disability but who have additional needs; and to deliver speech and language and/or occupational and/or physiotherapy programmes. Some groups, but by no means all, considered that teaching assistants should be introduced to assist in meeting some of these wider learning-related needs.

A rigorous study of teaching assistant support on over 8,000 students in English schools indicated that the more support students received from teaching assistants, the less academic progress they made (there was a consistent negative relationship between the amount of support students received and their progress in maths, science and English).

There is some emerging evidence from smaller-scale studies that given adequate training and support, paraprofessionals can support students in certain specific evidence-informed interventions with positive outcomes. There is also emerging evidence that in certain situations, students who receive peer support do better on certain measures (e.g. achievement of social goals) than those who received adult support alone.

On balance, the NCSE has concluded that there is insufficient evidence at this point in time to recommend the introduction of teaching assistants to support students with special educational needs.

We have found that the SNA scheme is less effective for some older primary and post-primary students. An overreliance on SNA support can result in these students experiencing alienation and stigma. While SNAs are doing good work and meeting care needs of students, some young people with disabilities appear overly dependent on SNA support and are not adequately prepared for life in their post-school setting.

Our analysis of 200 professional reports indicates that, on their own, these reports did not contain sufficient information to provide the basis for allocation of SNA supports.

Some SNAs have a teaching remit within schools despite this being clearly beyond their remit and/or qualifications.

In May 2017, the NCSE sent a progress report to Minister Bruton which summarised the above emerging findings. We reported our concern that some SNAs were undertaking medically complex and invasive procedures and supporting students with extremely challenging behaviours without adequate training and supervision being provided.

In an immediate response to this concern, the DES set up a cross-sectoral working group to examine the arrangements, including training, that should be in place to meet the needs of students with complex medical needs in school. The NCSE review therefore does not explicitly address how complex medical needs should be addressed in schools as this aspect is covered by the cross-sectoral working group.

Overall we have concluded that a better model of support is required. SNAs are seen as the answer to everything and work within a scheme that is 'a blunt instrument' to address a wide range and variety of needs. We reported that it was possible to devise a better model of support and informed the Minister of our intention to establish an NCSE-led working group comprising relevant stakeholders to assist in developing a proposal for an improved model for providing care supports. The Minister requested that the working group be chaired by the NCSE chairperson, Eamon Stack.

The NCSE Progress Report is available on our website at: <http://ncse.ie/policy-advice>

NCSE Working Group

The working group met 18 times between July and December 2017. In line with its term of reference, the working group reported to the NCSE Council at the end of December 2017 and set out a proposal for a better model of support for students with additional care needs and made a number of recommendations to give effect to its proposals.

The working group concluded that students with additional care needs required the right support at the right time and that a range of personnel with relevant qualifications and skillsets was required to provide this support. For example, a student who is profoundly deaf requires communication support from an appropriately trained ISL communicator. A student with very complex medical needs may require a nurse-led service for appropriate training and oversight of school-based interventions. Schools require support from behaviour practitioners to identify and address the root causes of some challenging behaviours. Without relevant advice, there is a risk that challenging behaviour will continue to be contained but not ameliorated.

The proposed model is more equitable because students will have access to the necessary supports based on their needs rather than a disability diagnosis – thereby enabling more immediate and consistent access to supports.

The NCSE Council agreed with the working group that the focus of supports should be on developing student's independence, improving school and teacher capacity for supporting students with additional care needs and providing training opportunities for the whole school community.

The working group's report is available on the NCSE website at: <http://ncse.ie/policy-advice>

NCSE Recommendations

Based on work completed for this review, we are now recommending that the DES introduce an improved model of support for students with additional care needs. We are making 13 overall recommendations to give effect to the proposals outlined below.

A Frontloaded Allocation Model

A frontloaded allocation model ensures that SNA posts are in school and available immediately to students on their arrival – this reduces the need for individual applications.

Analysis undertaken by the Educational Research Centre indicates that the special education teacher allocation provides the strongest predictor of the level of care needs in a school and should be used as the basis for frontloading the majority of available care support posts. A smaller proportion of the posts should be retained to be allocated (by the NCSE) for exceptional circumstances that can arise in schools.

Existing and new care support staff in schools should be renamed as inclusion support assistants as this title better reflects the increased focus on developing student independence and moves away from special needs terminology which is often disliked by students and parents. The term 'SNA' should no longer be used.

A Continuum of Support Framework

Schools then deploy supports in line with a continuum of support framework where students receive support, as indicated by their identified level of need, from whole-school to targeted-school to intensive-school support levels.

NCSE Regional Support Service with the Right Supports

In order to ensure that the right supports are available for schools and students it is proposed that:

- The NCSE develops 10 fully staffed regional support teams to build school and teacher capacity through continuing professional development (CPD) and in-school support. The NCSE teams should comprise specialist teachers; SENOs; speech and language therapists (SLTs); occupational therapists (OTs); and behaviour practitioners. These teams will work in collaboration with NEPS, HSE and other services to deliver the right supports to schools, students and parents.
- Ring-fenced funding is provided for the development of an in-school therapy service. The nature and composition of this service should be determined following evaluation of the in-school speech and language therapy demonstration project which is planned to be introduced in the next school year.
- Ring-fenced funding is provided for the delivery of a specified level of health supports for the small number of students who have very complex needs and require clinical and specialist support over and above what can be provided through the in-school model of delivery.
- A nurse-led service is in place to provide oversight and training where deemed essential (for example where a child has a very complex tracheostomy).

- The DES and Department of Health agree and deliver the health and education supports that are required to meet the very complex needs of students in special schools and classes.
- Irish Sign Language (ISL) qualified assistants are in place to support profoundly deaf students whose primary language is ISL. This should be aligned to the requirements of ISL Act 2017.
- A national training programme is introduced (at level 5 on the National Framework of Qualifications) for existing SNAs who do not have the requisite level of relevant training and for new inclusion support assistants on appointment. Further focused training is also made available tailored to the needs of specific students being supported.
- Further training on supporting students with additional care needs is made available for the entire school community, to include principals; parents; teachers; inclusion support assistants; members of boards of management; ancillary staff; and bus escorts.

Implementation

If the proposed model is accepted, in advance of full implementation, there needs to be:

- A **phased introduction** into a number of schools. This will provide an opportunity to build confidence in the model and time to make any necessary refinements to the model, based on schools' experiences;
- A **consultation phase** between the DES and stakeholders, including around appeals. This again will build confidence in the model and provide an opportunity for stakeholders to inform the development of the model in advance of full implementation;
- **Funding** to allow for:
 - A fully staffed NCSE regional support service;
 - Expansion of NEPS to enable a sufficient level of service to be provided to special schools and classes;
 - Development of a national training programme.
- **Guidance** for schools, parents and other stakeholders;
- **Publication** of associated reports including:
 - NCSE Comprehensive Review;
 - Report of the NCSE Working Group;
 - NCSE Progress Report;
 - Report of Cross-Sectoral Working Group on Nursing Supports for Complex Medical Needs.

In addition appropriate arrangements must be in place to ensure adequate provision of therapy services for students who require access to them.

The NCSE made 13 overall recommendations to give effect to the proposals outlined above. A list of these 13 recommendations is outlined in Appendix 8.

Conclusion

The NCSE is conscious that the SNA scheme is very valued by parents and schools. Any proposal to change the model is likely to be met with resistance and deep suspicion unless parents and schools see that an improved system is being put in place which will result in the right supports being available for students in a timely and equitable manner.

If the proposed model is implemented, we are confident that schools will be better able to support students with additional care needs to achieve better outcomes because the model provides more immediate and equitable access to a broad range of support options that are delivered by appropriately qualified and trained personnel.

Introduction

1. Introduction

The Minister for Education and Skills, Richard Bruton, T.D. aims to make the Irish Education and Training service the best in Europe by 2026³. He recognises that to achieve this aim, all students must be equipped with the skills and knowledge they need to achieve their individual potential and to participate fully in society and the economy.

As an integral part of this development of the education system, the Minister requested the NCSE to lead a comprehensive review of the SNA scheme, in consultation with other relevant Departments and State Agencies. The review's terms of reference included that the NCSE would:

1. Identify and recommend how, in the future, the additional care needs of students, over and above those needs that could be reasonably expected to be managed by teaching staff, should be met; and
2. Identify and recommend the most appropriate form of support options to provide better outcomes for students with special educational needs who have additional care needs, having regard to the significant amount of State investment in this area.

The full terms of reference are set out in Appendix 1.

The NCSE is clear that the intention of this review is not about limiting or reducing the level of Government investment. Rather it is about identifying if the Government's considerable investment is delivering the right supports to students with additional care need and, if not, advising what those supports should be.

We would like to acknowledge the work of schools, their management bodies, principals, teachers, SNAs and parents in supporting thousands of students with additional care needs to be included in schools over many years.

1.1 The SNA Scheme

The SNA scheme was introduced to provide schools with additional adult support staff to enable students with disabilities, who also have additional care needs, to attend school.

This support has undoubtedly made a substantial contribution to enabling these students to be educated both in special and mainstream schools. It has also facilitated the Government's policy of including students with special educational needs in mainstream schools to the greatest extent possible, in line with their abilities.

³ Government of Ireland (2018). *Action Plan for Education 2018*.

DES Circular 30/2014 sets out the roles and responsibilities of classroom and special education teachers and those of SNAs. This circular states that:

- The focus of the scheme is to develop students' independent living skills.
- The nature of the student's care needs must be outlined in medical and other professional reports as being so significant that a student will require additional adult assistance in order to be able to attend school and to participate in education.
- SNAs are required to work under the direction of the principal and to support the class/subject teacher in meeting the additional and significant care needs of some students.
- Schools apply to the NCSE for SNA support and applications are considered by the NCSE's special educational needs organisers (SENOs). The level of SNA support sanctioned is adjusted up or downwards by the SENO over time, in line with student needs.

By the end of December 2017, SNAs were employed in schools to support over 34,600 students with a wide range and variety of additional care needs requiring support; for example:

- Eating where students have difficulties with swallowing or mobility.
- Taking necessary medication where otherwise the amount of assistance the student requires would overly disrupt normal teaching time.
- Toileting and general hygiene.
- Managing frequent and prolonged epileptic seizures.
- Withdrawing a student temporarily from a classroom when this is essential for safety, personal care, medical reasons or where the student is frequently distressed arising from his/her special educational needs.
- Severe communication difficulties where, for example a student is non-verbal.

The NCSE wishes to acknowledge the significant support the Government has consistently invested in the SNA scheme before and throughout the economic recession. NCSE data show that:

- Between 2006 and 2011, the number of SNA posts in the system grew by 23 per cent (from 8,390 posts in 2006 to 10,320 posts in 2011);
- Between 2011 and 2017 the number of SNA posts grew by 35 per cent (from 10,320 posts in 2011 to 13,969 posts at end December 2017);
- Between 2011 and 2017 the percentage of the overall student population with access to SNA support grew from 2.5 per cent in 2011 to an estimated 3.7 per cent in 2017;
- Between 2011 and 2017, the cost of the scheme rose by 36 per cent from €350m to €476m;
- Between 2011 and 2017, the numbers of students accessing SNA support increased by 56 per cent (from 22,284 students in 2011 to 34,670 in 2017).

The DES Action Plan for 2018 indicates that over 14,850 SNA posts may be required to be in place by end 2018.

Further statistics are available in Appendix 2.

Despite the level of SNA support being higher than it has ever been, the perceived public view is that the level of SNA support available has been decimated in recent years. Many parents speak of their struggle to get SNA support for their children. Many schools speak of how they dread reviews from the SENOs for fear that supports will be cut. SEN decisions to reduce SNA support in individual circumstances can often be met with strong resistance even when it is clear that the student's care needs have diminished.

The level of anxiety that such public discussion engenders among parents and schools is considerable and must be taken into account when considering any proposal to change the scheme and/or any reforms that may be necessary or desirable in the future.

The growth in additional paraprofessional support⁴ in classrooms is not confined to schools in Ireland. The inclusion of students with special educational needs in mainstream schools has increased greatly across most developed countries in recent years and with this has come an increase in the appointment of paraprofessionals to support these students. Countries across Europe, the US, Australia and New Zealand all report unprecedented growth in such support. For example, in England, the number of full-time equivalent teaching assistants has more than trebled since 2000: from 79,000 to 243,700 in 2013 at an annual cost of approximately £4.4 billion.

We have found that policy makers and education providers in these countries are reflecting on many of the same questions and issues that arise in the Irish context – most particularly on how to identify the most appropriate forms of support for students with special educational needs, and how best to deploy these supports so as to improve the quality of engagement and outcomes for these students.

⁴ The term 'paraprofessional' is used interchangeably in the literature with other terms such as teaching assistant, para educator, instructional assistant, teaching assistant, educational assistant, teacher's aide or classroom assistant. Regardless of terminology used, paraprofessionals are generally understood to provide assistance to the teacher in the classroom situation. Their duties generally include pedagogic support which is different to the care role of SNAs in Irish schools where duties of a teaching nature are specifically excluded.

1.2 Structure of Report

This report of the NCSE Comprehensive Review of the SNA scheme is set out in the following sections as follows:

Section 2 Review Process

Section 3 Key Findings

Section 4 Proposal for a Better Way

Section 5 Recommendations

Section 6 Overall Conclusions

Review Process

2. Review Process

This comprehensive review was informed by robust and wide-ranging research and consultative processes.

2.1 We ensured the review had a robust research base

The NCSE undertook eight research strands to establish a broad and robust evidence base for this review. Much of this work was undertaken in-house or led by the NCSE as we were aware that there is a paucity of directly comparable research in this field. The eight strands were:

1. A review of published research evidence on the impact of paraprofessional support on educational outcomes for students with disabilities.
2. A cross-country review of the use of non-teaching adult support staff in the classroom to support students with disabilities and/or students with additional care needs.
3. A review of an anonymised sample of SENO reports to examine how SNA support is distributed across different care needs and what the outcomes are for students accessing this support.
4. A review of the operation of the SNA scheme in schools.
5. A review of a sample of professional reports accompanying applications for SNA support.
6. A study of how well young people with disabilities are prepared for life after school.
7. A review of the Altered Provision Project – commissioned by the NCSE on behalf of the Department of Education and Skills.
8. A small-scale examination of some of the available findings on models of provision for in-school therapy support for students with additional care needs.

An overview of the findings of these research studies is provided in Appendix 3 of this report.

We took particular note of the findings of previous reports on the scheme including: the DES Value for Money and Policy Review (2011); the Report of the Joint Committee on Education and Social Protection on the Role of the Special Needs Assistant (2016); and the Focused Policy Assessment of Data on the SNA (IGEES, 2017).

2.2 We engaged in a widespread consultative process

The NCSE met 37 groups of different stakeholders including parents, students, SNAs, teacher representatives, school management, advocacy groups, principals, HSE professionals, DES officials and other relevant Government departments as well as the NCSE's special educational needs organisers (SENOs).

In addition, the NCSE made a public call for written submissions and over 330 partners and stakeholders responded to an online questionnaire.

Separately submissions were received from a number of different organisations and individuals.

Council members fully discussed the review at its meetings and its discussions were informed by expert opinion provided through inviting presentations from parents, teachers and other experts – a list of those who presented is included in Appendix 4.

Council members visited ten schools (which included mainstream schools with, and without, special classes and special schools) to see how the scheme was working on the ground for students with additional care needs.

A description of the consultative process is provided in Appendix 4 and includes:

- Findings from the consultative process;
- A full list of the groups met as part of the consultation;
- A breakdown of the stakeholder responses received through the online survey along with a list of those who submitted separate written responses.

2.3 We provided a progress report to the Minister at end May 2017

This report summarised NCSE progress to date on reviewing the scheme and provided emerging findings based on a preliminary analysis of information from the consultation and research strands of the review.

This report recognised that the SNA scheme, as currently configured, has many positive features and has the confidence of parents and schools. The scheme makes a substantial contribution to supporting the inclusion of students with special educational needs and meeting their care needs in schools. There is no doubt that many children would not be able to attend their local mainstream and special schools without SNA support. Others would not be able to attend school at all. Such support continues to be necessary for these students.

We found that the scheme is particularly effective in meeting the needs of students for whom it was originally intended, that is students with more 'traditional' type care needs such as toileting, mobility and/or eating. It continues to be necessary for this cohort of students. However we also reported concerns arising from the first phase of the review. These concerns centred on the need for adequate training and supervision to be provided to SNAs undertaking medically complex and invasive procedures.

In an immediate response to the Progress Report, the DES set up a cross-sectoral working group to examine the arrangements, including training, that should be in place to meet the needs of students with complex medical needs in schools. The NCSE's Comprehensive Review is informed by the report from this working group.

The Progress Report also informed the Minister of our intention to establish an NCSE-led working group comprising relevant stakeholders to assist in developing a proposal for an improved model for providing care supports. The Minister requested that the working group be chaired by the NCSE Chairperson, Eamon Stack.

The NCSE Progress Report is available on our website at: <http://ncse.ie/policy-advice>

2.4 We established an NCSE Working Group to develop a proposal for a better model of support

The working group's term of reference was to:

Identify and develop a proposal for a model of support to provide better outcomes for students with special educational needs who have additional care needs.

The working group membership comprised people with a wide range of backgrounds and experience including parents, advocates, principals, an SNA, researchers, DES officials (including members of the Inspectorate and NEPS), NCSE (council members and officials) and officials from the HSE, Departments of Children and Youth Affairs and Public Expenditure and Reform. The working group met 18 times between July and December 2017.

The NCSE Working Group did not consider in any detail what supports should be in place for students with complex medical needs because a different cross-sectoral working group had been set up to consider their needs.

The NCSE Working Group report set out an agreed proposal for a better model of support for students with additional care needs and made a number of recommendations for actions required to put this model into effect. The report was forwarded to the NCSE at the end of December 2017.

The NCSE Council considered the working group's recommendations in the context of the findings from the research and consultation phases and considered that its report had met its term of reference. In particular the Council welcomed the working group's focus on developing students' independence and resilience, improving school and teacher capacity for supporting students with additional care needs and on providing training opportunities for the whole school community.

The working group's report is available on the NCSE website at: <http://ncse.ie/policy-advice>

2.5 We finalised our conclusions and recommendations

In finalising our conclusions and recommendations, we considered findings from our research and consultative processes as well as the findings of two working group reports. Our findings and recommendations are set out in the next section.

Key Findings

3. Key Findings

The NCSE's key findings are set out in the following sections. These findings are informed by all elements of our review including research, consultation, expert opinion and working group reports.

Key Finding 1

The SNA scheme, as currently configured, has worked well and has many positive and worthwhile features.

The SNA scheme has, over the past 20 years, greatly assisted students with additional care needs to attend mainstream and special schools.

The scheme appears to be particularly effective in meeting the needs of younger children and students for whom it was originally designed, i.e. those students with more 'traditional' type care needs, such as toileting, mobility, feeding and so on.

The scheme is flexible in that it enables SENOs to respond to the changing needs of students by adjusting the level of support provided in line with changing needs. Many SNAs also demonstrate flexibility in responding to students' additional care needs as they arise across a very wide range of needs, age, ability and settings within schools (classrooms, subjects, yard, break-times, corridors and so on).

Throughout the consultation process, evidence emerged of the enduring loyalty and very strong attachment that exists between many schools, students, parents and 'their SNAs' – many schools openly declared that 'we couldn't do without our SNAs' and they view SNAs as being very committed to their work. Many teachers report that they are overburdened with the demands of the curriculum and the challenge of managing and teaching class groups with a wide range of abilities, needs, interests and aptitudes. Teachers also report that society has changed and that classrooms are changed environments as a result. Teachers consider that SNAs can offer support and assistance to them to meet these challenges.

In turn, SNAs reported that they love their jobs and derive great satisfaction from working with students with special educational needs and that they are totally dedicated to meeting their needs. Many SNAs are highly qualified and have undertaken further training and qualifications in their own time and at their own expense.

Parents of children with additional care needs place great value on their child having access to an SNA – in many cases, this is because they feel their child couldn't be in school without this assistance as they need help with personal care needs such as toileting, mobility, feeding and so on. For a number of children who have life-limiting or very complex medical needs (e.g. cardiac or respiratory failure), their parents fear their child might not survive the school day without an SNA to attend to them at all times. Other parents report they are simply relieved there is someone to take individualised care of their child whom they consider would otherwise be vulnerable in school.

Key Finding 2

SNAs work within a scheme that is a blunt instrument to deal with the very wide range and variety of needs, age ranges, developmental stages and school settings.

Different forms and intensity of support are required by students to address the range of needs they can have. Some students have needs that span a number of the headings below. These needs can include assistance with:

- Toileting, feeding, mobility;
- Managing sensory overload, extreme anxiety, or coping with transitioning from classrooms during the school day;
- Communication, e.g. where a student is non-verbal;
- Interpretation support, e.g. students whose primary language is Irish Sign Language;
- Therapy programmes such as speech and language therapy or occupational therapy;
- Managing challenging behaviours;
- Managing complex medical needs.

In addition, consultation groups consistently describe a cluster of student needs that, in their view, interfere with a student's engagement in learning and hinder his/her ability to keep up with other students in the work of the classroom. As described such needs include difficulties with task initiation; concentration/staying on task; interpreting teachers' instructions; recording homework and/or transcribing written work; personal organisation and orientation.

While some of these needs fall into the traditional SNA role, for others a different support would be more appropriate. There is a continuum of need in this area. At the less extreme end we consider that a student's needs can be met by the class teacher with the appropriate use of technology e.g. by taking a photo of written work instead of transcription or emailing homework home.

It is clear that schools continue to need additional adult support to address students' significant care and support needs and that some students could not attend school without SNA support. It is also important to remember that sometimes problems arise not from the student's disability but because of barriers created within the student's environment, such as inaccessible buildings, or where teachers and/or other staff require additional training or where the school environment does not take students' sensory issues into account.

The NCSE has found that the SNA is seen as the answer to everything and that however well-intentioned, access to SNA support on its own cannot possibly address the wide range, diversity and complexity of student needs that currently present in schools.

We also consider that the scheme, as currently configured, is less appropriate and effective in post-primary schools where many older students wish to develop greater independence, do not wish to be seen to be different to their peers and, while they may need additional support, do not wish to be associated with having SNA support.

What is needed is a broad range of support options as outlined in the following section of the report.

Key Finding 3

A broader range of support options is required to address students' additional care and support needs in schools.

The NCSE consider that the broader range of support options required to address students' additional care needs includes timely access to support from personnel with relevant qualifications and a wide set of skillsets.

Examples are set out below:

- A student may require support because of severe sensory processing difficulties associated with an ASD diagnosis.⁵ In such cases, his/her school may require support from a behaviour practitioner to assist in addressing the behaviour difficulties that arise from the sensory processing difficulties. The school may also require advice from an occupational therapist to explore environmental adaptations that could assist in reducing the level of sensory difficulty the student experiences in the first place. These interventions will help the student build coping skills, and not just manage the symptoms.
- Some students may require support because of high-level medical needs (some arising from life-limiting conditions) that require complex and sometimes invasive interventions including gastrostomy and jejunal feeding; tracheostomy care requiring deep suctioning in some cases; stoma care; infection control; vital signs monitoring; respiratory care; oxygen therapy; epilepsy management in severe cases; catheterisation and so on. The NCSE is very concerned that SNAs, who are not required to have any clinical training or qualifications and do not have any clinical oversight, are expected to carry out this work.
- Other students may require support because of severe emotional difficulties or challenging behaviour. These difficulties can arise from an inability to communicate emotions or needs in an effective way and in such cases students need access to interventions to support the development of emotional literacy. In some cases, these behaviours are displayed on a frequent or constant basis and can have very serious outcomes for the students themselves and/or other students and/or staff members.

⁵ Students with ASD represent a significant percentage of all students who access SNA support in mainstream schools, and ASD classes constitute about three-quarters of all special classes, all of which have a baseline level of SNA support allocated.

While access to SNA support may help to contain students' behaviour symptoms it does very little to ameliorate their underlying need. Instead what schools require is support from a behaviour practitioner to assist them in undertaking a functional assessment of students' behaviour. This will inform the development of an appropriate behavioural plan which addresses the underlying causes of his/her difficulties.

The NCSE has already published detailed policy advice on the appropriate supports and strategies required to support students with challenging behaviour arising from severe emotional disturbance/behavioural disorders which is available on the NCSE website at: http://ncse.ie/wp-content/uploads/2014/09/EBDPolicyReport_1.pdf.

In addition, findings from the Altered Provision Project, albeit a small-scale project, appear to indicate that additional teaching support, rather than SNA support, may work better for students with EBD who might benefit from more focused additional teaching and specialist intervention.

- A student with significant social communication difficulties may require that his/her teachers have access to support from a speech and language therapist to assist in drawing up his/her student support plan.
- Students who are profoundly deaf (without a cochlear implant) may require a competent ISL communicator to support them in the school setting

Key Finding 4

Some students are not well prepared for life after school.

The NCSE is concerned by reports that some students are becoming over-dependent on adult support and are not sufficiently developing their own independent life skills. This is despite the fact that current supports are supposed to be used to promote student independence. We are also concerned that the presence of additional adult support can in some cases affect the development of social skills where a student relates more to the adult rather than to his/her peers in the school setting.

The Government's Comprehensive Employment Strategy for People with Disabilities 2015-24 aims to increase employment rates among people with disabilities, with a particular focus on ensuring that newcomers leaving school or education can successfully enter the labour market. Its first strategic goal is to build skills, capacity and independence, especially among school students. Action 1.4 of the strategy calls for SNA support to be linked to individual planning for each student with a focus on developing students' independence skills. Action 1.5 provides for periodic review of the needs students have for SNA support.

Yet, the study undertaken as part of this review found providers of adult services reported that some older students were over-protected in school and as a consequence were not well prepared for life after school. They felt the focus of a student's educational and care plans did not sufficiently include the development of independent living skills.

We consider that all young people should be supported to develop independent life skills in line with their individual potential so they are prepared for life after school. The same expectations should apply to students with additional care needs and this underlines the importance of ensuring that SNA support is delivered to maximise the student's achievement of independence in line with their age and ability. In other words, support provided should be adequate, but not in excess of what the student requires.

A focus on developing student independence means a school support plan is put in place that enables the student to develop independence and takes into account the supports that will be available in his/her post-school setting.

In conclusion, additional care supports in schools should be directed towards students achieving independence and resilience and developing their social competence. SNAs can play an important role in assisting schools to support student with some of these needs, e.g. toileting, mobility, feeding, breaks when required due to sensory overload, helping a student to manage anxiety and so on. However the aim for all students should be that they become less dependent on such support as they move through the education system – to the extent this is possible in line with students' age and ability.

Key Finding 5

There are gaps in the system of support.

The NCSE believes the system of support for students with additional care needs can only function effectively when the different components of the system are in place including class and specialist teachers, SNAs, teacher supply, leadership in schools and HSE supports.

We have found this is not always the case and we have identified gaps in the system, as outlined here:

- SNAs, who are not required to have any clinical training or qualifications and with reportedly limited or inadequate training, are expected to undertake highly complex intimate and/or invasive medical interventions, some of which would challenge qualified general nurses. (We note that the Joint Oireachtas Committee Report recommends that appropriate supports need to be provided for the administration of medications and specifically for catheterisation).
- SNAs are sometimes expected to manage very challenging behaviours, often without the required skillsets, training and adequate supervision.
- Schools sometimes require support and advice from external services in addressing students' more complex needs. The National Educational Psychological Service (NEPS) and the NCSE regional support services need to be adequately resourced to provide guidance and practical support to schools for these students, particularly those in special schools and classes. This support needs to be available in the areas of learning, emotional and behavioural development, sensory needs, social and communication skills and so on.

In particular special schools and classes require a comprehensive service from NEPS given the complexity of needs of students enrolled in these settings. NEPS advises that the delivery of such a comprehensive service requires a significantly greater allocation of service time than it is currently possible to deliver.

- There are long waiting lists for HSE-funded therapy services such as speech and language therapy, OT, psychiatry, clinical psychology and so on. Some special schools urgently require nursing supports. The NCSE has previously advised of the need to ensure such services are available in a consistent and timely fashion.
- Support for schools in managing challenging behaviour is now recognised as a growing need in many schools (including primary and special schools). To date it has not proved possible to address the extent of schools' support needs in this area – either through NEPS or Child and Adolescent Mental Health Service (CAMHS) or clinical psychology. As a result, challenging behaviour in schools is being contained but the underlying reasons for the behaviour is often not being identified or addressed.
- There is no national training programme available for SNAs who require access to training that is appropriate for the many and varied needs they are required to undertake in the school setting.

Key Finding 6

SNAs are being given a teaching remit in some schools.

Research evidence consistently identifies the quality of teachers and their teaching as the most important factor in student outcomes, including outcomes for students with complex special educational needs.

International studies highlight the need to clarify the roles and boundaries for teachers and paraprofessionals so that students with disabilities have sufficient access to highly qualified class/subject teachers and special education teachers. The interesting thing is that in Ireland, contrary to international experience, the roles of special needs assistants and those of teachers are very clearly defined in DES circulars. These circulars state unambiguously that SNAs are there to assist teachers in meeting the care needs of students and they do not have a teaching role.

However the impression is created that some teachers and some SNAs do not seem to want to observe these distinctions and that the difference between the care and teaching role is blurred on a daily basis in Irish schools. It appears that in some schools SNAs are being given a teaching type remit and some students with care needs are being 'taught' for some of the day by SNAs. As a result, students are spending time away from their class teachers and other students with people who, however well intentioned, are not qualified teachers.

We note that the Joint Oireachtas Committee Report also found that the policy in relation to the SNA role as laid out in the DES Circular 0030/2014 does not match the reality of how the role functions in many cases. Their report concluded that the role has expanded to include an administrative, therapeutic, teaching and behavioural function.

Meeting the full educational requirements of students with special educational needs requires fully qualified teachers equipped with the necessary teaching and pedagogical skills. This includes an understanding of how children learn and develop; how to identify and assess students' strengths and learning needs; how to develop a plan to meet these needs; how to select and implement appropriate teaching methodologies and evidence informed interventions to meet students' identified needs; and how to assess, monitor and review student progress.

The DES recognises that some students have additional needs in areas such as learning, communication, behaviour, social skills, and organisation and so on. Almost 14,000 additional special education teachers are allocated to schools to support the class/subject teacher to meet the needs of these students. Consultation groups saw these teachers as working only in the area of literacy, numeracy and other academic areas and appeared to discount that these teachers were there to support students' education in the broadest sense including their social, communication and life skills. The NCSE is aware that in some schools special education teachers are engaged in this broader work but considers that teachers and principals should work together to ensure that this is the case in all schools.

The research on paraprofessionals remains insufficient at this point in time to recommend, with any degree of confidence, that the role of the SNA should be expanded into that of a teaching assistant type role or that such a role be created, especially given the number of special education teachers allocated for students with additional needs. In fact recent significant research indicates that such a move could adversely affect students' academic achievements.

The NCSE is concerned at reports that teachers can become over-reliant on SNAs and see them as the 'expert' on the child with care needs. One example of where this can occur is when very experienced teachers retire or leave and are replaced by relatively inexperienced teachers working alongside more experienced SNAs. This has potentially very serious consequences for students with special educational needs as it can result in teachers who may cede responsibility for the care and education of students in their classroom. We are concerned that this has the potential to bring about a deskilling of teachers and a lack of confidence in their own ability to teach and care for these students.

In its most recent guidelines to schools, the DES has again reiterated that the class/subject teacher bears primary, frontline responsibility for the education and care of all students in their classes, including those with special educational needs. This includes supporting students to develop in all aspects of their lives – spiritual, moral, cognitive, emotional, imaginative, aesthetic, social and physical.

Key Finding 7

A better model of support is required.

Following an extensive research and consultation phase, the NCSE was confident that a better model could be found for supporting students with additional care needs which would provide for better outcomes for them.

In our Progress Report (May 2017), we advised the Minister of our intention to establish an NCSE-led working group, comprising relevant stakeholders to assist us in proposing an alternate and improved model for providing care supports, having regard to the significant amount of State investment in this area. The proposal set out in the following sections of this paper is based on the report from this working group.

Proposal for a Better Way

4. Proposal for a Better Way

We set out our proposal below which is based on and incorporates the model proposed by the NCSE Working Group on Additional Care Needs.

It is also firmly based on the:

- Expertise and experience of our Council members;
- Findings available through our research and consultative processes;
- Recommendations of the Working Group on Complex Medical Needs.

The proposal also meets the terms of reference set for the comprehensive review which are available at Appendix 1.

4.1 Description of the Proposed Model

4.1.1 Guiding Principles

The following guiding principles underpin the proposed model of support for students with additional care needs:

1. All students, irrespective of special educational need, are welcomed and enabled to enrol in their local schools.
2. Schools make the necessary adaptations to include students with additional care needs.
3. Additional supports are deployed and managed effectively by schools to support those students with additional learning and care needs who most need them.
4. Allocation and deployment of supports is flexible and responsive to students' needs and focused on delivering the right supports to meet additional care needs at the right time.
5. The use of additional care supports is focused on the development of students' independence so they are enabled to live independent lives when they graduate from school – in line with their individual abilities.
6. Additional care supports are used to drive better outcomes for students.
7. Parents' engagement in their child's education is of central importance.
8. Student participation and engagement in learning and other aspects of school life is promoted. Students will be facilitated to have a voice in decision-making about how they are to be supported in school.

4.1.2 Care Needs and Additional Care Needs

Students present in schools with a very wide range of additional care and support needs that vary in complexity and severity and occur across a wide age-span. Many students have care and support needs that can reasonably be expected to be met, with appropriate planning and preparation, by the teaching staff and, as necessary, through teachers upskilling their knowledge and practice; curricular differentiation; the use of assistive technology/specialist equipment; the adaptation of the learning environment; and the advice and support provided by NEPS, the NCSE, the HSE, and other support services.

Other students have additional care needs that represent a significant barrier to their ability to learn and participate in the school environment. These are described as additional care needs because they arise to the extent that some other or more intensive extra support, over and above what teachers can reasonably be expected to provide, is essential to include students with additional care needs and to provide better outcomes for them. In this context such additional support should be understood to include therapeutic supports and/or additional support from special education teachers, SNAs and so on.

Additional care needs can arise due to significant medical needs, physical needs, sensory (hearing and visual) needs, social communication and social interaction needs (combined with rigid and repetitive patterns of behaviour), and/or cognitive and adaptive functioning needs. In addition, a small number of students have additional care needs arising from significant emotional and behavioural difficulties that are not consequent to any of the above conditions.

4.1.3 Continued Role for Special Needs Assistants but Change of Name

SNAs continue to be an integral part of the model to support schools to meet the additional care needs of certain students.

The NCSE considers that in addition to meeting student care needs, the SNA role should be strongly focused on enabling students to participate meaningfully in school activities and developing student independence and resilience, to the greatest possible extent in line with students' age and abilities. This role is crucial to supporting and meeting the additional care needs of students.

By developing independence and resilience we mean that all children and young people, including those with additional care needs, are supported to develop skills that will enable them to live more independent lives when they leave schools – to the greatest extent possible in line with their ability. Examples of such skills include being able to dress, use public transport, cook simple meals, shop for themselves, socialise with peers, get out and about, in line with ability. As part of building resilience, students with additional care needs, like all students, should be allowed sufficient space, as appropriate to age and ability, to act their age, make their own friendships and to make mistakes and learn from them.

We propose that the title **Inclusion Support Assistant** should be used to describe this role as it better captures the positive focus of the role. Under the new teacher allocation model recently introduced in schools, the title of additional support teachers changed from 'resource' and 'learning support' teachers to 'special education teacher'. In the same way, from now on existing special needs assistants (SNAs) should be called inclusion support assistants and the term SNA should no longer be used.

4.1.4 Frontloading of Inclusion Support Assistant Posts

The greater proportion of inclusion support assistant posts should be frontloaded to mainstream primary, post-primary and special schools for students with additional care needs. Frontloading means that these posts are allocated in advance to schools to enable them to respond to existing and emerging need.

A frontloaded allocation model ensures that SNA posts are in school and available immediately to students on their arrival – this reduces the need for individual applications for supports. It allows schools to develop support teams staffed with experienced personnel that provides continuity in staffing for students and the school. It enables schools to plan ahead for how the needs of students will be met.

A small number of posts will be held back to allocate to schools on the basis of exceptional or unforeseen circumstances.

Following detailed consideration with the Education Research Centre (ERC) it is proposed to frontload the greater proportion of inclusion support assistant posts through a formula based on the school's special education teacher allocation model. This is because the ERC's detailed data analysis found the school's special education teacher allocation proved the strongest single predictor of SNA allocation in both primary and post-primary schools⁶. The analysis also showed that in terms of predictive power no combination of variables was appreciably better than the single teacher allocation variable. The strong correlation between the school's special education teacher allocation and its SNA allocation is not surprising given the model's substantial weighting for students who have complex needs.

⁶ Other variables examined included school size, achievement scores, level of educational disadvantage, gender, urban and rural locations of schools, categories of low incidence special educational needs overall and by individual category, school absence rates and different combinations of these variables.

4.1.5 A Continuum of Support Framework

Under the proposed new approach, additional care supports are deployed and utilised by schools using the continuum of support framework.

A continuum of support framework means that schools are supported with the requisite resources, skills and staffing so that:

- The learning, wellbeing and care needs of the majority of students are met through whole-school and classroom planning and supports, which includes preventative and early intervention approaches. This is called **whole-school support**⁷.
- In addition to whole-school support, targeted school support is provided for students with additional care needs who require additional support over and above that which can be provided through whole-school support. This is called **targeted-school support**⁸.
- In addition to whole-school and targeted school supports, more intensive support is provided for a smaller number of students with the greatest level of additional care needs to assist in enabling them to achieve their individualised goals in schools. This is called **intensive-school support**⁹.

The continuum of support enables schools to identify and respond to needs in a flexible way. Students receive support, based on their additional care needs as identified through the student support plan, from whole-school, targeted-school and intensive-school supports, within an inclusive school culture.

Those receiving support at intensive-school support will continue to receive support at the targeted and whole-school levels. It is also possible for a student to move from one level to another as their needs change.

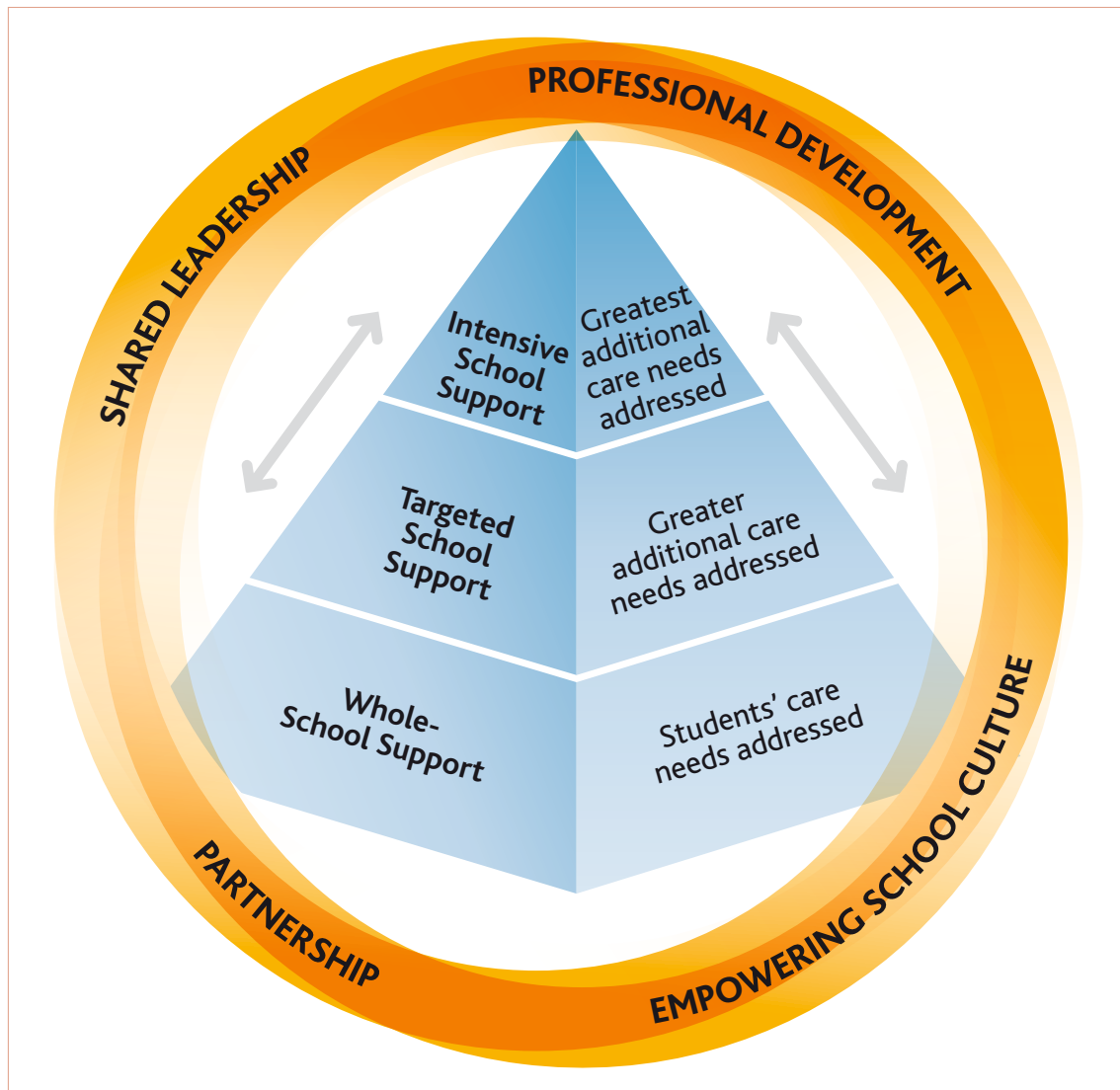
More detailed information on the continuum of support can be found in Appendix 5.

⁷ This corresponds with the whole school and classroom support tier of the NEPS/DES continuum of support (see Appendix 5).

⁸ This corresponds with the School Support tier of the NEPS/DES continuum of support (see Appendix 5).

⁹ This corresponds with the School Support Plus tier of NEPS/DES continuum of support (see Appendix 5).

Figure 1: Continuum of Support Framework within an Inclusive School Culture



While most schools are now experienced in using a continuum of support framework, where necessary, further support will be available from NEPS psychologists working with the NCSE's regional support service to support schools to:

- Identify students' additional care needs across the continuum;
- Advise schools on how to develop appropriate goals for students receiving additional care;
- Devise appropriate evidence-based interventions;
- Record student outcomes and reviewing needs.

Teachers need to understand the importance of having a culture of inclusion in every school and need to be equipped with the requisite skills and competence to embed a continuum of support framework in schools. It will be necessary for the development of such knowledge, skill, understanding and competency to form part of programmes of teacher learning, including initial and continuing teacher education.

4.1.6 A Broader Range of Support Options is Available

To ensure that the right supports are available for schools and students it is proposed that a broader range of additional support options will be available for schools including:

- **Focused Support and Development Work for Schools:** The NCSE will develop ten fully staffed regional support teams to build school and teacher capacity through continuing professional development (CPD) programmes and where appropriate, in-school support. The focus of this support will be on building school and teacher capacity to support students with additional care needs. It is envisaged that the NCSE regional support teams will comprise specialist teachers, special education needs organisers (SENOS), speech and language therapists, occupational therapists and behaviour practitioners.

The NCSE will have the facility to bring together a specialist team (from its regional teams) that will comprise people with the requisite specialist knowledge and experience to provide specialist support for students with very complex or particular needs, e.g. a student with severe communication disorders arising from ASD or a student who is deaf/blind or a student with extremely challenging behaviour.

- **Personnel to assist in addressing exceptional or emergency circumstances that can arise in schools.** Depending on students' identified needs, these personnel might include for example:
 - inclusion support assistants over and above the posts already frontloaded into schools;
 - Irish Sign Language qualified assistants to support profoundly deaf students whose primary language is ISL. This provision should be aligned to the requirements of the Irish Sign Language Act 2017;
 - Braille support.
- Ring-fenced funding for the development of an in-school therapy service. The nature and composition of this service will be determined following evaluation of a demonstration project that it is planned to introduce in the next school year.
- Ring-fenced funding for the delivery of a specified level of health supports for the small number of students who have very complex needs and require clinical and specialist support over and above what can be provided through the in-school model of delivery.
- A nurse-led service to provide oversight and training where deemed essential (e.g. where a child has a very complex tracheostomy).
- Assistive technology to assist students with physical and/or communicative disabilities who without such technology would be unable to access the school curriculum.
- A limited pool of ring-fenced funding should be held in reserve by the DES to which schools can apply for specified exceptional and essential purposes not already covered by the extensive range of other supports available in the system.

Sanction for these supports will be provided where, following quality assurance processes and implementation of advice and guidance, a school demonstrates that it is unable to meet students' needs through its existing in-school and frontloaded supports.

Some of these supports are already available in schools – in these cases the proposed new model is complementary to and enhances these existing supports. In addition, schools will continue to need access to an adequately resourced comprehensive educational psychological service from NEPS.

4.1.7 Roles and Responsibilities under the Proposed Model

Boards of Management: The DES Governance Manual for Primary Schools 2015-19 sets out the role of the board of management.

Under the Education Act, 1998, boards have a duty to provide, or cause to be provided, an appropriate education for each student at the school. The DES governance manual states that to effectively carry out this duty, appropriate and regular oversight by the board of the teaching and learning in the school should be in place. Furthermore, the board, from an oversight and governance perspective, can and should play a key role in improving standards in the school. For example, effective boards will be actively involved in ensuring that appropriate targets are set for improving learning outcomes, particularly in literacy and numeracy, and in monitoring how well these targets are being achieved as part of the school's self-evaluation process.

Boards have further responsibilities to ensure: school policies and practices are inclusive of, and support, all students; an understanding of difference is promoted throughout the whole school community; necessary adaptations are made to the school environment; principals and deputy principals are encouraged to develop and effectively exercise their leadership role in the school; partnerships are created with parents and external services.

The **principal** has overall responsibility for the day-to-day leadership and management of teaching and learning for all students in the school. In recent guidelines to schools (DES, 2017), the DES outlines that the principal's role includes:

- Ensuring that systems are in place to identify students' needs and monitor their progress;
- Facilitating the continuing professional development of all teachers in relation to education of students with special educational needs;
- Ensuring that all school staff (class teachers, special education teachers and special needs assistants) are clear regarding their roles and responsibilities;
- Ensuring the effective involvement of parents, students and external professionals/agencies.

The principal's responsibility for the school's day-to-day management and leadership includes ensuring that resources are deployed so the students with the greatest level of need receive the greatest level of support. It also includes ensuring that teaching methodologies are appropriately adopted to meet diverse learning needs; a sufficient number of school staff have received adequate training to meet the care needs of students in the school; and that adequate cover is in place where a staff member designated to provide essential care support is absent on any particular day, e.g. this may ensure that trained staff members are available where an SNA is absent whose duties include administering necessary medication to or providing catheterisation for a student.

The **class/subject teacher** has primary responsibility for the progress and care of all students in the classroom including those who have special educational needs. Teachers therefore have primary responsibility for ensuring that additional care needs of students are met in the classroom. Teachers should have received the necessary training and continuing professional development to discharge this responsibility.

Special education teachers provide supplementary teaching support for students with special educational needs where this is required. They provide this support in consultation with class teachers through in-class support, small group teaching, team-teaching and/or one-to-one teaching as appropriate. They plan their interventions carefully to address students' priority learning needs and to achieve the targets identified in the relevant student support plan, including those targets that relate to students' social, communication and life-skills.

While the teacher always has primary responsibility for overseeing interventions carried out in his/her classroom he/she may need the support of a trained responsible adult to assist, as and when necessary, in meeting certain of the students' needs. The teacher retains primary responsibility, however, even when the intervention is supported by or delegated to another responsible adult in the school. Support and/or clinical oversight from a relevant professional may also be necessary in guiding implementation and reviewing progress towards agreed outcomes.

4.1.8 Role of the Inclusion Support Assistant

Inclusion support assistants should be deployed in the first instance to support students with the most significant and immediate additional care needs including significant medical, physical, sensory, communication, therapeutic and behavioural needs.

Inclusion support assistants are a targeted support allocated to enable students with additional care needs to attend and participate in school. The DES should specify the duties that can be assigned to them to enable them to deliver on their main responsibility. Inclusion support assistants should have access to appropriate training tailored to their role in the school setting. They should not be responsible for, or engaged in, teaching any student including those with additional care needs.

Students' additional care needs must be clearly identified and the school must have tailored student support plans in place to enable students, insofar as this is possible, develop independent living skills. The support provided in meeting these needs must be commensurate with the level of training and qualification provided to the inclusion support assistant involved in the task.

The work of the inclusion support assistant should be focused on developing students' independence and resilience to the greatest extent possible in line with age and ability. This means that students are enabled to take responsibility for tasks that they are able to do for themselves, even for a part of a task they are not as yet able to complete for themselves. They need sufficient space to grow and mature which includes the space to make mistakes and to learn from them. They need to develop coping strategies to deal with life's challenges. They should be empowered to make friendships and develop other relationships without a constant adult presence.

Inclusion support assistants can offer insights into student's needs as they arise in the school. To discharge their responsibility and duties in an effective manner, inclusion support assistants should be included in developing student support plans and should understand what is involved in these plans.

Inclusion support assistants may be deployed to mediate therapy programmes, including psycho-educational programmes such as anger management or social skills' development, only when the programme is:

- Carried out under the direction of qualified personnel, including appropriately qualified class teachers or special education teachers or under the supervision of the relevant professional; and
- Where the inclusion support assistant has the appropriate training and skills.

When students' most immediate and significant additional care needs have been adequately addressed in schools, inclusion support assistants may be deployed to support a wider range of care needs or other students with care needs or be assigned other duties that are necessary and linked to improving outcomes for students with additional care needs.

A school should reconfigure inclusion support assistant duties if new students enrol with more significant additional care needs or as necessary to meet additional care needs that emerge during the school year.

A range of tasks should not be assigned to inclusion support assistants any more than they would be to teachers. These tasks include: cleaning the school or staffroom; covering books; clearing lockers (unless it is the locker of a student whose care needs are such that he/she is unable to do so); making tea/coffee for teaching staff or visitors; administrative tasks not connected to additional care needs; preparing the school for summer camps unless a particular piece of preparation is required for specific students with additional care needs; and other tasks similar in nature that do not relate to their work in supporting the school to meet the additional care needs of students enrolled.

4.1.9 Implementation

The NCSE proposes that as part of implementation:

- The model is introduced to schools on a phased basis;
- The DES consults with parents, schools and other stakeholders in advance of implementation;
- The DES (Inspectorate and NEPS) and the NCSE:
 - Provide guidance for schools, parents and other stakeholders in advance of implementation;
 - Oversee the operation of the scheme in schools;
- The DES puts in place arrangements for evaluating the model;
- The NCSE is funded to oversee the design, development and delivery of a national training programme tailored to the needs of school communities¹⁰ to ensure that schools have the professional capacity necessary to meet students' additional care needs.

¹⁰ The school community includes members of the board of management, students, parents, principal, classroom and special education teachers, inclusion support assistants and ancillary staff.

Recommendations

5. Recommendations

The NCSE now sets out a series of 13 recommendations to give effect to the proposed model outlined in the preceding section. We include a rationale for making each recommendation.

5.1 Continuum of Support Framework

The NCSE recognises that students' additional care needs are wide-ranging and include needs that can arise from medical conditions and/or difficulties in the areas of adaptive functioning, communication and sensory functioning, physical, hearing/visual difficulties and emotional/behavioural difficulties. Students can have other difficulties that very significantly interfere with their engagement in learning such as task initiation, concentration/staying on task and/or personal organisation. Individual care needs are often observed in one or several of these areas.

A small number of students with special educational needs have more enduring complex needs and require ongoing support from health-funded clinicians such as speech and language therapy, occupational therapy, psychiatry, psychology and so on.

The amount and type of support that students require depends on the nature and intensity of their needs, age and abilities. Care needs can change over time and supports should be accordingly adjusted to meet changing needs.

We consider that a continuum of support framework is required that is sufficiently broad to meet the wide diversity and range of student needs and at the same time is sufficiently flexible to respond to students' changing needs in a fluid and timely manner. The principle underlying a continuum of support model is that schools are resourced to ensure that students, irrespective of special educational need, can receive appropriate supports in their local schools and schools can make the necessary adaptations to include students with additional care needs.

Recommendation 1 Continuum of Support

The NCSE recommends that, in line with international best practice, students' additional care needs are identified and met through a continuum of support framework that includes whole-school, targeted-school and intensive-school support within an inclusive school context.

5.2 Range of Support Options

The NCSE recognises the valuable contribution that SNAs make to the inclusion of students with additional care needs and their willingness to engage in care tasks that are sometimes over and above the scheme outlined in Circular 30/2014. Much of this work is essential and needs to continue to be an integral part of the continuum of support.

However we are concerned that SNAs are sometimes seen as the 'answer to everything' and are called on to fill all gaps when what is actually needed is access to a wider range of personnel with specific skillsets who can provide an appropriate response to students' identified needs. One type of support will not meet all needs and what students require is timely access to the right support at the right time delivered by an appropriately qualified person. This is in line with the recommendations of the Joint Oireachtas Committee Report which aims to ensure that children with additional needs while attending school receive the appropriate supports so that they may best achieve their personal and educational goals.

Students with additional care needs have a range of requirements including personal care, toileting, administration of medication, communication needs, behavioural needs, physical needs and so on. The NCSE has set out (see previous section) what we consider to be the appropriate range of support options to have in place to provide students with an adequate and timely response. These options include special education teachers, inclusion support assistants, speech and language therapy, occupational therapy, additional adult support in the classroom, assistive technology and/or behavioural support. We accept that the term 'inclusion support assistant' better reflects a move towards a greater emphasis on the development of independence and inclusion of students with additional care needs.

Following the signing into law of the Irish Sign Language (ISL) Act 2017, the DES requested that the NCSE consider the provisions of Section 5(b) of the Act in the course of the current review of the SNA scheme. This section refers to the establishment of a scheme to provide ISL support for children attending schools whose primary language is ISL.

The NCSE considers that the educational support necessary for these students requires a broader examination than that permitted through a review of the SNA scheme. In particular, the role of teachers and the professional development required by teachers to undertake this role are of central importance.

We will fully advise the DES of our conclusions and recommendations regarding Section 5(b) of the Act separately. In doing so, we will draw on previous advice provided to the DES on the Education of Deaf and Hard of Hearing Children in Ireland (NCSE, 2011).

However as part of this review, we are strongly of the view that ISL communicators should be included as one of the support options available in schools for students whose primary language is ISL. As previously advised, schools should ensure that ISL communicators who work with deaf/hard of hearing students are equipped with the skills necessary to support the particular needs of these students.

Recommendation 2 Range of Support Options

The NCSE recommends that:

- A broader range of support options is made available as part of whole-school, targeted-school and intensive-school support, which encompasses and enhances the existing extensive support options already in place in schools.
- NCSE establishes ten fully staffed regional support teams to build school and teacher capacity through continuing professional development (CPD) programmes and where appropriate, in-school support.
- The title 'inclusion support assistant' is used to describe the role of additional in-school support staff that is focused on developing student independence and resilience. From now on existing special needs assistants (SNAs) should be called inclusion support assistants and the term SNA should no longer be used.

5.3 Allocation of Inclusion Support Assistant Posts

The NCSE considered how the allocation, deployment and review of care supports might be improved so that a simpler, clearer and more transparent system is in place and resources are directed at those students who most clearly need them.

We do know that the current scheme is flexible in responding to students' changing needs and that supports are adjusted in accordance with their level of needs. A recent examination of the outcome of SENO reviews on 291 sampled students (completed for this review) showed that at review:

- 11% of students no longer required SNA support;
- 39% of students required reduced support;
- 10% of students required increased support;
- 40% of students retained the same level of access to SNA support.

However we are also aware of a number of difficulties with how additional care supports are allocated to schools under the current scheme.

Some principals told us they use the current scheme to apply for SNA support for a student with a diagnosis because his/her needs can be presented as qualifying for support whereas they really need and will use the support for a student/s, without a diagnosis of disability, but whose needs are much greater.

The NCSE has concluded that, on their own, professional reports do not provide sufficient information on which to base decision-making regarding the allocation of SNA support – see our findings in Appendix 3. It should be noted that under the proposed model, professional diagnosis will no longer be required for a student to access care support in school. The model breaks the link between diagnosis and resource allocation. Instead professional assessments will be undertaken to inform the student’s learning and care plan in school.

Over 34,600 students currently access SNA support. There is insufficient capacity for 79 SENOs to forensically review the work of 13,900 plus SNAs on a sufficiently regular basis to establish whether the student’s care needs have increased, reduced or remained the same.

Any decision to make a downward adjustment to SNA support can be met with great resistance from parents and schools, even when it is clear that the student’s care needs have reduced. HSE professionals have told us they do not see it as part of their current work to assess a student’s increased independence or recommend withdrawal of support for a review of care support in school. This places considerable additional pressure on SENOs who have to make these difficult decisions without other professional expertise or support and when it sometimes appears to them that they are facing a convenience of interests to present ongoing need for SNA support.

To address the above difficulties, a better way of allocating care supports to schools is required.

The NCSE agrees with the principle of frontloading and the basis proposed. However we are not recommending that all schools with special education teacher allocations automatically get frontloaded inclusion support assistants if they don’t need them. We are aware that every year about 500 schools do not have any SNAs because they don’t have students enrolled who require such supports. We consider that if in the future these schools find they have students enrolled who require care support, they should at that point apply to the NCSE under the exceptional circumstances category. These schools will have access to the NCSE regional support teams and NEPS as necessary.

We are also strongly of the view that students with additional care needs require to have the full range of support options available to them as soon as possible. For this to happen, the totality of the proposed model will need to be in place as its component parts are interlinked.

Therefore the NCSE considers that if the model is accepted and following a consultation phase to inform the extent of piloting, the DES should immediately move to frontload inclusion support assistant posts into schools and to make available adequate funding for the development of a national training programme for schools. The NCSE is confident in making this proposal because we consider the basis for frontloading is sufficiently robust and because we are recommending regular and ongoing review of the mechanism for allocating these supports.

Recommendation 3

Allocation to Mainstream Primary and Post-Primary Classes

The NCSE recommends that:

- The greater proportion of available inclusion support assistant posts is frontloaded into mainstream primary and post-primary schools for students in mainstream classes on the basis of the school's allocation of special education teachers except in the case of schools that currently have no SNA posts.
- A number of inclusion support assistant posts is made available to the NCSE to address exceptional circumstances that may arise in mainstream schools from time to time.
- The mechanism for frontloading inclusion support assistants into schools should be regularly reviewed and the first review should be carried out no later than two years after its introduction.

5.4 Allocation to Special Settings

The NCSE wishes to acknowledge the historic and ongoing valuable role that special schools have played in including students with a very wide range of complex needs in education.

The DES current policy is that SNAs are allocated to special schools and special classes in mainstream schools in line with the category of disability in the school or class and taking into account the level of student need for SNA support. Each category of disability has a baseline level of SNA support assigned which is augmented in line with the needs of students.

NCSE's analysis of the level of SNA allocation in special schools confirmed that the learning, care and medical needs of students in certain special schools can now be extremely complex and that additional SNA support, over and above the baseline class level, is often necessary to meet those needs. This can also be the case in certain categories of special classes in mainstream schools.

We consider that we would not be providing the right advice if we were to limit the scope of a recommendation for special schools and classes solely to an increase in their SNA baseline numbers as this would not adequately address such concentrated levels of complex needs.

We note that formal diagnosis of disability is no longer used as the basis for the allocation of additional special education teachers in mainstream schools and if this proposed model is adopted, will no longer be used as a basis for the allocation of inclusion support assistants to schools. We consider that staffing and funding packages for special schools and classes should likewise be based on the complexity and severity of student needs presented, and the appropriate forms of support these students require and not on diagnostic labels for particular classes or groups of students. As a priority, attention should now be given to the package of support required by special schools and classes and how this support is best allocated.

To ensure that special settings are adequately resourced with the appropriate supports, it is imperative that as a matter of priority, the Departments of Health and Education and Skills discuss and agree the overall staffing and funding package of supports required by special settings to support students with additional care needs. This should include both health and education funded supports.

The NCSE considers that the diversity and complexity of learning, care and medical needs, along with the increasing intensity of such need, requires that special settings are staffed with appropriate levels of dedicated multi-disciplinary support. The necessary support includes speech and language therapy, physiotherapy, occupational therapy, behaviour support, nursing, educational and clinical psychology, psychiatry – in line with the needs of their students. It is not acceptable that some students with significant needs have an uneven access to such supports.

The Department of Health and the HSE have noted that the DES is funded to provide teachers and SNAs to an increasing number of special classes but that the HSE is not funded to similarly increase their clinical and therapeutic services. This issue requires cross-departmental working and agreement, as a matter of priority, taking into account the findings of the working group on complex medical needs.

The Programme for Partnership Government (2016) recognised the importance of investing in the National Educational Psychological Service and committed to providing additional NEPS psychologists (up to a 25 per cent increase) to support school staff and students. The NCSE has also consistently recommended that NEPS staffing be increased so that it can provide a comprehensive service to schools¹¹ and students, including those in special schools and classes.

Recommendation 4

Staffing and Funding Package for Special Schools and Special Classes

The NCSE recommends that given the complexity of needs in special schools and classes (the provision for which is currently provided for separately by the DES and Department of Health) and as a matter of priority:

The Departments of Education and Skills and Health should jointly discuss and agree a staffing and funding package for special schools and special classes;

The DES should ensure that NEPS is adequately resourced to provide a comprehensive educational psychological service to all students and all schools where required, including special schools and special classes. Funding provision should build in additional numbers of staff on the basis that there may be periods of extended leave required such as maternity and long-term sick leave.

¹¹ NCSE (2016). Supporting Students with Autism Spectrum Disorder in Schools. NCSE: Trim.
NCSE (2013). Supporting Students with Special Educational Needs in Schools. NCSE: Trim.

Through the analysis undertaken for this review, however, the NCSE has already established that additional SNA support, over and above the baseline class level, is often necessary to meet the complex and diverse additional care needs of students in special settings. The NCSE considers that this issue can be immediately addressed and that in advance of Health/Education discussions on the requisite staffing and funding package taking place, the baseline level of inclusion support assistant posts allocated to some special schools and special classes should be increased, as indicated in the following recommendation.

Recommendation 5 Allocation to Special Schools and Special Classes

Special Schools

The NCSE recommends that the baseline level of 0.25 and 0.5 SNA posts (to be renamed inclusion support assistant posts under the new model) that currently applies to some special schools should be increased to a baseline level of 1. This will ensure that special schools have a baseline allocation of one inclusion support assistant allocated for every class, with the exception of special schools for students with specific learning disability. Classes with a current baseline allocation of two inclusion support assistants should retain that allocation.

Special Classes

The baseline level of 0.25 and 0.5 SNA posts (to be renamed inclusion support assistant posts under the new model) that currently applies to some special classes should be raised to 1 for the following categories of special classes in mainstream schools:

- EBD;
- Deaf/hard of hearing;
- Mild general learning disability;
- Moderate general learning disability.

Classes with a current baseline allocation of two inclusion support assistants should retain that allocation.

5.5 Ring-Fenced Funding for Therapy Services

The NCSE is strongly of the view that access to adequate therapeutic services is critical to delivering improved educational outcomes for some students with additional care needs. We share the working group's concern that implementation of the proposed model will not be successful unless therapeutic services are adequately resourced and delivered. The relevant Government departments (Education and Health) must commit to providing sufficient and ring-fenced funding for this purpose.

The proposed model envisages that the NCSE regional support service will be staffed with teachers, SENOs, visiting teachers, speech and language therapists, occupational therapists and behaviour practitioners to provide a tiered model of support to build schools' capacity to support students with additional needs. It will be important that the in-school therapy teams adopt a child-centred approach and work closely with student, family, school and other HSE multidisciplinary teams.

If adequately resourced, the development of this service will ensure that, where required, students have immediate access to therapy supports on a tiered, consistent, equitable and timely basis. This will go some way to meet the needs of many students who currently are on HSE waiting lists and in doing so, should free up HSE therapists' time for appropriate interventions.

The development of the service will be informed by the findings of the **In-school Therapy Services Demonstration Project** announced in Budget 2018.

This proposed model of support will be complementary to and enhance the support already provided to schools. Schools will continue to need access to a comprehensive educational psychological service from NEPS.

There are a smaller number of students (generally those receiving supports at intensive school level) whose greater and more complex needs require them to have timely, adequate and consistent access to multidisciplinary clinical supports for individualised assessment and intervention. Such multidisciplinary therapeutic support is currently provided through the HSE multidisciplinary services but these services are not fully staffed to meet demand. The HSE advises that they are not funded sufficiently for this purpose. Evidence to date indicates that there are considerable waiting lists for some clinical services in certain parts of the country.

Recommendation 6 Ring-Fenced Funding for Therapy Services

The NCSE recommends that adequate ring-fenced funding is made available for:

- The NCSE to deliver an in-school therapy service on a tiered basis in line with the findings of the In-school Therapy Service Demonstration Project due to commence shortly in a number of mainstream primary, post-primary and special schools.
- The HSE/service provider to deliver a specified level of multidisciplinary support to school-aged children who require clinical support (i.e. speech and language therapy, occupational therapy, behavioural therapy, psychology, physiotherapy, psychiatry, nursing), taking into account the findings of the In-school Therapy Service Demonstration Project and the report of the working group on complex medical needs.
- HSE funding provision should build in additional numbers of therapy staff on the basis that there may be periods of extended leave required such as maternity and long-term sick leave. HSE support levels should be specified in terms of therapy posts and not in terms of hours.
- A child-centred approach should be adopted, at all levels of service, in relation to the delivery of therapy supports with explicit communication and alignment between home, school and clinical services.

5.6 Management of Complex Medical and Behavioural Needs and Intimate Care Needs

5.6.1 Complex Medical Needs

The NCSE recognises that some students can have high-level medical needs (some arising from life-limiting conditions) that require highly complex and sometimes invasive interventions.

We share the considerable concern expressed by the majority of those consulted that SNAs who are not required to have any clinical training or qualifications and do not have any clinical oversight are expected to carry out this work. We note SNAs are required to work under the direction of the principal and other teachers, but neither the principal nor teaching staff receive this training or are able to provide oversight or direction in the event of something going wrong.

We have been told that in some cases relevant clinicians do provide training; in other cases parents have provided training; in other cases, the SNA receives very limited written instructions from a clinician.

Furthermore, while teachers often do agree to administer necessary medication or undertake necessary medical type procedures, they have indicated that they do this on a voluntary basis and are not required to do so and some do not consider this should be part of their workload. Given the teacher's overall responsibility for the students in his/her class this view seems to be strangely anomalous and needs further examination by school management bodies, teacher unions and the DES.

We advised the DES in February 2017 that the management of complex medical needs in schools along with the need for agreement about the level of training, qualifications and clinical supervision required should not await the outcome of this report but should be advanced with the HSE and Department of Health without delay and before a crisis develops within a school.

We are very appreciative of the immediate DES response to this advice. The DES established a cross-sectoral working group to consider the role of nurses and other medical or non-medical personnel in supporting children with complex medical needs in special schools and other settings; and to identify and develop a proposal for a model of support to enable equality of access to, participation in and benefit from education for students in special schools with complex medical needs. The report from this group is expected to be finalised shortly and is expected to recognise that:

1. There is a role for nurses in schools.
2. Nursing support should be provided 'where a number of children present with complex medical needs in one location'.
3. There are high level medical needs that can only be met by a nurse.
4. Existing provision should be restructured and gaps filled.
5. Ring-fenced funding should be provided to the HSE to provide nursing supports where required.
6. Clinical governance arrangements should be in place.
7. Training and qualifications opportunities for persons working with children with significant medical conditions should be developed and funded.

5.6.2 Complex Behavioural Needs

The NCSE recognises that most students with special educational needs do not exhibit challenging behaviours, but some do. In these cases, the behaviours can arise from students' serious emotional and behavioural needs and/or from their inability to self-regulate their behaviours.

Challenging behaviours can include actions that involve violent physical aggression and serious verbal assault that can seriously disrupt the work of the classroom on a sustained basis and/or result in injuries to the student him/herself, other students and/or staff members. The behaviours can also include self-inflicted harm, for example cutting, head-injuring, persistent scraping of skin, persistent biting and/or running out of school.

Students with serious emotional and behavioural difficulties can lose control and strike out when they are not supported by trained staff who understand the triggers for their behaviour and know how to prevent the behaviours from escalating. Yet these same students are now being supported by SNAs who have no qualifications in this area.

In NCSE's view, these students' behaviour is being contained but not being therapeutically addressed. We consider that what these students need is specialist support from appropriately trained personnel to bring about meaningful changes in their behaviour. This is in addition to the support that NEPS currently provides to schools in this area.

We consider that unless the management of complex medical procedures and of seriously challenging behaviours is adequately addressed, both these situations could have very serious consequences for students and staff. We advise that immediate action is taken to redress this situation.

5.6.3 Intimate Care Needs

Finally, from a child protection perspective there appears to be conflicting advice concerning the numbers of SNAs required for intimate care needs. The NCSE has clarified the DES position on how many SNAs or adults should be present when intimate care needs are being carried out.

The DES recognises that there is a need to balance the requirement to ensure child protection procedures are adhered to and to preserve the dignity of the child involved. In this context the DES advises there should be no requirement for two SNAs or adults to be present. It would be impossible to ensure that the dignity of the child is being protected to the greatest extent possible, if each time he/she requires assistance two adults have to be present. However in rare circumstances where schools decide that it may be necessary to have the support of two adults, this should not be regarded as the norm or the basis for an allocation decision.

Recommendation 7 Complex Medical and Behavioural Needs

The NCSE now recommends that, as a matter of urgency:

- The Departments of Health and Education and Skills arrange for ring-fenced funding to be available to implement the recommendations of the Cross Sectoral Working Group on Complex Medical Needs.
- Teachers and inclusion support assistants are provided with appropriate training in the management of challenging behaviours and behaviour practitioners are available (as part of the NCSE regional support service) to provide advice and guidance to schools.
- The DES arrange for the immediate preparation and publication of guidance for schools on the management of intimate care, administration of medication, carrying out of complex medical interventions, and the management of extreme challenging behaviours and restrictive practices.

5.7 Governance Framework

The proposed model envisages that schools deploy and utilise additional care supports in an equitable manner based on students' identified additional care needs through a continuum of support framework. The deployment of these supports should be in line with the student's support plan (see DES Continuum of Support Guidelines).

Schools will be supported in this process by the NCSE regional support service working with NEPS psychologists to:

- Identify students additional care needs across the continuum;
- Develop appropriate goals for students receiving additional care support;
- Select and implement appropriate, evidence-based interventions;
- Record student outcomes and review needs.

The NCSE considers that adequate oversight of the model will be necessary to ensure that parents and schools have trust in the credibility and effectiveness of the model.

Recommendation 8 Oversight, Monitoring and Evaluation

The NCSE recommends that:

- The DES sets out its policy in relation to how the new scheme is to be put into operation, including its policy on oversight, monitoring and evaluation. This should include provision for the ongoing monitoring of the methodology underpinning the frontloading of supports.
- To assist in providing oversight of the model and following consultation with management bodies and other relevant stakeholders, schools should be required to provide annual reports to the NCSE on progress made and outcomes achieved through students' support plans.

5.8 Guidance

In advance of implementation, the DES (Inspectorate and NEPS) and the NCSE will need to provide schools with specific guidance and support on using the continuum of support framework to identify and meet students' additional care needs in an appropriate manner. This guidance should align with previous guidance provided as part of the introduction of the special education teacher allocation model.

The guidance should emphasise that the focus of care supports (regardless of who delivers these supports – teacher, inclusion support assistant, and therapist etc.) should be on meeting students' primary care needs in ways that promote the development of resilience and independence to the greatest possible extent. Schools may need practical examples of how to do this for different students in different school settings in ways that are appropriate to the age and ability of the students concerned.

Support plans for post-primary students with additional care needs should make reference to transition from the school and include goals and targets focused on preparing the student for life after school. In certain cases, it would be very helpful for a school to make contact with the post-school setting planned for the student in order to identify what supports will be available to him/her in that setting.

Recommendation 9 Guidance

The NCSE recommends that the DES (Inspectorate and NEPS) and the NCSE provide guidance for schools, parents and other stakeholders in advance of implementation. Guidance for schools should have a particular focus on the identification of students' additional care needs and on the use and deployment of resources to meet those identified needs.

5.9 Appeals Process

Occasions may arise where a school considers that an error was made in calculating its allocation of inclusion support assistants, for example, it was not matched correctly to the school special education teacher allocation.

Occasions may also arise where parents consider that the school should give their child a greater level of care support. In these cases, schools should have in place a process to review the information provided to ensure the appropriate level of support is being given to the child. Where parents continue to believe their child requires additional support they can raise this first with the principal and, if necessary at a later point, with the chairperson of the board of management.

In a small number of cases every effort to find a local solution may prove unsuccessful. For these problematic cases, it will be necessary to have a more formal and external appeals process in place.

The grounds for an appeal and the procedures to be followed should be carefully devised and clearly stated by the DES as part of the implementation and following consultation with school management bodies, parents and other relevant stakeholders.

Recommendation 10 Appeals Process

The NCSE recommends that as part of the implementation phase, the DES consults parents, schools and other stakeholders on the development of appeals processes for parents and schools that are timely, transparent and equitable, up to and including a formal independent appeals process where a local resolution cannot be found.

5.10 National Training Programme to Develop School Capacity

The proposed model recognises the fundamental importance of building schools' capacity to meet students' additional care needs with a view to bringing about improved outcomes for them. As part of the proposed model the NCSE will be funded to oversee the design, development and delivery of a national training programme tailored to the needs of school communities¹² to ensure that schools have the necessary professional capacity to meet students' additional care needs.

This training programme will include training for inclusion support assistants to ensure that they have the requisite skills to assist schools and teachers to meet students' care needs arising from significant medical, physical, emotional/behavioural, sensory/communication and from other significant difficulties with engaging in learning. It will also emphasise that the role of the inclusion support assistant is to promote students' independence and resilience to the

¹² The school community includes members of the board of management, students, parents, principal, classroom and special education teachers, inclusion support assistants and ancillary staff.

greatest extent possible in line with students' individual abilities and age. It will also seek to develop a greater whole school understanding of this role. This programme will be developed in consultation with NEPS and the DES Inspectorate.

A training programme tailored for inclusion support assistants, will be developed (preferably online) and made available at a minimum level 5 on the National Framework of Qualifications. Current SNAs who do not have this equivalent level of qualification or whose qualifications are not relevant to their SNA work will be required to complete this level of training within a reasonable period.

A relevant level 5 qualification should be the minimum future entry level requirement for all newly appointed inclusion support assistants. This reflects what has been current practice in schools for some time, whereby schools are seeking SNAs to hold a level 5 qualification on appointment.

Teachers and inclusion support assistants will be required to attend further training from time to time in line with the needs of some students in their schools. Principals, classroom and special education teachers, parents, and inclusion support assistants as appropriate should be included together in this further training, where required. Such joint training opportunities will enhance the development of an inclusive school culture.

Recommendation 11

National Training Programme and Ongoing Focused Training

The NCSE recommends that:

- It is funded to oversee the design, development and delivery of a national training programme tailored to the needs of school communities. The school community includes members of the board of management, students, parents, principal, classroom and special education teachers, inclusion support assistants and ancillary staff.
- This programme is designed to ensure that schools have the professional capacity necessary to meet students' additional care needs, where possible and appropriate, including those arising from significant medical, physical, emotional/behavioural, sensory/communication and other significant difficulties engaging in learning.
- This programme is developed in consultation with NEPS, the DES Inspectorate and other relevant agencies, as appropriate.
- The NCSE is funded to design and deliver ongoing focused training through its regional support teams for teachers, inclusion support assistants and other staff-members as relevant and necessary to meet student's support needs.

5.11 Implementation Plan

The NCSE considers that the implementation plan should comprise the following overlapping phases:

1. Consultation Phase

Any change to the current model of support for students with additional care needs must be carefully planned. It is important that the DES allows sufficient time to engage with parents, schools and other stakeholders to explain clearly the proposed model and ensure it is understood; to listen and respond to people's concerns and questions about the model; to refine and/or make necessary changes to the model before implementation.

It is important that school authorities/management and NCSE staff keep parents up to date and informed on how the implementation of the model affects their child with additional care needs, where necessary.

2. Phased Implementation

The DES should arrange for a phased introduction of the new model of support. The proposed model has been designed so that its component elements fit together into a coherent whole. For the model to work as intended, all its individual elements (training, support services, health-funded therapies) must be present and phased in at the one time.

A phased introduction provides a valuable opportunity for the DES to learn from schools' about what works well, any concerns that schools have and any refinements that need to be put in place. It also builds schools' confidence in the model and allows them to identify any further supports/training they require in order to implement the model effectively.

3. Funding

The DES should ensure that adequate and ongoing funding is in place for:

- **Embedding a continuum of support in schools**

Embedding the continuum of support framework within a whole-school culture of inclusion will require training and upskilling for some boards of management, principals, teachers, inclusion support assistants and ancillary staff in schools. The relevant training will also need to be available on an ongoing basis for new staff-members and new boards of management.

Parents of students with additional care needs will also require information on how the new model supports their children in the school setting.

Higher education institutes providing programmes of initial teacher education should audit their courses to ensure the continuum of support framework and the culture of inclusion are core to every aspect of teacher learning.

- **Maintaining continuity of supports in schools**

The working group is very conscious of the importance of maintaining care supports in schools while the proposed model is being implemented. The DES should very carefully consider the need to ensure that supports for individual students in their current schools are maintained during the transitional phase – as was the case during the transition to the teaching allocation model.

- **Development of NCSE regional support service**

The DES must ensure that the NCSE regional support service is adequately resourced to provide the necessary supports and services to schools. Funding provision should build in additional numbers of staff on the basis that there may be periods of extended leave required such as maternity and/or long-term sick leave.

- **Development of an in-school therapy support service**

The DES must ensure adequate resourcing is in place for the development of an in-school therapy support service as proposed in the Programme for Government¹³. The development of the service should be in line with the findings of the demonstration project shortly to be commenced in a number of schools.

- **Development of NEPS**

The DES ensures that NEPS is adequately resourced to provide a comprehensive educational psychological service to all students (having particular regard for those with special educational needs and additional care needs) and all schools (including special schools and special classes). This should include building in additional numbers of psychologists on the basis that there may be periods of extended leave required such as maternity, long-term sick leave).

In addition, the necessary arrangements must be in place to ensure adequate provision of multidisciplinary therapy services for those students who will require access to them.

Recommendation 12 Implementation Plan

The NCSE recommends that in advance of implementation, arrangements for the following must be in place:

1. Consultation phase
2. Phased introduction
3. Funding

¹³ Government of Ireland (2016). Programme for a Partnership Government. https://merriestreet.ie/Merriestreet/en/ImageLibrary/Programme_for_Partnership_Government.pdf. Accessed on March 17th, 2018.

5.12 Separate note on SNA Terms and Conditions

In its progress report, the NCSE raised a separate concern relating to the Terms and Conditions for the employment of SNAs, which had proved one of the most fraught issues raised during consultations. It relates to the perceived need for clarity regarding what constitutes a full working day/week for SNAs and what duties can attach to the 72 Croke Park hours.

Groups reported different practices across schools in relation to these requirements which can give rise to tensions within individual schools.

The NCSE considers that it is important that these matters are managed in a manner that emphasises mutual co-operation, flexibility and practicality in order to meet the needs of students with additional care needs across the differing school settings.

We also consider that it would be helpful if the DES again explained its rationale for the need to have flexibility in schools to cover the differing circumstances that arise across primary, special and post-primary schools in order to meet student additional care needs across these differing settings.

Differences can also arise in schools regarding how the 72 hours agreed under Croke Park¹⁴ can be used and the duties that may attach to these hours. This reflects disagreements between schools (and school management bodies) on the one hand and SNAs (and their unions) on the other about the duties assigned to SNAs during the 72 hours.

Certain schools use some of the 72 hours to provide training for SNAs. The NCSE considers this to be a good use of the hours that has the potential to benefit SNAs, students and schools.

A number of consultation groups mentioned that it would be a very good outcome if these particular issues were clarified for schools and SNAs. We were told this would make an immediate and real difference to the quality of working conditions for SNAs in schools as it would reduce the tension that can arise from these issues in the school situation.

One consultation group said that these issues do arise in schools from time to time but that they do so in a small number of schools.

Recommendation 13 SNA Terms and Conditions

In order to bring about greater clarity in the system, the NCSE recommends that the DES again explains its rationale for the need for flexibility regarding the length of the SNA working day/week and again outlines the duties that can be undertaken during the 72 Croke Park hours.

¹⁴ Prior to 2011, SNAs were required to be available to work for an additional 12 days per year, outside of the school year, at the discretion of school management. This requirement was set out in circulars of the Department of Education & Skills (circular 12/05 for post-primary, circular 15/05 for primary).

In 2011 an agreement was reached among the management bodies, the unions (SIPTU and IMPACT) and the Department of Education & Skills, under the auspices of the Labour Relations Commission, which reconfigured the 12 days as a bank of 72 hours to be utilised and delivered outside of normal school opening hours and/or the normal school year. That agreement set out how the 72 hours could be utilised at the discretion of school management within the parameters set out in the agreement, including the duties that can be carried out. This agreement was notified to the school system in Department of Education & Skills circular 71/2011.

Conclusions

6. Conclusions

Any proposal to change the SNA scheme without an improved alternative in place is very likely to be met with strong resistance and deep suspicion that the change is designed to bring about cuts in support. Teachers, principals and parents have expressed genuine fears about letting go of the SNA support they have even though in many instances they know it is not the right support. Their view is that it is the only support available and for which they can apply on behalf of students with special educational needs. Many parents tell us they have fought hard for supports for their children from the time they were born and they are not about to let go of any support that is available.

Ireland is not alone in having concerns about the operation of paraprofessional support in schools – this concern is shared by many different countries. International researchers have observed that despite the weak evidence base for knowing what works (and what doesn't) in the provision of paraprofessional support and the research outcomes showing an adverse impact on academic achievement, most countries are experiencing huge growth in the number of paraprofessionals being appointed to support students with special educational needs in schools.

As a precursor to this review, a focused policy assessment (FPA) on the SNA scheme was published in 2016 by the Irish Government Economic and Evaluation Service (IGEES).

The FPA constructed a number of possible scenarios for student access and student to SNA ratio (SNA concentration) over the coming years. Based on these different scenarios, the report predicted a range of estimates of the numbers of SNA posts that could potentially be required in 2019. They estimated that this could be in the order of 13,300 to 17,400 SNAs, at a cost of an additional €47m-€183m depending on which scenario materialises. It should be noted that the DES Action Plan for 2018 indicates that over 14,850 may be required by the end of 2018.

In Ireland, we now have the time and opportunity to pause and reconsider the scheme, retain what we know to be of value and make recommendations for any necessary changes. This report has clearly established that students with additional care needs require the right support at the right time delivered by appropriately qualified and trained personnel. This means that a range of support options must be available for them to access, as outlined in this review. Given the strength and consistency of this finding, it is imperative that the DES and other stakeholders now seriously consider how the additional expenditure predicted by the FPA can be used in a way that most effectively meets students' additional care needs.

We believe there is much merit in the stepped approach set out by the Department of Children and Youth Affairs in its access and inclusion model (AIM) for supporting children with disabilities in pre-schools. Our own proposed model is in line with this model which will bring continuity to families' experience of how their children are supported between pre-school and primary school, making that transition more streamlined and less stressful for them.

Given the extreme sensitivity attaching to the SNA scheme, the NCSE has concluded that caution must be exercised in making any proposals to change the scheme and the relevant stakeholders must be involved in full consultations about any such proposals.

We are in agreement with the key actions identified by the working group as being necessary for successful implementation which are:

1. Embedding of a continuum of support framework into schools' policies and practice, as a key element in developing inclusive school cultures.
2. Development of the NCSE regional support service to build schools' capacity to include students with additional care needs,
3. The DES ensures the NCSE regional support service is adequately resourced to provide these services, including building in additional numbers of staff on the basis that there may be periods of extended leave required such as maternity, long-term sick leave.
4. The DES ensures that NEPS is adequately resourced to provide a comprehensive educational psychological service to all students (having particular regard for those with special educational needs and additional care needs) and all schools (including special schools and special classes), where necessary. This should include building in additional numbers of psychologists on the basis that there may be periods of extended leave required such as maternity, long-term sick leave.
5. The NCSE is funded to oversee the design, development and delivery of a national training programme tailored to the needs of school communities. This programme will be developed in consultation with NEPS and the DES Inspectorate.
6. The DES satisfies itself that all boards of management of primary, post-primary and special schools are aware of their responsibility to apply appropriate and regular oversight of the teaching and learning in the school and to place a greater emphasis on building partnerships with parents.

In addition appropriate arrangements must be in place to ensure adequate provision of therapy services for students who require access to them.

The NCSE is confident that our proposed model sets out a better form of support options for students with additional care needs and provides for a comprehensive and integrated approach to addressing these needs. Under the proposed model, these needs will be met by:

- Existing teachers and care staff in schools;
- Upskilling school staff as required;
- Schools having access to training, support and guidance from specialist staff in education support services;
- Ring-fenced funding for therapeutic supports.

If implemented, the NCSE is confident that schools will be better able to support students with additional care needs to achieve improved outcomes because the proposed model provides more immediate and equitable access to a broader range of support options delivered by appropriately qualified and trained personnel.

Appendices

Appendix 1: Terms of Reference (September 2016)

The Minister for Education and Skills, Richard Bruton, T.D., requests the NCSE to lead a comprehensive review of the SNA scheme, in consultation with other relevant Departments and State Agencies, including the National Disability Authority (NDA) and in that context to:

1. Identify and recommend how, in the future, the additional care needs of students, over and above those needs that could be reasonably expected to be managed by teaching staff, should be met and
2. Identify and recommend the most appropriate form of support options to provide better outcomes for students with Special Educational Needs who have additional care needs, having regard to the significant amount of State investment in this area.

The Minister also requests the NCSE, as part of the review, to:

1. Examine whether the SNA scheme continues to meet its purpose as set out in [Circular 0030/2014](#).
2. Consider whether the scheme is being used to meet needs, other than care needs, and if so, what are those needs, taking into account the primary and secondary care needs outlined in [Circular 0030/2014](#).
3. Provide advice on appropriate SNA qualifications and training levels.
4. Evaluate the role of professional reports in providing a robust basis for the allocation of additional care supports under the scheme.
5. Conduct a detailed analysis of the current allocation and distribution of SNAs focusing on what support is being given, to whom and why?
6. Define and examine outcomes of students under current arrangements, taking into account the findings of the Altered Provision Pilot Project.
7. In preparing its report, to have regard to the commitments set out in the programme for a Partnership Government in relation to the introduction of an in-school speech and language service.
8. In preparing its report to take account of the findings and recommendations of the Report on the Role of the Special Needs Assistant which was published by the Joint Oireachtas Committee on Education and Social Protection in January 2016.

Appendix 2: NCSE data on SNA supports 2011-2018

Table 1: Increase in SNA support allocated by NCSE 2011-2017

Increase	2011	2012	2013	2014	2015	2016	2017 ¹⁵
Students accessing	22,284	24,029	25,414	27,267	29,953	32,523	34,670
(As % of overall student pop.)	2.5%	2.7%	2.8%	2.97%	3.2%	3.5%	3.7%
SNA posts	10,320	10,503	10,671	11,174	11,924	13,006	13,969
SNA Cost (outturn)	€350m	€356m	€362m	€374m	€413m	€428m	€476m
Unit Cost	€33,914	€33,895	€33,923	€33,471	€34,636	€32,908	€34,075

Table 2: Distribution of SNA posts across school/class types 2011-2018

School Year	Primary Mainstream SNA Posts	Post Primary Mainstream SNA Posts	Special Class SNA Posts	Special School SNA Posts	Community Care Workers (Legacy Posts)	Total SNA Posts
2011-2012	5,453	1,842	873	2,092	60	10,320
2012-2013	5,492	1,838	988	2,125	60	10,503
2013-2014	5,454	1,838	1,170	2,149	60	10,671
2014-2015	5,586	1,868	1,438	2,222	60	11,174
2015-2016	5,925	1,921	1,718	2,300	60	11,924
2016-2017	6,465	2,050	2,026	2,405	60	13,006
2017-2018	6,900	2,207	2,336	2,466	60	13,969

¹⁵ End December 2017.

¹⁶ Source: Department of Public Expenditure and Reform.

Appendix 3: Overview of Research Studies¹⁷

3.1 Introduction

This appendix includes:

- An overview of the research processes undertaken by the NCSE to provide a robust evidence-informed basis for this review.
- The NCSE's considered view of the findings that emerged from these processes.

Eight research strands were undertaken and/or considered to establish a broad and robust evidence base for this review. Much of this work was undertaken in-house or led by the NCSE as we were aware that there is a paucity of directly comparable research in this field.

The eight strands were:

1. A review of published research evidence on the impact of paraprofessional support on educational outcomes for students with disabilities (NCSE, 2018a).
2. A cross-country review of the use of non-teaching adult support staff in the classroom to support students with disabilities and/or students with additional care needs (NCSE, 2018b).
3. A review of an anonymised sample of SENO reports to examine how SNA support is distributed across different care needs and what are the outcomes for students accessing this support (NCSE, 2018c).
4. A review of the operation of the SNA scheme in schools (NCSE, 2018d).
5. A review of a sample of professional reports accompanying applications for SNA support (NCSE, 2018d).
6. A study of how well young people with disabilities are prepared for life after school (RSM PACEC, 2017).
7. A review of the Altered Provision Project (Casserly *et al*, 2017). This is a DES-led project whereby additional teaching hours were provided in lieu of special needs assistant support for students with emotional disturbance/behaviour disorder in a small number of post-primary schools.
8. An examination of some of the available findings on models of provision for in-school therapy support for students with additional care needs (Hayes, Keegan & Goulding, 2012; Murphy *et al*, 2017; Henefer, 2010; NBSS, 2014a; NBSS, 2014b; NBSS, 2014c; MacCobb, Fitzgerald & Lanigan-O'Keeffe, 2014), a summary of which is provided at 4.3 below.

¹⁷ The NCSE is indebted to Claire Griffin, educational psychologist and lecturer in educational and developmental psychology, Mary Immaculate College, Limerick, who reviewed reports relating to the first seven pieces of research outlined above and a draft of this appendix and provided feedback on it.

This examination was undertaken to inform the NCSE's consideration of an appropriate model for the delivery of in-school therapy supports for students with additional care needs who require such supports.

An overview of the findings of the above pieces of research is provided below.

This report was also informed by wider reading in the general area of paraprofessional support and other relevant policy and research reports including the Value for Money and Policy Review of the SNA scheme (DES, 2011), A Focused Policy Assessment of Data on Special Needs Assistants (IGEES, 2016) and the report of the Joint Oireachtas Committee on Education and Social Protection on the Role of the Special Needs Assistant (JESP, 2016).

3.2 Description of Research Undertaken

3.2.1 A review of published research evidence on the impact of paraprofessional support on educational outcomes for students with disabilities

This review (NCSE, 2018a) aimed to establish whether there is evidence for the impact of different types of support for children and students with different additional needs in an educational context or for educational purposes. Seventy-three articles relating to this topic were selected for further examination and in-depth review, of which 14 studies met inclusion criteria. While there were several reasons why studies were excluded, in 35 out of the 59 cases it was due to methodological issues.

Six further articles were identified through contacts with officials in other countries and through reviewing the bibliographies of the 14 original articles. They were included as they provided useful additional information on research conducted in the area of paraprofessional support for students with disabilities. These six articles, along with the 14 original articles, are listed in the bibliography and marked with an asterisk.

The largest and most detailed of these is a study investigating the deployment and impact of support staff¹⁸ (DISS) in UK schools, conducted between 2003 and 2008, involving 8,200 students across two waves of the study (Blatchford *et al*, 2009; Blatchford *et al*, 2011). The study explored the types of support staff deployed at schools and their impact on teachers and students. The analysis examined the effects of the amount of TA support on academic progress in English, mathematics and science when factors known to affect progress were taken into account in the analysis, including students' special educational need status, prior attainment and eligibility for free school meals, English as an additional language (EAL) and deprivation.

¹⁸ Support staff in this study referred to teaching assistants (TAs). In England TAs provide support in the classroom to both students with and without special educational needs. Higher level teaching assistants have a pedagogical role in relation to students.

In considering findings from the literature review, it is important to bear in mind that, while the volume of research on paraprofessionals has increased in the last decade, there is a general paucity of high quality studies examining the impact of paraprofessional support on student outcomes (Giangreco, Suter & Boyle, 2010). While there are some well-known examples and reviews (e.g. Blatchford *et al*, 2009, Blatchford *et al*, 2011; Alborz *et al*, 2009), they are few in number.

There are also limitations and gaps in the research studies that have been conducted, including that:

- Very few were randomised control studies that are considered the highest quality;
- There are very small sample sizes in most studies making generalisation extremely risky;
- Interpretation and comparison of the findings is extremely difficult because the terminology used to describe school/classroom support personnel differs across countries and even across states in the same countries¹⁹. In addition, these personnel have different qualifications, training and roles/responsibilities and information on these characteristics is often absent from the literature;
- It is not possible to draw any direct comparison between the role of paraprofessionals cited in the majority of limited research studies and that of the SNA in Ireland. Many of the paraprofessionals in research studies had a pedagogical dimension to their role and had received training appropriate to this role. In Ireland, on the other hand, the SNA has no such pedagogical role and is clearly allocated to support teachers in looking after students' care needs.

In the DISS study (Blatchford *et al*, 2009; Blatchford *et al*, 2011) teachers in England report that teaching assistants have a positive effect on their workloads, job satisfaction and stress levels and that they allow teachers to spend more one-to-one time with students. Teachers felt support staff had a positive effect on the quality of their teaching because they can have a positive effect on classroom control.

There is other evidence in the study that suggests teaching assistants have a positive effect on the overall amount of individual attention students received (albeit in many cases not necessarily from the teacher) and there is less off-task behaviour. However, the amount of contact with teachers tended to decline when support staff were present.

Teachers in England believe TAs have a positive impact on students' academic progress. In reality statistical findings show that the more support students received from support staff, the less progress they made (there was a consistent negative relationship between the amount of support students received and their progress in mathematics, science and English). The negative impact

¹⁹ These terms include paraprofessional, teaching assistants, teacher assistants, learning support assistants, integration aides, special needs assistants and so on. In this report the term 'paraprofessional' is used when making reference to international literature and/or cross-country studies generally. The term 'teaching assistant (TA)' is used when referring to paraprofessionals in England as this is the term most commonly used in that jurisdiction. The term 'special needs assistant' is used exclusively with reference to the Irish context.

was most marked for students with the highest levels of special educational need, presumably because they typically received the most TA support.

There is some emerging evidence from other smaller studies to suggest that:

- Paraprofessionals can be trained to implement interventions for students with disabilities with positive results (Giangreco *et al*, 2001; Giangreco, Suter & Doyle, 2010; Mazurik-Charles & Stefanou, 2010). However, further studies need to focus on long-term follow up as the evidence of any long-term effect of such interventions is not clear.
- Paraprofessionals can have a positive role in reducing inappropriate classroom behaviour and increasing academic engagement. However small sample sizes limit the power of these studies (Brock & Carter, 2013).
- Paraprofessional proximity may have both positive and negative effects. Positive effects include the promotion of participation and engagement in learning. Negative effects include potentially creating unnecessary dependencies, limiting the development and use of students' own capabilities and inhibiting student interaction with teachers and peers (Giangreco, Doyle & Suter, 2014; Sharma & Salend, 2016).
- Researchers have begun to explore alternatives to overreliance on paraprofessionals. Some studies indicate that students who received peer support did significantly better on a range of measures compared to those who received adult support alone. These measures included increased academic engagement, increased interaction with peers and increased progress on social goals (Carter *et al*, 2016).

Overall, findings from the literature review suggest that while paraprofessionals can positively contribute to the education of some students with disabilities in certain circumstances, evidence suggests that caution needs to be exercised regarding their excessive use in the classroom without adequate and appropriate training.

This review also points to the need for a far greater suite of research on the different types of paraprofessional which feature across these studies and for a more accurate description of who they are, what they do, what they are trained in, how that training is delivered and what impact they have so as to generate a robust evidence base regarding their effectiveness.

3.2.2 A cross-country review of the use of non-teaching adult support staff in the classroom to support students with disabilities and/or students with additional care needs.

The aim of the cross-country review (NCSE, 2018b) was to establish how other administrations in other countries support students with disabilities in the classroom who have additional care needs. As part of this, the research sought to identify, among other things, the types of paraprofessionals used by other administrations to support students with additional care needs, the types of needs met by these paraprofessionals, how students access this form of support and the training and qualifications requirements of the paraprofessionals.

The NCSE developed an 18-item survey and administered it to identified contact points in special education agencies, departments of education, European Agency for Special Needs and Inclusive Education (EASNIE) national coordinators, and/or university contacts in 56 different countries, states and or provinces in late 2016 and early 2017. After a series of follow up contacts were made, a total of 32 survey responses was finally received. Twenty-four of these were European, three were from the US (one federal and two states, Ohio and Connecticut), four were from Australia (Tasmania, South Australia, Victoria and New South Wales) and one from Canada (province of Ontario).²⁰

While the response rate of 57 per cent is reasonable, the prevalence of European countries is an obvious limitation. In addition, the information received varied greatly in terms of its breadth and depth. Another limitation concerns the challenge in drawing lessons from education systems and contexts that are markedly different to the Irish one, and in many cases to each other.

The survey findings revealed that all administrations attempted to support students with disabilities with care needs in the classroom through the provision of additional support. The majority of responses indicated that this support was formalised through the existence of an education-funded scheme²¹, and the deployment of paraprofessionals to support students.

The focus of the work of paraprofessionals was determined in most cases by the needs of students. Needs cited by respondents ranged from educational (e.g. learning needs, ICT support needs, pedagogical needs) to care (e.g. toileting and hygiene) to behaviour and medical.

Responses differed in how student eligibility to access care supports is determined. In the majority of cases eligibility of students to access paraprofessional support in the classroom is determined by some form of individual diagnostic and/or needs assessment. In a small number of these cases, however, it was noted that school principals have the final say in determining access to paraprofessional support. In five states, access is determined by whether it was outlined in an individual education plan (IEP) or similar document.

Responses vary on whether the support is allocated directly to the student or to the school.

All administrations noted that the amount of support which a paraprofessional could provide to a student could change if the needs of the student changed. Related to this, a review process was noted in the majority of countries, although the extent to which this process was formalised was not always clear. In some responses, reviews occur as required, or on an ongoing basis, while in others it is time bound (e.g. annually, or at a particular point in the education of the student, e.g. after year four).

²⁰ Information was sought from 56 different administrations (countries, states and provinces) and received from 32 (response rate of 57%): Austria, Connecticut, US, Croatia, Cyprus, Denmark, Estonia, England, Finland, Flemish Region of Belgium, France, Germany, Iceland, Italy, Latvia, Lithuania, Malta, Netherlands, Norway, New South Wales Australia, Ohio US, Ontario Canada, Portugal, Scotland, Slovakia, South Australia, Spain, Sweden, Switzerland, Tasmania Australia, Victoria Australia, US (federal level) and the Walloon Region of Belgium.

²¹ In two cases, administrations specified the existence of health schemes to support students with care needs in the classroom. In Ontario, Canada this health scheme was the only one mentioned in its response, while in South Australia, its health scheme is in addition to the use of non-teaching adult support in the classroom. It should be noted that respondents were not asked to specify the existence of health schemes. Therefore, it cannot be taken as read that health schemes to support students with special educational needs do not exist in other countries which responded.

The necessary qualifications required for these positions are not high and there is little requirement for formal training. The majority of responses indicated that either no qualification was required for the position, or the level of qualification necessary was a decision of the school or local education authority. Across the remaining responses, some level of qualification was required for individuals providing this form of support, although this varied widely depending on the type of paraprofessional and/or the grade of a particular type of paraprofessional (e.g. those with a health background and role requiring appropriate third-level qualifications). In most administrations, there is no formal career path open to individuals filling these roles.

In the majority of countries, tracking impact or student outcomes as a result of the support provided does not happen beyond the school level, when it happens at all, thus preventing any form of global reporting and analysis of outcomes for students in receipt of paraprofessional support.

While there were many differences across countries in terms of the operation of the schemes, elements of good practice also emerged through discussions held with country representatives as part of a European Agency (EASNIE) biannual meeting. These elements include where:

- All students, including students with special educational needs, receive their primary instruction from highly qualified teachers who have responsibility for all instructional planning and pedagogical decision-making.
- The focus of paraprofessionals' work is on meeting the needs of students so that they can develop independent living skills, including their ability to manage their own learning. In doing so, students' primary care needs including intimate care, toileting, medication etc. are also addressed.
- The role of paraprofessionals on the school team is targeted, well defined and supervised.
- A range of professional supports is available to assist schools in assessing and meeting student needs. These included educational psychologists, behaviour support staff, audiologists, orientation and mobility, interpreters, doctors, nurses, OTs, physiotherapists, SLTs and so on.

3.2.3 A review of an anonymised sample of SENO reports to examine how SNA support is distributed across different care needs and what are the outcomes for students accessing this support

The aim of this review (NCSE, 2018c) was to identify:

- How SNA support is distributed across different care needs?
- The outcomes for students accessing this support?

Special educational needs organisers (SENOs) work with schools, on an ongoing basis, to review the allocation of SNA support to students accessing such support. SENOs were requested to return anonymised data from their reviews on a representative sample of 305 students accessing SNA support in mainstream classes. These data included student diagnosis and care needs at the time of initial allocation of SNA support, and similar data at the time of the review, five years after allocation. They were also required to assess whether SNA support was still required at the time of review.

How SNA support is distributed across different diagnoses and care needs

At the time of original allocation access to SNA support was distributed across students with different diagnoses as indicated below. Of the cohort of sampled students accessing SNA support:

- 30% (91 students) had a diagnosis of ASD;
- 26% (80 students) had a diagnosis of physical disability;
- 23% (69 students) had a diagnosis of learning disability;
- 16% (48 students) had a diagnosis of EBD/severe EBD;
- 14% (43 students) had a diagnosis of multiple disabilities;
- 11.5% (35 students) had a diagnosis of a medical condition.

It should be noted that it is possible for students to have more than one diagnosis recorded.

At the time of the original allocation of SNA support, SNA assistance was required to support student care needs as indicated below:

SNA Assistance	No of students	% of students	As % of total care needs
Assisting teachers to provide supervision in the classroom, playground and school grounds	176	58%	30%
Care needs requiring frequent interventions, including withdrawal of a student from a classroom when essential	121	40%	21%
Assistance with toileting and general hygiene	112	37%	19%
Assistance with mobility and orientation	73	24%	13%
Two care needs recorded	147	48%	n/a
One care need recorded	95	31%	n/a

At review time, diagnosis was noted as changed for just over one fifth of students (22 per cent, 67 students) and unchanged for 37 per cent (114 students) of students. No data was entered for the remaining 41 per cent (124 students) of students. It could be assumed that where no data was entered, the diagnosis was unchanged. This would result in diagnosis being unchanged for 78 per cent (238 students) of the sample.

Care needs at review were noted to have changed for 51 per cent (155 students) of students in the sample. At the time of review, most students had one (33 per cent, 102 students) or two care needs (38 per cent, 115 students).

Student outcomes

This review used the term 'student outcomes' to mean the extent to which students continue to require SNA support at the time of review.

The level of SNA support required by students at review is outlined below:

No longer required any access	11%
Reduced support	39%
Increased support	10%
Retained same level of support	40%

Note: this data was reported for 291 of the 305 students only.

3.2.4 A small-scale review of the operation of the SNA scheme in schools

This review (NCSE, 2018d) examined the operation of the SNA scheme in 25 schools through the work of 61 special needs assistants with 185 students. The student sample was drawn from ten mainstream primary schools, ten mainstream post-primary schools and five special schools.

There were four reviewers in all. Each reviewer visited a number of schools for one to two days (depending on the size of the school) to review the operation of the scheme. As part of their visit, they spoke with principals, teachers and SNAs; they accompanied the SNA as he/she went about their duties; and they examined relevant documentation, e.g. school plans, relevant individualised plans, timetables. At the end of each visit, the reviewer compiled an anonymised report for each school visited, as well as an overall conclusion on the operation of the scheme across their schools. This information was then returned to the NCSE.

The most common diagnoses found among the student cohort were:

Diagnosis	% of students
ASD	37% (69 students)
Multiple disabilities	32% (59 students)
Learning disability	24% (44 students)
Physical disability	19% (35 students)
EBD	16% (30 students)
Hearing impairment	11% (21 students)
Medical conditions	5.4% (10 students)
Visual impairment	1.6% (3 students)

It should be noted that some students had more than one disability identified.

At time of observation, SNAs were observed by reviewers to engage in the following tasks relating to primary care needs (for which access to SNA support will normally be provided:

Student Supervision	85% of students
Assistance with severe communication difficulties	49% of students
Mobility and orientation	46% of students
Frequent interventions including withdrawal	44% of students
Assistance with toileting and general hygiene	39% of students
Moving and lifting	33% of students
Feeding	28% of students
Non-nursing care needs	24% of students
Administration of medicine	20% of students
Other unspecified care duties	26% of students

The vast majority of students (86 per cent, 159 students) had more than one care need recorded, with almost 49 per cent (90 students) having four or more care needs.

SNAs were observed by reviewers to engage in the following tasks relating to secondary care needs:

Assisting teachers and/or principal in maintaining a journal or care monitoring system for students	83% of students
Preparation and tidying of workspaces and classrooms	78% of students
Planning for activities and classes, liaising with class teachers and other staff	79% of students
Assistance with the development and review of personal pupil plans	72% of students
Assistance with enabling a student to access therapy under the direction of qualified personnel	40% of students
Other care duties	27% of students

In addition to providing support for primary and secondary care needs, SNAs were also observed to provide support that was over and above the care role specified in circular 30/2014. Examples include:

Helping the student develop organisational skills	91% of students
Monitoring the student in social interaction	88% of students
Helping the student stay on task	87% of students
Assisting assigned students with curricular tasks	87% of students
Helping students develop self-confidence/self-esteem	83% of students
Helping students engage in age appropriate socialisation	82% of students
Supporting the student in preparing for the learning activity and attending to task	77% of students
Helping students to develop language skills by interaction with others	72% of students
Clarifying teacher instructions so that students can participate	68% of students
Acting as a reader or scribe in class	57% of students
Assisting non-assigned students	57% of students
Supporting IEP development (curriculum aspects)	43% of students
Assisting assigned pupils with curricular tasks outside the classroom task	32% of students
Acting as a reader or scribe in examinations	9% of students

The reviewers were asked to estimate the proportion of time spent by SNAs during a typical week meeting primary care needs, undertaking secondary care tasks and doing duties over and above the care role outlined in circular 30/2014. For the 54 SNAs for whom this part of the form was completed, over half of the cohort (57 per cent) was deemed to spend more than half their time on primary care needs.

The reviewers identified a number of good practices in Irish schools in relation to the management and deployment of paraprofessional and SNA support which include where:

- Schools have a clear written policy governing the work that is in line with Government policy and feeds into the overall school teaching and learning plan.
- Teachers and paraprofessionals' roles in supporting student care and learning needs are clearly defined.
- Student independence is promoted and the creation of over-dependencies is avoided. In a number of Irish examples, SNAs are rotated to work with different students during the week to ensure that students do not develop an over-dependence on any one SNA in particular.
- Paraprofessionals are competent and knowledgeable about students' care needs and have appropriate training and qualifications to support their identified care needs.
- Student outcomes are monitored and reflected in the student support plan. Regular meetings are held for planning and review of the student support plan. All adults involved with the student participate at the meetings to draw up and revise student support plans.
- A review process is in place. Regular review meetings take place between management and paraprofessionals to review student outcomes and paraprofessionals' work.

The reviewers considered that SNAs generally were working effectively under the direction of, and in collaboration with, teaching staff. They considered that the SNAs' role in providing care assistance and supporting the education of the student is in general clearly defined. They did note weaknesses, however, in the implementation of the scheme in some schools, for example where:

- There is no written policy on SNAs and/or no written personal student plans;
- The arrangement is very informal and SNAs are trusted by the school to do what is needed to ensure students can fully access the curriculum;
- SNAs were observed providing assistance for classroom tasks when the student did not require assistance or where there was already support available from the peer groups;
- SNA work is not adequately supervised by teachers and/or by school principals. One example given was where an SNA withdrew students for a cookery lesson and a woodwork lesson each week without teacher supervision;

- SNAs are not always effectively deployed when their assigned student does not require assistance;
- Care support is not always adjusted when students develop independent living skills and do not want or need access to the same level of SNA as previously allocated;
- Some schools may not be seeking necessary external supports/ advice from outside agencies but instead rely solely and inappropriately on the experience they have built up internally.

3.2.5 A review of a sample of professional reports accompanying school applications for SNA support for students with additional care needs

The aim of the review (NCSE, 2018e) was to examine whether professional reports provided a robust basis for the sanctioning of access to SNA support under circular 30/2014.

A random sample of SENOs was requested to provide anonymised professional reports that had accompanied their ten most recent applications for SNA support which had resulted in access to SNA support being sanctioned. SENOs were requested to include one application from a special class and one from a special school that had resulted in additional support over and above that provided under the SERC ratios.

In total, 188 professional reports were examined.

In relation to educational setting:

- 135 reports related to students in mainstream primary schools;
- 21 reports related to students in mainstream post-primary schools;
- 12 reports related to students from special schools;
- 16 reports related to students in special classes;
- One report related to a student in an early intervention class;
- In three cases, the educational setting was unknown.

In relation to the professional providing report:

The majority of reports came from state services (80 per cent), with 19 per cent coming from private professionals. The source of two reports is unknown (1 per cent). Of those which came from state services, over half (54 per cent) came from HSE or HSE-funded services, followed by the National Educational Psychological Service (13 per cent), visiting teachers (10 per cent) and Child and Adolescent Mental Health Services (3 per cent).

In relation to the nature of disability or medical condition diagnosed:

ASD	25% of reports
Physical disability	18% of reports
ADD/ADHD or an emotional behaviour disorder	11% of reports
General learning disability	11% of reports
Sensory impairment	8% of reports
Down syndrome	8% of reports
Non-specified	6% of reports
Medical	5% of reports
High incidence disability	4% of reports
SSLD/SSLI	3% of reports
Other (e.g. DCD, SPD, social anxiety, selected mutism)	1% of reports

In relation to evidence of specific care needs provided:

Some type of care need was identified in 85 per cent of reports; 3 per cent of reports required updated information; The professional provided no evidence of significant care needs in 12 per cent of the reports.²²

In relation to whether the identified care needs met DES criteria as outlined in circular 30/2014:

In 73 per cent of cases the care needs, as identified in the report met DES criteria. Updated reports were awaited in 3 per cent of cases before it could be established whether care needs met criteria. Care needs did not meet the DES criteria in 24 per cent of cases.

Examples of care needs that did not meet the criteria included: recommendations for SNA support for academic reasons; therapy purposes; typing tuition; panic attacks; to be part of the school community; no reasons being provided at all; reports which indicated that a further review was necessary; or reports being so old as to require a follow-up by a SENO with the student to establish his/her current care needs.

In relation to whether the reports provided sufficient evidence of care needs to assist decision-making:

In 39 per cent of cases, the reports were deemed to provide sufficient evidence of care needs to warrant access to SNA support and to assist SENOs to make decisions in this regard.

²² This 12 per cent of reports refers in number to 23 reports, of which three were written by visiting teachers, five by NEPS educational psychologists, ten by HSE professionals and five by private professionals.

In these cases:

- Care needs were identified in the reports;
- Identified care needs met DES criteria as outlined in circular 30/2014;
- The report provided sufficient evidence of the care needs to assist the SENO to make a decision about whether the student required access to SNA support in school.

In 61 per cent of cases, reports did not provide sufficient evidence on their own to warrant access to SNA support. In these cases either:

- Care needs were not identified in the reports;
- Care needs were identified but did not meet DES criteria as outlined in circular 30/2014;
- Insufficient evidence of care needs was included in the report.

In relation to the timing of the writing of the report (either student starting primary school or entering post-primary):

- 51% were within one year of commencement
- 9.5% were within two years
- 4.2% were between two and four years
- 1% was between six and eight years

The timing of 31% of the reports is unknown

3.2.6 A study of how well young people with disabilities are prepared for life after school.

This qualitative research study (RSM PACEC, 2017) was commissioned by the National Disability Authority and supported by the NCSE, specifically for the comprehensive review of the SNA scheme. The aim of the study was to review how well students with disabilities who received SNA support were prepared for life after school, be it in further/higher education, training, adult day services, and/or employment. The research was conducted by a team from RSM PACEC Ltd.

The research team conducted ten school visits as part of the research, interviewing ten principals, 18 other school staff, 19 parents and conducted focus groups with 31 SNAs. Thirty-five young people with disabilities who recently left school also participated in focus groups or telephone interviews. These students were drawn from day services, further education, higher education and employment. Fifty representatives from across these sectors were also interviewed as part of the research.

Generally, staff in post school environments believed young people with disabilities were not adequately prepared for life in their post-school environments. This view was expressed particularly by key informants in adult day services and by employers. It was less common but present in the views of key informants from higher and further education, and from parents of young people with disabilities and young people themselves. School teaching staff did not share this view.

Young people in the main were very positive about their experience of receiving SNA support and its value in helping them in their education. They did not believe, however, that the SNA played an active part in their preparation for life after school.

While most parents believed SNAs made a positive contribution towards their child's education, they were divided on how well the experience prepared their children for life after school. A minority of parents believed young people had become overly dependent on SNA support.

The theme of dependence was common in the views of employer, higher and further education and adult day service stakeholders. Adult day service stakeholders were of the view that an unhealthy dependency had emerged that made young people unable to perform basic tasks independently. They cited examples of some young people lacking basic life skills and the ability to socially interact with their peers. Young people in day services believed they did not receive adequate practical support when in school.

Further and higher education stakeholders felt SNA support only addressed the needs of students while in school and did little to prepare them to participate in further or third-level education. The potential difficulty in adjusting to these environments, where less support was available, was cited as one negative aspect.

Employers of young people with disabilities believed students received too much support in the latter stages of school. This affected their ability to work independently and to socially interact with colleagues. Young people with disabilities in employment reported having a difficult transition to work, and reported that the support of groups such as employment facilitators assisted them in their transition. They reported that school support for the attainment of some life skills, such as independent travel, would have been valuable in this regard.

School staff members were in the main positive about the role of SNAs. They reported that, while the focus of SNAs was mainly on facilitating learning of young people with disabilities, they also contributed to the development of life skills, confidence and social and communication skills of these young people. SNAs provided support beyond meeting care needs, such as meeting the emotional and social needs of young people. They reported helping students with decisions about their future. SNAs also felt there was a lack of training and guidance provided to them, however, which caused them significant challenges.

3.2.7 The Altered Provision Project

The Altered Provision Project (APP) is an alternative model of support provision for students with emotional disturbance/behaviour disorder that was implemented in 13 post-primary schools on a pilot basis between 2013 and 2016 (Casserly *et al*, 2017).

While the project did not relate directly to the role of the SNA, it is included here because schools participating in the project were provided with 11 teaching hours in lieu of an SNA post. As such the project has relevance to this review of the SNA scheme (Casserly *et al*, 2017).

Schools had autonomy in using these resources to meet the needs of students but were recommended to use team teaching approaches as the primary delivery model. The rationale for the project was that additional teaching is a better way to support students with emotional disturbance to engage with and access the curriculum and support their emotional and behavioural needs through teaching in self-management behaviour. It was considered that an additional teaching allocation provided to the school for students with EBD might be a more proactive and holistic approach because it could address education and wellbeing needs, as opposed to an allocation of SNA support which was regarded as a containment approach (Casserly *et al*, 2017).

The review noted there was no standard methodical process for gathering and examining outcome data so the results are based mostly on teaching and parental perceptions. Given this limitation, the findings from the APP project indicate (Casserly *et al*, 2017):

- Most participants regarded team teaching as highly effective for teachers and students alike. Staff considered it improved student focus, engagement, behaviour, attendance, organisation, and learning, with improvements in academic and social areas. In addition, benefits in relation to the development of positive relationships with teachers, increased expectations for students by teachers, reduced detentions and suspensions, improved attendance and school retention were reported.
- The operationalisation of the APP varied significantly across the 13 schools and included team teaching, in-class support, small group or one-to-one withdrawal support. It was felt that this was largely due to the autonomy given to schools in implementing it and the varying cultures that existed in the schools. Schools perceived this variance, however, as a lack of clarity regarding the project, and identified a need for guidelines to support its implementation.
- The need for appropriate time for formal planning, monitoring and evaluation of programmes and IEP targets for pupils with EBD was recognised to support their holistic development.
- All schools indicated that both APP and the SNA scheme had a place in the continuum of support as students' needs change over time. In particular, the role of the SNA in supporting transition times and unstructured times was emphasised in the study.

- Students reacted positively to APP, reporting that while they valued SNA support at certain times in post-primary school, they generally disliked being singled out by the presence of an SNA and valued their independence.
- There was wide recognition of the valuable work carried out by SNAs in meeting the care needs of students. While the purpose of APP was to replace SNA time with teaching time, some schools were of the view that both an additional teacher and an SNA were required, dependent on the numbers of students in a class and/or the particular needs of those students and as those needs change over time.
- While SNAs play an important care role for students with EBD, particularly at transition times, an overreliance on SNA support can result in students experiencing alienation and stigma. Findings from the APP project and the RSM PACEC study confirm that students can feel singled out by SNA support and value feeling more independent without SNA support.

Overall, there were a number of perceived benefits of APP, including positive student engagement of most students with EBD in the pilot schools, which resulted in the development of positive behaviour and academic success and attainment.

3.3 Models of provision for in-school therapy supports

This research strand was included to inform the NCSE's consideration of a model through which therapy supports can be provided in schools to students with additional care needs who require such supports. The included studies examined a tiered delivery of therapy support in schools.

3.3.1 Speech and Language Therapy

International prevalence rates of speech and language difficulties vary due to differing definitions but international reviews suggest that approximately 6 per cent of two- to five-year-olds can experience speech or language difficulties (Law *et al*, 2000).

The Growing Up in Ireland study reveals that nearly one in five parents/guardians of three-year-olds in Ireland had concerns about their child's speech and language development and just one in three of these children has received interventions or services for the problem. Children from educationally disadvantaged areas tend to have greater difficulties than children living in more advantaged areas (Williams *et al*, 2013; see also Rafferty, 2014).

Internationally there is a shift in the provision of speech and language services from a traditional, individualised, medical model towards a model based on the needs of whole populations. Under this model service delivery is organised to respond to socially determined needs and focuses on primary prevention (Law *et al*, 2013).

Interventions underlying a whole population model are described as being primary, secondary or tertiary (tiered models). Primary or universal interventions are directed at the general population of children and attempt to prevent early speech and language difficulties. Secondary or targeted services are for children who may have a particular need or be vulnerable to needing specific services in relation to speech, language and communication. Tertiary or specialist services support children with particular needs over and above those that can be met by universal and targeted provision. These children will continue to benefit from universal and targeted interventions.

Three Irish initiatives using a tiered model approach are described in the next section.

3.3.2 The Childhood Development Initiative (CDI)

The CDI set up a speech and language therapy (SLT) service as part of a ten-year strategy to improve outcomes for disadvantaged children in Tallaght West based on research and needs identified in the area.

The SLT service was based on a tiered model of delivery. It aimed to promote children's speech and language development and to provide intervention where necessary. It also aimed to provide training to staff and parents and to promote speech and language therapy within programme settings. Dedicated speech and language therapists worked with children, families and staff within the educational settings.

The SLT service provided therapeutic support to 192 children who were unlikely to have been identified, referred or supported through any other existing service. The HSE was a key partner in the planning, set up and implementation of the SLT Service. The service was independently evaluated by the Centre for Social and Educational Research at the Dublin Institute of Technology (Hayes, Keegan & Goulding, 2012).

Findings were positive and indicated that:

- Up to 60 per cent of the children had not previously been referred to an SLT service;
- The CDI service saw children at a significantly younger age than other services and with a shorter waiting time;
- 18 per cent of children were discharged from the service as being within normal limits which removed one potentially significant risk factor for these children;
- Parents found the on-site delivery suited them well and was less disruptive for children than clinic-based services.

3.3.3 The National Behaviour Support Service (NBSS)²³ Related Studies

The NBSS adopts a tiered in-school model for the delivery of behaviour support to schools. Studies conducted on NBSS programmes include:

- A random controlled study (Murphy *et al*, 2017) involving over 300 post-primary students in Irish schools examined the effectiveness of a whole class vocabulary intervention delivered by English teachers with support and training from speech and language therapists. Results indicated that students who received the intervention improved significantly more than those who did not on two measures. These findings support the model used in delivery of the intervention.
- The Alert Programme focuses on upskilling students in the self-management of behaviour. A small-scale study (MacCobb, Fitzgerald & Lanigan-O’Keeffe, 2014) examined two trial implementations of the Alert Programme across a sample of 85 students in four post-primary schools. Reported student outcomes were positive. It should be noted that this was a very small-scale study and reports of student outcomes were based on subjective measures administered post-intervention only.
- Principal, teacher and student views of the NBSS Level 3 intervention (intensive, individualised) were collected mainly through surveys and published in 2014. Findings from these surveys indicate positive attitudes towards the in-school interventions delivered (NBSS, 2014a; NBSS, 2014b; NBSS, 2014c).
- An evaluation of 36 behaviour support classrooms (BSCs) was conducted internally by the NBSS in 2010 (Henefer, 2010). Findings indicated that BSCs had been successful to varying degrees in bringing about an alteration in student behaviour and schools’ views of changes in behaviour. Qualitative data also indicated that in some cases student motivation improved through attending the BSC. The study concluded that BSCs should not be regarded as a quick fix or add-on for a complex and recurring issue that exists in many schools in Ireland. However the potential for this development to be embedded and extended in terms of helping schools to create positive teaching and learning environments across the whole school community is worth further support and encouragement.

3.4 NCSE View of Key Findings from Research Process

Given the limitations cited above, research findings on paraprofessional supports in schools need cautious interpretation for the purposes of this review. So what can be said at this point in time?

²³ The NBSS is now managed by the NCSE as part of its developing support service.

Research Finding 1

Every administration which responded to the NCSE survey had additional supports in place for students with additional care needs in schools.

All administrations surveyed by the NCSE (NCSE, 2018b) attempt to support students with care needs in the classroom through the provision of additional support. In most cases this support is formalised through the existence of a scheme and the use of paraprofessional²⁴. However there is considerable variance across countries in terms of the types, functions, and roles of individuals used to support students.

There is also a wide range of different care needs addressed across countries. Needs cited by countries ranged from educational (e.g. learning needs, ICT support needs, pedagogical needs) to care (e.g. toileting and hygiene) to behaviour and medical.

While there were many differences across countries in terms of the operation of the schemes, elements of good practice also emerged through the cross country review and discussions held with country representatives.

The fact that every country studied has a scheme in place to support students with additional care needs tells us that students have care needs which must be addressed. It does not, of itself, tell us anything about the quality of these schemes or their impact on student outcomes. When developing or revising a model of support, there is a need for empirical evidence to ensure that the model of additional supports implemented results in the best outcomes for students (insofar as it is possible to assess this empirically).

Research Finding 2

Paraprofessionals are effective in assisting schools to meet student care needs.

The NCSE review of the SNA scheme in schools (NCSE, 2018d) indicated that paraprofessional's work in this area is effective in enabling students with significant care needs to be included in schools.

The SNA scheme appears to be working well in Irish schools in meeting the primary care needs of students, in addition to some secondary care-associated tasks. Many schools are using the scheme to respond in an efficient focused and sensible way to meet the additional care needs of students and are attempting to deploy SNAs to the maximum benefit of these students.

²⁴ As noted above specific health schemes to support students with care needs in the classroom were mentioned in two responses – Ontario and South Australia.

Many students have care needs that are transient, others have needs that are more enduring and a smaller number of students will require support throughout school. The system of support must have the flexibility to adapt to changing needs so that support is faded when needs reduce and can be increased as needs intensify.

We found that the current system does provide flexibility in this way. The NCSE analysis conducted for this review (NCSE, 2018c) indicated that nine out of every ten students whose SNA support was reviewed had an ongoing need for some level of SNA support and in almost half of the sampled cases, students had managed either to reduce their dependency on SNA support or no longer required any additional SNA support.

While the sample studied is small compared to the totality of students receiving SNA support, it does indicate that the scheme is flexible in meeting ongoing needs for a large number of students, while at the same time reducing their need for SNA support as students grow and develop. The APP project also demonstrated the need for a flexible range of responses to meet the varying needs of students during their time in school.

SNAs generally work to the criteria laid down in DES circular 30/2014. They are meeting the varied and numerous care needs of students across different settings. In addition to this, they are supporting students and the broader school environment through the completion of secondary care tasks and other tasks. Their observed activity points to the utility of the scheme in meeting ongoing needs of students as they progress through their education. The NCSE review (NCSE, 2018d) of the operation of the scheme, however, indicates that there are still many SNAs who perform tasks that are over and above the terms of the circular.

The scheme is working particularly well with younger students, those with 'traditional' care needs such as toileting, feeding, dressing and those with complex care needs being educated in special schools and classes. The scheme is also useful in supporting the transition of students between special and mainstream classes and at transition points during the school day.

Research Finding 3

Evidence for the effectiveness of paraprofessional support in the education of students is inconclusive.

The majority of developed countries report extensive growth in paraprofessional support in the school or classroom without clear evidence about what works, what training should be provided and so on (Giangreco *et al*, 2010).

There is consensus across the research literature (OECD, 2005) that teachers and the quality of teaching are important factors in influencing student achievement. Serious concerns have been raised, about overuse of paraprofessionals in the education of students with special educational needs with specific concerns focusing on (Brock & Carter, 2013):

- Research pointing to adverse outcomes on student achievement;
- Inappropriately entrusting paraprofessionals with primary teaching responsibilities that should be left to highly qualified teachers;
- Involving paraprofessionals in ways that are not supported by research; and
- Inadequate training and supervision of paraprofessionals.

In the UK researchers have called for a fundamental rethink on how TAs and teachers are deployed; how teachers and TAs interact with students and how teachers and TAs are to be prepared to work together (Webster *et al*, 2013). Their concern is to ensure that these personnel are used in ways that support the growth of students' self-determination and independence and do not inadvertently undermine their inclusion in schools.

In their view, TAs might demonstrate different and improved skills, given targeted training from specialist teachers or therapists. They suggest that frameworks for evidence based practices are required; that it is necessary to build teachers capacity to manage TAs; and they describe some types of training that could enable teachers and TAs to work collaboratively using such practices (Webster *et al*, 2013).

Researchers in the US are also seeking alternatives to over-reliance on paraprofessionals. They suggest such alternatives might include: co-teaching; resource re-allocation; building the capacity of teachers to meet the needs of students with special educational needs; peer supports; paperwork paraprofessionals; self-determination. (Giangreco, Doyle & Suter, 2012).

Research Finding 4

There is insufficient evidence at this point in time to support the introduction of teaching assistants into Irish schools because high quality research studies in other jurisdictions show adverse impact.

Research findings from the experience of TA deployment in the UK indicate that the support they provide can have a negative impact on student academic outcomes (in mathematics, science and English) and that the more support students received from support staff, the less progress they made. In addition, teaching assistant support can reduce teacher-student interactions and engender a sense of alienation among students (Blatchford *et al*, 2009; Blatchford *et al*, 2011).

Teachers in Irish schools also report that an overreliance on SNA support can result in students experiencing alienation and stigma, particularly at transition times. Findings from the APP project suggest a need to address feelings of stigma and dependency arising from the operation of the SNA scheme at post-primary level (Casserly *et al*, 2017).

In light of these findings, the NCSE considers there is insufficient evidence at this point in time to support the introduction of teaching assistants into Irish schools.

Research Finding 5

Given adequate training and support, paraprofessionals can support students in certain specific evidence-informed interventions with positive outcomes.

Findings from a number of studies suggest paraprofessionals, when given adequate training to support students in specific evidence-based curricula interventions (this has happened mostly for literacy, language and social skills) can influence some student learning outcomes in a positive direction. Adequate training includes initial and follow-up training and support, modelling the required skills and feedback on their performance.

There is also limited evidence that work with schools to develop and evaluate alternative ways of preparing and using TAs can result in better practice in their use to support students appropriately (Webster, Blatchford & Russell, 2013). This evidence is further limited by the absence of any focus on the impact of alternative ways of using TAs on student outcomes.

It should be noted that many of the studies on training paraprofessionals have small sample sizes and are of poor quality in that:

- They don't provide information on the nature of training the paraprofessional received;
- They don't describe the characteristics of those being trained, e.g. what prior qualifications or experience they had;
- They don't specify the component of training that brought about the positive outcome;
- The training was delivered by the researcher or external consultant and sometimes by the person who developed the intervention;
- There has been no long-term follow up to see if positive effects are maintained.

While systematic reviews offer some preliminary recommendations on the design and delivery of professional development for paraprofessionals, they also illustrate how little is known about how to best prepare and utilise paraprofessionals who work with students with special educational needs.

Further consideration must be given to the future level of training and qualifications required for paraprofessionals working to support students across many different types of additional care needs. This finding is reinforced in the APP project and in the RSM PACEC study which both identify the need for further training and qualifications for SNAs in the Irish context.

While many paraprofessionals appear to be very committed to meeting students' care needs and work very hard, research findings consistently emphasise that they require to be deployed in an efficient manner; have clear school policies and procedures to guide their work; appropriate training and qualifications; and a considerable level of guidance and support from teachers and school authorities to carry out their duties effectively.

Research Finding 6

In certain situations peer support²⁵ works better than adult paraprofessional support.

Research findings (Carter *et al*, 2016; Giangreco *et al*, 2001; Giangreco, Doyle & Suter, 2014) suggest students who received peer support performed significantly better on a range of measures (e.g. increased interactions with their peers; more progress on achievement of social goals; increased academic engagement and greater number of new friendships) compared to those who received adult support alone.

Schools and others have reported concern that there may be over-reliance on paraprofessionals as 'the' way rather than 'a' way to support students with disabilities. These concerns include that:

1. Paraprofessionals are providing academic supports in subjects where they were under- or unskilled.
2. Mainstream class/subject teachers are minimally involved with students with disabilities in their classes.
3. Some students with disabilities are unnecessarily dependent on paraprofessionals. They find paraprofessional support stigmatising or unwanted and report that they are physically separated (with the paraprofessional) from the rest of the class.

Peer supports have been researched as one effective alternative to overreliance on paraprofessionals. The literature points to the positive impact peers can play in supplementing the work of teachers to support the inclusion of students with special educational needs. It is important, however, that peer support arrangements are seen as only one component of high-quality inclusion and do not replace instruction by classroom teachers. Peer supports are just one alternative to paraprofessional support and schools need to consider alternate strategies, e.g. use of technology, team-teaching and so on.

²⁵ Peer support (or peer mentoring) involves one or more peers providing support to a student in their class/peer group who has special educational needs. The support is generally in the academic, social or behavioural area. The peers work together on classroom activities designed for all students by the classroom teachers. Peers model age appropriate behaviour and communication skills. Peers receive initial training and ongoing guidance and feedback from teachers as they assist their classmate. Peer support should supplement rather than replace instruction provided by a highly qualified teacher.

Research Finding 7

The respective roles of principals, teachers and paraprofessionals need to be clearly defined and the duties of teachers and paraprofessionals need to be in line with their qualifications and training.

Research findings suggest that paraprofessionals continue to operate with high levels of autonomy, making teaching decisions, providing the bulk of instruction to some students, and doing so without adequate professional direction (Giangreco *et al*, 2010). They highlight that the respective roles of teachers and paraprofessionals need to be clearly defined and respected.

Reviewers in the 25 Irish schools (NCSE, 2018d) felt SNAs generally were working effectively under the direction of and in collaboration with teaching staff. They considered the SNAs' role in providing care assistance and supporting the education of the student is in general clearly defined. They did, however, note weaknesses in implementation of the scheme in some schools, particularly in relation to management and deployment of SNAs.

Findings from the research literature suggest most special education teachers report that they receive little or no training on supervising paraprofessionals – most rely primarily on their on-the-job experiences (Giangreco *et al*, 2010, Blatchford *et al*, 2009). As a consequence, there is concern that paraprofessionals, who traditionally have little or no training, are working without direction or at best with rushed instructions that could be easily misunderstood.

Research Finding 8

In the Irish context, professional reports do not contain sufficient or relevant information on which to base decision-making about allocation of SNA support.

At least three out of every five professional reports examined did not provide sufficient evidence of care needs to warrant access to SNA support and/or to assist the SENO to make a decision about access to SNA support. In addition, while many of the reports contained extensive clinical information on the student, much of this was not relevant to the decision about SNA support in schools.

The SENO's role is therefore crucial in determining when students do and do not qualify for access to SNA support as in the majority of cases, it is necessary for the SENO to visit the school to observe the student in the school context and to gather additional relevant information in order to make consistent and fair decisions.

For these reasons, the NCSE has concluded that the sampled reports, on their own, did not provide a sufficiently robust basis on which to base decision-making about provision of SNA support.

Research Finding 9

Some young people are over-dependent on adult support.

Research findings (RSM, 2017; Casserly *et al*, 2017) suggest that, while SNAs are doing good work and meeting care needs of students, many young people with disabilities are not adequately prepared for life in their post-school environments and SNAs do not appear to play an active part in their preparation for this life after school.

A number of studies from the literature review also raise the issue of how interaction patterns between the student and paraprofessional may increase student dependency depending on how these interactions are managed. Findings from these studies highlight the need to teach students self-management skills and suggest that a different or broader focus may be required so that SNAs can support students for the variety of contexts they may transition to after post-primary school.

The NCSE has concluded that such preparation needs to happen throughout the young person's time in school but there needs to be a particular focus on transition to post-school placements during the latter stages of post-primary school.

Research Finding 10

A tiered model of support for provision of speech and language therapy shows promise.

Research evidence is clear that language skills play a critical part in a child's overall cognitive and social development including his/her readiness for learning and the development of other important skills including literacy and numeracy.

The needs of children with speech and language difficulties range from a transient delay in emerging skills to severe and lifelong difficulties. This requires a diverse range of responses to meet these difficulties.

It is increasingly recognised that speech and language therapists alone cannot meet all these children's needs and not all these children will require specialist intervention. Instead, speech and language therapists need to work both in specialist provision and as co-professionals and in consultation with staff in universal services, such as schools and early years settings. The smaller number of children who require specialist interventions should have timely and efficient access to the appropriate expertise.

This finding supports the basis for the In-school Therapy Service Demonstration Project shortly to commence in a number of Irish schools.

Appendix 4: Consultation Process

Introduction

The NCSE met 37 groups of different stakeholders including parents, students, SNAs, teacher representatives, school management, advocacy groups, principals, HSE professionals, DES officials and other relevant Government departments as well as the NCSE's special educational needs organisers (SENOs). A full list of those consulted is provided at the end of this appendix.

In addition, the NCSE advertised for written submissions and over 330 partners and stakeholders responded to an online questionnaire.

Separately submissions were received from a number of different organisations and individuals – see list at the end of this appendix.

The NCSE compiled a list of questions for use across the consultation process – at consultation meetings and through the electronic survey. The questions were:

1. Do the SNA application and review processes work well for students, schools and parents? If not, how could they be improved?
2. What works well about the SNA scheme – in mainstream classes, special classes and special schools?
3. Are there demands made on the SNA scheme that are over and above meeting the care needs of students? If so, what are those demands or gaps in provision?
4. At what point is a care need over and above that which could reasonably be expected to be managed by teaching staff? Please be specific for each type of disability or need. Is this point the same for a child with disabilities and a child without disabilities? If it is different in what way is it different?
5. Is the SNA scheme the right model to have in place for all students across primary, post-primary and special settings?
 - a. If yes, is it fit for purpose in its current form?
 - b. If no, what might be a better model?

Council members fully discussed the review at its meetings and its discussions were informed by expert opinion provided through inviting presentations from parents, teachers and other experts – a list of those who presented is included at the end of this appendix.

Council members visited ten schools including mainstream schools (with and without special classes) and special schools to see how the scheme was working on the ground for students with additional care needs.

Set out below in this appendix are views expressed by stakeholders during the NCSE consultation process (including at consultation meeting and through the electronic survey and written submissions) conducted as part of its Comprehensive Review. They do not necessarily reflect the NCSE's viewpoint, which is set out in the Section 3-6 of the main report.

General Points Made During Discussion

During the consultative process, some stakeholders – while acknowledging some deficits with the current scheme and expressing the need for change and improvement – were concerned that the Department of Education and Skills would seek to change the current scheme without addressing the perceived gaps in schools and child clinical and multi-disciplinary supports.

In discussions, many positive features of the SNA scheme were pointed out by various stakeholders. In addition, the value of the flexibility built into the SNA scheme became very evident – SNA duties varied in line with student needs as well as the school context. There was general consensus about the success of the scheme especially in the context of students with obvious care needs. We were told the scheme worked well when the principal displayed leadership, was a strong supporter of an inclusive school and knew how best to deploy SNAs; when the class teacher was well organised and knowledgeable about how to meet the needs of students within the class setting and communicated the daily plan to the SNA; and when both teacher and SNA reviewed how things were going in class on a regular basis, and when the SNA had the knowledge, skills, training and direction to meet the needs of the student.

While acknowledging the excellent work of many SNAs and schools in supporting students with special educational needs many stakeholder groups voiced considerable frustration with the scheme's perceived narrow focus on care needs when they considered that SNAs could do so much more than meet the care needs of students. There was frustration with the application process, with the allocation timeframe, with the absence of clinical and therapeutic support and guidance and about the needs of the most vulnerable students being met by the least qualified staff. The lack of training for SNAs was mentioned consistently. These and other issues are discussed below.

What Did Consultation Groups Tell Us?

SNAs are essential to enable many students with significant care needs attend school.

Consultation groups were clear that there were many positive aspects to the SNA scheme notably that many students with disabilities who also had significant care needs were now able to attend school and benefit from education as a direct result of support received from SNAs. They also considered that many such students, who previously might have become early school leavers, were now retained in school because they were supported by SNAs.

Groups believed the scheme had facilitated the development of inclusive mainstream schools giving students, who previously might have had to attend a special school, the opportunity to attend and be educated in their local school, get to know other children in their own community and be with their siblings.

Groups advised that the SNAs were essential in special schools and in special classes to support students with a wide range of complex needs.

There was considerable cross-group consensus on the need for SNA support in schools. SNAs were considered essential across the system as many students were unable to feed themselves or toilet independently. Others have significant mobility issues that can be a major concern when they are moving from class to class or at break-times when they are at serious risk of falling. Some students have significant behavioural issues – they could strike out, hit, hurt and injure other students without appropriate preventative and protective interventions, including the need for regular movement or sensory breaks outside the classroom. Other students have a reduced concept of danger and need adult support to guide and direct them within the school. There were many other examples where SNAs were considered indispensable including for the support of students who were deaf and communicated through ISL or those who needed medication while in school.

The SNA scheme has many other benefits.

As well as helping to meet these core care needs, groups considered the SNAs had a positive effect on the education of all students in the classroom as they helped to keep all students safe and minimised disruption thereby allowing the teacher more time to share with all students. In addition, groups advised that SNAs were vital to facilitate students' participation in extra-curricular activities such as sports day, school tours and performing in a concert/show.

Groups felt there were other benefits accruing to schools and students including:

- Peace of mind for parents knowing that their children were being 'minded' and 'safe' in schools;
- Improvement in student wellbeing as the student-SNA relationship is different to the student-teacher relationship – a number of groups advised us that students perceived SNAs as a key adult to whom they could turn for support when required;
- The ability to develop student's social skills – SNAs could act as a bridge and support for the student in their communication and interactions with the rest of the class;
- Deaf adults working as ISL communicators provided a good role model for deaf students;
- The availability of an extra pair of eyes and ears in the classroom and across schools often meant that SNAs noticed things missed by teachers;

- The availability of an extra pair of hands to help out across the schools e.g. administrative work, photocopying, preparation of general class materials, organising lockers, covering books and organising the school book rental schemes;
- The ability to provide additional tuition to students and opportunities for educational reinforcement;
- The capacity within the school to implement therapeutic programmes for individual students;
- The flexibility to assist other students who have additional learning or behavioural needs but do not have a diagnosis of disability;
- An additional means of communicating with parents through the SNAs – some parents considered the SNA had more time to spend with them updating them on their child's progress.

Many groups noted that the presence of an SNA can support student learning and help students to realise their individual potential. SNAs were reported as assisting with organisational skills which, under the teacher's guidance, can help to ensure that the student was ready to access the curriculum at their level, including the PE curriculum. SNAs help students to stay on task and avoid distractions. When not fully occupied with care duties, SNAs supervise group tasks set by the class teacher.

In special schools SNAs encourage students to interact, take turns, socialise with peers, learn to play, learn to communicate. They assist students to access the curriculum which in the special school context can mean listening to reading, assisting with hand-over-hand writing, cutting, colouring, using assistive technology etc.

SNAs work to prevent challenging behaviours arising in the classroom. They provide time out of class for movement and sensory breaks for students to calm down after a 'meltdown' or when a student needs to be removed from the class setting. This allows students the opportunity to relax sufficiently to learn. Behavioural issues are reduced thereby making the environment one where other students can learn and teachers have the chance to teach.

They assist teachers to prevent and manage violent, aggressive and unpredictable behaviours that could otherwise be very disruptive to effective teaching and learning for all students.

Some issues raised at consultation.

Many issues were raised throughout the consultation process. All groups wanted the scheme and SNA role to be changed, though there was not always consensus about what the change should be. Occasionally issues identified by some groups as being of concern were considered by others to be the scheme's strengths.

1. Scheme should be broadened to include wider needs, not simply care needs

Groups expressed general frustration at the scheme's narrow focus on care needs and suggested the scheme should be expanded to enable SNAs meet student learning, emotional and social needs; to include students without a diagnosis of disability but who had additional needs; to deliver speech and language and/or occupational and/or physiotherapy programmes.

Schools and parents expressed frustration that they had to be creative to ensure student's needs met the scheme's criteria and that wider learning and emotional needs were not included. They considered this sometimes restricted what an SNA could be asked to do in the school. In support of this view, these groups cited examples such as where a child had toileting needs; the school should be able to use the SNA to reinforce learning during the school day. Professionals were concerned that they needed to adhere to specific wording for their reports to identify what they perceived to be a narrow set of needs and therefore were not considering the child as a whole.

There was concern that successful care interventions for a student with special educational needs could result in the loss of an additional support for that student, and the loss of a job for the SNA. Groups were concerned that SNA support was reduced even when a student had needs which could continue to benefit from SNA support, notwithstanding the fact that support for these other needs was outside the official SNA remit.

Almost all groups reported that school authorities reallocate SNAs away from designated students to work with other students without diagnosis and/or to do other tasks in schools e.g. administration, cleaning, tidying, free book schemes, assist with school concerts and so on.

While the publication of circular 30/2014 has helped to clarify the respective roles of SNAs and teachers, groups considered the SNA role was still not clearly understood by parents and schools and that the circular has added to the confusion in some respects.

2. Scheme should allow for teaching assistants

Some participants felt more benefit could be derived if the scheme's focus was expanded to include an educational role such as enabling the student to access the curriculum. This could mean different tasks depending on the student's disability e.g. some teachers do not see it as their job, or consider they have insufficient capacity, to keep these students engaged in the lesson; to keep them on task; to organise their work; to be innovative in finding alternative ways to give homework; or help the student to 'keep up' – some groups felt a teaching assistant could carry out these functions. Some participants were concerned, however, that it was being suggested students with the need for the most skilled teaching interventions would be supported by the least qualified – they considered qualified teachers were essential for teaching these students.

Some groups suggested the provision of classroom assistants, particularly for Junior and senior infant classes should be considered so the teacher had extra help with these very young students.

Many groups considered there were insufficient teachers in schools and that the additional learning needs of many students with disabilities could be met through the provision of additional teaching assistants. Some groups considered teaching assistants should be separate from SNAs who would continue to meet care needs.

In almost every group consulted, SNAs were reported to be 'teaching' students with special educational needs mostly but not always under the direction of the teacher.

It was interesting that, unless prompted, groups almost never mentioned the role of 13,000-plus learning support or resource teachers in educating students with special educational needs or in supporting the development of independent living skills. Some felt the role of the LS/RT was allocated to support literacy and numeracy or other academic work and not to develop social and communication and life skills.

3. Inappropriate deployment of SNAs can promote over-reliance on adult assistance and impede the inclusion of students in school and after school

Groups were aware that, if deployed appropriately, SNAs could promote the inclusion of students. But almost all groups were conscious that SNAs, because they were always looking out for the student, watching to protect the student, anticipating and mediating potential difficulties, could encourage dependence and consequently restrict the development of the student's independent life skills. This in turn creates additional difficulties for students with special educational needs as school may not adequately prepare them for life after school.

One group considered it was important for students to discover how to learn through trying/failing/trying again. They felt this was an essential life skill, as it developed resilience. They worried that many students who had SNA support were inadvertently not having the opportunity to learn independently.

The providers of adult services advised that students needed to be better prepared for the realities of life after school where there was not the same level of support available; and that, in many instances, they felt older students were over-protected. They were concerned that the focus in the student's educational and care plans did not sufficiently include the development of independent living skills; and that the availability of SNAs mitigated against students acquiring these skills. An example given was of two academically able students attending university but who experienced difficulties when they had to leave the taxi at the university entrance and independently find their way into the university.

Some groups were concerned that the presence of an SNA could sometimes impede the social inclusion of students with special educational needs as it interfered with the student naturally developing his/her own social relationships with peers. Many post-primary aged students did not wish to be associated with an SNA as they did not want to appear different or stand out. One group wondered why SNAs were ever considered appropriate to support post-primary students other than those students with intimate or physical care needs. This group strongly considered that post-primary students needed additional teaching to meet their emotional, behavioural and academic needs as well as to develop independent living skills.

4. Qualifications and the availability of training/upskilling for SNAs

The issue of SNA training and qualifications was raised by practically all groups consulted. There was general consensus that currently training opportunities available to SNAs were insufficient even though many were extremely willing to undertake further training. There was frustration that the DES considered training was the responsibility of boards of management but provided no funding to BoMs to enable them meet this responsibility. There was particular frustration that the former Special Education Support Service (now part of the NCSE Support Service) did not provide courses for SNAs and that substitution was not provided to enable them attend courses.

Many SNAs had undertaken training at their own expense and within their own time. Most groups raising this issue considered a generic programme should be available for all SNAs which addressed topics such as working collaboratively with teachers, general information about special educational needs etc. They want SNAs to, as necessary, have access to training around administration of medication, manual handling, restrictive practices and so on. They should also receive on-site training on the particular needs of the student they are being asked to support.

Most groups also considered that the current entry level qualification was set too low (three grade Ds in the Junior Certificate or equivalent). Some groups considered it should be set in line with FETAC Level 5 while others considered FETAC Level 6 and that additional tailored training should be provided in line with the needs of each student as required.

Teachers also require more training (during initial teacher education) in the management of other adults in the classroom. Inexperienced teachers can sometimes be professionally undermined in the classroom by the presence of a more experienced SNA who knows the students with special educational needs very well and has worked in the particular school for long periods.

5. Application and allocation process

Difficulties were identified with both the application and allocation processes. Concern was expressed that the scheme was limited to those with an assessment of disability when access to diagnostic services isn't always readily available. Many groups considered the date by which schools were informed of their SNA allocations was late and this made it difficult for schools, especially special schools, to plan for the following year and could create difficulties in recruiting appropriately experienced SNAs. Many considered that SENOs were not always consistent in their application of criteria – a recurring theme was that that application and allocation process worked best when SENOs had a good relationship with school authorities and understood the needs of the school and how the schools worked, but tensions could arise when the SENO changed.

Some groups considered that parents found it very difficult to understand the process for securing SNA support and this needed to be made clearer for them. Participants told us there could be a general lack of clarity around parents' understanding of the SNA role leading on occasion to parents having unrealistic expectations of the SNA scheme. Schools advised that some parents had difficulty in accepting the benefits of a shared

access scheme, wanted one-to-one support for the full school day and for that SNA to be left in place for the duration of the student's time in that school.

A number of groups, mainly those consisting of some parental and teacher representatives wanted the NCSE to allocate more SNAs as they considered that:

- Current availability of SNAs had been cut for economic reasons (many groups were unaware the number of SNAs was at an all-time high);
- Students with very complex care needs may require one-to-one SNA assistance and SENOs did not sufficiently take this into account in determining allocations;
- The support is not available when required by students, e.g. a parent reported that a child with diabetes shared access with a younger child who had autism and all the SNA's time was taken with the child who has autism;
- Support should continue for as long as the student can benefit from such support – even if the needs no longer met the scheme's criteria, e.g. organisational skills.

A small number of participants felt the scheme operated better when the SNA was allocated to the student rather than the school. Others considered it worked well when SNAs were assigned to the school rather than to individual students as this enabled school management to determine how best to utilise SNA support and to exercise flexibility in their deployment, e.g. it enabled schools to redeploy SNAs to assist other students who required assistance from time to time – in accordance with circular 30/2014. They believed students sharing access to SNA support worked well because it helped promote independence and reduced any stigmatisation around an individual student for having a 'helper'.

Some groups also mentioned that the annualised application process provided greater certainty for schools in planning supports. In this regard, the defined allocation of SNA supports in special classes/schools provides certainty for schools and opportunities to develop programmes in the knowledge that student care needs will be met.

Others felt the system put less stress on professionals and school authorities/management when applications were accepted all through the year and that the annualised system led to inordinate delays in getting support.

Many groups advised that consideration should be given to allocating SNAs on the basis of need rather than diagnosis of disability. Schools reported that sometimes they had students, without a disability diagnosis, whose care needs were greater than students with assigned SNA support. If schools had more autonomy in the deployment of SNA support, they could support such students more effectively. The new model for allocating additional teachers was cited to support this position.

There was no clear agreement on the point at which a care need was over and above that which could reasonably be expected to be managed by teaching staff. This may be one reason why decisions on SNA allocations are so often contested. There is consensus that this point is likely to be different for a student with disabilities because a school can apply for additional support for this student but not for a student without disabilities.

6. Health supports – a perceived gap in the system

Groups openly acknowledged that SNAs were not the right support for all students but that, in many instances, they were the only available support for which application could be made. Groups were very frustrated that other supports needed in addition to learning support in schools were simply not available to the required extent, if at all. These can include nursing/medical, therapeutic (behavioural, emotional, OT, speech and language), psychological, clinical supports and so on. There was general acceptance that the system was 'worked' to ensure that SNA support could be sanctioned to fill these gaps.

One example is the delivery of therapeutic sensory programmes. SNAs are reported as being used to manage or contain cases of challenging behaviours even where they have received no appropriate training and the students are not in receipt of interventions from clinicians skilled in behavioural interventions. We were advised that students had injured teachers, SNAs and sometimes other students but still had no access to the appropriate multidisciplinary or NEPS teams. Instead students are granted access to SNA support to contain the behaviour or to remove them from the classroom when the challenging behaviour occurs.

While this may reduce or limit disruption in the classroom in the short-term, it is not a therapeutic intervention and does nothing to assist the student to instigate changes in their behaviour. Groups were particularly concerned about this practice as the management of behaviour can require highly trained professionals and SNAs had limited, if any, access to training. Most groups considered that additional teachers or therapists might be a better option for students with learning and behavioural difficulties. Schools were very concerned about the legal implications of such behaviours for the school but felt suspension of these students was not a realistic option as there was nowhere else for them to go and families were exhausted.

Gaps in services to schools also exist because there is insufficient and inconsistent availability of health professionals (including behaviour therapists, speech and language therapists, OTs) to provide training, advice and support to schools and to oversee the implementation of therapy programmes in schools. The Department of Health considered the SNA scheme had the potential to meet some of these acknowledged gaps in HSE services but had not considered or estimated any additional costs, if more SNAs were allocated to meet these needs.

7. Perceived gap – support to 'access the curriculum'

Many groups believed there was insufficient support available to assist students' learning and again this perceived gap was currently being filled by SNAs. Some groups (albeit certainly not all), considered this gap should be filled by an expanded role for SNAs or teacher assistants. They described this as support required to 'access the curriculum' which included listening to reading, keeping students on task, reinforcing learning, interpreting what the teacher was saying, developing students' organisational, independent living, communication and social skills – they advised that SNAs should be allocated for these tasks.

Groups were surprised to be informed that it was for these reasons that high numbers of resource teachers were appointed to schools. It is possible that this perceived gap in the system is due to a lack of clarity on the role and responsibilities of learning support and resource teachers.

8. Nursing care for students with life-limiting medical conditions

Many students with very complex medical conditions now attend schools. These students can have very serious and complex medical conditions (some life-limiting) requiring invasive and/or urgent interventions including gastrostomy and jejunal feeding; tracheostomy care requiring deep suctioning in many cases; stoma care; infection control; vital signs monitoring; respiratory care; oxygen therapy; epilepsy management in severe cases; catheterisation; and so.

In the past, children with similarly complex needs either did not attend school or were in special centres or special schools managed by voluntary bodies where nurses and care assistants were on-site as part of the overall staffing complement. Children with this level of need now attend special schools and a small number are in attendance at mainstream school.

Some special schools advised that nursing support had been discontinued or reduced while other special schools had nursing support funded by the HSE or through service providers or parental associations. Mainstream schools generally do not have access to nursing support.

One group advised that even fully qualified nurses would require additional training and clinical oversight to carry out some of these more complex interventions but that SNAs, with perhaps little or inadequate training in many cases, were expected to meet these needs in schools. Other groups felt SNAs could carry out these interventions but needed much more training.

It was interesting that the administration of medication or the management of diabetes or the use of epi-pens was often cited as reasons for the allocation of SNAs – even where the medication was non-invasive or the epi-pen usage was only a possibility. While teachers often do agree to administer necessary medication or undertake necessary procedures, this is on a voluntary basis and they are not required to agree to do so and many consider this should not be part of their workload.

A Separate Note: Terms and Conditions of Work

Almost all consultation groups called for clarity and certainty regarding the attendance requirements of SNAs, particularly the length of the SNA working day/week²⁶. Groups reported that there are different practices across schools in relation to these requirements which can give rise to tensions within individual schools. Post-primary class contact is 28 hours each week while primary class contact is 25 hours per week. The length of the SNA day can vary across different school settings, e.g. some SNAs work 32 hours per week, others work 28 hours per week and so on. The length of the school year is also different – 167 days for post-primary and 183 days for primary. A variety of views were expressed about what should constitute a full working week for SNAs and whether or not this should be standardised.

The DES explained that attendance requirements set out in the relevant circulars are intended to be flexible so as to cover a wide range of circumstances that can apply across a large number of schools – primary, post-primary and special schools. It is because of these different circumstances that there are differences between schools as regards starting times, finishing times and attendance requirements.

While sympathetic to the views expressed by some stakeholders that they would like to see more certainty and clarity around attendance hours and starting and finishing times, the DES is of the view that such a large number and variety of schools may not be well served by a 'one size fits all' solution.

Consultation groups reported that differences can also arise in schools regarding how the 72 hours agreed under the Croke Park hours²⁷ can be used and the duties that may attach to the 72 Croke Park hours. This reflects disagreements between schools (and school management bodies) on the one hand and SNAs (and their unions) on the other about the duties assigned to SNAs during the 72 hours.

Some school authorities/management reported that they felt pressure to come up with work for SNAs even though the schools were closed and no students were in attendance. Others considered SNAs were a general resource to the school and their work did not have to be limited to work associated with students with special needs.

²⁶ The attendance requirements for SNAs have been set out in circulars of the Department of Education & Skills (circular 12/05 for post-primary, circular 15/05 for primary). The attendance requirement specified is:

"...to work normal classroom hours including class break periods and in addition to attend before and after school in order to help with the preparation and tidying up of classrooms, reception and dispersal of children etc."

The circulars provide that, to achieve this, schools may define starting and finishing times of work. Normal work break entitlements apply in accordance with the provisions of the Organisation of Working Time Act, 1997. The times at which these breaks are taken is at the discretion of the Principal.

²⁷ Prior to 2011, SNAs were required to be available to work for an additional 12 days per year, outside of the school year, at the discretion of school management. This requirement was set out in circulars of the Department of Education & Skills (circular 12/05 for post-primary, circular 15/05 for primary).

In 2011 an agreement was reached among the management bodies, the unions (SIPTU and IMPACT) and the Department of Education & Skills, under the auspices of the Labour Relations Commission, which reconfigured the 12 days as a bank of 72 hours to be utilised and delivered outside of normal school opening hours and/or the normal school year. That agreement set out how the 72 hours could be utilised at the discretion of school management within the parameters set out in the agreement, including the duties that can be carried out. This agreement was notified to the school system in Department of Education & Skills circular 71/2011.

Some SNAs reported that they felt pressurised into doing work they did not think was appropriate e.g. cleaning the school; getting it ready for summer use; covering books for the school rental scheme; clearing out school lockers; sending out report letters etc. SNAs were unsure if they could refuse to take on such work. It was also a matter of concern that some SNAs reported they were aware they were working outside their remit but were unclear or worried about the consequences for their jobs if they refused to carry out these duties.

Some groups considered that the 72 hours could be more beneficially used, and was used in some schools, by providing training for SNAs which appeared to be an acceptable use of the hours for all concerned. However, there was not always appropriate training available and there was no funding available to schools boards of management to provide appropriate training.

The DES considered that the duties attaching to the 72 hours had already been fully clarified and that this should not be a matter of conflict generally within the school system. The DES advised the NCSE that it accepted, however, that individual issues in schools arise and, where they do, the DES seeks to be proactive in ensuring that the issues in dispute are clarified for the schools and SNAs involved.

Consultation Groups

Department of Education and Skills (DES):	<ol style="list-style-type: none"> 1. Special education section 2. Assistant chief inspector and director NEPS 3. Special Education Support Service and National Behaviour Support Service 4. Visiting Teacher Service 5. External staff relations 6. Teacher education section 7. Terms and conditions 8. Transport section 9. NEPS psychologists 10. School inspectors
Department of Health (DoH)	<ol style="list-style-type: none"> 11. Representatives from DoH and HSE
Department of Children and Youth Affairs	<ol style="list-style-type: none"> 12. Representatives from DCYA 13. Representatives from Better Start
National Council for Special Education	<ol style="list-style-type: none"> 14. Consultative forum 15. Special educational needs organisers (80 SENOs as part of NCSE conference) 16. Group of senior SENOs

Parental Groups	17. Representatives of National Parents Councils Primary and Post-Primary; Inclusion Ireland; Special Needs Parents Association
Students	18. Students in primary mainstream and special classes 19. Students in post-primary mainstream and special classes 20. Students in special schools 21. Post-school young people
Special Needs Assistants	22. SNA representatives 23. Union officials from Impact
Teachers	24. Teacher representatives 25. Union officials: ASTI; INTO; TUI
Principals	26. ASTI, INTO, TUI, IPPN and NAPD 27. Principals of special schools: Dublin 28. Principals of special schools (GLD): Cork
Advocacy Groups	29. Aspire, Shine, Muscular Dystrophy, Deaf Education Partnership, Down Syndrome Ireland, Early Childhood Ireland, Irish Autism Action, Dyspraxia Ireland, Dyslexia Ireland, AHEAD, Enable Ireland, Children's Continence Ireland
National Disability Authority (NDA)	30. Representatives from the NDA
Management Bodies	31. Representatives from school management bodies including: CPSMA, An Foras Pátrúnachta, JMB Church of Ireland, ETBI, ACCS, Muslim schools, Jewish schools, Saplings, Autism Ireland
Voluntary Bodies	32. Representatives from the Federation of Voluntary Bodies, Irish Wheelchair Association, Central Remedial Clinic
HSE professionals	33. Group included clinicians from psychology, OT, speech and language and nursing
College lecturers	34. Researchers including those who have delivered training to SNAs
Teaching Council	35. Officials representing the Teaching Council
National Council for Curriculum and Assessment (NCCA)	36. Officials representing the NCCA
Association of Irish Sign Language Interpreters and Teachers (AISLIT)	37. Group included ISL users and ISL teachers
Group with 'mixed representation' who could not make date arranged for their grouping	38. NABMSE, Féach, Irish Society for Autism

Written Submissions

Written submissions following consultation groups were received from the following organisations and individuals:

1. Inspectorate, Department of Education and Skills
2. National Educational Psychological Service
3. Special Education Support Service
4. Irish National Teachers Organisation (INTO)
5. Teachers Union of Ireland (TUI)
6. Inclusion Ireland
7. Irish Education Rights Alliance
8. Irish Wheelchair Association: Parents and young adults with physical and sensory disabilities
9. Annmarie Flynn, parent
10. Anthony O’Gorman, teacher
11. Eleanor Appleby, teacher
12. Anne Marie Kennedy, teacher
13. Anne Tangney, speech and language therapist
14. Celia Donohoe, SENO
15. Stephanie Manahan, chief executive, CRC
16. Dr. Anna Clarke, health promotion and research manager, Diabetes Ireland
17. Michael Byrne, HSE psychologist
18. Liadh Ní Riada, MEP
19. Aikaterini Karanika, SNA
20. John Patrick Doherty, Association of Irish Sign Language Interpreters and Teachers (AISLIT)
21. Principals of Special National Schools
22. Ann Costigan, Childrens Continence Ireland

Electronic Survey

Three-hundred-and-thirty-four responses were received through the NCSE electronic survey of stakeholder views. These were broken down across stakeholders in the following manner:

Stakeholder	No of Responses Received
Principals	147
Parents	72
Teachers	53
SNAs	30
Clinicians	8
Grandparents	2
Student	1
Advocate	1
Other educational executives	10
Unknown	10
Total	334

Presentations to Council

1. Jim Mulkerrins, principal officer, Department of Education and Skills
2. Claire Griffin, lecturer and researcher, Mary Immaculate College of Education, Limerick
3. Ann Higgins, principal of St Michael's House Special School, Baldoyle
4. Lorraine Dempsey, chairperson, Special Needs Parents Association
5. Bernie McNally, assistant secretary, Department of Children and Youth Affairs
6. Margaret Rogers, director, Better Start

Appendix 5: A Continuum of Support Framework

A continuum of support framework is based on the recognition that:

- All students with care needs are supported through whole-school planning and supports. This is called **whole-school support**.
- In addition to whole-school support, targeted school support is provided for students with additional care needs who require additional support over and above that which can be provided through whole-school support. This is called **targeted-school support**.
- In addition to whole-school and targeted school supports, more intensive support is provided for a smaller number of students who have the greatest level of additional care needs to assist in enabling them to achieve their individualised goals in schools. This is called **intensive-school support**.

The continuum of support enables schools to identify and respond to needs in a flexible way. Those receiving support at intensive-school level will continue to receive support at the targeted and whole-school levels. It is also possible for a student to move from one level to another as their needs change.

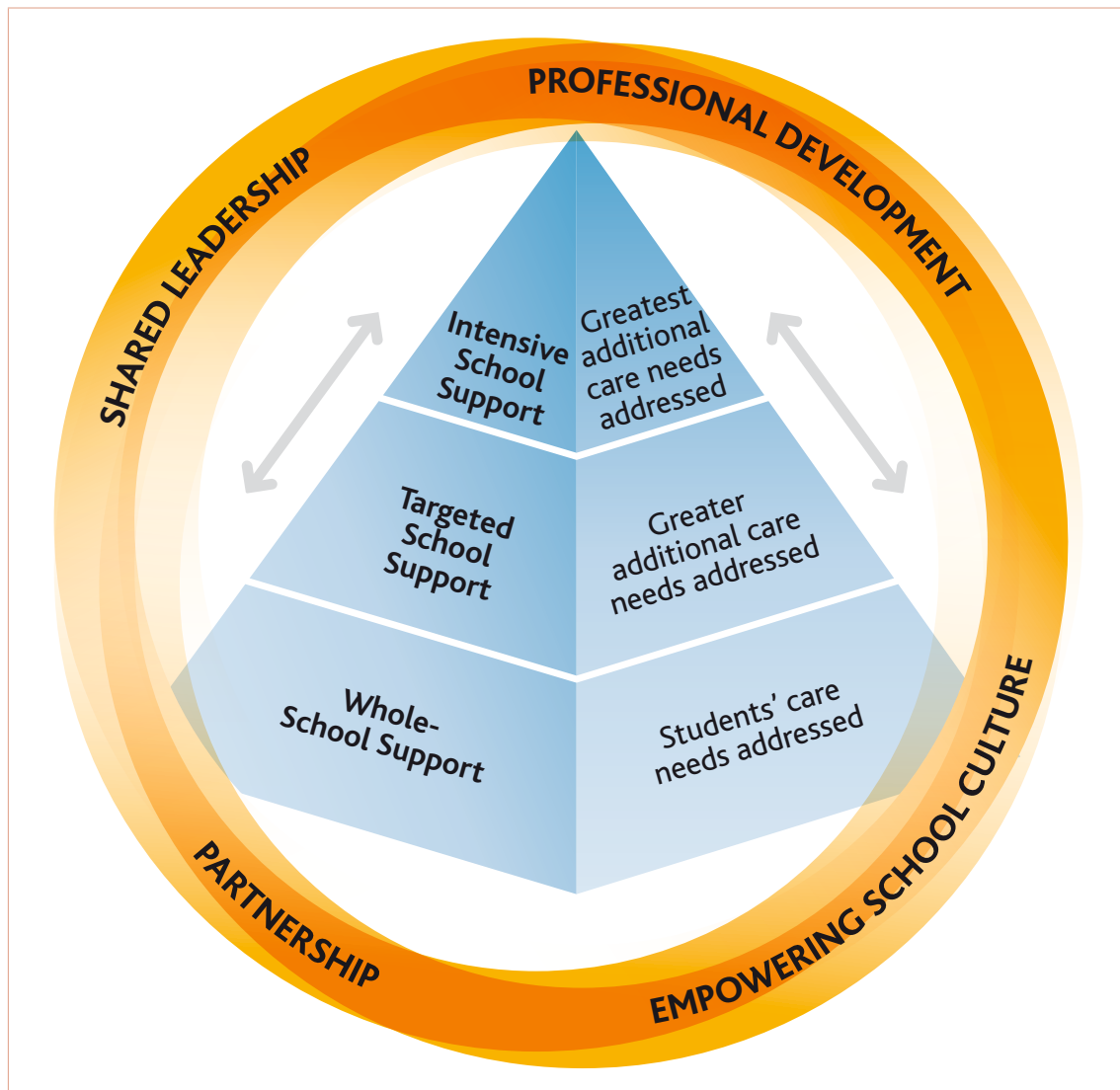
It is possible for students to receive support at all three levels of the continuum depending on their capacities and their needs. It is also possible for a student to move from one level to another as their needs change. The arrows in the figures below are included to reflect this flexibility.

In an inclusive school, all students are educated within an environment characterised by:

- An **empowering school culture** where everyone subscribes to the inclusive values and attitudes necessary to welcome and educate all students enrolled;
- **Shared leadership** where each individual in the school community has a shared sense of his/her individual responsibility to contribute to creating a learning environment that is inclusive of all students. This includes the board of management, parents, students, principal, teaching staff, care assistants and ancillary staff;
- **Professional development and upskilling of staff** to ensure that school personnel have the relevant competencies necessary to work with all students, including those with special educational needs. This includes principals, teachers, members of the board of management, inclusion support assistants and ancillary staff;
- **Equitable access to available supports** and resourcing in line with student needs;
- **Equitable deployment of available supports** to ensure that students with the greatest level of need get the greatest level of support;

- **Partnership** with students, parents and families to promote student engagement and participation in their learning and the life of the school;
- **Building linkages** with the larger school community and across different sectors, e.g. pre-school, health services.

Figure 1: Continuum of Support within an Inclusive School Culture



Appendix 6: Existing and Recommended Support Options

Whole-School Support

Key Existing Whole-School Supports	Broader Range of Whole-School Support Options under Proposed Model
<ul style="list-style-type: none"> • Professional and qualified teachers and principals alongside ancillary staff; • Parental engagement and support for children's learning; • Boards of management with statutory duty to provide an appropriate education to all students; • NEPS: psychological advice, support, consultation and training on the provision of universal and whole-school support; • Continuing professional development through NCSE regional support service; • DES Inspectorate provides quality assurance and promotes school improvement; • Professional Development Service for Teachers (PDST) supports school self-evaluation and ongoing development of teachers and school leaders; • DES guidance on use and deployment of additional teaching supports; • Flexible curriculum and options for certification; • DES funding schemes for capitation grants, school adaptations, school transport and programme to tackle disadvantage. 	<ul style="list-style-type: none"> • Students are included in planning how their additional care needs are met, in line with age and capacity; • Parents are engaged by the school in planning for their child's education; • Schools are provided with additional guidance and support to enable them to implement the continuum of support framework. Schools can access this support as appropriate from the PDST, NCSE and NEPS; • School authorities/management are better supported by the DES to apply appropriate and regular oversight of the teaching and learning in the school and to play a key role in improving standards in the school; • An in-school therapy service is provided to schools through the NCSE regional support service.

Targeted-School Support

Key Existing Targeted-School Supports	Broader Range of Targeted-School Support Options under Proposed Model
<p>Includes all Whole-School Supports</p> <p>and also</p> <ul style="list-style-type: none"> • Competent and confident school staff: Class, subject and special education teachers; Special needs assistants (SNAs) for some students (renamed inclusion support assistants under proposed model). • Parental engagement and support for learning. • Specialist advice and support to develop school capacity: NEPS: psychological advice, support, training and individual casework and consultation, as required; NCSE regional support service: CPD and in-school support. • Therapeutic interventions: HSE: limited access to therapeutic supports; NCSE: therapy supports in some DEIS schools. • Assistive technology (AT) and equipment and adaptations: DES provides grants for AT, furniture, equipment and building adaptations; ISL grants to families. 	<ul style="list-style-type: none"> • Trained in-school personnel (with a relevant Level 5 qualification set as the minimum entry requirement) to assist schools to deliver improved outcomes for students with additional care needs. These personnel should be called inclusion support assistants. From now on, existing special needs assistants should be called inclusion support assistants and the term SNA should no longer be used. • Focused in-school support and development work from the NCSE regional support service and NEPS. • Access to adequate therapy services where required.

Intensive-School Support

In addition to existing whole-school and targeted-school supports and those recommended under the proposed model, intensive-school support is provided for a smaller number of students with the greatest level of additional care needs who require yet more intensive support to assist them to achieve their individual potential.

Key Existing Intensive-School Supports	Broader Range of Intensive-School Support Options under Proposed Model
<p>Includes all Whole-School and Targeted-School Supports</p> <p>and also</p> <ul style="list-style-type: none"> • Specialist support: NEPS: Individual psychological casework encompassing specialist assessment, formulation, intervention planning and review; NCSE regional support service: Works with schools, parents and students. • Further supports for students with significant and exceptional needs: Access to SNA support (retitled inclusion support assistants under proposed model); Limited access to nursing supports in some schools; Parents working in partnership with schools to develop individualised planning. 	<ul style="list-style-type: none"> • Access to NCSE specialist teams to assist schools to identify and meet student needs. • Personnel over and above those allocated through recommendation 3A below, e.g. trained inclusion support assistants or Irish Sign Language communicators or Braille supporters, to assist in addressing exceptional circumstances. • Limited pool of ring-fenced funding for specified exceptional purposes, e.g. specialist technology, not already covered by the extensive range of other supports available in the system.

While these supports may also be available through whole-school and targeted-school support, they should be available in a more intensive form or for longer duration as part of intensive-school support.

Appendix 7: Levels of SNA Support in Special Schools and Classes

Special Schools

The NCSE looked at the overall levels of SNA support in each special school and compared them to the levels recommended in the SERC report. The average SNA support per teacher was above the SERC report for every category of special school, as shown in the table below²⁸.

Category of School	SERC recommended ratio for SNA support per teacher	Average SNA support per teacher
ASD	2	3.9
EBD	0.25	1.9
Hearing Impairment/Deaf	0.25/0.5	1.2
Mild General Learning Disability	0.25	1.4
Moderate General Learning Disability	0.5	2.3
Multiple/Autism	2	2.8
Physical	1	2.3
Severe Emotional/Behaviour Disorder	1	2.1
Severe or Profound General Learning Disability	2	2.6
Specific Learning Disability	0	0.4
Specific Learning Disability & Autism	n/a	1
Blind/Visual Impairment	0.25	2.3

²⁸ It is not possible to draw direct comparisons between the levels of SNA support in special schools and those in special classes. This is because special schools have greater flexibility in the deployment of SNAs across the full range of class-groups in a school.

Special Classes

The NCSE looked at the overall levels of SNA support in each primary and post-primary school with a special class and compared them to the baseline levels recommended in the SERC report. The numbers of classes in certain groups is quite small.

Category of Class	No of Classes	% of Primary Special Classes: SNA at SERC Levels	% of Primary Special Classes: SNA above SERC	% of Post-Primary Special Classes: SNA at SERC Levels	% of Post-Primary Special classes: SNA above SERC
EI ASD (2 SNAs: 1 class)	127	91%	9%	n/a	n/a
ASD (2 SNAs: 1 class)	764	71%	29%	90%	10%
EBD (1 SNA: 4 classes)	8	17%	83%	50%	50%
SEBD (1 SNA per class)	1	0%	100%	n/a	n/a
HI (1 SNA: 4 classes)	16	9%	91%	40%	60%
Mild GLD (1 SNA: 4 classes)	62	51%	49%	31%	69%
Mod GLD (1 SNA: 2 classes)	57	15%		38%	
S/P GLD (2 SNAs per class)	8	50%	50%	n/a	n/a
Multiple (1 SNA per class)	22	58%	42%	40%	60%
SLD (no SNAs)	12	92%	8%	n/a	n/a
SSLD (1 SNA: 3 classes)	65	72%	28%	n/a	n/a
Total	1148	70%	30%	78%	22%

Appendix 8: List of Recommendations

Recommendation 1

Continuum of Support

The NCSE recommends that in line with international best practice, students' additional care needs are identified and met through a continuum of support framework that includes whole-school, targeted school and intensive school support within an inclusive school context.

Recommendation 2

Range of Support Options

The NCSE recommends that:

- A broader range of support options is made available as part of whole-school, targeted-school and intensive-school support, which encompasses and enhances the existing extensive support options already in place in schools.
- NCSE establishes ten fully staffed regional support teams to build school and teacher capacity through continuing professional development (CPD) programmes and where appropriate, in-school support.
- The title 'inclusion support assistant' is used to describe the role of additional in-school support staff that is focused on developing student independence and resilience. From now on existing special needs assistants (SNAs) should be called inclusion support assistants and the term SNA should no longer be used.

Recommendation 3

Allocation to Mainstream Primary and Post-Primary Classes

The NCSE recommends that:

- The greater proportion of available inclusion support assistant posts is frontloaded into mainstream primary and post-primary schools for students in mainstream classes on the basis of the school's allocation of special education teachers except in the case of schools that currently have no SNA posts.
- A number of inclusion support assistant posts is made available to the NCSE to address exceptional circumstances that may arise in mainstream schools from time to time.
- The mechanism for frontloading inclusion support assistants into schools should be regularly reviewed and the first review should be carried out no later than two years after its introduction.

Recommendation 4

Staffing and Funding Package for Special Schools and Special Classes

The NCSE recommends that given the complexity of needs in special schools and classes (the provision for which is currently provided for separately by the DES and Department of Health) and as a matter of priority:

- The Departments of Education and Skills and Health should jointly discuss and agree a staffing and funding package for special schools and special classes;
- The DES should ensure that NEPS is adequately resourced to provide a comprehensive educational psychological service to all students and all schools where required, including special schools and special classes. Funding provision should build in additional numbers of staff on the basis that there may be periods of extended leave required such as maternity, long-term sick leave.

Recommendation 5

Allocation to Special Schools and Special Classes

Special Schools

The NCSE recommends that the baseline level of 0.25 and 0.5 SNA posts (to be renamed inclusion support assistant posts under the new model) that currently applies to some special schools should be increased to a baseline level of 1. This will ensure that special schools have a baseline allocation of one inclusion support assistant allocated for every class, with the exception of special schools for students with specific learning disability.

Classes with a current baseline allocation of two inclusion support assistants should retain that allocation.

Special Classes

The baseline level of 0.25 and 0.5 SNA posts (to be renamed inclusion support assistant posts under the new model) that currently applies to some special classes should be raised to 1 for the following categories of special classes in mainstream schools:

- EBD;
- Deaf/hard of hearing;
- Mild general learning disability;
- Moderate general learning disability.

Classes with a current baseline allocation of two inclusion support assistants should retain that allocation.

Recommendation 6

Ring-Fenced Funding for Therapy Services

The NCSE recommends that adequate ring-fenced funding is made available for:

- The NCSE to deliver an in-school therapy service on a tiered basis in line with the findings of the In-school Therapy Service Demonstration Project due to commence shortly in a number of mainstream primary, post-primary and special schools.
- The HSE/service provider to deliver a specified level of multidisciplinary support to school-aged children who require clinical support (i.e. speech and language therapy, occupational therapy, behavioural therapy, psychology, physiotherapy, psychiatry, nursing), taking into account the findings of the In-school Therapy Service Demonstration Project and the report of the working group on complex medical needs.
- HSE funding provision should build in additional numbers of therapy staff on the basis that there may be periods of extended leave required such as maternity, long-term sick leave. HSE support levels should be specified in terms of therapy posts and not in terms of hours.
- A child-centred approach should be adopted, at all levels of service, in relation to the delivery of therapy supports with explicit communication and alignment between home, school and clinical services.

Recommendation 7

Complex Medical and Behavioural Needs

The NCSE now recommends that, as a matter of urgency:

- The Departments of Health and Education and Skills arrange for ring-fenced funding to be available to implement the recommendations of the Cross Sectoral Working Group on Complex Medical Needs.
- Teachers and inclusion support assistants are provided with appropriate training in the management of challenging behaviours and behaviour practitioners are available (as part of the NCSE regional support service) to provide advice and guidance to schools.
- The DES arranges for the immediate preparation and publication of guidance for schools on the management of intimate care, administration of medication, carrying out of complex medical interventions, and the management of extreme challenging behaviours and restrictive practices.

Recommendation 8

Oversight, Monitoring and Evaluation

The NCSE recommends that:

- The DES sets out its policy in relation to how the new scheme is to be put into operation, including its policy on oversight, monitoring and evaluation. This should include provision for the ongoing monitoring of the methodology underpinning the frontloading of supports.
- To assist in providing oversight of the model and following consultation with management bodies and other relevant stakeholders, schools should be required to provide annual reports to the NCSE on progress made and outcomes achieved through students' support plans.

Recommendation 9

Guidance

The NCSE recommends that the DES (Inspectorate and NEPS) and the NCSE provide guidance for schools, parents and other stakeholders in advance of implementation. Guidance for schools should have a particular focus on the identification of students' additional care needs and on the use and deployment of resources to meet those identified needs.

Recommendation 10

Appeals Process

The NCSE recommends that as part of the implementation phase, the DES consults parents, schools and other stakeholders on the development of appeals processes for parents and schools that are timely, transparent and equitable, up to and including a formal independent appeals process where a local resolution cannot be found.

Recommendation 11

National Training Programme and Ongoing Focused Training

The NCSE recommends that:

- It is funded to oversee the design, development and delivery of a national training programme tailored to the needs of school communities. The school community includes members of the board of management, students, parents, principal, classroom and special education teachers, inclusion support assistants and ancillary staff.
- This programme is designed to ensure that schools have the professional capacity necessary to meet students' additional care needs, where possible and appropriate, including those arising from significant medical, physical, emotional/behavioural, sensory/communication and other significant difficulties engaging in learning.
- This programme is developed in consultation with NEPS, the DES Inspectorate and other relevant agencies, as appropriate.
- The NCSE is funded to design and deliver ongoing focused training through its regional support teams for teachers, inclusion support assistants and other staff-members as relevant and necessary to meet student's support needs.

Recommendation 12

Implementation Plan

The NCSE recommends that in advance of implementation, arrangements for the following must be in place:

1. Consultation phase
2. Phased introduction
3. Funding

Recommendation 13

SNA Terms and Conditions

In order to bring about greater clarity in the system, the NCSE recommends that the DES again explains its rationale for the need for flexibility regarding the length of the SNA working day/week and again outlines the duties that can be undertaken during the 72 Croke Park hours.

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²⁹ Entries with an asterisk denote the 14 original articles included in the literature review along with six further articles identified through contacts with country officials and through reviewing the bibliographies of the original articles.

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