



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Temporary Assignment of Special Needs Assistants Briefing Document March 2020

1. Introduction & Overarching Objective

In response to the current public health emergency, the health and education sectors are working together to prioritise staffing resources in order to respond to critical needs relating to Covid-19. This is especially required in terms of assisting frontline health and social care services, in particular for vulnerable children.

Special Needs Assistants (SNAs) form an integral part of the education sector and play an important role in assisting the teacher to support students who have significant additional care needs. This includes a range of support interventions with vulnerable students such as:

- assisting children with difficulties in feeding
- administering medicine
- assistance with toileting and general hygiene (including catheterisation)
- assistance with mobility and orientation
- assistance with moving and lifting of children, operation of hoists and equipment
- assistance with severe communication difficulties and supporting students whom are distressed (i.e. behavioural management supports).

The purpose of this document is to set out the stakeholders involved in this temporary assignment process, the priority groups to which SNAs may be temporarily placed and the model of care envisaged.

2. Key Stakeholders

The following key stakeholders will collaborate on the basis of temporarily assigning SNAs to priority work areas.

- Department of Education and Skills
- Department of Health
- Health Service Executive (Community Health Organisations and funded providers)
- Public Appointments Service (PAS)



It is equally recognised that the employers¹ and trade unions representing SNAs are key stakeholders in terms of supporting this public health emergency initiative. Collaboration and co-operation with these key stakeholders is immensely important and appreciated during this public health emergency period.

3. Priority Care Groups

The Health Service Executive, through its Community Operations Team, has identified Community Services for children with a disability as the initial priority area in terms of temporary assignment of SNAs.

4. Model of Care Envisaged & Operational Settings

In respect of disability services attention is drawn to [Appendix 1](#), which sets out the model of care envisaged. In particular, SNAs will be temporarily assigned to work alongside existing disability service staff to support the implementation of the revised model of care during this pandemic.

It is envisaged that SNAs can be assigned across all community healthcare settings whether public, voluntary or private.

5. Implementation and Co-ordination

To facilitate communication during this process, the HSE at a regional/local level will provide co-ordination/contact point arrangements between the relevant healthcare provider and local employer/ education points of contact once agreed.

¹ Education and Training Boards (ETBs) and Managerial Authorities of Recognised Primary, Secondary, Community and Comprehensive Schools.



Appendix 1

Adapted Model of Care for People with a Disability during Covid - 19

SNA Supports for People with Complex Healthcare Needs during COVID-19 Pandemic

This appendix sets out potential temporary assignment roles that the SNA may provide, while working in collaboration with healthcare professionals in children's disability services. In general, SNAs will have the relevant experience and in many cases, will know the children with whom they are assigned to work.

Line Management of SNAs in Children's Disability Services

Community Health Care Organisations (CHOs) may choose to ask a lead agency (i.e. a Section 38 or 39 Organisations²) to take the lead in:

- (i) Co-ordinating the allocation of SNAs assigned to the CHO or,
- (ii) Allocating assigned SNAs directly to their HSE and Voluntary Organisations under existing children's services management structures.

Whichever approach is taken, CHOs must ensure clear line management for SNAs who are temporarily assigned to children's disability services. Their line managers must ensure that SNAs work cohesively together with healthcare professionals in prioritising the needs of children. This will help ensure optimal outcomes for the service user and families, and efficiencies for services.

1. Options for support from their regular / familiar SNA

- Daily scheduled telephone or video link via WhatsApp / Facetime / Zoom etc., to provide
 - Advice on what typically works for the child in school, advice on creating work station type environment at home similar to school / training / demonstration / support
 - Share the schedule used in school which child is familiar with e.g. toileting schedule, sensory break, storytime or learning activities
 - Social stories to help the child's understanding of Covid - 19
- Support to manage behaviours that challenge
- Provide resources/materials that the child uses /is familiar with in school, in collaboration with their teacher
- In home support to provide
 - Advice / training / demonstration / support
 - Storytime or learning activities

² Section 38 and 39 refers to the Health Acts which provides the legal basis on which the HSE may fund non statutory entities to deliver health and social care services (i.e. voluntary and for profit entities).



- Support to manage behaviours that challenge
 - Support to manage self-care
- Support short outings as a form of respite for families
- Provide 1:1 sessions in an appropriate facility/ disability services building familiar to the child and family

2. Options for support from an unfamiliar / less familiar SNA

- Prioritisation factors include
 - Children / families with a high level of need as identified by the disability service
 - Families where more than one child has additional needs
 - Families without external supports
- Preparation to include
 - Consultation with the Childrens Disability Network Teams (CDNT)
 - Strategies / activities provided by the CDNT services as appropriate
 - Information pack provided with pathways to access services in case of emergency / high level of concern
- Provide 1:1 sessions in an appropriate facility/ disability services building familiar to the child and family
- Act as an additional staffing resource to children's respite services, in particular to support activities
- Support learning activities for children in isolation centres