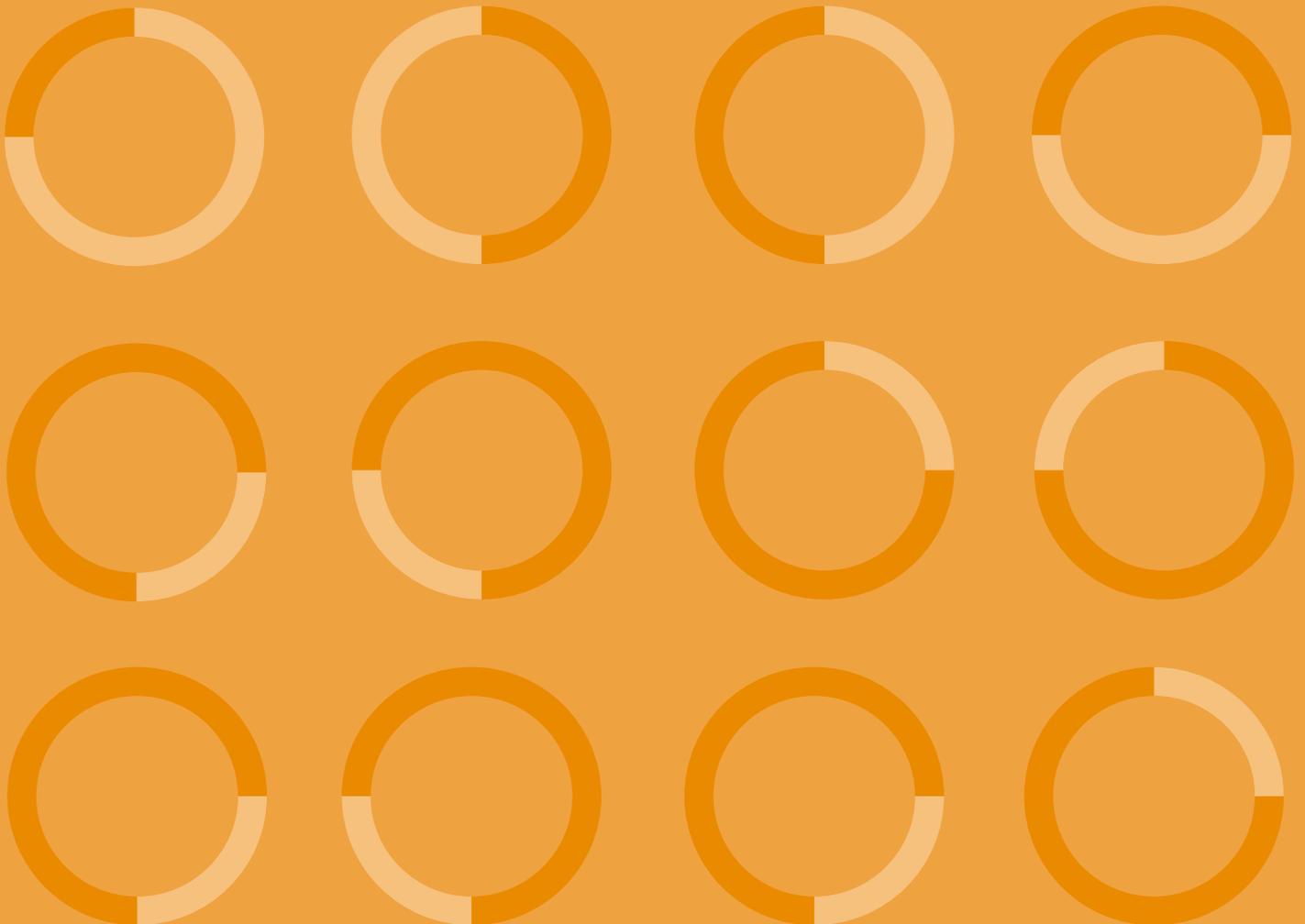


# Comprehensive Review of the SNA Scheme

May 2017

## NCSE PROGRESS REPORT



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**In finalising this progress report for publication and also in the context of a small number of inaccuracies brought to our attention, minor amendments were made to the text of this published version.**

April 2018

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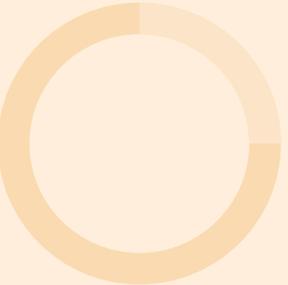
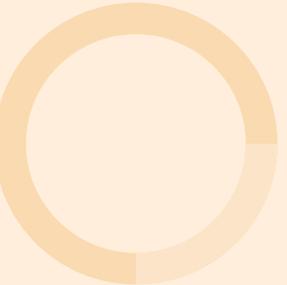
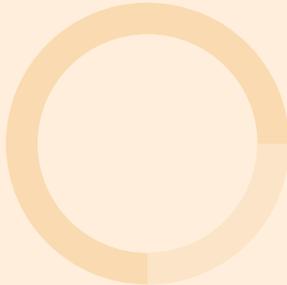
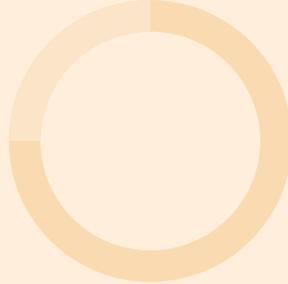
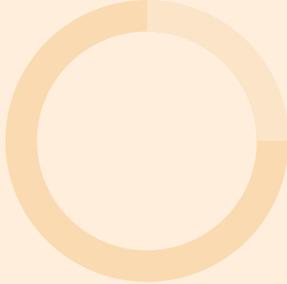
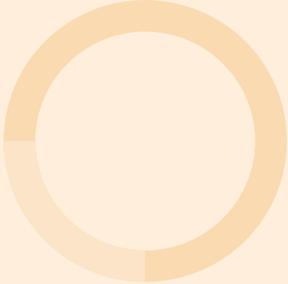
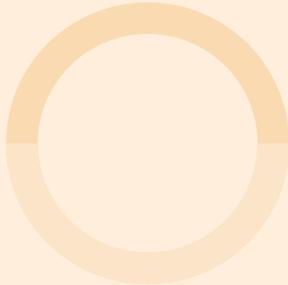
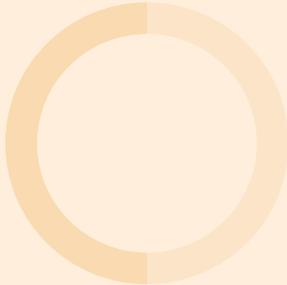
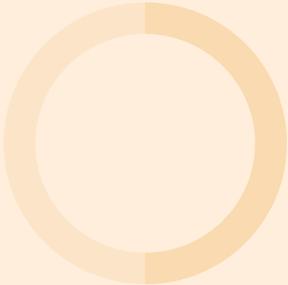
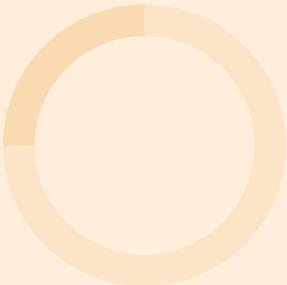
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# Executive Summary



## Background

In September 2016, the Minister for Education and Skills, Richard Bruton, T.D., requested the National Council for Special Education (NCSE) to lead a comprehensive review of the Special Needs Assistant (SNA) scheme, in consultation with other relevant Departments and State Agencies. The request followed a Government decision that a review would be carried out to ensure that the scheme continues to meet its objectives and that resources are being utilised effectively and efficiently, in line with guidelines.

The Special Needs Assistant (SNA) scheme is designed to provide schools with additional adult support that can assist students with special educational needs who also have additional and significant care needs. Such support is provided in order to facilitate the attendance of those students at school and also to minimise disruption to class or teaching time for the students concerned, or for their peers, and with a view to developing their independent living skills.

The Minister'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.

It was emphasised that the review was aimed at ensuring the Government's investment was delivering the right supports for students and, if not, identifying what those supports should be; it was not a review to limit or reduce the level of investment.

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

It was agreed that the report would be finalised by the end of March 2018 and that the NCSE would provide the Minister with a progress report by the end of May 2017.

The purpose of this progress report is to: summarise progress to date; provide emerging findings based on a preliminary analysis of information from the consultation and research strands of the review; and advise of any concerns arising from this first phase of the review.

## What we have done to date:

The NCSE places great importance on our responsibility to provide the Minister for Education and Skills with expert, independent, evidence-informed policy advice on special education. Our approach is to consult widely with stakeholders and to listen to what parents, students, teachers and other stakeholders tell us about what they think is working well and about any concerns they might have. Analysis of current relevant national and international research provides a firm evidence basis for our work and we also carry out focussed research as necessary.

For this review, we have taken a number of steps to ensure that the review was comprehensive and informed by robust and wide-ranging consultative and research processes.

## **We engaged in a widespread consultative process**

This process included meetings with 35 groups of different stakeholders, including the NCSE Consultative Forum. A full list of groups consulted is provided in Appendix 2.

Council members fully discussed the review at its meetings and invited a number of expert presentations to inform its discussion. Council members visited ten schools (which included mainstream schools with, and without, special classes and special schools) to see how the scheme is working on the ground for students with additional care needs.

We made a public call for submissions and we analysed 330 responses received from partners and stakeholders to an electronic survey of views on the scheme. The distribution of these responses across the different stakeholder groups is provided in Appendix 4.

## **We ensured that the review has a robust research base**

The research element of this review comprises a number of different strands including:

- A focussed review of national and international literature on the evidence for impact of different types of support on students in schools
- An international country review of how paraprofessional support<sup>1</sup> is provided
- An initial analysis of how SNA support is distributed across different care needs and an examination of the outcomes for students (based on current SENO reviews)
- An initial evaluation of the operation of the SNA scheme in 25 randomly selected schools
- An examination of 200 professional reports
- A qualitative study to ascertain how prepared students with disabilities are for life after school. (NDA)
- Preliminary findings from an evaluation of an Altered Provision Project in place in a number of post-primary schools

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<sup>1</sup> In the international literature the term 'paraprofessional' is used interchangeably 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.

We considered 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 along with the DES 2011 Value for Money and Policy Analysis of the SNA scheme. We also took into account the 2016 Focused Policy Assessment (FPA) of the SNA scheme undertaken by the Irish Government Economic and Evaluation Service.

## **What we have found**

We found that the SNA scheme has undoubtedly made a substantial contribution to supporting the inclusion of students with special educational needs and meeting their care needs in schools. Many of our groups spoke about how schools have changed to meet the needs of students with care needs and the important role that the SNA scheme has made to enable these changes to come about. There is no doubt that many children would not be able to attend their local mainstream school without SNA support while others would not be able to attend school at all without this additional adult support.

The scheme is particularly effective in meeting the needs of those students for whom it was originally intended i.e. students with more 'traditional' type care needs, such as toileting, mobility, feeding. It continues to be necessary for this cohort of students.

Many stakeholder groups voiced considerable frustration about what they perceived as the narrowness of the scheme. These groups considered that SNAs could do so much more than meet student care needs in school. In particular, some focus group participants (though by no means all) felt that the SNA role should be expanded to address students' learning needs, for example, reinforcing learning, hearing reading, keeping students on task, developing social and communication skills.

We found little research evidence to support this view. Research indicates that teaching assistants in the UK have a positive effect on teacher workloads and stress levels. However, their involvement can have a negative impact on student academic outcomes and can reduce the amount of time and interactions between teachers and students.

All jurisdictions surveyed recognised a need to provide supplementary resources to schools to enable them support students with additional needs and had a scheme or schemes in place through which such support was funded. The majority of developed countries report an extensive growth in paraprofessional support in the school or classroom – without clear evidence about what works, what training should be provided and so on. None of 18 European country representatives consulted considered that their scheme(s) would provide a great model for replication in Ireland.

There is consensus that all students, including those with special educational needs should receive their primary instruction from highly qualified teachers.

There are some emerging findings in the research literature that given adequate training, paraprofessionals can support students with disabilities in certain specific evidence-informed interventions. However, many of the studies on training paraprofessionals are of limited quality, so there is still limited knowledge about how best to prepare and utilise paraprofessionals in working with students with special educational needs.

We found that parents and schools really value and are very attached to 'their SNAs'. For some parents this is because they fear their child might not get through the school day without an SNA to attend to them. In other cases parents are reassured that there is someone to take care of their child, whom otherwise they consider would be vulnerable in school. Schools value the SNAs because of the support they provide to students and because they offer general assistance in the classroom and within the school generally.

We have identified that some SNAs are carrying out duties over and above those identified in the scheme – these duties include teaching roles connected to students with special educational needs as well as duties wholly unrelated to students e.g. cleaning the school, administrative work, covering school books for the book rental scheme etc.

We found that SNAs – who may have limited, inadequate or no relevant training – are undertaking highly complex intimate and/or invasive medical interventions without clinical oversight and supervision; and are expected to manage the most challenging behaviour in schools without specific training.

In the Irish context, we found that professional reports, on their own, do not provide a robust basis on which to base decision-making regarding the allocation of SNA support.

We were concerned to find that personnel in some post-school settings, along with some parents, report that young people (who had access to SNA support while at school) are over-dependent on adult support and as a consequence are often ill-prepared for post-school life.

We found that the lack of precise terms and conditions of work for SNAs are the cause of tension between school management and SNAs.

## **Our conclusions**

We have concluded that the SNA scheme as currently configured has many positive features, meets the needs of many students with significant care needs and has the confidence of many parents and schools. However, despite its many positive features, the SNA scheme is a blunt instrument which is used to respond to a very wide range and complexity of student needs, age-ranges, developmental stages and school settings. It can work well for younger children in junior primary school classes and those with very significant care needs, but we are concerned about whether or not it is the most appropriate or effective support for post-primary aged students.

Students have many needs that include learning, social, behavioural, and communication needs. It is clear from our consultations that many stakeholders now expect, and actively support, the allocation of SNAs to fill gaps, perceived and otherwise, in the education and health systems, and that in this way the entire scheme is geared towards driving additionality. They do this despite recognising that, for some students, SNAs are not the appropriate response but are the only available response. We believe that some students and schools need access to qualified personnel with the requisite skill-sets who can provide an appropriate response to a student's identified needs.

**The issue of how best to support a minority of students with more complex needs, is of significant and immediate concern:**

#### **Students with complex medical conditions**

These students can have very serious complex medical conditions (some of which are life-limiting conditions) 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 on.

The NCSE is 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. SNAs are required to work under the direction of the Principal but neither the Principal or teaching staff receive this training or are able to provide oversight or direction in the event of something going wrong. Furthermore, it appears that there is no consistency around access to appropriate training or indeed agreement around what level of training and expertise is required before someone undertakes these tasks in a school setting.

The NCSE wrote to the DES in February 2017 to advise that it should not await the outcome of this report and that it should advance this issue, along with the need for agreement about the level of training and qualifications required, with the HSE and Department of Health without delay and before a crisis develops within a school.

#### **Support for Students with Challenging Behaviour**

It must be clearly stated that most students with special educational needs do not manifest challenging behaviour but some do – as do some students without any diagnosed special needs.

We have concluded that, because of the absence of appropriately trained personnel, the SNA scheme is being used to contain the challenging behaviour presented by some students rather than it being appropriately addressed. These SNAs are not required to have any qualifications or training in this area. These students need specialist support from appropriate specialists and/or trained personnel to bring about meaningful changes in their behaviour.

The NCSE is aware that the DES considers that Boards of Management (BoMs) have a responsibility to recruit SNAs with the requisite training or to provide them with the appropriate training. However we have found that there is an absence of any dedicated funding provided to BoMs for this purpose and professional development courses funded by the DES cater for teachers in the main.

We consider that unless the management of complex medical procedures and the management of seriously challenging behaviours are adequately addressed, both these situations could have very serious consequences for students and staff.

Separately, we consider that clarity and certainty is needed concerning the terms and conditions of work for SNAs.

**The NCSE now proposes to:**

- Finalise this report for publication early in Spring 2018 (c.f. DES Action Plan for Education 2016-2019, Goal 2, page 30)
- 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.

## 1. Introduction

In September 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, in consultation with other relevant Departments and State Agencies. The request followed a Government decision that a review would be carried out to ensure that the scheme continues to meet its objectives and that resources are being utilised effectively and efficiently, in line with guidelines.

The Minister'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.

It was emphasised that the review was aimed at ensuring the Government's investment was delivering the right supports for students and, if not, identifying what those supports should be; it was not a review to limit or reduce the level of investment.

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

The DES Action Plan for Education 2016-2019 recognises its responsibility to ensure equity and requires public bodies as part of their duties to 'consider human rights and equality issues relevant to them'. The DES identified that ensuring access to an equitable (education and training) system is a driving force throughout the Department's work. The NCSE's review is informed by our responsibilities in this regard.

It was agreed that the report would be finalised by the end of March 2018 (c.f. DES Action Plan for Education 2016-2019, Goal 2, page 30) and that the NCSE would provide the Minister with a progress report by the end of May 2017.

The purpose of this progress report is to: summarise progress to date; provide emerging findings based on a preliminary analysis of information from the consultation and research strands of the review; and advise of any concerns arising from this first phase of the review.

### The SNA Scheme

A Government decision in 1998 granted an automatic entitlement to primary school students with special educational needs to the supports necessary for their inclusion in school. The Special Needs Assistant (SNA) scheme expanded considerably from this time and undoubtedly made a substantial contribution to the Government's policy of including students with special education needs in mainstream schools to the greatest extent possible.

The SNA scheme is designed to provide schools with additional adult support staff who can assist children with special educational needs who also have additional and significant care needs. Such support is provided in order to facilitate the attendance of those students at school and also to minimise disruption to class or teaching time for the students concerned, or for their peers, and with a view to developing their 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.

The entry requirement for SNA appointment is three grade "D"s in the Junior Certificate or equivalent. SNAs are required to work under the direction of the principal and to support the class 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 SENOs over time, in line with student needs.

It is a scheme which is the focus of considerable public, political and media scrutiny. Discussions on SNAs can be fraught with emotion and focussed on situations where SNA allocations are deemed insufficient or where it is considered that SNAs are withdrawn or reduced prematurely. 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. SENOs decisions to reduce SNA support can often be met with strong resistance even when it is clear that the student's care needs have diminished. The level of fear and anxiety experienced by schools is considerable and must be taken into account in any discussions about the scheme and any reforms that may be put in place in the future.

There is an earnestly held view that the SNA scheme has been cut over the years because of the economic crisis. In fact, the level of SNA support provided to schools is higher than it has ever been and continues to grow.

As a precursor to this review, a Focused Policy Assessment (FPA) on the SNA scheme was published in 2016 by the Government Economic and Evaluation Service (IGEES). The objectives of the FPA, agreed between the DES, the NCSE and the Department of Public Expenditure and Reform (DPER), were to:

1. Identify, collate and evaluate all available data underpinning the scheme in relation to performance indicators for the SNA scheme;
2. Identify what is required to develop the forecasting capacity of the DES and the NCSE in order to anticipate the level of demand and cost of future SNA requirements; and
3. Align data provision with the planning needs of the DES, the DPER and the NCSE with specific reference to the annual budgetary process.

The FPA was overseen by a technical group including members from the DES, the DPER, the NCSE and the National Disability Authority (NDA).

The FPA developed four scenarios for student access and three scenarios for the student to SNA ratio (SNA concentration). In relation to student access, the four different scenarios were:

The annual percentage change, relative to 2015, in the ratios of children in their birth year cohort having SNA support would be:

- **Zero.** In other words, these ratios would remain at their 2015 level. Any change forecast in SNA numbers would be due to underlying population growth only (**Population** scenario)
- The **lowest** yearly percentage change observed over the 2011 to 2015 period (**Minimum** scenario)
- The **average** yearly percentage change observed over the 2011 to 2015 period (**Average** scenario) and
- The **highest** yearly percentage change observed over the 2011 to 2015 period (**Maximum** scenario)

In relation to student to SNA ratio the three different scenarios were: constant (no change), minimum and average change relative to 2015.

The report predicted a range of estimates of the numbers of SNAs that could potentially be required in 2019 – in the order of 13,300 to 17,400, at a cost of an additional €47m-€183m depending on which of these different scenarios materialises.

The NCSE has updated the figures used in the FPA report for the 2016-2017 school year and on that basis:

- the number of SNA posts grew by 2,572 (25%) between 2011 and 2016
- 12,892 posts were in place in 2016: up from 10,320 in 2011
- by 2016, 3.5% of the overall student population had access to SNA support against 2.5% in 2011 and
- the cost of the scheme rose by €93m in the same period.

However, the numbers of students accessing this support also continues to grow – showing an increase of 46% over the same six year period.

**Table 1: Increase in SNA support: 2011-2016**

Increase	2011	2012	2013	2014	2015	2016
Students accessing	22,284	24,029	25,414	27,267	29,953	32,568
(% of overall student pop.)	2.5%	2.7%	2.8%	2.97%	3.2%	3.5%
SNA posts	10,320	10,503	10,671	11,174	11,924	12,892
Direct Cost	€332m	€342m	€354m	€372m	€402m	€425m
Unit Cost	€32,171	€32,562	€33,174	€33,292	€33,714	€32,966

The number of students per SNA post in special schools has remained stable over the six years. The ratio in special classes has reduced somewhat while in mainstream schools the ratio has increased. This pattern reflects the growth in the number of special classes for students with autism relative to other types of special class – special classes for autism are allocated two SNA posts per class; other special classes might have one SNA. It may also reflect the greater complexity of care needs to be found in special classes.

**Table 2: Student to SNA ratio by sector**

Ratio	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Mainstream	1.67	1.81	1.91	2.03	2.15	2.20
Special classes	3.76	3.73	3.62	3.27	3.19	3.19
Special Schools	3.27	3.33	3.39	3.36	3.31	3.22

This ratio is calculated by dividing the number of students accessing SNAs by the number of SNAs in each sector.

SNA posts are to be found across all school levels as follows:

**Table 3: Distribution of SNA posts across school levels**

School Year	Primary Mainstream	Post Primary Mainstream	Special Classes	Special Schools	Community Careworkers (Legacy posts)	Total
2016-2017	6,485	2,050	2,015	2,405	60	13,015

The growth in additional paraprofessional support<sup>2</sup> in classrooms is not confined to schools in Ireland. The inclusion of students with special educational needs in 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

<sup>2</sup> In the international literature the term 'paraprofessional' is used interchangeably 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.

U.S., 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<sup>3</sup> at an annual cost of approximately £4.4 billion (13% of the education budget).

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 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.

In 2013, the NCSE provided policy advice to the then Minister for Education and Skills on the range of supports that should be in place in schools for students with special educational needs. We recognised that there were a number of improvements required in how care support is provided in schools. We made a number of recommendations aimed at bringing about such improvements including that: the DES should clarify the respective roles of SNAs and teachers; that allocation of care support should be time-bound and linked to targets set in students plans, particularly targets related to the development of independence; and that further supplementary teaching support should be provided in post-primary schools to drive improved educational outcomes for students at this stage of their education.

Since then, the DES has brought greater clarity to the scheme through the publication of Circular 30/2014<sup>4</sup> on the SNA Scheme, which clearly sets out the roles and responsibilities of classroom and special education teachers and those of SNAs.

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3 DfE. School Workforce in England: November 2013. Published 10 April 2014.

4 [www.education.ie/en/Circulars-and-Forms/Active-Circulars/cl0030\\_2014.pdf](http://www.education.ie/en/Circulars-and-Forms/Active-Circulars/cl0030_2014.pdf)

## 2. NCSE's Review Process

We have taken a number of steps to ensure that the review is comprehensive and informed by robust and wide-ranging consultative and research processes.

- **We engaged in a widespread consultative process.**

We consulted with 35 groups of different stakeholders including the NCSE Consultative Forum, parents, SNAs, teacher representatives, school management, advocacy groups, principals, students, HSE professionals, DES officials and other relevant Government Departments as well as NCSE's special educational needs organisers (SENOs). A full list of groups consulted is provided in Appendix 2.

Written submissions were received from certain organisations and individuals following their consultation group – a list of whom are available in Appendix 3. In addition, the NCSE received 334 responses to an electronic survey of stakeholder views. A breakdown of these responses across the different stakeholders is provided in Appendix 4.

Council members fully discussed the review during its meetings and invited presentations from parents, teachers and other experts to inform its discussions – a list of those presented is included in Appendix 5.

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

Findings from the consultative process are set out in Section 3 below.

- **We ensured that the review has a robust research base.**

The research element of this review comprises a number of different strands including:

1. An NCSE focussed review of national and international literature on the evidence for impact of different types of support on students in schools
2. An international country review of how paraprofessional support is provided
3. An initial analysis of how SNA support is distributed across different care needs and an examination of the outcomes for students (based on current SENO reviews)
4. An initial evaluation of the operation of the SNA scheme in 25 randomly selected schools
5. An examination of 200 professional reports
6. A qualitative study to ascertain how prepared students with disabilities are for life after school. (NDA)
7. Preliminary findings from an evaluation of an Altered Provision Project, that is in place in a number of post-primary schools

We considered 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 along with the DES 2011 Value for Money and Policy Analysis of the SNA scheme. We also took into account the 2016 Focused Policy Assessment (FPA) of the SNA scheme undertaken by the Irish Government Economic and Evaluation Service.

Emerging findings from the research process are set out in Section 4 below.

### 3. Findings from Consultative Process

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 gaps they perceived in school and child clinical and multi-disciplinary supports.

Many positive features of the SNA scheme were pointed out by various stakeholders. The value of the flexibility built in to the SNA scheme became very evident – duties of an SNA 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 that the scheme worked well when the principal displayed leadership, was a strong supporter of an inclusive school and knew how to deploy SNAs; the class teacher was well organised and knowledgeable about how to meet the needs of students within the class setting and communicates the daily plan to the SNA, and when both teacher and SNA review how things are 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.

However, many stakeholder groups voiced considerable frustration with the scheme's perceived narrow focus on care needs, when they perceived 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 that the needs of the most vulnerable students were being met by the least qualified staff. The lack of training for SNAs was a consistent theme. These and other issues are discussed below.

#### What did consultation groups tell us?

**The views and opinions set out below in this section are those expressed by group participants during the NCSE consultation process. They do not necessarily reflect the NCSE's viewpoint which is set out in the Section 5 – Discussion.**

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

Consultation groups were clear 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 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 that 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 about the need for SNA support in schools. SNAs were considered essential across the system as many students are unable to feed themselves or toilet independently. Others have significant mobility issues which 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 lash out, hit, strike 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 no concept of danger and need adult support to guide and direct them within the school. There were many other examples where additional support were considered indispensable including the support of students who were Deaf and communicated through ISL or those who needed medication while in school.

### **Groups identified other benefits associated with SNAs**

Groups considered that SNAs can have a positive effect on the education of all students in the classroom as they help to keep all students safe and minimise 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 that 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 well-being as the student : SNA relationship is different to the student : teacher relationship – we were advised by a number of groups that SNAs are perceived by students as a key adult to whom they can turn for support, when required.
- The ability to develop a student's social skills – SNAs 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 provide 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, cleaning the school etc.
- The ability to provide additional tuition to students and opportunities for educational re-enforcement
- 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 is 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 hearing 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 or for students to calm down after a 'melt down' 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.

### Some issues raised at consultation

Many issues were raised throughout the consultation process. Sometimes there was not consensus but all groups wanted the scheme and SNA role to be changed. Occasionally issues identified as being of concern were considered by others to be strengths of the scheme.

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

Groups expressed general frustration at the narrow focus of the scheme on care needs and suggested that 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; and to deliver speech and language and/or occupational and/or physiotherapy programmes.

Schools and parents expressed frustration that students' additional needs didn't always meet the scheme's criteria and that wider learning and emotional needs were not included. They considered that the scheme's criteria sometimes restrict what an SNA can 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 assess students' needs and identify when support is required to meet those needs. Care needs, as set out in the DES Circular 30/2014 governing the SNA scheme, only represent one aspect of the totality of students' needs. Professionals felt frustrated that their focus has to be on this subset of care needs in order to enable the child to access SNA support. They were surprised to learn the extent of additional teacher supports in schools and recognised that this support could be drawn upon to meet some students' wider set of needs.

There was concern that successful care interventions for a student with special educational needs can 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 principals 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 that the role of the SNA is still not clearly understood by parents and schools and that the circular has added to the confusion in some respects.

Some SNAs reported that they were aware they were working outside their 'care' remit but they were unclear or worried about the consequences for their jobs if they refused to carry out these duties.

## **2. Scheme should allow for teaching assistants**

Some participants felt that more benefit could be derived if the focus of the scheme 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, who consider they have insufficient time or capacity, see it as the the SNA's role 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 that a teaching assistant could carry out these functions. However, some participants were concerned that it was being suggested that students with the need for the most skilled teaching interventions would be supported by the least qualified. They considered the educational needs of these students could only be met by skilled, qualified and experienced teachers.

Some groups suggested that the provision of classroom assistants, particularly for Junior and Senior Infant classes should be considered so that the teacher has extra help with these very young students, irrespective of whether or not there were students with additional needs in the classes.

Many groups considered that there are 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. One SNA in a special school put it as.....what else would we be doing if we didn't (teach)?

It was interesting that, unless prompted, groups almost never mentioned the role of 13,000+ learning support or resource teachers in educating students with special educational needs or in supporting the development of independent living skills. Some felt that 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 can promote the inclusion of students. But almost all groups were conscious that SNAs, because they are 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 creates additional difficulties for students with special educational needs as school may not adequately prepare them for life after school.

One group considered that it was important for students to discover how to learn through trying/failing/trying again. They felt that 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 isn't 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 who were attending university but 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 can sometimes impede the social inclusion of students with special educational needs as it interferes with the student naturally developing his/her own social relationships with peers. Many post-primary aged students do not wish to be associated with an SNA as they do not want to appear different or to 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 for SNAs were insufficient even though many SNAs were extremely willing to undertake further training. There was frustration that the DES considered training was the responsibility of BoM but provided no dedicated funding to BoMs to enable them meet this responsibility. There was particular frustration that the Special Education Support Service (SESS) did not provide courses for SNAs and that substitution was not provided to enable SNAs to attend courses, when available.

Groups indicated that many SNAs had undertaken training at their own expense and within their own time. Most groups who raised this issue considered that 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 re administration of medication, manual handling, restrictive practices and so on. They should also receive on-site training about 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 (3 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, e.g. a child who had specialist assistive technology.

Teachers advised that they require more training (during Initial Teacher Education) in the management of other adults in the classroom. Inexperienced teachers were reported as sometimes feeling 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 by groups with both the application and allocation processes. Concern was expressed because the scheme was limited to students with an assessment of disability when access to diagnostic services isn't always readily available. Many groups considered that the date, by which schools are informed of their SNA allocations, typically June, is late and this makes it difficult for schools, especially special schools, to plan for the following year. It can also create difficulties in recruiting appropriately experienced SNAs.

Some groups considered that parents find it very difficult to understand the process for securing SNA support and this needs to be made clearer for them. Participants told us that there can be a general lack of clarity around parents' understanding of the SNA role leading, on occasions, 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 a specific SNA to be left in place for the duration of the student's time in the 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<sup>5</sup>
- 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 student, e.g. a parent reported that a child with diabetes shares access with a younger child who has autism and all the SNA's time is taken with the child who has autism
- Support should continue for as long as the student can benefit from such support – even if the student's needs no longer met the scheme's criteria e.g. organisational skills or 'just in case' the student may need access at some point in the future.

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

Some groups also mentioned that the annualised application process provides 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 that the system put less stress on external professionals and principals when applications were accepted all through the year and that the annualised system led to inordinate delays in getting support.

Many groups considered that SENOs weren't always consistent in their application of criteria. A recurring theme was that the application and allocation processes worked best when SENOs had a good relationship with principals, and understood the needs of the school and how the schools worked, but tensions could arise when the SENO changed.

Many groups advised that consideration should be given to allocating SNAs on the basis of student need and that a diagnosis of disability should not always be necessary. Schools reported that sometimes they have students without a disability diagnosis whose care needs are greater than students with disabilities who have assigned SNA support. They believed that if they 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.

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5 Many groups appeared to be unaware that the number of SNAs in schools was at an all-time high

All groups were very clear that there is no clear agreement about the point at which a care need is 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 are not the right support for all students but that, in many instances, they are the only available support for which application can be made. Groups were very frustrated that the other range of supports needed in addition to learning support in schools was simply not available to the required extent, if at all. These included: nursing/medical, communication workers, mobility and orientation personnel, 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 programmes in the area of behaviour. SNAs are reported as being used to manage or contain cases of challenging behaviours even where they have not received any appropriate training and the students are not in receipt of interventions from clinicians skilled in behavioural interventions. The National Educational Psychological Service provides advice and support to schools but they do not provide therapeutic support to individual students and/or their families.

We were advised that students have injured teachers, SNAs and sometimes other students but still do not have access to the appropriate multi-disciplinary 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.

Groups confirmed that while SNA support may reduce or limit disruption in the classroom in the short-term, it is not a therapeutic intervention and does little to assist the student to instigate changes in their behaviour. Groups were particularly concerned about this practice as the management of behaviour can require interventions from highly trained professionals and SNAs have 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 that 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 (DoH) considers that the SNA scheme had the potential to meet some of these acknowledged gaps in HSE services. However to date the DoH has not considered or estimated what additional costs would be incurred if more SNAs were allocated to meet these needs.

## 7. Perceived Gap – support to 'access the curriculum'

A number of groups advised that the delivery of the current curriculum demands additional adult support in the classroom. The National Council for Curriculum and Assessment did not concur with this view.

Many groups considered that there is insufficient support available to assist students' learning and again this perceived gap is 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 includes hearing reading, keeping students on task, reinforcing learning, interpreting what the teacher is 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 high numbers of learning support and resource teachers were appointed to schools to support the learning needs of students including these needs. It is possible that this perceived gap in the system is due to a lack of clarity regarding 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. SNAs, who are not required to have any clinical training or qualifications, may nevertheless be expected to support students who require complex medical procedures such as:

- **Respiratory Airway Management** following a tracheostomy. A tracheostomy is a surgical operation during which an opening is made in the windpipe and a tracheostomy tube is inserted through which the child can breathe. Following a tracheostomy, children require 24 hour direct supervision by at least one person who is fully trained and accountable to look after their tracheostomy. They require frequent suctioning of the tube so that it does not get blocked with mucus, and care of the tracheostomy opening (stoma) to avoid infection. The supervising staff member should be trained to perform an emergency tracheotomy tube change and be able to institute cardiopulmonary resuscitation if necessary.

The knowledge and skills needed to care for a child with a tracheostomy are very specific, with the emphasis on maintaining a safe airway which is paramount to the child's actual survival.

- **Seizure Management** in the case where a child's epilepsy is not controlled by medication. This can include the administration of emergency and life-saving medication, where necessary.
- **Feeding and swallowing management** that can involve artificial feeding through tubes inserted in the nose (nasogastric), stomach (gastrostomy) or the jejunum/ small intestine (jejunostomy). In these cases, the management of children's feeding includes:

- How to care for the skin around the tube
  - Signs and symptoms of infection
  - What to do if the tube is pulled out
  - Signs and symptoms of tube blockage
  - What normal activities can be continued
- **Bladder and Bowel Management:** There are a number of reasons why children may have bladder or bowel difficulties, for example because of:
    - Intellectual disabilities where a child is unable to understand the concept of toilet training
    - Physical disabilities – e.g. paralysis, cerebral palsy, spina bifida, hydrocephalus
    - Physical conditions – chronic constipation, medical conditions

These conditions may lead to surgical procedures and medical aids being used such as: urinary catheterisation or an opening (stoma) being created in the intestine through which faeces can pass. Students requiring bladder and bowel management require a clear care plan which includes:

- A structured toileting regime
- In most cases full supervision is needed
- Staff training in stoma care, catheter care and infection control
- Adequate sanitary facilities and equipment e.g.: Hoist
- Ensuring the student's dignity and respect is maintained

In the past, these children 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 but the issue may now be wider than special schools because we know for example, that a small number of children with tracheostomies attend mainstream schools.

Some special schools advised that nursing support has been discontinued or reduced while other special schools have 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, inadequate or no relevant training in many cases, were expected to meet these needs in schools. Other groups felt that SNAs could carry out these interventions but needed much more training.

Groups advised that while teachers often do agree to administer necessary medication or undertake necessary medical type procedures, this is on a voluntary basis and they are not required to agree to do so and many do not consider that this should be part of their workload. In this context some SNA groups raised the wording of the circular which set out that they have a support role to the teacher. They queried that if they are to support the teacher, should not the teacher be skilled and willing to carry out these duties?

It was interesting that the administration of medication or for the management of diabetes or the use of epi-pens were 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.

## 9. Complexity of Student Need in Special Schools

The report of the Special Education Review Committee, published in 1993 set out the baseline Class: SNA ratios for special schools. Individual applications for additional SNA support over and above the baseline level can be made where necessary. Special school principals consistently highlight that the needs of students in special schools are now extremely complex. Due to medical advances some children are now able to attend special schools where this would not have been possible in 1993.

For these reasons principals are requesting the SERC ratios to be reviewed and changed in light of the changed profile of the students attending the schools.

## 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/week<sup>6</sup>. 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.

<sup>6</sup> 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.

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 hours<sup>7</sup> 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.

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.

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<sup>7</sup> 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.

## 4. Emerging Findings from Research Process

The NCSE undertook six research projects 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.

We engaged in a **focussed review of national and international literature** on the evidence for impact of paraprofessional support on students in schools. From 950 articles initially identified as relating to this topic, 73 articles 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 other relevant articles were included after further focussed research. A full list of the 14 review studies and the additional six studies is included in Appendix 6.

The largest and most detailed of these is a study investigating the deployment and impact of teaching assistants in schools, conducted between 2003 and 2008 in UK schools, involving 8,200 students across two waves of the study. Teaching assistants in the UK provide support in the classroom to both students with and without special educational needs. Teaching assistants have a pedagogical role in relation to students. 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 teaching assistant support on academic progress in English, mathematics and science when factors known to affect progress were taken into account in the analysis, including students' SEN status, prior attainment, and eligibility for Free School Meals, EAL and deprivation.

Other review articles by well-known researchers in the field were also examined, including Alborz et al (2009); Brock and Carter, 2013; Walker and Smith, 2015; Sharma and Salend, 2016.

While the SNA scheme is unique to Ireland, other countries also have paraprofessional support schemes to assist in the education and inclusion of students with special educational needs in schools. While paraprofessionals<sup>8</sup> in different countries vary in terms of role and training, the schemes have in common that they provide for the appointment of additional personnel to schools to assist in the inclusion of students with special educational needs. We conducted a cross-country survey of how paraprofessional support is provided and received responses from 32 jurisdictions. Twenty-four of these were European, three were from the United States, four from Australia and one from Canada.

We also held a direct discussion about the provision of paraprofessional support with special education experts from 18 of the above 24 European countries.

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8 Different terms are used to describe paraprofessionals in different countries – including classroom assistants, teaching assistants, teacher's aides, and education assistants.

In addition, we:

- Analysed over 300 current SENO review reports to examine how SNA support is distributed across different care needs and what were the outcomes for students accessing this support. Our initial examination of these reviews on 300 students showed that 42% of students retained the same level of support at review, 10% of students increased their support, 38% of students reduced their support and in 10% of cases, SNA support was no longer required.
- Conducted a small-scale evaluation of the operation of the SNA scheme in 25 randomly selected schools.
- Examined 200 professional reports to ascertain the extent to which they provided a robust basis for the allocation of SNA support.
- Requested the NDA to undertake a qualitative study to ascertain how prepared students with disabilities are for life after school.

Finally, we examined the findings of the Joint Oireachtas Committee Report on the Role of the Special Needs Assistant (January 2016), The DES Value for Money and Policy Review of the SNA Scheme (2011) and the preliminary findings from an evaluation of the Altered Provision project<sup>9</sup> (St. Angela's College, Sligo, In Press).

In reading the remainder of this section it is important to bear in mind that:

- The completion date for research projects for this review was end March 2017 which was a very tight timeframe for researchers to meet. The report of these studies is now only at review stage. This means that findings cited in this interim report are based on draft versions of these studies and must therefore be treated with caution and as indicative only at this point in time.
- 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. While there are some well-known studies, they are few in number.
- There are serious limitations and gaps in the research studies that have been conducted, including:
  - Very few were random control studies which are considered the highest quality
  - Very small sample sizes in most studies making generalisation extremely risky
  - Almost all studies are from the UK or the US, presenting a challenge to the transferability of knowledge from one education system to another

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<sup>9</sup> In 2013, the Department of Education and Skills (DES) piloted an alternative model of provision for post-primary students with emotional disturbance/behavioural disorder (EBD) entitled the Altered Provision Project (APP). This involved the provision of additional teaching hours to schools to support these students' learning and behaviour, rather than the allocation of new special needs assistants (SNAs), to support care needs.

- Interventions tested mostly relate to language, literacy and social skills with interventions relating to the role of paraprofessionals in supporting other aspects of school life/learning e.g. behaviour, virtually absent.
  - General lack of focus on students outside mainstream primary schools
  - 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 countries<sup>10</sup>. In addition, these personnel have different qualifications, training and roles/responsibilities and information on these characteristics is often absent from the literature.
- In the international literature the term 'paraprofessional' is used interchangeably with other terms such as teaching assistant, para educator, instructional assistant, teaching assistant, educational assistant, teacher's aide or classroom assistant.

Regardless of terminology, paraprofessionals are generally understood to provide assistance to the teacher in the classroom situation<sup>11</sup>. While duties differ across jurisdictions, generally they include:

- Modifying and/or differentiating teaching for students with disabilities;
- Working with individual students or small groups of students to reinforce learning of material or skills introduced by the teacher;
- Providing one-on-one assistance to students with disabilities;
- Guiding independent study or preparing work with students as set up and assigned by the teacher;
- Assisting students with self-care tasks (as necessary); and
- Record-keeping.

The majority of the paraprofessionals in research studies had a pedagogical dimension to their role and many 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.

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10 These terms include paraprofessional, teaching assistants, teacher assistants, learning support assistants, integration aides, special needs assistants and so on.

11 For example, US para-educators are recognised as personnel who, when appropriately trained and supervised (in accordance with state law, regulation, or written policy), may assist in the provision of special education and related services to students with disabilities (IDEA 2004). The law does not define the term paraprofessional nor does it define what paraprofessionals do nor does it define para-educator training and supervision. However, States must establish qualifications to ensure that para-educators are appropriately prepared and trained to serve children with disabilities.

The context within which paraprofessional support operates is very different across countries in terms of the pupil: teacher ratios, on-site availability of therapeutic supports, appointment of learning support and resource teachers. Further details on country contexts will be provided in the final report when time allows for further analysis of country reports and information.

***It is therefore not possible to draw any direct comparison between the role of paraprofessionals cited in the majority of research studies and that of the SNA in Ireland.***

In this report the term 'paraprofessional' is used when making reference to international literature and/or cross-country studies generally. The term 'teaching assistant' 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.

**Given these limitations, research findings on paraprofessional supports in schools need cautious interpretation for the purposes of this review. So what can we say we know at this point?**

### **Paraprofessionals are effective in meeting student care needs**

There is consensus across countries that people's work is effective in enabling students with significant care needs to be included in schools. However, research studies indicate a need for paraprofessionals to receive adequate training and support in carrying out this role.

### **Paraprofessionals can have a positive effect on teacher workloads and stress levels**

Teachers in the UK 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. These teachers felt that support staff had a positive effect on the quality of teaching. There is also some evidence from studies conducted in the UK that 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 on classroom control.

### **Paraprofessional support can have a negative impact on student academic outcomes**

While teachers in England believed that teaching assistants have a positive impact on students' academic progress, the research finds to the contrary. 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 was most marked for students with the highest special educational needs, presumably because they typically received the most teaching assistant support.

There was considerable surprise at this finding and the study was repeated with similar outcomes and even clearer evidence of the negative impact on students' academic achievements.

Individual student or teaching assistant characteristics are not to blame for these negative results which the research considers more likely to be linked to three interlinked aspects of the teaching assistant's role: Practice, Deployment and Preparedness.

In relation to **practice**, studies show that teaching assistants are more concerned with their student finishing the set task than developing their learning or understanding through the task; so, in contrast to teachers, teaching assistants tended not to ask questions that opened up discussion and potentially could lead to greater understanding on the student's part – instead they tended to close down discussion because they were focussed on getting the task completed.

In relation to **deployment**, teaching assistants were found to have a direct instructional, frontline pedagogical role; they routinely support low ability students and those with special educational needs; they support students one-to-one and in groups, in and away from the class. This means that students are separated from the teacher and mainstream curriculum.

In relation to **preparedness** studies show that there is little training provided for teachers to work with and/or manage teaching assistants; there is a lack of planning, preparation and feedback time with teacher; and teaching assistants have limited subject and pedagogic knowledge.

### **Paraprofessional support reduces students' interactions with teachers**

Findings from research in England indicate that teachers work mostly at the whole class level and with students who did not have special educational needs. Teaching assistants on the other hand work mostly with groups and individuals who have special educational needs and play a large part in differentiation for these students; they rarely work with middle and higher attaining students. Findings indicate that:

- The more interactions students have with teaching assistants, the fewer they have with the teacher
- Students in mainstream schools with SEN statements spend over a quarter of their time away from the mainstream class, the teacher and their peers compared to average attainment students
- Teaching assistants have more responsibility for students with SEN statements than teachers – curricula, lesson planning, moment-to-moment teaching and learning decisions
- The quality of pedagogical experiences is less appropriate and of a lower quality than for average attaining students
- There are gaps in the knowledge of both teachers and teaching assistants in meeting the needs of students with statements – teachers feel unprepared to teach these students and often saw teaching assistants as experts despite similar gaps in training and knowledge

- Schools lack effective and theoretically-grounded pedagogy for teaching students with special educational needs in mainstream schools – relying on teaching assistant support exacerbates the problem and makes it less likely that the school will formulate appropriate approaches.

Findings suggest that teachers tend to be more engaged with students with disabilities when paraprofessionals are assigned to their classrooms rather than to individual students (Gianfranco et al, 2001). Teachers were also more likely to provide supervision and training and work collaboratively with classroom-based paraprofessionals than those assigned to individual students.

On the basis of these findings, researchers conclude that for students with special educational needs, teaching assistant support seems to replace rather than augment teacher support. Teaching assistant support leads to student separation from the teacher, the curriculum and peers. There are considerable gaps in teachers' and teaching assistants' knowledge concerning meeting the needs of students with special educational needs. There is little time to plan and discuss the teaching assistant role who often take on the role of 'expert' in cases of students with special educational needs.

As a result, researchers advise that teaching assistants should not routinely support lower-attaining students and those with special educational needs.

In light of this research, it is interesting to note that as part of the small-scale evaluation of the SNA scheme undertaken in Irish schools for this review, evaluators in all 25 schools, observed SNAs being deployed to duties that are over and above the care role specified in Circular 30/2014.

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

Many of the studies on training paraprofessional provide limited evidence in that:

- They don't provide information about 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

Nevertheless findings from a number of studies suggest that paraprofessionals, when given adequate training to support students in specific evidence-based curricula interventions (this has happened mostly for literacy), can influence 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.

Given adequate training, paraprofessionals can also have a positive impact on other academic outcomes, such as classroom behaviour but consideration needs to be given to the small sample sizes in the studies examined.

Paraprofessionals can be trained and supported to implement, with fidelity, peer support arrangements to facilitate greater peer interaction that leads to improved social outcomes for students with severe disabilities.

There is some evidence also that work with schools to develop and evaluate alternative ways of using teaching assistants can produce more sound practices, although student outcomes were not reported in this study. Following such interventions:

- Teachers became more aware of their responsibilities towards lower-attaining students and those with special educational needs
- Teachers worked more often with these students, and provided teaching assistants with clearer and more detailed lesson plans
- There were improvements in the quality of teaching assistants' interactions with students, and a consequent increase in teaching assistants' esteem and confidence as a result of having a more clearly defined role in the classroom.

While systematic reviews offer some preliminary recommendations regarding 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.

### **In certain situations peer support can work better than adult paraprofessional support**

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 that have been 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.

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:

- Paraprofessionals are providing academic supports in subjects where they were under-skilled or unskilled
- General education teachers are minimally involved with students with disabilities in their classes
- Some students with disabilities are unnecessarily dependent on paraprofessional support
- Some students 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.

Research findings suggest that students who received peer support did 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.

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. However, it is important that peer support arrangements are seen as only one component of high-quality inclusion and do not replace instruction by classroom teachers or paraprofessionals – the research suggests it can be a more effective support at times but again the evidence is limited.

### **The respective roles of teachers and paraprofessionals need to be clearly defined**

Research findings in the US 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. They highlight that the respective roles of teachers and paraprofessionals need to be clearly defined and respected.

It should be noted however, that evaluators in the 25 Irish schools evaluated as part of this review felt in contrast, that SNAs generally were working effectively under the direction and in collaboration with teaching staff. They considered that the SNA role in providing care assistance and supporting the education of the student is clearly defined. They did however note that some schools have no written policy on SNAs and/or no written Personal Pupil Plans; that in some schools 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.

Research findings indicate that the majority of special education teachers taking part in studies report that they receive little or no training on supervising paraprofessionals – most rely primarily on their on-the-job experiences. 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.

**In the Irish context, professional reports, on their own, do not provide a robust basis on which to base decision-making regarding the allocation of SNA support.**

Professional reports and assessments play an important role in the SNA allocation process and professionals are requested to state the outcome of assessments carried out and the range of needs of the child as clearly as possible to assist the process.

Health professionals do not include references to the specific quantum of educational resources in their reports. This is because, while a medical or relevant professional report can indicate the care needs that a child may have, the Health professional may not have knowledge or awareness of the current resources available to a school to cater for these care needs, may not be aware of the layout of the school, or have had an opportunity to observe the child in class or observe their interaction with their teachers and classmates on an ongoing basis.

The responsibility for deciding on the quantum of educational supports and resources to be allocated to schools to support individual students, rests with the NCSE, in accordance with DES policy.

As part of this review, the NCSE examined 200 anonymised professional reports to determine whether, on their own, they provided a robust basis for the allocation of additional care supports under the scheme.

A preliminary analysis of the first 100 reports has been completed and indicates that:

- The care needs specified in 16% of the reports did not meet DES criteria for provision of support
- Almost half of the professional reports did not provide sufficient evidence of care needs on which to base a decision regarding access to SNA support.

Some of the reports were very old and the information was out of date. Some did not outline care needs which met the qualifying criteria. It was noted that while many of the reports contained extensive clinical information about the student, much of this was not relevant to the decision regarding SNA support in schools, e.g. it is often not clear from the report why SNA support is necessary when it is obvious that the child requires clinical intervention rather than the support of an SNA.

While the professional reports contained much useful information about the students concerned, nevertheless in many cases to make consistent and fair decisions, SENOs would have needed additional information to establish whether the student in question required access to SNA support.

On this basis, it was concluded that, on their own, professional reports in their current format, are unlikely to provide a sufficiently robust basis on which to base decisions on the allocation of SNA support.

### **Not all students with special educational needs are well-prepared for life post-school**

The NDA was requested to focus its research on how prepared students with disabilities are for life post-school. All the young people included in the study had been in receipt of SNA support while at school and were interviewed in their individual post-school setting which included adult day services, or further and higher education settings or employment.

Findings from their commissioned study were somewhat mixed but indicate that many young Irish school-leavers had not achieved the life-skills necessary for their post-school setting. Staff in these post-school settings considered that young people with disabilities were ill prepared for life in this setting.

For example, in adult care services, young people were found to lack basic life skills and the ability to socially interact with their peers. They were overly dependent and lacked an ability to work independently. While generally positive about the support provided by SNAs in schools, the young people concerned felt that they had not received the support needed to develop the life skills necessary for life post-school.

School staff believed the opposite. They expressed an awareness of the importance of developing life skills and gave examples of a range of support designed to enable the young person to make a successful transition. They were of the view that the work done in school prepares them well for post-school life.

Parents were split on whether their adult children were prepared well for life after school. Some thought that they were; others thought they were not.

### **Provision of paraprofessional support is growing in most countries despite inconclusive evidence for its effectiveness**

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. There is consensus across the research literature that all students, including students with special educational needs, should receive their primary instruction from highly qualified teachers. However serious concerns have been raised that this is currently not the case, particularly in the education of students with special educational needs.

Specific concerns focus on:

- 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.

As a consequence, researchers in several countries are now calling for renewed thinking in relation to how schools can get the best use from their paraprofessionals, particularly in the case of students with special educational needs. Their concern is to ensure that these personnel are used in ways that support the growth of students' self-determination and independence and doesn't inadvertently undermine their inclusion in schools.

In the UK researchers have called for a fundamental rethink on how teaching assistants and teachers are deployed; how teachers and teaching assistants interact with students and how teachers and teaching assistants are to be prepared to work together. In their view, teaching assistants might demonstrate different and improved skills, given targeted training from specialist teachers or therapists. They suggest that frameworks for evidence based practices are required; it is necessary to build teachers capacity to manage SNAs; and they describe some types of training that could enable teachers and teaching assistants to work collaboratively using such practices.

Researchers in the US are also seeking alternatives to over-reliance on paraprofessionals. They suggest that 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; self-determination. In one study in 69 Vermont schools, between 2006 and 2013, school service delivery was reconceptualised along these lines to good effect with a cost-neutral reallocation of school resources.

As part of this fundamental rethink, a number of publications and professional organisations have provided guidelines for the appropriate utilisation of paraprofessionals but these have not been evaluated.

Collectively, these guidelines are very clear that all students, including students with special educational needs, should receive their primary instruction from highly qualified teachers. Any instruction or support delivered by paraprofessionals should be supplementary, with a teacher taking responsibility for all instructional planning and pedagogical decision-making. Paraprofessionals should not be used as an informal teaching resource for low-attaining students and those with special educational needs. The focus of paraprofessionals' work should be to support the development of students' independent learning skills, including their ability to manage their own learning. A common recommendation is that schools should train and support paraprofessionals to use evidence-informed interventions their role on the team should be targeted, well defined and closely supervised.

## 5. Discussion

The NCSE is committed to ensuring that the needs of students with special educational needs, who have additional care needs, are kept as the central focus of this review's proposals and recommendations.

We know that there are many worthwhile aspects to the SNA scheme. The scheme has greatly assisted students with care needs to attend schools – both in mainstream and special schools. SNA support continues to be necessary to assist schools in managing the needs of those with significant care needs. The scheme is particularly effective in meeting the needs of 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.

We are aware that Irish schools really value SNAs because many teachers feel overburdened with the demands of the curriculum. They 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.

We know that the majority of parents of children with special educational needs who have care needs, place great value on their child having an SNA – in many cases, this is because they feel that 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. In a minority of cases where children have life-limiting or very complex medical needs (e.g. cardiac or respiratory failure), parents fear that their child might not survive the school day without an SNA to attend to them at all times. In other cases, parents are simply relieved that there is someone to take individualised care of their child whom they consider would otherwise be vulnerable in school.

However, we have concluded that the SNA scheme is a blunt instrument to deal with the very wide range and variety of needs, age-ranges, developmental stages and school settings that present. The scheme seems to work well for children in junior classes in primary schools and in special schools and classes where there is a concentration of students with significant care needs.

We are aware that the 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. We will consider this matter in the next phase of the review.

We know that the scheme is less appropriate and effective in post-primary schools where many older students wish to develop greater independence and are reluctant to be seen in any way to be different to their peers. These students would benefit more from focussed additional teaching and specialist intervention. The initial positive findings from the APP review support this view though further analysis of this report is required.

SNAs are sometimes seen as the 'answer to everything' and are called upon to fill all gaps when what is actually needed is access to personnel with a wide range of skill-sets and qualifications who can provide an appropriate response to students' identified needs.

On the basis of our work to date, the NCSE wishes to highlight a number of significant and immediate concerns about aspects of the scheme:

**1. SNAs, who are not required to have any clinical training or qualifications, may nevertheless be expected to support students who require complex medical procedures.**

These students can have very serious complex medical conditions (some of which are life-limiting conditions) 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 on.

The NCSE shares 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. SNAs are required to work under the direction of the principal but neither the principal or teaching staff receive this training or are able to provide oversight or direction in the event of something going wrong. Furthermore, it appears that there is no consistency around access to appropriate training or indeed agreement around what level of training and expertise is required before someone undertakes these tasks in a school setting.

The NCSE wrote to the DES in February 2017 to advise that it should not await the outcome of this report and that it should advance this issue, along with the need for agreement about the level of training and qualifications required, with the HSE and Department of Health without delay and before a crisis develops within a school.

Finally, while teachers often do agree to administer necessary medication or undertake necessary medical type procedures, this is on a voluntary basis and they are not required to agree to do so and many do not consider that 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 to be further examined by school management bodies, teacher unions and the DES.

**2. SNAs are sometimes expected to manage very challenging behaviours, often without the required skill-sets, training and adequate supervision.**

It must be clearly stated that most students with special educational needs do not manifest challenging behaviours, but some do. In these cases, the behaviours can arise from the students' serious emotional and behavioural needs and/or from their inability to self-regulate their behaviours.

In 2011, the NCSE published policy advice on the education of students with challenging behaviours arising from severe emotional disturbance and/or behavioural disorders. We advised that such behaviours can include actions that seriously disrupt the work of the classroom on a sustained basis. Such behaviours include:

- violent physical aggression towards other students and towards teachers which can include head-butting and spitting

- sustained and offensive verbal assault
- refusal to take part in classroom activities
- shouting, bullying and disrupting the classroom in a manner that does not respond to repeated efforts on the school's part to control such behaviour
- throwing books, chairs and desks
- consistently destroying their own work and the work of others
- kicking, punching, biting.

The behaviours can also include self-injurious actions for example, cutting, head-banging, persistent scraping of skin, suicidal attempts, running out of school.

In some cases, these behaviours are displayed on a constant basis and can have very serious outcomes for the students themselves and/or other students. In some cases, the behaviours can be manifested once or twice a week.

The NCSE is aware that behaviours, as instanced, have resulted in serious injuries, sometimes to other children, sometimes to the student him/her self – but more usually to staff members as they attempt to protect other students and the students themselves. Examples of injuries caused to staff members include broken fingers, black eyes and serious soft tissue damage resulting in notifiable absences of staff.

Clearly this is unacceptable as schools have a duty of care to their students and staff and while rare, the situations are serious when they arise.

We previously advised that where clearly necessary, special schools should be funded and supported to create an alternative and tailored environment for the few students with severely challenging behaviours who regularly demonstrate extremely and unpredictable violent behaviour, with a focus on reintegrating these students with their peers as soon as is feasible.

Students with serious emotional and behavioural difficulties can lose control and strike out when they are not managed 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.

We consider that unless the management of complex medical procedures and the management of seriously challenging behaviours are 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.

**3. Some schools are giving SNAs a teaching type remit** and some students with care needs are being 'taught' for some of the day by SNAs. As a result, these students spend time away from their class teachers and other students with people who, however well intentioned, are unqualified.

**4.** There is concern that **some students are becoming increasingly over-dependent** on having things done to them and for them and are not developing their own independent life-skills – this is borne out by their experience when they arrive in post-school settings.

**5. Some teachers are becoming over-reliant on SNAS** and see them as the 'expert' on the child with care needs. This has potentially very serious consequences for students with special educational needs as it can result in teachers that do not see themselves as being responsible for, or able to care for and educate these students. We are concerned that, left unchecked, this can bring about a deskilling of teachers and a lack of confidence about 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.

The DES recognises that some students have additional needs in areas such as learning, communication, behaviour, social skills, and organisation and so on. Over 13,500 additional special education teachers are allocated to schools to support the class/subject teacher to meet the needs of these students. Consultation groups appeared to almost discount that these teachers are there to support students education in the broadest sense including developing social, communication and life skills – though the NCSE is aware that this does happen in some schools. Instead these groups saw these teachers as working only in the area of literacy, numeracy and other academic areas.

A few students have more complex needs and sometimes schools require support and advice from external services to advise and support them in meeting these complex needs. While the National Educational Psychological Service (NEPS) and NCSE support services are available to offer guidance and practical support to schools for these students, in the areas of learning, emotional and behavioural development, sensory needs, social and communication skills and so on, the NCSE has previously advised that these services are inadequately funded to meet all needs.

A small percentage of students with special educational needs require ongoing support from HSE school-aged teams because they need access to health-funded supports such as speech and language therapy, OT, psychiatry, clinical psychology and so on and the NCSE has also previously advised of the need to ensure such services are available in a consistent and timely fashion.

As institutions, schools have needs in order to function effectively. In addition to teachers and SNAs, schools require administrative and ancillary staff and some schools urgently require nursing supports.

The NCSE considers that theoretically, the requisite and appropriate supports (apart from nursing) are in place to service the full range of needs with which students can present in school. By that we mean that in schools, we have class and special education teachers to meet students' learning and care needs and SNAs to support teachers in meeting these needs. In theory, students with complex needs have access to HSE school aged teams comprising a range of relevant clinicians including psychologists, speech and language therapists, OTs, behaviour specialists and so on but these are often inconsistently available or not available at all.

The system can only function effectively when the different components of the system, e.g. class and specialist teachers, SNAs, teacher supply, leadership in schools, HSE supports, operate well together in an integrated and cohesive manner. We have been told that this isn't the case – there are long waiting lists for HSE services in many parts of the country and service provision is inconsistent. The NCSE has found therefore that the system doesn't work as it is theoretically supposed to and that there are gaps in the system which the SNA role has expanded to fill, however informally or inappropriately.

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 general 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. SNAs are there to assist teachers in meeting the care needs of students and they do not have a teaching role. However the impression created is that some schools, teachers and SNAs do not seem to want to observe these distinctions and that the difference between the care and teaching role is obfuscated on a daily basis in Irish schools. It is also of concern that some SNAs reported that they were aware they were working outside their remit but they were unclear or worried about the consequences for their jobs if they refused to carry out these duties.

The NCSE strongly believes that the full educational requirements of students with special educational needs should be met by providing schools with sufficient fully qualified teachers who are equipped with the necessary skills to meet the needs of these students. In our view, 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 especially given the number of additional teachers allocated for additional needs. In fact the most recent research indicates that such a move could adversely affect students' academic achievements.

Throughout the consultation process, evidence emerged of the enduring loyalty and very strong attachment that exists between many schools, parents and 'their SNAs' – many schools openly declare that 'we couldn't do without our SNAs' and they view SNAs as being very committed to their work. In turn, SNAs report 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.

We need to consider how the allocation, deployment and review of SNAs might be improved so that it is simple, clear and transparent and that resources are directed at those students who most clearly need them. Some principals have told us that they use the 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.

Over 32,500 students now access SNA support. SENOs have advised us that there is not enough time for 79 SENOs to forensically review the work of 13,000+ SNAs post 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 is likely to meet 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 that they don't 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 anecdotally that they are facing a convenience of interests to present ongoing need for SNA support.

The level of difficulty experienced by SENOs was highlighted for us during the recent evaluation of the scheme. One of the experienced evaluators declared that he couldn't 'deal with the notion of reducing resources to a school based on the perceived gains made by an individual student, even when it was clear that the same level of SNA support was no longer required by the student.' He therefore made the decision in each case that the student continued to require all the support currently in place.

Nevertheless, we do know that the scheme is flexible in responding to students' changing needs. A recent examination of SENO reviews on 300 students (completed for this review) showed that 42% of students retained the same level of support at review, 10% of students increased their support, 38% of students reduced their support and in 10% of cases, SNA support was no longer required.

## Terms and Conditions for SNAs

Terms and Conditions for the employment of SNAs 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 Park<sup>12</sup> 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.

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12 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.

## 6. Conclusions and Recommendations

Ireland is not alone in having concerns about the operation of paraprofessional support in schools – this concern is shared by many different countries. In fact, the NCSE has found it very difficult to locate any country that considers it has addressed these issues in a satisfactory manner. 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.

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. We believe there is much potential in considering the stepped approach set out by the Department of Children and Youth Affairs Access and Inclusion Model for supporting children with disabilities in pre-schools. It is very important that we take this opportunity to fully reflect on alternative approaches before proposing changes to the current scheme. In this context, we intend to establish an NCSE working group, comprising relevant stakeholders, to assist us in this very sensitive task.

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 isn't the right support. Their view is that it is the only support that is available and for which they can apply on behalf of students with special educational needs. Many parents tell us that 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.

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.

However, there are some changes that we consider need to be made immediately. SNAs, with reportedly limited or inadequate training, are expected to undertake in specific circumstances, highly complex intimate and/or invasive medical interventions which would challenge qualified general nurses. In addition, SNAs are required to work under the direction of the principal 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. It is also the case the teachers are not required to administer medication or undertake medical interventions – they do so on a voluntary basis.

It appears that there is no consistency around access to appropriate training or indeed agreement around what level of training and expertise is required before someone undertakes these tasks in a school setting. 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 an A4 sheet of diagrams from a clinician. We consider that this issue, along with the need for agreement about the level of training, qualifications and clinical supervision required, should be advanced with the HSE and Department of Health without further delay. The NCSE has already written to the Department of Education and Skills advising of our concerns and requesting that this issue be immediately addressed before a crisis develops within a school with potentially tragic consequences.

**The NCSE now proposes to:**

- Finalise this report for publication early in Spring 2018 (c.f. DES Action Plan for Education 2016-2019, Goal 2, page 30)
- 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.

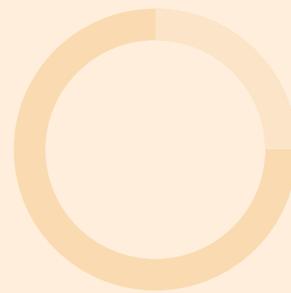
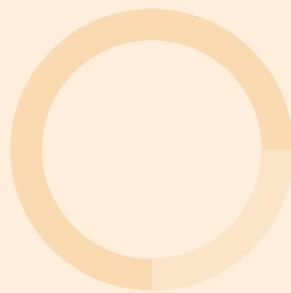
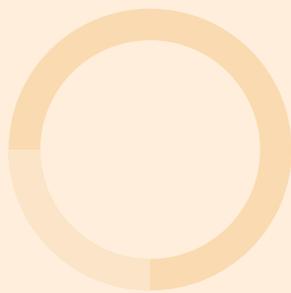
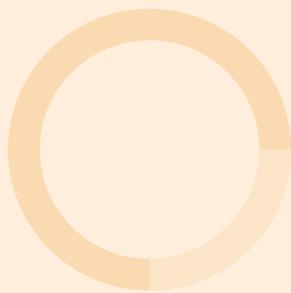
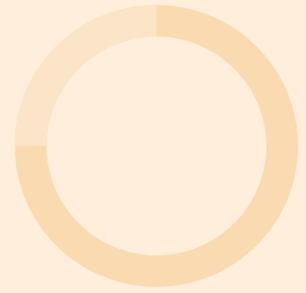
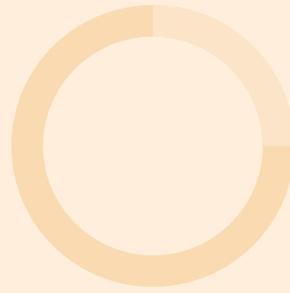
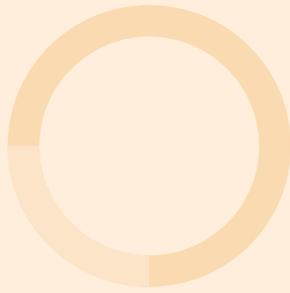
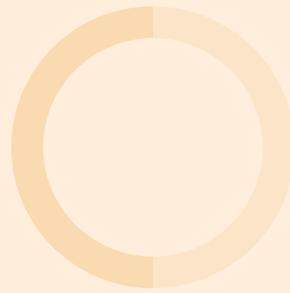
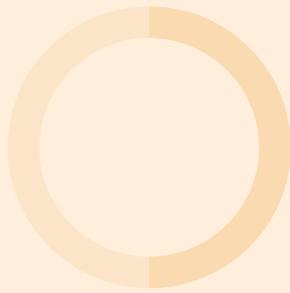
**The NCSE now recommends that, as a matter of urgency:**

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 restrictive practices.

**On a separate note, the NCSE recommends that:**

In order to bring about greater clarity in the system, 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.

# 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 focussing 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: Consultation Groups

Consultation Groups	
<b>Department of Education and Skills (DES):</b>	<ol style="list-style-type: none"> <li>1. Special Education Section;</li> <li>2. Assistant Chief Inspector &amp; Director NEPS;</li> <li>3. Special Education Support Service &amp; National Behaviour Support Service;</li> <li>4. Visiting Teacher Service</li> <li>5. External Staff Relations</li> <li>6. Teacher Education Section;</li> <li>7. Terms and Conditions;</li> <li>8. Transport section;</li> <li>9. NEPS psychologists</li> <li>10. School Inspectors</li> </ol>
<b>Department of Health (DoH)</b>	11. Representatives from DoH and HSE
<b>Department of Children and Youth Affairs</b>	<ol style="list-style-type: none"> <li>12. Representatives from DCYA</li> <li>13. Representatives from Better Start</li> </ol>
<b>National Council for Special Education</b>	<ol style="list-style-type: none"> <li>14. Consultative Forum</li> <li>15. Special Education Needs Organisers (80 SENOs as part of NCSE conference)</li> <li>16. Group of Senior SENOs</li> </ol>
<b>Parental Groups</b>	17. Representatives of National Parents Councils Primary and Post-Primary & Inclusion Ireland & Special Needs Parents Association
<b>Students</b>	<ol style="list-style-type: none"> <li>18. Students in post-primary schools</li> <li>19. Third level student</li> </ol>
<b>Special Needs Assistants</b>	<ol style="list-style-type: none"> <li>20. SNA representatives</li> <li>21. Union officials from Impact</li> </ol>
<b>Teachers</b>	<ol style="list-style-type: none"> <li>22. Teacher representatives</li> <li>23. Union officials: ASTI; INTO; TUI</li> </ol>
<b>Principals</b>	<ol style="list-style-type: none"> <li>24. ASTI, INTO, TUI, IPPN &amp; NAPD</li> <li>25. Principals of Special Schools: Dublin Principals of Special Schools (GLD): Cork</li> </ol>
<b>Advocacy Groups</b>	26. Aspire, Shine, Muscular Dystrophy, Deaf Education Partnership, Down Syndrome Ireland, Early Childhood Ireland, Irish Autism Action, Dyspraxia Ireland, Dyslexia Ireland, AHEAD, Enable Ireland
<b>National Disability Authority (NDA)</b>	27. Representatives from the NDA

Consultation Groups	
<b>Management Bodies</b>	28. Representatives from School Management Bodies including: CPSMA, An Foras Patrúnachta, JMB Church of Ireland, ETBI, ACCS, Muslim Schools Jewish Schools, Saplings, Autism Ireland
<b>Voluntary Bodies</b>	29. Representatives from the Federation of Voluntary Bodies, Irish Wheelchair Association, Central Remedial Clinic
<b>HSE professionals</b>	30. Group included clinicians from psychology, OT, speech and language and nursing
<b>College lecturers</b>	31. Researchers including those who have delivered training to SNAs
<b>Teaching Council</b>	32. Officials representing the Teaching Council
<b>National Council for Curriculum and Assessment (NCCA)</b>	33. Officials representing the NCCA
<b>Association of Irish Sign Language Interpreters and Teachers (AISLIT)</b>	34. Group included ISL users and ISL teachers
<b>Group with 'mixed representation' who could not make date arranged for their grouping</b>	35. NAMBSE, Féach, Irish Society for Autism

## Appendix 3: 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, CEO of the Central Remedial Clinic CRC
16. Dr. Anna Clarke, Health Promotion and Research Manager, Diabetes Ireland
17. Michael Byrne HSE psychologist

## Appendix 4: Electronic Survey

334 responses were received to the NCSE electronic survey of stakeholder views. These responses 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
<b>Total</b>	<b>334</b>

## **Appendix 5: 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 6

### List of 14 Databased Articles Included in Review

1. Paraprofessional support of students with disabilities: literature from the last decade (Giangreco et al, 2001)
2. The impact of support staff on pupils' 'positive approach to learning' and their academic progress (Blatchford et al, 2011)
3. The effect of support staff on pupil engagement and individual attention (Blatchford et al, 2009)
4. The Effects of Proximity on the Classroom Behaviours of Students with Autism in General Education Settings (Conroy et al, 2004)
5. Social skills instruction for students with high incidence disabilities: a school based intervention to address acquisition deficits (Miller, Lane and Wehby, 2005)
6. High-school based treatment [The Challenging Horizons Program (CHP) coaching element] for adolescents with ADHD: results from a pilot study examining outcomes and dosage (Evans, Schultz and DeMars (2014)
7. An investigation of the effects of a pre-reading intervention on the early literacy skills of children at risk of emotional disturbance and reading problems (Nelson, Benner and Gonzalez, 2005)
8. Paraprofessional-led phonological awareness training with youngsters at risk of reading and behavioural concerns (Lane et al., 2007)
9. Using paraprofessionals to teach social skills to children with ASD in the general education classroom (Mazurik-Charles and Stefanou, 2010)
10. Supporting language in schools: evaluating an intervention for children with delayed language in early school years (Lee and Pring, 2016).
11. Inclusion in physical education: a review of the literature (Qi and Ha, 2012)
12. Effects of training, prompting and self-monitoring on staff behaviour in a classroom for students with disabilities (Petscher and Bailey, 2006)
13. Randomised evaluation of peer support arrangements to support the inclusion of high school students with severe disabilities (Carter et al., 2016)
14. Indirect language therapy for children with persistent language impairment in mainstream primary schools: outcomes from a cohort intervention (McCartney et al, 2011)

## List of Additional Articles Examined

1. Paraprofessionals in inclusive schools: a review of recent research (Giangreco, Suter and Doyle, 2010)
2. Teaching assistants in inclusive classrooms. A systematic analysis of the international research (Sharma and Salend, 2016)
3. Teacher assistants in inclusive classrooms (Giangreco, Doyle and Suter, 2013)
4. Impact of adult support staff on pupils and mainstream schools (Alborz et al., 2009)
5. A systematic review of paraprofessional-delivered educational practices to improve outcomes for students with intellectual and developmental disabilities (Brock and Carter, 2013)
6. Training paraprofessionals to support students with disabilities: a literature review (Walker and Smith, 2015)

