



Briefing Document

1. Summary: Problems with Ireland's current model of inclusive education

- Not enough special school places for children who need them
- Not enough special class places for children who need them
- Not enough teachers
- Not enough additional needs teachers for children who need them
- Not enough additional needs assistants for children who need them
- Not enough assessments available for children who need them
- Not enough therapists available to work with children who need them
- Not enough mental health professionals available to work with children who them
- A lack of transparency in the systems used to seek support

2. How did we get here?

Key points: As waiting lists for professional assessments of children's needs grew, the approach to assessments was fundamentally changed, and the DoE / NCE introduced the new School Inclusion Model

Conclusion: This model and allocation of various resources did not meet the needs of children

2.1 What was the background?

In previous years, in an already under-resourced system, children with potential additional or special needs were formally assessed by HSE professionals. The resultant assessment reports often recommended additional supports. Skilled professionals and resources were made available to provide these types of support.

Due to a shortage of Health Service Executive (HSE) professionals to assess and diagnose children, waiting lists for assessments grew. In some areas, children were waiting up to 5 years for an initial consultation. At this time, the National Council for Special Education (NCSE) and the Department of Education (DoE) allocated resources, hours and help for children based on the recommendations in the professionals' reports.

2.2 Cross-departmental response to the waiting lists

2.2.3 DOE & NCSE response

Parents of children entering primary school were informed that their child would no longer need an assessment and/or a diagnosis. Parents were told the mainstream primary schools had an adequate amount of resources to meet their child's needs.

This was not true. Resources in mainstream schools did not meet the needs of the children.

For example:

- Between 2011 and 2020, 87,728 individual applications for access to a Special Needs Assistant (SNA) for children with needs were made. Only 6,470 SNA posts were made available by the DoE and NCSE to meet the needs of almost 90,000 children
- To put this in perspective, only **7.3%** of children with additional needs would have been successful in being granted full time access to SNA; that's 14 children with varying degrees of needs to one SNA

The NCSE launched the School Inclusion Model. This inclusion model was to deploy Occupational Therapy (OT), Speech and Language Therapy (SLT) and Behaviour Practitioners to respond to the needs of individual children. Instead of delivering individual child-centred/specific interventions themselves, they were asked to build "teacher capacity", e.g. to train teachers to deliver generic speech and language/behavioural/motor skills programmes. This model of inclusive education is based on the New Brunswick Model. New Brunswick is a province in Canada with one tenth of the pupil population of Ireland. It is also one of the cheapest inclusion models available.

The NCSE-led School Inclusion Model did not meet the needs of the children.

2.2.4 The HSE's response

In an effort to reduce the chronic waiting lists, the HSE directed parents back to schools for psychological assessment, via the National Educational Psychological Services (NEPS).

The National Educational Psychological Services (NEPS) allocation to schools in no way met the needs of children around Ireland.

The HSE gave interventions and strategies to parents and school staff rather than working directly with the children i.e. they expected parents, teachers and SNAs to deliver speech and language/ behavioural /psychological etc. programmes in place of trained professionals.

The number of HSE professionals (SLTs, OTs, Psychologists, Psychiatrists) did not meet the needs of the children.

3. The current situation

But it's getting better, right? Unfortunately, it is not. ***Resources still do not match the needs of the children in our schools.***

Key points: The NCSE's vision and model for inclusive education suggest that all children should be educated in the same classrooms, regardless of level of needs. There are ongoing, significant issues with the transparency of the systems used to access assessments and seek the support and resources required to care for all children in the classroom.

Conclusion: The vision and model do not meet the rights of all children to be educated in a setting that best meets their needs. The current design and allocation of resources does not meet the needs of children.

3.1 Vision for inclusive education

3.1.1 National Council for Special Education interpretation of UN Convention

The NCSE Vision Statement is: "A society where children and adults with special educational needs receive an education that enables them achieve their potential". According to their own vision statement, the NCSE is meant to help children to achieve their full potential, but instead puts systems and processes into place which have hugely negative impacts on the child's dignity and wellbeing.

The NCSE references Article 24 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) when referring to inclusive education. Article 24 Part 2 states:

- a) Persons with disabilities are not excluded from the general education system on the basis of disability, and that children with disabilities are not excluded from free and compulsory primary education, or from secondary education, on the basis of disability;*
- b) Persons with disabilities can access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live;*
- c) Reasonable accommodation of the individual's requirements is provided;*
- d) Persons with disabilities receive the support required, within the general education system, to facilitate their effective education;*
- e) Effective individualised support measures are provided in environments that maximise academic and social development, consistent with the goal of full inclusion.*

The NCSE and the DoE have purposely interpreted this to mean that all children in Ireland, regardless of level of need, should be educated in the same classroom. This is a cost saving approach.

The NCSE did not reference Article 24 Part 1, which states that an inclusive education system is directed to:

- a. The full development of human potential and sense of dignity and self-worth, and the strengthening of respect for human rights, fundamental freedoms and human diversity;*
- b. The development by persons with disabilities of their personality, talents and creativity, as well as their mental and physical abilities, to their fullest potential.*
- c. Enabling persons with disabilities to participate effectively in a free society*

Every child should have the right to be educated in the education setting which is most appropriate to their level of need. This should be a choice available to both students and their parents.

3.1.2 NCSE School Inclusion Model

At present, the education system in Ireland includes mainstream schools, special classes (which are part of mainstream schools), and special schools. The NCSE is currently piloting a School Inclusion Model (SIM), through which the DoE is attempting to prove that children with varying level of needs can be educated in one building.

This pilot is being heavily resourced in a minimal number of select schools. According to an email from the HSE to all health sectors, this is the only area where the Pay and Numbers strategy was not applied. Essentially, what this means is that the number of therapists was not capped for this area and as a result ***the piloted SIM was and is more heavily resourced than any other area*** (it receives support from the HSE, DoE, the NCSE and the Department of Children, Equality, Disability, Integration and Youth (DCEDIY)).

If this model is to succeed nationally, the DoE and the NCSE would need to guarantee the same level of support and funding to all schools in the future.

What would the proposed model of inclusion look like in reality?

Every child in a mainstream classroom has needs. Some of these needs are occasional or intermittent, while others are constant. Some needs are physical, while others are social/emotional. If the necessary resources are available, all the children can achieve at their own level.

The proposed model places children who would usually attend a special school, special class, or class in the 'local' mainstream school, and places children with a range of needs in the same classroom. This might seem ideal if the right amount of resources were put in place, but the mainstream classroom does not suit every child.

The proposed model places children with complex needs, children with high sensory needs who are non-verbal, children who are verbal with high medical needs, children with dyslexia, children with physical and toileting needs and the children with typical needs being educated in the same classroom. Some children cannot cope with bright lights, others cannot deal with the noise level of a mainstream classroom, while others cannot explain to the adults what their needs are and become very agitated and upset. The mainstream classroom can be a very upsetting place for these children.

Those who have researched the model highlight “the policy of one classroom for everyone is hurting students of all abilities, especially those who could be the highest achievers and those with complex needs”.

3.2 Assessment and resource issues

Key points: Assessments must now be completed by teachers. There are unacceptably long waiting lists to access therapies, and persistent shortfalls in resources. In-school resources are insufficient, and teachers are expected to take on multiple roles. The current teacher shortage is compounding the issues.

Conclusion: Children aren't receiving the diagnoses they may need and deserve; resource shortages mean they aren't receiving the necessary supports; and all children are negatively impacted by the reduced capacity available to teach each child effectively.

3.2.1 HSE Assessments of needs

Due to the backlog in assessments, teachers are now being directed to complete assessments of needs for children. Teachers are many wonderful things to our children but they are not Occupational Therapists. They are not Speech and Language Therapists. They are not Psychologists.

Assessments in these areas should be done by the professionals who are specifically trained in this area. You wouldn't ask an audiologist to assess your eyesight.

3.2.2 Access to therapies

A range of professionals from the HSE, NEPS, and Child and Adolescent Mental Health Services (CAMHS) provide therapies to children with additional needs. There were significant vacancy rates across the Children’s Disability Network Team in October 2023 (see table below). The HSE Pay & Numbers Strategy capped posts across the health service at December 2023 levels, so if a post wasn’t filled then, it won’t be now.

Vacancy rates therefore will remain the same.

Vacancy rates across the Children’s Disability Network Team October 2023

Speech and Language Therapist	43%
Occupational Therapist	41%
Psychologist	43%
Physiotherapist	41%
Social Worker	33%

Due to a continuous lack of therapists and psychologists in the HSE, the majority of children are still receiving generic group therapies and do not receive individualised child-centred recommendations or interventions. Parents and teachers continue to be asked to deliver these generic interventions and programmes that should be delivered by professionals.

- In June 2023, there were up to **19,042 children** waiting for an Assessment of Need
- In June 2023, there were **16,522 children** on the Children’s Disability Network Team waitlist

Despite all the parents’ and teachers’ hard work, lengthy waiting lists still remain.

Taking away a child’s right to receive a diagnosis, takes away the child’s right to understand their own needs, why they are the way they are. This will have a huge effect on their mental health as they grow up in a system that does not care about them.

3.2.3 Access to CAMHS support

An Independent Review of the provision of CAMHS services in the State by the Inspector of Mental Health Services was published in July 2023. It highlighted many risks for children, lots of which are a direct result of lack of staffing (during inspection, it was found there was a 39% vacancy rate in staffing). They included but are not limited to; waiting lists, no clinical coordination, lack of clinical review, no coordination of children who require urgent follow-up, lack of therapeutic interventions, no out-of-hours service, staff burnout, no formal feedback from children or parents, poor management of clinical files,

poor team dynamic, no standardised documentation, poor completion of clinical risk assessments, lone working, limited access to inpatient beds, no access to medical screening tests, consultant vacancies and a lack of ADHD pathway access to CDNT Teams.

As of mid-2023:

- The average wait time across the nation from referral to assessment to access mental health service is 105 days
- Wait time from first referral to assessment for suicidal ideation is 73 days and for suicidal intent is 23 days

For many children in crisis, it is too long to wait.

Again, we must remember this review took place in the same year as the 'Pay and Numbers Strategy' ***so vacant posts are not likely to be filled.***

3.2.4 Provision of NEPS services

NEPS are instructed by the DoE. NEPS, "provides a service through the application of psychological theory and practice to support the wellbeing, academic, social and emotional development of all learners". However, in practice, rather than working with individual children, NEPS encourages the school to take responsibility for initial assessment, educational planning and remedial intervention for pupils with learning, emotional or behavioural difficulties. This work used to be done by NEPS.

Teachers are not psychologists. This model ensures children do not receive an assessment, diagnosis or recommendations which are invaluable for the child's own mental health and well-being. Schools need this information to ensure a child-centred individual approach to planning and teaching.

Currently if a school-going child is referred to either the HSE or CAMHS, they instruct parents to avail of NEPS. As there is not enough NEPS staff, the children are referred back to the HSE or CAMHS, and so on and so on.....

3.2.5 Access to internal resources

Within schools, Special Education Teachers (SET) provide additional teaching to children attending mainstream classes with special educational needs. Special Needs Assistants (SNAs) provide non-teaching care support to children who have specific care needs.

3.2.5.1 Special Needs Assistants Allocation

From 2011 – 2020 schools used an Individual Application Model to apply for SNA access for children. During this period:

- 87,728 individual applications for children with needs were made
- Just **6,470** SNA posts were made available in this time to meet the needs of almost **90,000** children

From 2021, schools could no longer apply for individual children and instead, could only apply as a whole school by means of an Exceptional Review process. As a result, we now only know the number of mainstream schools who apply.

This means there is no longer a transparent way to tell how many children in each school need access to an SNA.

However, changing the process does not change the demographic of children with needs in schools in Ireland:

- If we take in to account the average number of almost 10,000 individual applications per year in the previous nine years and apply the Individual Application Model, it is possible the number of applications made to date is approximately 125,000.
- In this same timeframe of 2011 – 2024, the Dept of Education and NCSE granted just 10,883 SNA posts (based on NCSE report and budget figures)
- That's roughly 11,000 SNA posts to meet the needs of approximately 128,000 children

This means only 11% of applications were likely successful between 2011 and 2024.

Of the 3,219 SNA post announced in the budgets over these 3 school years, only one fifth approx. went to mainstream schools. Why is this?

- The SNA is allocated to respond to the care needs of children in the school.
- The NCSE has adversely changed the thresholds of care needs; they now only list significant care needs as reasons to have access to an SNA
- The new SNA Allocation Model 2024 now excludes the majority of children who would previously have had accessed the SNA.

Again, the dignity and wellbeing of the child is not being taken into consideration by the NCSE. How can the children reach their full potential without the support needed?

A new circular 0049/2024 published by the DoE states: "The NCSE will undertake a rolling programme of reviews of SNA mainstream allocations which is strategic in nature and ensures that SNAs are allocated to schools with students who have the greatest level of significant care needs". During budget 2024, Norma Foley announced an increase of 1,216 SNA posts.

We can now assume that a large proportion of these posts will not be new jobs created; rather they will be SNAs taken from mainstream schools.

Care needs can affect each child's dignity and wellbeing. They can also vary greatly from child to child. Surely the solution should be to have enough SNAs in each school to match the care needs for the children in that school? Parents and the school staff who know each child and their needs should be listened to. Surely, they should be the ones to inform the NCSE what their child needs? Instead, these decisions are being made by the NCSE within the budgetary constraints imposed by the DoE.

How does this ensure each child reaches their full potential? How does this help to ensure a child's dignity and wellbeing?

The NCSE's current remit is to 'build teacher capacity' so that the teacher can do the work of the SNA as well as teach.

3.2.5.2 The new Special Education Teachers Allocation model 2024

A previous model of SET allocation took into account various types and levels of needs, from literacy and maths to more complex needs such as autism, ADHD, Down Syndrome etc. The complex needs element of a school's allocation was predicated on having reports from the various professionals who assessed and recommended supports and resources. The schools who received the reports would then request the additional supports and resources needed from the NCSE.

From 2017, schools' complex needs allocations were based on data from the HSE Children Disability Network Teams (CDNT). Due to staff caps from the Pay and Numbers strategy, the CDNT lacked capacity to inform the DoE about the number of children with complex needs entering schools. Additionally, from 2020, parents were told assessments or diagnoses were unnecessary for their child to access support and resources in schools.

Fast forward to 2024, the Department of Education removed 'complex needs' as a criterion for allocating Special Education Teacher hours. The allocation of supports and resources are based solely on a school's maths and literacy scores which are entered in a national data base for 2nd, 4th and 6th classes.

All of this combined means schools are left with no way of accessing support or resources from the DoE and the NCSE.

3.2.5.3 Class Teachers

Teachers are now expected to take on the role of the SNA, the Speech and Language Therapist, Occupational Therapist, Psychologist etc. This reduces capacity to teach every child effectively. Teachers work hard to meet the needs of the widening levels within classes, with many children accessing different programmes, and are now expected to do the job of so many other professionals also. As a result, all children have reduced access to direct teacher contact, leading to reduced attainments.

Many schools are currently experiencing a **teacher shortage**. Schools in Dublin, Wicklow and Kildare are in crisis with half of schools reporting unfilled posts.

- A survey conducted by the Irish National Teachers' Organisation (INTO) stated special schools nationally had the highest proportion of vacancies, with 52% of them reporting unfilled posts.
- 59% of schools had reallocated Special Education Teachers to mainstream classes
- 39% of schools reported they had been forced to split up classes into other classrooms when a substitute teacher could not be found.

In all cases the capacity to teach every child effectively is reduced dramatically.

4. The impact

What does all this mean for our children?

Our children are not guaranteed their right to be 'treated equally'. Not all of our children have equal access to education. It is not possible when the **supports and resources for our children are informed by budget rather than needs**. It is not possible when there are:

- Not enough special school places for children who need them
- Not enough special class places for children who need them
- Not enough teachers
- Not enough additional needs teachers for children who need them
- Not enough additional needs assistants for children who need them
- Not enough assessments available for children who need them
- Not enough therapists available to work with children who need them
- Not enough mental health professionals available to work with children who need them
- A lack of transparency in the systems used to seek support

5. Our Ask

We call on the DoE, the NCSE, the HSE and the DCEDIY to have meaningful consultation with schools, parents and children’s advocacy groups to inform the Right Inclusion Model for every child.

The Right Inclusion Model for Every Child must include:

1. Enough child-centred supports and resources to match needs rather than budget:

- **Enough class teachers**
- **Enough Additional Needs Teachers** for children who need them
- **Enough Additional Needs Assistants** for children who need them
- **Enough assessments** available for children who need them
- **Enough therapists** to work with children who need them
- **Enough mental health professionals** available to work with children who need them
- **Enough options for children and their families:** To have options of placements in mainstream schools, special classes in schools, and special schools according to each child’s needs

2. Transparency in the Process:

- Meaningful consultation with schools, parents and children’s advocacy groups is necessary to inform the right inclusion model

Note: In this document, the titles of Additional Needs roles are equivalent to the Special Needs roles titles, e.g. Additional Needs Teacher is equivalent to Special Needs Teacher