



## Briefing Document

### 1. 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 need them
- A lack of transparency in the systems used to seek support

### 2. Our Ask

**We call on the DoE, NCSE, HSE and DCEDIY to have meaningful consultation with schools, parents and children's advocacy groups to inform the Right Inclusion Model for every child. It must include 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
- **Transparency in the Process:** Meaningful consultation with schools, parents and children's advocacy groups is necessary to inform the right inclusion model

### 3. How did we get here?

Waiting lists for children requiring assessments grew in recent years due to a shortage of Health Service Executive (HSE) professionals. The following actions were then taken:

- Parents of pre-school and primary school children were informed that assessments or diagnosis were no longer needed to access support, and that mainstream primary schools had adequate resources. ***This was not true. Resources in mainstream schools were not meeting the needs of the children.***
- The HSE directed parents to schools for psychological assessment, via the National Educational Psychological Services (NEPS). ***The NEPS allocation to schools in no way met the needs of children around Ireland.***
- The HSE provided strategies to parents and school staff rather than working directly with children, expecting parents and teachers to deliver speech and language / behavioural / psychological programmes in place of trained professionals. ***The number of Speech and Language Therapists (SLTs), Occupational Therapists (OTs), Psychologists and Psychiatrists did not meet the childrens' needs.***
- The School Inclusion Model (SIM) was launched. Instead of deploying HSE professionals to support individual children, these professionals were asked to train teachers to deliver generic programmes. This model is one of the cheapest inclusion models available. ***The SIM did not meet the needs of the children.***

### 4. The proposed School Inclusion Model

The NSCE's SIM selectively interprets the UN Convention on the Rights of Persons with Disabilities (UNCRPD), producing a model stating that all children should be educated in the same classroom, regardless of level of need, without consideration of dignity and full development of potential. ***This is a cost-saving approach. Every child should have the right to be educated in the education setting which is most appropriate to their level of need.***

The current pilot of the SIM ***is more heavily resourced than any other area. If this model is to succeed nationally, the Department of Education (DoE) and the NCSE would need to guarantee the same level of support and funding to all schools in the future.***

While this model may seem ideal with proper resources, it does not suit every child. Children with varying needs, including those who are non-verbal or have high sensory or medical needs, may struggle significantly. The lack of in-school knowledge about the specific needs of enrolled children further complicates this approach.

## 5. Assessment and Resource issues

Due to the assessment backlog, teachers are now being directed to complete assessments of needs. ***These assessments should be done by the relevant professionals. Taking away a child's right to receive a diagnosis will have a huge effect on their mental health as they grow up in a system that does not care about them.***

### Availability of external resources

The HSE's Pay and Numbers Strategy has capped posts in the Children's Disability Network Team (CDNT) (which includes SLTs, OTs and Psychologists), despite there being significant vacancy rates across the team (averaging 40% in October 2023). As a result, ***the majority of children are still receiving generic group therapies, delivered by parents and teachers, rather than individualised interventions delivered by professionals.***

CAMHS has been found (as per a 2023 report by the Inspector of Mental Health Services) to be significantly understaffed, and waiting lists for assessment and therapy remain unacceptably long. At present, NEPS staff are encouraging schools to assume responsibility for initial assessments, planning and interventions – work which was previously done by NEPS, and for which teachers are not trained. ***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..***

### Availability of internal resources

The process to apply for SNA support for children was changed in 2021; applications are now per school (instead of per child). ***This means there is no longer a transparent way to tell how many children in each school need access to an SNA.*** However, applications have considerably outstripped allocation of SNA posts for more than 10 years.

The 2024 SNA Allocation Model has redefined the thresholds of care needs. It now only lists significant care needs as reasons to have SNA access. Consequently, ***the majority of children who previously had access to SNAs will now being excluded.*** Of the 3,219 SNA posts announced in the budgets over 3 school years, only approximately one fifth went to mainstream schools.

The circular 0049/2024 published by the DoE indicates that SNAs will be 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 and can vary greatly from child to child. Surely the solution should be to have enough SNAs in each school to match the children's care needs? ***Surely parents and the school staff who know the childrens' needs***

***should be listened to? Instead, these decisions are being made by the NCSE within the budgetary constraints imposed by the DoE.***

Previously, Special Education Teacher allocation took into consideration various needs, including literacy and maths and more complex needs such as autism and ADHD, with support based on professional assessments and recommendations. Schools would request these supports from the NCSE.

- From 2017, supports for complex needs were allocated based on data from the CDNT, who were under-resourced, impacting their ability to inform the DoE about children with complex needs.
- In 2020, parents were told that assessments weren't necessary to access supports in schools.
- In 2024, the DoE removed 'complex needs' as a criterion for allocating SETs, basing allocation solely on maths and literacy scores for 2<sup>nd</sup>, 4<sup>th</sup> and 6<sup>th</sup> classes. ***This means schools are left with no way of accessing support or resources for complex needs from the DoE and the NCSE.***

Teachers are now expected to take on the role of the SNA, the SLT, OT, Psychologist etc. This reduces capacity to teach every child effectively. Compounding these challenges, many schools are currently experiencing a **teacher shortage**. Schools in Dublin, Wicklow and Kildare are in crisis with half of schools reporting unfilled posts. ***In all cases the capacity to teach every child effectively is reduced dramatically.***

## 6. 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 them.
- A lack of transparency in the systems used to seek support

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