

NCSE Working Group on a Model of Support for Additional Care Needs

Submission to Working Group – Pat, Goff, Deputy CEO, IPPN

At the end of the last meeting, Teresa asked me to submit my thoughts, as I would not be present at the next meeting, on the proposed new model and in particular the mind-set of principals and teachers and the culture in schools. Let me begin by acknowledging that great supports have been put in place to enable pupils with SEN to be meaningfully included in our mainstream schools. Very many schools have also evolved in the last ten years, in particular, to be truly inclusive.

In examining the proposed new model the working group correctly identified the first key questions:

What needs must be met and who should meet them?

The Working Group first considered what care needs must be met for students. The group decided to use five different categories:

1. Significant Medical Needs
2. Significant Physical Needs
3. Significant Emotional/Behavioural Needs
4. Significant sensory and/or communication needs
5. Other significant difficulties in engaging in learning

In identifying and meeting these significant needs, a number of key questions are posed that need to be answered.

- What is a significant and exceptional need?
- What students fall under support for all, some and a few – and what numbers of students are expected to be supported?
- Who should meet them?
- How will this model of support impact on the Special Educational Needs pupil and, equally as important, the other pupils in that class?

Ever since the Education Act 1998 and the EPSEN Act of 2004, the landscape in schools has changed dramatically. The vast majority of schools are now inclusive and welcoming all pupils irrespective of their background or their ability. The allocation of additional resources has evolved from the inspectorate signing off on these resources to the latest version of the new allocation model for extra teaching support. Although we are looking at a totally new model now for 'Additional Care Needs' it needs to take into account the current situation and be grounded in the reality of school life.

The needs of all children in a classroom are the responsibility of the class teacher. This often creates a significant dilemma for the class teacher as s/he cannot be expected to neglect the teaching and learning needs of all the children in his/her classroom at the expense of one or two. This must be a defining requirement for the allocation of support to children in any classroom. The child with SEN must be supported, accommodated and facilitated to be included in the teaching and learning which is the *raison d'être* of the

classroom. The supports provided to allow the SEN pupils be included in a meaningful way which in turn allows them to achieve their potential needs to ensure that the other pupils also are allowed achieve their potential as well.

There will frequently be an element of disruption when a child with SEN is accommodated in a mainstream classroom. It must never be forgotten that the disruption or diminution of the teaching and learning of the other children – who do not nominally have SEN – must be minimised by the inclusion of children with SEN. This diminution, or at least how to minimise it, I feel, should feed into the work of the Working Group, but, to-date is not mentioned in the document.

Another key question is '*Does the mind-set of principals, teachers or indeed the culture of schools have to change to accommodate a new model?*

The primary duty of a school principal is to lead the teaching & learning. In order to do so the principal, in conjunction with the Board of Management, tries to ensure that the best resources are in place to allow each and every pupil achieve their potential. Thankfully nearly all school buildings are now of a very high standard and many have been adapted to meet the needs of SEN pupils. Recruiting good highly skilled staff and enabling them to perform to a very high level is the basis for leading the teaching and learning. Encouraging and facilitating this staff to constantly up-skill allows them to embrace inclusion and greatly improves the outcomes of all pupils. This existing culture should underpin any model.

In relation to the five different categories outlined above, it is important to reflect on how the proposed recommendations would impact on the SEN pupils and all of the other pupils in a classroom. It would be crucial that any proposed new model was not divisive, ie, pitting SEN pupils against the rest as in taking excessive class contact teaching time from the majority of pupils to meet the additional care needs of one or two.

1. ***Class Teachers being responsible for the Administration of Medicine.***

At best, a Class Teacher can only be responsible for reminding a child to take medication at break times. A Class Teacher cannot be expected to be doing blood sugars, giving insulin, inhalers, deal with seizures and other life threatening allergies without reducing significantly the class teaching time for the other pupils. There would also need to be a limit to the number of children who can be accommodated and given medicine at break times. If the class teacher is doing this at every break time and lunch time it also raises questions about their own working conditions!

Another factor to consider is that, as a rule, medication is never kept in a classroom on Health & Safety grounds. The schools that facilitate the administering of medication, keep this medication in a secure environment such as the secretary's or principal's office. This would be an added problem if it is the class teacher who is responsible for administering this medication on a daily basis.

Where more serious ailments occur there may well be legal repercussions for Class Teachers, Principals and BOMs, if and when medication is not given in accordance with instructions. At present, parents have to sign an Indemnity Form, and Teachers are not obliged to administer medication – will this still be the case?

2. ***Class Teacher being responsible of the management of Diabetes, Seizures and Life-threatening allergies.***

From personal experience, as Principal, I can attest that the management of Diabetes, Seizures and Life-threatening allergies require the constant monitoring of a child. The condition of such a child can change

very quickly indeed unless a responsible and trained adult is monitoring the environment, what the child has/has not eaten, level of exercise etc. A Class Teacher cannot be expected to provide this level of monitoring for one of 30 or more children. Again, there may be unintended and serious legal repercussions for the Teacher, Principal and Board of Management. It should also be remembered that most teachers are not trained in first Aid. This should be mandatory for all school personnel.

3. ***Class Teacher being responsible for the management of a child with severe and challenging behaviour difficulties in the classroom.*** Principals can attest to the severe level of disruption caused by such children and by the often catastrophic effect their sometimes violent and unpredictable outbursts can have on other young children who are often frightened and discouraged from participating in class, in addition to the inordinate amount of Teacher time which they command to the detriment of the Teaching and Learning provided to their classmates. The Support Services being suggested as providing a solution have not, to date, been adequate to the task. They have traditionally been difficult to engage in any meaningful or timely fashion. Schools need more of them and with a guaranteed response time. Schools also need a recommended series of actions to be taken while awaiting successful intervention. Suspension for unruly and dangerous behaviour is not necessarily the answer but for many that is all that is currently available.

In considering the roles of the different staff in a school and who should be responsible for what elements of a pupils' education and care needs, we should examine how some of these roles are outlined in recent correspondence from the DES and NCSE.

Appendix 1 outlines the role of the class teacher in relation to SEN pupils and this was issued to schools earlier this year as part of the '*Guidelines for Primary Schools – Supporting Pupils with Special Educational Needs in Mainstream Schools*'. As can be seen below it deals comprehensively with 'Effective Teaching & Learning' which is the core business of every class teacher. Would any 'Proposed New Model for Additional Care Needs' change these recently issued guidelines?

Appendix 2 outlines the Additional Care Needs which would normally qualify for SNA support (Circular 0030/2014). The proposed new model appears to be changing these care need away from SNA or other additional support to add to the class teachers role. Many of these are over and above what would normally be classed as normal care needs that is part of every class teacher's work. If the primary purpose of this review is to examine additional care needs and the right type of support at the right time for pupils with SEN, then moving a lot of care needs onto the role of the class teacher to the obvious detriment of every other pupil in that class will not be seen as fair and equitable. The SNA may be best for supporting some pupils and not for others. Having a menu of resources that schools could avail of, be they Speech & Language, Occupational or Behavioural therapists employed by Education would be hugely beneficial. Giving autonomy to schools to employ extra teachers instead of SNAs will work well particularly for students with behavioural problems. However increasing the workload of the class teacher for pupils with SEN, even with 'oversight from clinicians' who currently do not exist in any meaningful way, is not the best solution.

There are very many good elements in the Proposed Model to Support Students with Additional Care Needs. In particular the concept of Support for All, Support for Some, Support for a few, is a good structure for the proposed new model. However the onus on the class teacher to effectively deal with so many care needs of SEN pupils will become the major focus of this proposed new model for all school principals and class teachers in a very negative way.

Professional Learning is needed and will certainly help. There is a question of inclusion versus integration. Few principals/staff have used the Inclusive Educational Framework document, a very good document produced by the NCSE. Little or no in-service takes place on inclusion/inclusive practices and few schools put it on the agenda at staff meetings.

Legislation ensures that children with special educational needs gain access to mainstream primary schools. Sometimes it is integration that is taking place and not inclusion.

Yes, it is crucial that teachers working with children who have special educational needs are trained but many are not. This is a challenge. More focus should be placed on encouraging teachers to train in this regard especially those who wish to work in learning support. A much greater emphasis should be placed on teaching pupils with SEN in the teacher training colleges. The Post-Graduate diploma in special educational needs should be provided for in Education Centres in conjunction with the universities. At the moment, it is not possible for many teachers to avail of such training due to distance to the universities. More focus should also be placed on the introduction of a special education module at the teacher training stage.

Response time needs to be better for children with severe behavioural needs. Psychologists are now planning to assess less and spend more time helping and advising a series of actions to respond to behavioural problems. Busy hospitals can call in agency staff to deal with a crisis. Who can principals call?!!

With the growing number of children with special educational needs now being enrolled in mainstream, teachers are stretched and the lack of external services put increased pressure on schools.

Appendix 1

Effective teaching and learning: The role of the class teacher (P11/12 of the Guidelines for Primary Schools – Supporting Pupils with Special Educational Needs in Mainstream Schools)

Effective teaching and learning is critically important for all pupils, and especially for those with special educational needs. Meaningful inclusion implies that all pupils are taught in stimulating and supportive classroom environments where they are respected and valued. Mainstream class teachers have first-line responsibility for the education of all pupils in their classes. Accordingly, classroom teachers should ensure that they plan their lessons carefully to address the diverse needs within the classroom. They may need to adapt their teaching approaches for some pupils whose individual progress, application, motivation, communication, behaviour or interaction with peers are causes for concern. This may require targeted interventions² to develop relevant adaptive skills related to these needs. All mainstream class teachers should implement teaching approaches and methodologies that facilitate the meaningful inclusion of pupils with special educational needs. These include:

- Co-operative teaching and learning within mainstream classrooms
- Collaborative problem-solving activities
- Heterogeneous group work
- Differentiation
- Interventions to promote social and emotional competence
- Embedding Information and Communications Technology (ICT) in teaching, learning and assessment

Every pupil needs to be taught a broad and balanced curriculum that is appropriate to his/her developmental level. Pupils' levels of interest, attention, concentration and persistence should be gradually developed, extended and rewarded, using appropriate teaching strategies. To cater for the range of learning needs in any class, mainstream class teachers will regularly need to differentiate their lessons. This can be achieved by:

- Varying the level, structure, and mode of instruction and pace of lessons to meet individual needs
- Adapting lessons to take account of pupils' interests
- Matching tasks to pupils' abilities and needs
- Adapting and utilising resources, including the use of technology
- Aspiring towards suitably challenging learning outcomes and assessing accordingly

Teachers can make lessons accessible to a broad range of pupils through the use of a variety of appropriate teaching approaches and methodologies, including active learning, small-group tuition, individual teaching, and scaffolded instruction. This may also require environmental adaptations to promote curricular access.

Appendix 2

The purpose of the SNA scheme is to provide for the significant additional care needs which some pupils with special educational needs may have. (P5/6 of Circular 0030/2014)

It is therefore important to set out what constitutes **significant care needs** under the terms of this scheme, and which will normally qualify for SNA support under the scheme.

For a child to require or qualify for access to SNA support, a child must have an assessed disability. The care needs outlined must be of such significance that they are beyond that which would normally be expected to be provided to a child by the child's class teacher, support teacher, or other school teachers, or beyond the level of assistance which could be offered to the student by his/ or her fellow pupils in school. The care needs must also be those beyond which could normally be provided for by alternative supportive approaches or modifications of the classroom environment, teaching approaches and/or assistive technology or specialist equipment.

The type of significant care needs that pupils may have can be varied, depending on the nature or level of the disability or sensory impairment that a child may have. Given the variety of medical conditions that children may suffer from, it is not possible to list all of the care needs that may arise here.

However, examples of the primary care needs which would be considered significant – and which might require SNA support are:

1. Assistance with feeding: where a child with special needs requires adult assistance and where the extent of assistance required would overly disrupt normal teaching time
2. Administration of medicine: where a child requires adult assistance to administer medicine and where the extent of assistance required would overly disrupt normal teaching time
3. Assistance with toileting and general hygiene: (including catheterisation) where a child with special needs cannot independently self-toilet, and until such time as they are able to do so
4. Assistance with mobility and orientation: on an ongoing basis including assisting a child or children to access the school, the classroom, with accessing school transport (where provided, school Bus Escorts should, in the first instance, assist a child to access school transport), or helping a child to avoid hazards in or surrounding the school. (Every effort must be made by the school to provide opportunities for independence e.g. the removal of hazards.)
5. Assisting teachers to provide supervision in the class, playground and school grounds: at recreation, assembly, and dispersal times including assistance with arriving and departing from school for pupils with special needs where the school has made a robust case that 6 existing teaching resources cannot facilitate such supervision
6. Non-nursing care needs associated with specific medical conditions: such as frequent epileptic seizures or for pupils who have fragile health.
7. Care needs requiring frequent interventions including withdrawal of a pupil from a classroom when essential: This may be for safety or personal care reasons, or

where a child may be required to leave the class for medical reasons or due to distress on a frequent basis.

8. Assistance with moving and lifting of children, operation of hoists and equipment.
9. Assistance with severe communication difficulties including enabling curriculum access for pupils with physical disabilities or sensory needs (See also section 9) and those with significant, and identified social and emotional difficulties. Under the direction of the teacher, this might include assistance with assistive technology equipment, typing or handwriting, supporting transition, assisting with supervision at recreation, dispersal times etc. The tasks noted above are the primary care support tasks for which access to SNA support will normally be provided.