

**Teachers’ Union of Ireland (TUI) response to the call for submission by the Department of Education and Skills (DES) on the topic of nursing supports in schools for children with complex medical needs**

**(September 2017)**

# TUI represents teachers (14,000+) employed by Education and Training Boards (ETBs), voluntary secondary schools and Community and Comprehensive (C&C) schools. Department data on enrolment patterns indicates that most schools enrol some students with special educational needs (SEN) and/or medical needs. However, close examination of all relevant data indicates that schools in the ETB and C&C sectors enrol, by far, the largest proportion of students with special needs, representing a vast range in terms of the type and level of need experienced by individual students. Consequently, this leads to considerable variation in the additional support required by individual students and schools in order that special needs be addressed effectively and in a manner that ensures all students are appropriately supported in achieving their potential.

The TUI, therefore, welcomes any effort by the DES to ensure that resources are deployed to support students with complex medical needs and to the schools providing services to those students. It is unclear exactly what is meant by ‘nursing supports’ in the DES document. TUI would welcome clarification on exactly what is meant by this. However, if it means a school, or group of schools, each having access to qualified medical practitioners whose role would be to support students then that is to be welcomed. Access to qualified medical expertise, on the school premises, would be a significant support to students with “a congenital or acquired multisystem disease, a severe neurologic condition with marked functional impairment, and/or technology dependence for activities of daily living” for example (Cohen et al., 2011). However, if the intention is to push more responsibility on to teachers, and in this case responsibility in an area for which they have no training, then that would be firmly opposed by the TUI. In either circumstance, it is essential that the relevant personnel have initial and continuing training in the methods required. An indemnity against legal action may also need to be provided to schools and staff by the DES depending on the medical process involved. It is also necessary for clarification to be provided regarding who is responsible for the provision of necessary equipment and the ongoing maintenance/replenishment of same.

 It is interesting to note that the debate about who is responsible for supporting students with medical needs is also happening currently in Scotland (Times Education Supplement Scotland, August 18th, 2017). The focus of support at post-primary must be on sustaining appropriate support for students whose medical needs have already been identified at primary level and are on-going and on early identification of needs which have not previously been identified at primary level or that manifest after entering the post-primary system.

**Background**

Ireland has a very young population (Eurostat, 2015). In 2008, we had the second highest proportion of 10-14 year olds in the European Union (CSO, 2009). The high birth rate in Ireland (CSO, 2017; Eurostat, 2017) indicates that the population of young people is likely to remain high for the foreseeable future. The DES (2012, 2017b) suggests that the number of students in the primary school system will rise by forty-nine thousand (516,460 to 565,696) from 2011 to 2019 and by almost one hundred thousand in second level from 2011 to 2025 (322,528 to 416,897). In this context, it is not sufficient to suggest that a world-class child/youth centred society can be achieved with inadequate resources of time, money or personnel. NCSE (2014a), Barnardos (2008) and Growing Up in Scotland (2014) all show that between a quarter and a fifth of all students in the school system have special needs. It is unclear what proportion of this group have complex medical needs.

A commitment to implementing the EPSEN Act 2004 is essential if provision for students with complex medical needs and/or special educational needs is to be adequately and appropriately addressed. However, full implementation will only be possible when sufficient resources are allocated toprimary and post-primary schools. Over ten years ago, TUI (2006) emphasised that schools were not sufficiently resourced to implement specific elements of the EPSEN Act, in particular designing and delivering Individual Education Plans (IEPs) for SEN students. In the absence of adequate resourcing, many of the needs of students with complex needs are falling on parents, as seen in Scotland. Failure to meet the needs of children can, as noted by the charity Action for Sick Children Scotland, result in students missing up to a year in school (Times Education Supplement Scotland, August 18th, 2017).

In 2017, schools are in receipt of far fewer resources as a consequence of austerity measures since 2008. Most pertinently, the moratorium on posts of responsibility has diminished capacity to establish special needs departments or otherwise plan and co-ordinate related activity in most schools. In addition, a worrying level of casualisation has emerged and the expertise of many teachers with particular qualifications and training in special education is lost as schools cannot deploy staff to best effect. Furthermore, the Department of Public Expenditure and Reform has removed the allowance payable to teachers who hold a Postgraduate Diploma in Special Educational Needs and participate in the planning and delivery of teaching supports to students with SEN. It’s difficult to see how the Government values the work of teachers who have pursued a qualification in SEN when the Government has removed the allowance for that qualification. Likewise, in the current context of much reduced staffing (fewer teachers and middle management posts, removal of ex-quota guidance posts, removal of enhanced allocations for areas such as Travellers and ESOL) many schools will not be in a position to assign adequate staff time to carry out a comprehensive profiling exercise of the student population and, in particular, of the totality of special needs that exist within it. This has clear consequences for the ability of schools to meet the needs of students with complex medical needs in any manner close to what schools would like to achieve.

The cutbacks in educational supports outlined above are compounded for students with complex medical needs as they also rely heavily on support services from the health sector. Many of these support services are vital if a student with complex medical needs is to have their educational and medical needs adequately catered for. For example, less than half of the recommended 127 specialist Child and Adolescent Mental Health Services (CAMHS) teams have been established, 472 children in care did not have a social worker, 673 children in care didn’t have a care plan whilst there were 8,161 child protection cases which have not been allocated a social worker including 2,829 deemed ‘high priority’ (Children’s Rights Alliance, 2015). Furthermore, in a study of 33 countries, Ireland had the seventh highest ratio of students to school psychologists i.e. 5,298:1 as opposed to 927:1 in Denmark for example (Jimerson et al., 2009). The average in the study was 3,709:1. For Ireland to reach a reasonable rate of 2500 students per psychologist, taking into account demographic group, would require the employment of 267 more psychologists by 2021 (Impact, 2015). This is all within the context that during 2014, Gordon Jeyes, the TUSLA Chief Executive publicly stated that the Agency required additional funding of €45 million ‘just to stand still’ (Irish Times December 30th 2014). Many of the above difficulties also arise when schools are trying to support a child in accessing speech and language therapy for example (irish Examiner, September 22nd, 2014). It is interesting to note that Finnish schools have access to a school psychologist, school social worker, study counsellor, school dentist, school nurse, speech therapist and family counsellor. All of these specialists are either based in one school or, in areas where schools are smaller (over 30 percent of Finnish schools have only three or four permanent teachers), they split their time between several schools. “The multi-disciplinary group known as the child welfare team is a cornerstone of Finnish education, and it is a legal requirement to have one in every school. In big schools, this group must meet weekly for a two-hour meeting.” (Crehan, 2016: 28)

In the interest of students, the TUI supports the full implementation of the EPSEN Act and embraces the core concepts of integration, inclusion, early intervention, individualised planning and monitoring of progress. However, this is somewhat impractical and overly ambitious as current government cost cutting policies in the public service are completely at odds with intention to implement. Efforts towards full implementation are laudable but the TUI is emphatic that any additional work required cannot be imposed on teachers who are already overstretched on a daily basis and have suffered multiple pay cuts and have only recently started to see the process of pay restoration commence. Furthermore, full implementation would place considerable additional demands on other public services, in particular, the HSE. A measured and considered approach to managing the deployment of national resources is therefore critical and realistic expectations of what is achievable at school and service level are essential.

It is against this difficult background that we address the difficulties encountered by students with complex medical needs and the caring support given to them by almost fourteen thousand special needs assistants (DES, 2017a), of whom over two thousand work in post-primary (source: www.ncse.ie). Special needs assistants play an important role in caring for students with significant care needs. Significant care needs may include eating, toileting and fragile health (NCSE, 2014b). This, and other care needs, are of course vitally important to students with complex medical needs. However, it is important to note that no assumption that be made that SNAs or teachers would have adequate training to deal with severe allergic reactions for example, much less asthma, diabetes or epilepsy. It is unlikely that many school staff, if any, would have training to cope with complications arising from multiple sclerosis, hydrocephalus or cystic fibrosis for example. Qualified medical staff would be required to cope with adverse issues arising from any of the above.

As noted by Griffin and Shevlin (2007: 250), “official DES policy as outlined in Circular 07/02 states that ‘special needs assistants are recruited specifically to assist in the care of pupils with disabilities in an educational context.’ The assistants’ duties are ‘of a non-teaching nature’”.

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| This role has been reaffirmed by Circular 30/14 which “clarifies and restates the purpose of the SNA scheme, which is 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 their attendance at school and to minimise disruption to class or teaching time for the pupils concerned, or for their peers, and with a view to developing their independent living skills.” The Circular also “clarifies the role of the Classroom Teacher and Resource/Learning Support Teachers to provide for the education of a child, and the role of an SNA to support those teachers in assisting with care needs”. |

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**Glossary**

DES Department of Education and Skills

ESOL English as a Second or Other Language

EPSEN Education for Persons with Special Educational Needs Act 2004

HSE Health Service Executive

SNA Special Needs Assistant

SEN Special Educational Need

TUI Teachers’ Union of Ireland

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