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Written submission in relation to the Committee's examination of the adequacy of training and supports available to providers of special needs education and education in DEIS schools.

Introduction

Because my professional background and experiences are based within special education this submission will focus on the adequacy of training and supports available to providers of special needs education.

The submission will concentrate on:

1. The role of special schools in the Irish education system, to include the Departments vision of them and its expectations of what a special school should achieve
2. Appropriate placement of pupils with SEN in schools – who decides?
3. Meeting the needs of pupils with SEN realistically and appropriately
4. Links with the HSE particularly with regards to clinical and medical supports
5. Teacher training at both Initial Teacher Education level or post graduate courses

I will offer a brief synopsis under the above headings examining the issues facing special schools in particular. Where possible I will suggest areas of reform but would feel that they may not be financially viable. However it is important to note and discuss them in the changing system of contemporary education.

In making my comments it is important to acknowledge that there have been many positive innovations and initiatives on the part of the DES both from a curricular and pedagogical point of view. The resources are almost there (however this is dependent on regional variations), the interest is there but I feel the vision is lacking something.

This document reflects the concerns and issues of all special schools. However I am presenting it from the perspective of our own school in county Kildare.



Executive Summary

This document considers the current model of SEN provision in a typical special school and focuses on the impact of what is considered to be adequate training and supports available to providers of special needs education.

It will look at the evolution of the special school under the patronage of HSE voluntary bodies and the subsequent lack of a definition and/or vision by the DES for this group of schools who initially had little influence on this evolution. The impact of this lack of vision and how special schools eventually developed significant autonomy in what they were to become, is discussed within the framework of inclusion. The obligation to offer post primary certification to those post primary aged pupils in our schools is examined within the current definition of special schools as primary schools only and the fact the DES does not expect us to offer anything other than the primary curriculum.

This lack of a common vision for all children and their equal right to an appropriate education regardless of how they were assessed and taking into consideration their age, has never been challenged. This is now being addressed with the development of the new Junior Cycle at Levels 1 and 2 – however special schools still have a choice not to offer this level of accreditation. Mainstream schools may never offer JC level 1 unless tested.

Special schools continue to be viewed as the only option for a large group of children and this is considered within the supports available and the reluctance of many mainstream schools to broaden their vision to include this group. The fact those same voluntary bodies provided all clinical supports and parents had no choice but to choose a special school in the past is somewhat diluted with the new model of clinical support under the Network Disability Teams. This should have opened the doors for further inclusion but this is debateable. This model should be fully reviewed prior to other areas adopting it.

It is important to consider from a financial point of view if it is more effective to place all resources necessary to meet the changing and often complex needs of some SEN pupils into one facility i.e. a special school so allowing only certain categories of child into their local mainstream school. Whether this can be a positive and productive learning environment for all must be deliberated particularly with regards to pupils with significant behaviours that challenge.

If this were to be the case then special schools will have to be resourced at a different level. Who decides the how and where children are placed for their education and if this can be appropriately resourced is an issue which is central to the future of special education provision regardless of whether this is mainstream or a special school and should not be an economical one. The roles of the clinical teams and the Special Education Needs Organiser are enmeshed in this.

Central to all of this is the attitude, training and ultimately the philosophical belief of all teachers in educating all children with SEN regardless of their assessed need.



1. The role of special schools in the Irish education system, to include the Departments vision of this and its expectations of what a special school pupil should achieve before leaving

1a) Historical context

The growth of special schools over the years has been managed in many instances by patron bodies which, for many special schools, meant a voluntary body funded exclusively by the HSE. Whereas this was initially a positive model it created many difficulties for special schools in that it was difficult for them to forge a positive educational identity within their local school community and to promote a culture firmly based within the Department of Education's edicts. It should not have caused conflicts but in many cases it did as the philosophical visions often clashed.

At the outset this model was generally encouraged as many patrons funded the often underfunded special schools and in some instances provided extra staff. However this only served to create further distance for teachers teaching in special schools from their professional peers and to create a level of professional segregation that would prove to be difficult to eliminate to this very day.

It was logical then that the vision created for special schools would be determined by their patrons. This may be the reason why there is no description of, nor vision for the special school in Ireland today. It has proven impossible to find any statement or promise by the DES of what a special school should set out to achieve. What should a child leaving a special school have achieved after 14 years?

1b) Modern context

Because of this lack of vision and statement, special schools have been allowed a high level of autonomy and have a great amount of freedom to describe what they intend to achieve (when not influenced by their patrons) particularly at post primary level. Looking at this positively – dynamic special schools acknowledged the needs of their pupils and offered programmes they considered necessary to support their pupils educational achievements. These included the Junior Cert Schools Programme, Leaving Cert Applied, FETAC (QQI) or ASDAN to name a few.

This created further levels of segregation as regardless of a child's potential they were judged by the school they were enrolled in. For example when our own school applied many years ago to offer the Junior Cert Schools Programme to our post primary aged pupils (having discovered that schools for children in the Mild range of GLD were doing this) I was dismissed as we were considered a primary school (this is true but so are the schools for mild GLD) and as our pupils had Moderate GLD and came under the disability services we were not eligible – even though 50% of our pupil population were over 12 years of age.

We eventually registered to offer QQI (then called FETAC) at levels 1, 2 and 3 and successfully gained our Quality Assurance.



When post primary schools were given a larger download speed under a new NCTE initiative four years ago, again we were not eligible because we did not offer an appropriate post primary curriculum i.e. we were only offering level 2 QQI subjects.

It is a fact that even though some special schools offer post primary certification, there is no obligation on them to do this. There are special schools extant today that continue to offer the primary curriculum for the entire school life of the child which could be 14 years.

Those of us who do offer levels 1,2 and 3 certification were allowed to employ post primary trained teachers and received support from the ETB's in the form of specialist teachers. Some special schools have been told that they cannot do this anymore and have been unable to develop their post primary aged provision.

Young adults over the age of 18 can remain in special schools to complete a level 3 programme, this is not allowed for those only studying level 2 programmes.

1c) Reform

- The Minister through the Department of Education and Skills should develop a national strategy/vision or statement as to what a special school is/ should be, what it should offer and what its pupils could/should achieve by the time they leave. It may be implicit at primary level through the curriculum but consideration must be given to those children over the age of 12. The courses and training are out there especially with the new Junior Cycle programme but there is **no** obligation on special schools to do any of this.
- The need to employ post primary trained teachers should not be ignored. It has made a valuable difference to our pupils and the vision they have of what they can achieve. There is a strong need to consider the PP model in all special schools. The DES have proven to be visionary from a building perspective in providing all the specialist rooms e.g. Home Economics, woodwork, computers etc. but for some reason it is deemed entirely suitable to only provide primary trained teachers. No one is debating their proficiency in teaching but there is a rights issue in this. Promoting employment of post primary trained teachers to teach the new junior cycle would promote this model of education across all schools and so support and endorse the inclusive vision. It would also allow for mobility of post primary teachers within the system whether it be special or mainstream school thus spreading knowledge and experience throughout the system.
- Equal educational opportunities should be the vision and brief of the DES for all children with SEN up to and including the 18 – 21 year olds. Some of our brightest pupils have ended up at 18 in day care centres under the remit of the HSE, often they are completing rehabilitative training courses. This is a system that would not be countenanced for their typically developing peers.

NB – all post primary trained teachers in our school regardless of their qualifications and the fact they are offering Junior Cycle Level 2, are paid the primary teachers rate of pay.



- Regardless of school placement or level of accreditation all pupils should have the same rights to complete their course, even if it means remaining in school until 19 years of age.

2. Appropriate placement of pupils with SEN in schools – who decides and where?

2a) Special schools are under tremendous pressure to enrol any child who applies as there seems to be a shortage of places. This is regardless of the fact the school might be full, the class is not suitable, or we might not be able to meet the child's needs. This is particularly relevant if the child develops behaviours that challenge. The more challenging they are – the quicker they are filtered down through the system to us. As a school for children in the moderate/ severe/profound range of GLD we are considered the last resort, “if not here then where”. This is without addressing the resource issue.

It is debated that there will always be a role for special schools without determining what that means. More recently it has been stated that inclusion in a MS school is beneficial and worthwhile but not for pupils in the severe/profound range of GLD. We now have a different level of segregation which discriminates against a child in a different category from those who were discriminated against 20 to 30 years ago before children in the severe/profound range were even in the education system.

We have to ask what is it about the special school teacher that makes them suitable and competent to teach children within this range yet somehow MS teachers are not. Why is it acceptable that staff in special schools can sustain injuries and children can miss out on their educational experiences but staff and pupils in main stream schools have more rights. We could ponder the concept of the teacher with restricted recognition who had no option but to teach in special schools and therefore developed the competence and tolerance because s/he had no choice. Thank fully that model is being phased out and should not influence competency in future but the legacy remains.

The reality is more persuasive. There is nothing that a special school teacher (or indeed a special school) does that cannot be done in any other school.

It is important to consider some facts:

- a) Mainstream classes with ASD units have access to the same grant to set the class up, the same staffing ratio, the same capitation, the same access to training and the same support (in the Kildare area) from the Network Disability Teams as our school. We are expected to cope in the same environment with identical resources as our MS counterparts. However we are obliged to take the most challenging (and often with several others who display behaviours in the same class) and those with lower levels of ability without additional supports/resources. This is unrealistic and is not working. It is also the worst model of educational provision and an appalling learning environment.



- b) Psychologists are making the decisions as to who enrolls in our school and are supporting parents in Section 29 appeals if we can't. We are full and have been for quite a while and will be for the next couple of years. Already pressure is mounting for September 2018. On one hand the clinical team are condemning our old buildings as being unsuitable for children with sensory processing difficulties yet a different independent psychologist supported a parent in a section 29 appeal which we lost. We are oversubscribed and now have to put an extra child into a crowded room. This is because the child had no other school to go to.
- c) There is talk about building yet another special school in the town (giving 3 in total).
- d) Psychologists are moving away from diagnoses of moderate/severe/profound GLD and are opting for outlining the child's needs and how they could be met. This is good practice but again it has resourcing implications.

2b) Reform

- The role of special schools needs to be defined within the national vision discussed earlier to outline their purpose and *raison d'être*. This should not be as a "specialist school", (a term that has been around for many years and again lacks definition) nor as a catch all for those children who are perceived as unsuitable to go anywhere else. An informed approach/discussion as to how and where pupils needs can be met with the emphasis on their absolute right to go to their local school with their peers. This should not be the dictate of one clinical professional. A suitable learning environment must be maintained and meet all needs.
- If the philosophy continues to exist that special schools will become the catch all for those pupils other schools do not want – then they must be resourced differently and staff trained appropriately. The current model is unsustainable. It would be preferable to consider the model whereby all children should attend their local schools either in special classes e.g. autism, severe/profound. The alternative is to have increasingly larger special schools filled with the most challenging and most medically vulnerable who will be there for 14 years. To promote this as a positive learning environment would be to stretch that idea beyond recognition. All children are entitled to be with others who can act as positive role models. It would prove difficult to maintain a consistent, productive, viable staff grouping. Could the question be do we still really need special schools?
- All children are entitled to be educated by appropriately qualified teachers regardless of the course they are undertaking. The new Junior Cycle has broken down many barriers. Junior Cycle Level 1 is being launched in September in several special schools. It is clear it is being considered a special school programme only. This concept could be stretched to main stream post primary schools as part of their junior cycle programme thus enabling them to broaden their level of pedagogy to include a broader range of needs.
- If special schools are to remain as it seems they will be, their role needs to be defined more precisely to include appropriate staffing and resourcing. Currently each diagnostic group brings its own staffing ratio. If these groups are no longer to exist, as is currently happening, and we move to a needs based model, a system of allocating staffing and resources, to enable special schools to meet these needs, must be designed.



- To set up another special school underlines the fact that segregation is a reality. It is far better to build alongside mainstream classes, schools and campuses to foster inclusion and further acceptance of the vast range of needs many children now display.
- Develop an inclusive curriculum at primary level. It was never a good idea to issue curriculum guidelines for teachers of children with mild/moderate/severe/profound general learning disabilities. It was innovative in its time as prior to that there was no curriculum of worth for SEN but the new Primary Oral Language Curriculum is an excellent model for inclusive learning.
- Committee members involved in the Section 29 appeals are, on their own admission, completely uninformed about most aspects of SEN. The decisions they have handed down to special schools can and have had far reaching effects on existing arrangements because of this. These committees must have experts from an SEN background on them.

3. Meeting the needs of pupils with SEN realistically and appropriately

3a) In describing the role of the special school it may be necessary to consider that it may have to be a totally different concept or else strong links with the HSE must be forged to support the children in ways that are relevant to them and their families. First it is necessary to consider the increase in those children enrolling who display behaviours that challenge within the following points:

- Many of these children go on to have serious mental health issues and at times their behaviour is such that they cannot function within a school setting at any level. We have children who can have psychotic episodes and for whom no form of behavioural intervention will work at that time. The risk to staff and other pupils can be significant.
- If these children are suspended or placed on a reduced day for health and safety reasons by the board, we are put under pressure by the clinical teams to bring them back full time regardless of our ability to manage or to sustain positive behaviour interventions.
- Injuries to staff occur on a daily basis and they can only get assault leave when they have exhausted all their sick leave. Staff should not have to sustain injuries – proper resources could minimise this. This starts with smaller class sizes and higher staffing ratio than MS schools.
- For children with mental health issues – a different service is required at crisis times – school is not the place for them. There may be need for pure therapeutic interventions by suitably qualified therapists or simply a respite facility provided by the HSE.
- Some of these pupils are 17 and 18 year old young men and women and in some instances much taller and stronger than staff.
- The impact of this behaviour on other pupils is significant and other pupils are frightened to go near these children. Many spend time in other locations e.g. the school hall, corridors, going out for walks etc. as it is not safe to leave them in the class if there is a meltdown. Their education can be seriously disrupted and they should not have to witness this. The child who demonstrates the behaviour commands all the resources at the expense of the others. Unfortunately our children cannot go home and explain this to their families.
- We have five classes of children assessed as being in the severe/profound range of GLD who have complex physical and medical needs. Many children require specialised



equipment from tables to changing beds, hoists, learning stations, standing frames and IT. The DES are exceptional at providing much of this however, these have to be maintained and serviced. We cannot afford to do this without fundraising, it appears this is why we have an enhanced capitation grant! We currently have three learning stations we cannot use as the battery packs are flat, we need new batteries which cost €500 each. We have an annual contract for servicing our hoists which costs €1,700 per year. We have to have nappy disposal units which we fund ourselves, correct facilities for storing medication and we must provide gloves, aprons, wipes and anti-bacterial sprays, and in many cases masks to carry out intimate care.

- The enhanced capitation grant is not sufficient to cover all of this – another type of grant must be allowable based on the number of children in this category with these described needs. This could be a grant to meet medical needs provided by the HSE

3b) Reform

- It should be possible for special schools to be able to admit they are unable to meet certain needs. Historically special schools were, through their patrons, encouraged to keep supporting the children even in very difficult circumstances. Very few special schools would permanently exclude children regardless of the difficulties and injuries experienced. Children with mental health issues may need to absent themselves from school in co-operation with parents, clinicians and the Board. Typically clinicians require that children attend as “they have a right to go to school.” Procedures are in place to facilitate expulsion but pressure from clinicians is put on special schools to keep children in order to better support parents. Special schools who do exclude or suspend such pupils are losing Section 29 appeals (with clinical staff supporting families) and being made to bring children back in. Training is always touted as being the answer, it is only a very small part of it. Smaller class sizes, lower teacher pupil ratio and a guaranteed 2 special needs assistants in each class may go some way to alleviating this problem and guaranteeing a safer learning environment.
- All teacher absences in special schools and classes must be covered by a substitute. We cannot divide the classes easily as happens in MS schools particularly those for children with autism and behaviours that challenge. However we do have to do this and manage the consequences as best we can which may be significant.
- There is an urgent need to introduce assault leave which is provided as it is needed. This should be granted in much the same way as maternity related illness - on receipt of a doctors certificate and not when all other leave has been exhausted.
- Training in management of behaviours and person moving and handling should be a compulsory summer course funded by the DES. Our staff is large (62) and it can be very expensive to organise and keep updated. Currently schools pay for it and any other specific resources. It is urgent that another form of grant is allowed to meet these needs.
- Courses for SNA's at level 5 and above should, as a matter of urgency, have compulsory training as part of that course in person moving and handling and behaviour management. SNA's we employ for the first few months have no training until we can organise this and allow time off to attend. This is an integral part of their working day.
- If the pupil profile remains as it is then smaller class sizes and an increase in SNA's per class is urgent if the service we offer is to continue in a viable and safe way.



4. Links with the HSE particularly with regards to clinical supports

- Under the old model of provision created by the schools patronage (wherein the patrons also provided clinical supports) the roles of staff within special schools were very much blurred. Special schools grew up in a system whereby clinicians saw themselves very much as consultants who told school staff what to do. Prior to the advent of a curriculum for SEN this may have been a model that worked. However teachers found this difficult to manage on a day to day basis and it was realised that the expectations placed on them by clinicians were outside of their expertise, training or role. Were staff actually entitled to carry out occupational therapy or physiotherapy recommendations? Unfortunately in realising this nothing palpably changed for them.

Today the network disability teams who support the school however pleasant and supportive they may be, still by and large, consider themselves to be consultants who instruct school staff. In some situations this may work but in many others it does not.

Consider the referral to a psychologist for support in managing behaviours that challenge. They do not see their role as one whereby they come in and observe the child for a reasonable period. It is the responsibility of the school staff to assess and record all instances of behaviour which can take up the time of a full staff member over a period of days. If we cannot do this – they cannot support. Staff are expected to complete observation charts and maintain records, graphs etc. which are then copied to the team who analyse them off site. We are not given staffing to do this nor can it be a very accurate observation when trying to keep the classroom running whilst managing behaviour.

Many recommendations suggest sensory integration breaks or movement breaks to help calm the child, this pulls staff from the room. Staff are not comfortable going alone with a child with behaviour that challenges therefore 2 staff accompany him/her. This can leave the teacher on her own in class with others who require the same support.

Very few, if any clinicians, spend significant amount of times working with the children, their client list maybe too long to give referrals full and complete support. Referrals are prioritised according to their matrix not the difficulties experienced by the school. It is supposed that this is to manage their significant work load.

Teachers feel that recommendations, if and when they come, can be unrealistic or contain no new information other than that provided by them. On rare occasions clinicians can offer no further help. We have been told to, “Just keep them happy.” There is a tendency to blame the school structure or our need to make sure the child gets an education. It is not any one person’s fault but appears to be the fact that they are also under pressure from the workload placed on them. On occasion it looks as if it is a box ticking exercise.

Nursing cover is an essential resource to a typical special school such as ours. Many of our children have life threatening conditions and are very medically fragile. They would not be able to attend school if we did not have this resource. It is up to the patron to decide what



and even if schools get this support. We are lucky that we have this resource through our patrons but other schools like ours do not. This must be an automatic right for medically vulnerable children and the responsibility of the HSE to provide it.

4a) Reform

- Urgent liaison with the HSE before other areas launch the network disability teams. It is a very progressive and dynamic model as children can be supported regardless of which school they attend. This is excellent for inclusion but seems to place children with more challenges in our school than ever before as references are being made to the child's inability to cope in other schools even when they have the same resources.
- Agreed definition as to where boundaries begin and end or else the Department of Education needs broaden the role of the special needs assistant to include therapeutic interventions across the board. This would require further extensive training. Otherwise the HSE must provide clinical support staff to aid the clinicians work on the ground. (Model in situ in Tor Bank Special School, Belfast)
- There needs to be a unified, agreed approach on how the clinicians work with school staff. At the moment it seems we work for them. The above point should be the desired model.
- Class sizes are key to providing essential support, they must be reduced.
- Nurses could be clustered in areas according to the needs of pupils in a certain catchment area. They can be school based and should have access to a regional nurse manager for support and advice on policy.
- Specialist equipment is costly and readily available from the DES however, it cannot be reused or apparently recycled. A system must be put in place, in consultation with the HSE for recycling the vast amount of equipment special schools have. We currently link with the clinicians regarding getting equipment recycled and have handed over large amounts of specialist chairs, tables etc. that we no longer use. A national policy advising schools of the appropriate way to dispose of this would be beneficial or is there any way the DES can recuperate funds from this.
- The role of the SENO must be reconsidered and copper fastened. We still work in a system whereby depending on where your school is, it is possible to get any amount of supports through your SENO. In some severe/profound classes across Ireland each child has their own SNA as their needs are so complex especially with regards to feeding and intimate care. In our school we have a class of six 16 – 18 year olds with only 2 SNA's. Some of the children require the support of 3 SNA's for hoisting and intimate care. This system needs to be refined, again reduce class sizes and keep staff to at least 2 SNA's.

5. Adequate teacher training at both Initial Teacher Education level or post graduate courses

There are many debates over whether it is essential to offer training in special educational needs particularly at the initial teacher education level. It is acknowledged that teachers are the most significant resource in our schools, therefore it could be argued that they should have all the tools to ply their trade and surely this includes an adequate training.

The following is an extract from my thesis on teacher training for SEN



“Internationally there are moves to improve and promote pre service training in special educational needs and it is generally acknowledged that a pre requisite for positive inclusion is that teachers are adequately and appropriately prepared. (Johnson et al 1995; Balbas, 1995; Reynolds and Birch 1997) The feeling represented is that teachers are generally not ready for the challenges of the inclusive classroom. Nor do they feel that they have the skills to offer appropriate attention to children with special needs. (Reynolds, 1990)

Training may be one aspect of the difficulties experienced but there are other very real issues that must be considered. Central to this is attitude – both in the prejudice towards children with SEN in the classroom and the expectation that teachers must change current practice to effect inclusion.

It is widely acknowledged that more needs to be done to prepare teachers for this aspect of education and to look at the advantages of this training from many different perspectives. (Potts, 1995; Johnson, Wright, Hornby, 1995; Balbas, 1995) Some countries prefer the pre service model of training in SEN whilst others prefer the in service model with the idea that it can be quite inappropriate to concentrate on producing teachers for this highly specialist and very limited field of employment. (2011)”

Training in SEN could be looked on as an enticement for teachers to enter an area of education they would not otherwise have considered but are now doing so because they understand and have experienced the positive aspects of this line of teaching. We find it quite difficult to attract young teachers to our school and even when we do it can prove to be a difficult experience for them even with support. As well as acquiring an understanding the needs of their pupils they teach they can be faced with the prospect of managing, on occasion, 3 SNA's.

Exposure at initial teacher education level may go some way to forging positive attitudes and eliminating prejudice. However it has to be considered if it is appropriate to concentrate on producing teachers for such a specialist field. If inclusion is to be successful in the Irish context I would support this approach.

In service training is an option but it is not compulsory nor is there an obligation on schools to undertake this form of training. It can also be costly and difficult to organise especially in these difficult times of no substitute teachers. It can also be used as a reason not to enrol. We were recently a child could not attend a main stream schools ASD unit as the teacher simply was not trained!

Appropriate initial teacher training should prepare young teachers for the challenges of the inclusive classroom. In my experience the minute exposure they are currently getting, (sometimes a one hour seminar, maybe a one week placement), has proved that this is not the case when they come to teach in a special school. Even with support not all teachers manage to completely grasp the philosophy of education for children with general learning disabilities, however, when they do they do it well.



Mary Immaculate are currently offering a B. Ed in Education and Psychology, having recently interviewed a young teacher who graduated with this course, I was very impressed at her knowledge and understanding of many aspects of special education. Unfortunately many others simply cannot even get the terminology right.

5a) Reform

- Some compulsory SEN training at initial teacher education level is very desirable both to broaden the perspective and knowledge of the teacher and to promote positive attitudes to the range of SEN and inclusion in its purest form.
- Placement in a special school or special class should be a requirement at initial teacher education. Many teachers are not aware of the breadth nor depth of needs of some pupils and feel they do not have the skills to educate them.
- Training and placement, in enticing teachers into special education (as in special schools), will hopefully allow for a more fluid movement within schools and movement between special and mainstream schools. This is important to share expertise and knowledge and also to allow movement and change. Many teachers in special schools with restricted recognition will have to spend 40 years working in an increasingly challenging environment without a chance of moving on unless it is to another special school.

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