

The Education of Students with Challenging Behaviour arising from Severe Emotional Disturbance/ Behavioural Disorders

NCSE POLICY ADVICE PAPER NO. 3



The Education of Students with Challenging Behaviour arising from Severe Emotional Disturbance/ Behavioural Disorders

August 2012

© NCSE 2012

National Council for Special Education

1–2 Mill Street

Trim

Co. Meath

An Chomhairle Náisiúnta um Oideachas Speisialta

1–2 Sráid an Mhuilinn

Baile Átha Troim

Co. na Mí

T: 046 948 6400

F: 046 948 6404

www.ncse.ie

Contents

Foreword	vii
Abbreviations	viii
Executive Summary	1
Introduction	3
Current Policy and Provision	3
Policy and Research Documents.....	4
NCSE Policy Advice	4
Broad recommendations for all schools.....	5
Recommendations for the smaller cohort of students with exceptionally challenging behaviour	6
Recommendation 5: Supports required in special schools and classes for severe EBD	7
Recommendation 6: Students with exceptionally challenging behaviour	7
Implications of Policy Advice for the Resources of the State.....	8
Introduction	9
1.1 Context	11
1.2 Issues Arising for Consideration	13
1.3 Consultation Process	13
1.4 National Council for Special Education	14
2 Current Policy and Provision for the Education of Students with Challenging Behaviour arising from EBD.....	15
2.1 Department of Education and Skills	17
2.2 Inclusive Education.....	18
2.3 Continuum of Provision	18
2.4 Current Provision: Education Supports	19
2.4.1 Early intervention	19
2.4.2 School-based supports for students with emotional disturbance and/or behavioural problems (EBD) in mainstream schools	19
2.4.3 Special classes for students with EBD.....	26
2.4.4 Special schools for students with special educational needs	27
2.4.5 Numbers of school-going students in receipt of support for low incidence EBD 2011-2012	28
2.4.6 Delivering Equality of Opportunity in Schools (DEIS)	28
2.4.7 Additional supports	29

2.4.8	Services supporting students with challenging behaviour arising from EBD	31
2.4.9	Department of Education and Skills services supporting schools and teachers in the education of students with challenging behaviour arising from EBD	32
2.4.10	National Council for Special Education	36
2.4.11	National Council for Curriculum and Assessment (NCCA)	36
2.5	Department of Health.....	36
2.5.1	Health policy.....	36
2.5.2	Current provision: health supports.....	39
2.6	Department of Children and Youth Affairs.....	40
2.6.1	National Educational Welfare Board (NEWB)	41
2.6.2	Prevention and Early Intervention Programmes for Children.....	41
2.6.3	Children's Services Committees	42
2.6.4	Children in the care of the State	42
2.7	Further Initiatives Aimed at Supporting Young People with Challenging Behaviour	44
2.7.1	Archways	44
2.7.2	The Garda Juvenile and Youth Diversion Programmes	45
2.7.3	Multidimensional Treatment Foster Care	46
2.7.4	Life Centres	46
2.7.5	The Bridge Project	46
2.7.6	St. John's Education Centre	46
3	Policy and Research Documents.....	47
3.1	Prevalence of Childhood Psychiatric Disorders.....	49
3.2	Increase in Allocation of Additional Teaching Hours	50
3.3	Promoting Positive Mental Health	50
3.4	Removing Barriers to Accessing Education	51
3.5	Early Intervention.....	51
3.6	Professional Development of Teachers	51
3.7	Agencies Working Together.....	52
3.8	An International Review of the Literature of Evidence of Best Practice Models and Outcomes in the Education of Children with Emotional Disturbance/Behavioural Difficulties	52
3.8.1	Teacher student relationships.....	53
3.8.2	Interventions for developing teachers' skills in relation to severe EBD.....	53
4	NCSE Policy Advice.....	57
4.1	Principles Underpinning Policy Advice	59

4.2	NCSE Recommendations.....	59
4.2.1	Inclusive education.....	60
4.2.2	Continuum of provision	61
4.2.3	Early intervention.....	64
4.2.4	Supports required in mainstream schools.....	65
4.2.5	Supports required in special schools and classes.....	70
4.2.6	Children with exceptionally challenging behaviour.....	72
4.2.7	Transition back to mainstream schools	75
4.2.8	Educational programmes for children with challenging behaviour.....	76
4.2.9	Professional development of teachers.....	77
4.2.10	Role of the SNA	80
4.2.11	School culture	81
4.2.12	Enrolment policies.....	82
5	Implications of Policy Advice for the Resources of the State and Consideration of the Practical Implications of Recommendations	83
5.1	Introduction	85
5.2	Education-Funded Supports	86
5.2.1	Continuum of provision.....	86
5.2.2	Early intervention	86
5.2.3	Educational supports required in special schools and classes	87
5.2.4	Educational programmes for children with challenging behaviour.....	88
5.2.5	Further development of the NEPS	89
5.2.6	Professional development for teachers.....	90
5.2.7	Health supports	90
	References	99
	Appendices	103
	Appendix 1: The Advisory Group.....	103
	Membership of the advisory group	103
	Appendix 2: Educational Services.....	104
	The National Educational Psychological Service (NEPS): additional information provided	104
	Special Education Support Service (SESS): additional information provided.....	105
	National Behaviour Support Service (NBSS): additional information provided	106

Index of tables

Table 1:	Approximate number of students for whom additional teaching hours were allocated to schools for the academic year 2011-2012	24
Table 2:	Approximate number of students with EBD for whom SNA support was allocated to schools for the academic year 2011-2012.....	26
Table 3:	Schools with special classes for students with EBD	26
Table 4:	Special schools for students with EBD	27
Table 5:	Approximate number of students with additional supports for EBD	28
Table 6:	Schools included in the DEIS scheme	28
Table 7:	Number of students receiving assistive technology (AT) for academic year 2011-2012.....	30
Table 8:	Number of students receiving transport support for academic year 2011-2012.....	31
Table 9:	Government departments, services and agencies.....	32
Table 10:	Estimated additional costs: education-funded	92
Table 11:	Recommendations within existing resources	93

Foreword

The National Council for Special Education is pleased to submit its policy advice to the Minister for Education and Skills on the future education of students with challenging behaviour arising from severe emotional disturbance/behavioural disorders (EBD). The NCSE's vision is for a society where children and adults with special educational needs receive an education that enables them to achieve their potential.

We know that children with EBD and severe EBD can present unique challenges to schools as their behaviour can interfere with their own learning as well as affecting the learning of their classmates. We are aware that even special schools, specifically established to educate children with severe EBD, have been experiencing difficulty in meeting the needs of some of their students over the last number of years. This difficulty is due to the extreme nature of the challenging behaviour being presented by a small number of their students. We are very concerned that a small number of students have been, and are being, excluded from education because even the special schools for EBD are unable to cope with the extreme behaviour that arises from their emotional and behavioural difficulties.

Our advice is particularly focused on this small cohort of students, but we have also taken this opportunity to make recommendations which, if implemented, we believe will strengthen and support the ability of mainstream and special schools to educate students with significantly challenging behaviour. We have considered the educational and health supports that are required by these students in mainstream and special settings so that they are enabled to achieve educational outcomes in line with their own potential ability.

Our policy paper is based on national and international research and best practice, as well as views expressed during our consultation process. We would like to thank all those people who assisted us in the development of this advice, including members of the NCSE advisory group and members of the NCSE consultative forum.

We are acutely aware of the many competing demands for state funding within education and across the wider public service. We hope that this policy advice provides a positive blueprint to guide future investment in education for students with challenging behaviour arising from EBD/severe EBD.

Teresa Griffin

CEO

July 2012

Abbreviations

ADHD	Attention deficit hyperactivity disorder
ASD	Autistic Spectrum Disorders
BESD	Behavioural, emotional and social difficulties
BSC	Behaviour Support Classroom
CAMHS	Child and Adolescent Mental Health Service
CBT	Cognitive Behavioural Therapy
CMHT	Community Mental Health Teams
CPD	Continuous professional development
DEIS	Delivering Equality of Educational Opportunity in Schools
EAS	Employee Assistance Service
EBD	Emotional disturbance/behavioural disorder
ECCE	Early Childhood Care and Education
EPSEN	Education for Persons with Special Educational Needs
FETAC	Further Education and Training Awards Council
GAM	General Allocation Model
HSCL	Home School Community Liaison
HSE	Health Service Executive
ITE	Initial teacher education
LS/R	Learning support/resource (teacher)
NCCA	National Council for Curriculum and Assessment
NBSS	National Behaviour Support Service
NCSE	National Council for Special Education
NEPS	National Educational Psychological Service
NEWB	National Educational Welfare Board
SBP	Student Behaviour Plan
SEAL	Social and emotional aspects of learning
SEBD	Social, emotional and behavioural difficulties
SENO	Special educational needs organiser
SERC	Special Education Review Committee
SESS	Special Education Support Service
Severe EBD	Severe emotional disturbance/behaviour disorder
SNA	Special needs assistant
SPHE	Social, personal and health education
WHO	World Health Organization

Executive Summary



Executive Summary

Introduction

In recent years, it was brought to the attention of the National Council for Special Education (NCSE) that special schools for students with severe emotional disturbance/behavioural disorders (severe EBD) were finding it exceedingly difficult to cater for the needs of some of their students. This difficulty was thought to be due to the extreme nature of the challenging behaviour being presented by an increasing number of students in these schools.

The NCSE is very concerned that the educational system may be failing a small group of students with complex special educational needs arising from EBD/severe EBD. These are children and young people with a clinical diagnosis of EBD/severe EBD whose levels of challenging behaviour prevent them from attending and/or engaging with school and from achieving their own individual potential. These 20–30 students pose extreme challenges to the education system, both in terms of meeting their needs and the needs of the students with whom they are to be educated. As part of this paper, the NCSE policy advice focuses on the supports required by these children and young people to participate meaningfully in education and sets out a suite of specific recommendations in relation to them.

However, the issue of how schools manage challenging behaviour arising from EBD/severe EBD is much broader than the 20–30 students who were the initial focus of this paper. The NCSE has concluded that many schools and teachers require additional support to enable them to educate and support a much larger number of students with challenging behaviour arising from EBD/severe EBD. This paper therefore also sets out recommendations, which the NCSE considers – if accepted and implemented – will increase and improve the capacity of the educational system to manage challenging behaviour arising from EBD/severe EBD. This in turn will allow teachers to teach, and all students to learn, in safe environments.

This policy advice is based on: evidence from national and international research; the views of NCSE Council members and other educational stakeholders; advice from the NCSE consultative forum; the views of an advisory group established to provide assistance to the NCSE Strategy and Policy Committee in developing proposals for consideration by Council; and visits to special schools for children with severe EBD.

Current Policy and Provision

Current policy and provision for the education of students with special educational needs, is informed by the Education for Persons with Special Educational Needs (EPSEN) Act, 2004 (Government of Ireland, 2004) which provides that the education of people with special educational needs will take place, wherever possible, in an inclusive environment with those who do not have such needs (Section 2) unless this is not in the interests of the children themselves or is inconsistent with the effective provision of education to other children.

Children with a clinical diagnosis of EBD include children who exhibit behaviours that seriously challenge the ability of the educational system to respond. These behaviours

include actions which seriously disrupt the work of the classroom on a sustained basis. Such behaviours include:

- violent physical aggression towards other students and towards teachers
- sustained and offensive verbal assault
- refusal to take part in classroom activities
- shouting, bullying and disrupting the classroom in a manner that does not respond to repeated efforts on the school's part to control such behaviour
- throwing books, chairs and desks
- consistently destroying their own work and the work of others
- kicking, punching, biting.

Each mainstream school has a learning support teaching service to enable it to support, amongst others, students with mild behavioural, emotional and/or social difficulties (BESD). Schools have also been allocated additional resource teaching hours to support the 7,830 students with diagnosed EBD or severe EBD who are included in mainstream schools. 52 students attend special classes in mainstream schools and 342 students attend special schools for children with EBD/severe EBD. Students in specialist settings benefit from attending classes with very significantly reduced pupil teacher ratios. Special needs assistant posts have been sanctioned to support students in specialist settings as well as 3,385 students with EBD/severe EBD in mainstream schools.

Further additional supports in place for schools which have enrolled students with EBD/severe EBD may include the services of the National Educational Psychological Service (NEPS), the National Behavioural Support Service (NBSS), assistive technology, enhanced capitation grants and the special school transport scheme.

Policy and Research Documents

Research identified the following areas as significant in the appropriate education of students with EBD:

- prevalence of childhood psychiatric disorders
- promoting positive mental health
- removing barriers to accessing education
- early intervention
- professional development of teachers
- agencies working together.

NCSE Policy Advice

One focus of the policy advice paper is the small number of students (estimated at 20-30 each year) whose acute needs are at the extreme end of the continuum of students with EBD. However, in considering the needs of these students, issues arose in relation to the education of students within the broader categories of EBD and severe EBD. Recommendations have been made for both groups of students.

Broad recommendations for all schools

The National Educational Psychological Service (NEPS) has set out guidelines for schools that have enrolled students with behavioural, emotional and/or social difficulties (DES, 2010a and b). These guidelines advise schools on how to organise evidence-based interventions within schools by first considering what all pupils require and then selecting, implementing and monitoring interventions of increasing intensity to support pupils who do not respond sufficiently to previous support.

The NCSE recommends that NEPS ensure that all mainstream schools fully implement these guidelines (Recommendation 1).

Prevention and early intervention are key components in supporting children at risk of presenting challenging behaviour arising from EBD/severe EBD. The NCSE considers that many students with EBD/severe EBD will respond well to appropriate interventions from qualified teachers and that challenging behaviour will reduce in intensity and quantity where students have individualised programmes in place which address their needs.

The NCSE recommends that:

- Teachers need additional and ongoing professional development so that they are equipped to manage challenging behaviour and meet the needs of students with EBD/severe EBD (Recommendation 9)
- Each school has a permanent teacher who has received additional training in the management of challenging behaviour (Recommendation 4)
- Schools need to have access to, be trained in, and implement, DES-validated educational programmes that have proven effective for students with EBD, where these are required (Recommendation 8)
- Additional supports provided to mainstream schools for students with EBD/severe EBD should be time-bound, reviewed regularly and conditional on the development of an individual education plan which sets out educational and behavioural targets (Recommendation 4).

Some students with EBD/severe EBD may require specialist support provided in special classes and/or special schools and a small number may require residential settings. However, the NCSE considers that the focus of interventions in such settings should be on the student returning to mainstream settings as soon as possible.

The NCSE recommends that:

- Placement in a special school or class should be viewed as a temporary intervention; it should take place in a timely manner; be time-bound and regularly reviewed (Recommendation 2)
- Transitional plans should be put in place, and supported, to ensure a successful return to mainstream school (Recommendation 7)
- The student's original mainstream school should be enabled to "hold" a place for the student's return (Recommendation 2).

Recommendations for the smaller cohort of students with exceptionally challenging behaviour

In addition to the above, recommendations **5 and 6** specifically address the needs of that small cohort of students (estimated at approximately 20-30 per year) whose acute needs are at the extreme end of the continuum of students with EBD and whose behaviour is exceptionally difficult to manage or control both inside and outside school.

There is strong anecdotal evidence to suggest that the behaviours in question include frequent, unprovoked and unpredictable outbursts resulting in violent actions toward others such as:

- repeated acts of physical aggression towards other pupils and towards staff members, including violent kicking, punching, biting
- breaking up furniture, throwing chairs and tables at staff and other children
- bringing offensive weapons to school, such as knives and scissors
- breaking glass and using it as a weapon
- making their own weapons and using these in a dangerous manner
- repeated incidences of offensive verbal assault and threatening behaviour
- violent head-butting and spitting.

The behaviours also include self-injurious actions for example, cutting, head-banging, persistent scraping of skin, suicidal attempts, climbing onto roofs and jumping off, running out of school.

The behaviours are displayed on a constant basis and can have very serious outcomes for other children and for themselves. In some cases, the behaviours can be manifested once or twice a week. The behaviours, as instanced, have resulted in serious injuries, sometimes to other children, sometimes to the pupil him/her self – but more usually to staff members as they attempt to protect other children and the child themselves. Examples of injuries caused to staff members include broken fingers, black eyes and serious soft tissue damage resulting in notifiable absences of staff.

Recommendations 5 and 6 are set out below:

Recommendation 5: Supports required in special schools and classes for severe EBD

1. The NEPS should provide a comprehensive service to students in special schools for severe EBD.
2. Staffing levels must be sufficient to ensure that students are enabled to learn and that the safety of students and staff members is observed.
3. Schools should be enabled and resourced to provide structured engagement between parents and schools for severe EBD.
4. Boards of management should encourage staff members to avail of the Employee Assistance Service (EAS) following incidents of assault or violent behaviour.
5. The Department of Education and Skills should ensure that all special schools catering for students with severe EBD are fit for purpose. Any new buildings should, where possible, be located on the campus of a mainstream school.

Recommendation 6: Students with exceptionally challenging behaviour

1. Children and adolescents with exceptionally challenging behaviour require timely access to Child and Adolescent Mental Health (CAMH) Teams. They and their families may require access to social services so that necessary supports are provided.
2. A comprehensive and multi-disciplinary assessment of the child's needs should be undertaken upon referral to clinical services, to include as necessary, psychological, emotional, social, medical and educational aspects. This should be followed by appropriate and timely intervention, as indicated through the assessment process.
3. Upon appointment to special schools catering for children with severe EBD, teachers and SNAs should be required to undertake mandatory training for working in this setting, to be specified by the Teaching Council in the case of teachers and by the Department of Education and Skills in the case of SNAs.
4. Principals of special schools catering for children with severe EBD should be supported through the provision of CPD programmes tailored to their particular needs.
5. Teaching provision in special schools catering for students with exceptionally challenging behaviours arising from severe EBD, should be increased to assist in the creation of a suitable and safe learning environment, in which teaching and learning can take place.
6. The Department of Education and Skills should issue clear guidelines to schools regarding realistic and appropriate measures to be taken to contain children during episodes of violent behaviour.

7. Parents must be clearly informed of the school's code of behaviour, including the practices in place for the containment and protection of the child during episodes of violent behaviour. Schools' codes of behaviour should be sufficiently flexible to encompass behaviour arising from EBD, so as to ensure that students are not inappropriately punished for such behaviours.
8. Whole school support should be available through the NEPS following critical incidences of a seriously violent nature in special schools for severe EBD. NEPS psychologists should be trained and be made available to provide such support, when required.
9. An appropriate security system should be in place in classrooms for children with severe EBD.

The NCSE believes that the above measures should enable special schools to provide an appropriate education for the majority of their students but recognises that this does not represent a complete solution. A very small number of students will still require care in a residential setting, as part of the continuum of provision and as outlined in **Recommendation 2**. There should be close parental involvement in residential settings with health and education services available on-site, as required.

All recommendations are outlined in Chapter 4 of the paper.

Implications of Policy Advice for the Resources of the State

The NCSE is aware of the current economic climate and recognises that the State's resources are finite. However, the NCSE considers that the State will benefit in the medium and long-term if the recommendations contained in the paper are accepted and implemented, through improved educational outcomes for students with EBD/severe EBD; a reduction in the number of students "dropping out" or being excluded from schools and through a reduction in the length of time that schools will need to be allocated additional teaching and SNA supports.

When developing policy advice, the NCSE is required to:

- provide an assessment of the implications of that advice for the resources, including financial resources, available to the State in respect of the provision of education, and
- have regard to the practical implementation of that advice (Government of Ireland, 2004, Section 20 (3) (b)).

The estimated cost associated with these recommendations is in the region of €12 m.

Introduction



1 Introduction

1.1 Context

This paper sets out policy advice from the National Council for Special Education (NCSE) in relation to the education of children and young people whose levels of behaviour and emotional difficulties present serious challenges to the child/young person in engaging with school and to the school system in responding to their needs.

Behavioural, emotional and social difficulties (BESD) are currently understood to occur along a continuum. This continuum ranges from difficulties which are milder, developmentally appropriate and transient, through to those that are significant and/or persistent and which may warrant clinical referral and intervention. Diagnosed mental illness/clinical disorders are included in the term but only a small minority of students on the continuum have a clinical diagnosis (Department of Education and Skills, 2010a).¹ Similarly, the term 'challenging behaviours' encompasses a wide range of behaviours, from those that can be accommodated in accordance with the school's agreed disciplinary procedures, to those which severely challenge both students' capacity to realise their educational potential and the system's ability to respond to the behaviours concerned.

The Department of Education and Skills (DES) has defined two categories: 'emotional disturbance and/or behaviour problems' (EBD) and 'severe emotional disturbance and/or behaviour problems' (severe EBD) for the purposes of resource allocation and categorisation of special schools and classes. Students within these categories must have a clinical diagnosis of EBD and be in treatment with a psychiatrist or psychologist for a clinical disorder.² A full definition of these categories is given in Section 2.4.2.4 of this paper.

The fact that special schools for children with severe EBD were finding it exceedingly difficult to cater for the needs of some of their students was brought to the NCSE's attention in recent years. This difficulty was thought to be due to the extreme nature of the challenging behaviour being presented by an increasing number of students. Their behaviours were at the extreme end of the continuum of students with EBD within the educational system. The persistently violent behaviour of these students was considered to represent a threat to the students themselves, their teachers and/or to other students. Generally the difficulties experienced by these students were at a sufficiently severe level to warrant clinical referral and intervention. It was thought that the number of students concerned was quite small. However, the NCSE was concerned that these particularly vulnerable students could be left without access to education within the formal school system.

In the context of these concerns the NCSE took a number of steps, outlined below.

1. It conducted a preliminary information gathering exercise to establish the extent to which expulsion or exclusion of students with severe EBD from special schools

1 The Department of Education and Science was renamed the Department of Education and Skills from May 2010.

2 Children with severe EBD must be in the care of a psychiatrist or clinical psychologist for a severe clinical disorder. A very small number of students would be expected to fall within this category (Department of Education and Skills, 2005a).

or classes was an issue. A short, unpublished, internal report was submitted to the Council in May 2009. In this study, exclusion from school was defined as:

- i. students who had been expelled
- ii. students who had been absent for more than 20 days; and
- iii. students who were considered by principals to be at risk of expulsion.

This information gathering exercise found that no students were identified by principals as having been expelled for persistent violent behaviour during the school year 2007-2008. School principals generally indicated that they were reluctant to expel, but tended to use other available mechanisms such as engaging with relevant supports, crisis intervention techniques or reduced attendance. The exercise identified 26 students in categories (ii) and (iii) who had experienced exclusion from education in ways other than expulsion.

2. Professor Paul Cooper, University of Leicester, UK was commissioned to undertake an international literature review of evidence of best practice models and outcomes in the education of students with EBD. Professor Cooper is an internationally recognised expert in the education of students with EBD and has published extensively in the area. His report was published in 2011 and is available on the NCSE website.
3. It established an advisory group to provide assistance to the NCSE through the formulation of proposals regarding the future education of students with severe EBD for consideration by the Council.
4. It approved the preparation of policy advice on the future education of students with challenging behaviour arising from EBD for submission to the Minister for Education and Skills.

In developing policy advice for the above mentioned 20-30 students thought to be experiencing the most acute needs, a number of issues arose in relation to the education of students within the broader categories of EBD and severe EBD. The NCSE gave these matters some consideration and has made certain proposals regarding the issues identified.

This paper does not specifically address the needs of students whose challenging behaviours are associated with other diagnosed conditions or special educational needs such as autistic spectrum disorder (ASD) or general learning disabilities. Challenging behaviour in these cases may arise for different reasons and may require a different set of educational interventions. The NCSE will in the future be preparing further advice in relation to the needs of students within these other categories of disability.

The NCSE is very concerned that the system may be currently failing a small group of students with complex special educational needs arising from severe EBD. These are children and young people with a clinical diagnosis of EBD whose levels of challenging behaviour prevent them from attending and/or engaging with school and from achieving their own individual potential. These students pose extreme challenges to the State, both in meeting their needs and the needs of the students with whom they are to be educated. This paper focuses particularly on the supports required by these students to participate

meaningfully in education and sets out a suite of specific recommendations in relation to them.

The paper also provides an overview of the education and health supports currently available to all students whose behaviour lies along the continuum of behavioural, emotional and social difficulties and the pathways towards intervention for all of these students.

1.2 Issues Arising for Consideration

The main issue for consideration in this policy advice paper is how the needs of students with seriously challenging behaviour arising from EBD can be met within the educational system, whatever their educational setting. The questions to be addressed are:

- Where should the students be educated?
- What education and health supports should be in place?
- How should resources be allocated?
- What educational programmes are required?
- What professional development for teachers is required?
- How can these students be supported to realise their educational potential and achieve educational outcomes that are commensurate with their ability?

1.3 Consultation Process

Under the terms of the EPSEN Act, 2004, the NCSE is required to appoint a national consultative forum to consult on matters relating to the performance of the NCSE's functions. Forum members are nominated by stakeholders in special education. The term of office of the current forum is 2010-2012. The NCSE sought advice from the consultative forum on the formulation of this policy advice as provided for under Section 22 of the EPSEN Act, 2004 (Government of Ireland, 2004). This advice has influenced the shape and direction of the final recommendations of the report.

Given the complexity of the issues under consideration, the NCSE also established an advisory group to provide assistance to the NCSE Strategy and Policy Committee in developing proposals for consideration by Council. The advisory group met on six occasions over the course of 2009-2010. Membership of the advisory group is listed in Appendix 1 of this report. The NCSE would like to recognise the contribution that the work of the group made to the development of its policy advice.

The advisory group identified the need to compile and collate existing information on the range of health and educational supports available to students assessed with emotional and behavioural disorders, and the extent to which these services were integrated across the two sectors. The NCSE commissioned the Special Education Department, St. Patrick's College of Education, to undertake a scoping exercise to map and describe this provision. A report was compiled by Dr. Zita Lysaght, St Patrick's College, in conjunction with the members of the advisory group. The content of Section 2 and Appendix 2 of this paper draw upon information compiled as part of this scoping exercise.

1.4 National Council for Special Education

The NCSE is now pleased to submit its policy advice to the Minister in relation to the education of students with severely challenging behaviour arising from EBD. The policy advice presented here is based on: evidence from national and international research; the views expressed during the consultation process as outlined above; the experiences of NCSE Council members and NCSE staff; and visits to special schools for students with severe EBD.

In preparing policy advice, the NCSE is obliged to provide an assessment of its implications for the resources, including financial resources, available to the State, and to have regard to the practical implementation of that advice (Section 20(3) (b), EPSEN Act, 2004). In providing this assessment, the NCSE was conscious of the need to recognise the particularly difficult economic context in which the policy advice is being developed and the reality that expenditure on education must be planned in line with EU/IMF agreements.

Current Policy and Provision for the Education of Students with Challenging Behaviour arising from EBD



2 Current Policy and Provision for the Education of Students with Challenging Behaviour arising from EBD

2.1 Department of Education and Skills

The Department of Education and Skills has responsibility for the development and determination of policy on the education of children with special educational needs. The Department's policy development in this area is informed by the findings of the Special Education Review Committee (SERC) report (Department of Education and Skills, 1993), by national and international developments and by research findings. Since 1998, various Acts have been passed that have a direct bearing on educational provision for students with special educational needs. Notable examples include the Education Act 1998 (Government of Ireland, 1998), the EPSEN Act 2004 (Government of Ireland, 2004) and other related equality-based legislation. This legislation has had a significant influence on departmental policy in relation to special education provision.

The mental health needs of children and adolescents come within the scope of the Mental Health Act, 2001 (Government of Ireland, 2001), the Education for Persons with Special Educational Needs Act (EPSEN), (Government of Ireland, 2004) and the Disability Act (Government of Ireland, 2005). The Mental Health Act, 2001, sets out the grounds for the involuntary admission of a child into an approved centre where the child is diagnosed as suffering from a mental disorder and requires treatment which he/she is unlikely to receive unless an order is made under the relevant section of the Act (Section 25). The Act also specifies regulations concerning the treatment of children in respect of whom an order is made under this section.

Under the EPSEN Act, 2004, the term special educational need is defined in relation to a person as:

.... a restriction in the capacity of the person to participate in and benefit from education on account of an enduring physical, sensory, **mental health** or learning disability, or any other condition which results in a person learning differently from a person without that condition and cognate words shall be construed accordingly. (Section 1)

Under the Disability Act 2005 the term 'disability' is defined in relation to a person as:

.... a substantial restriction in the capacity of the person to carry on a profession, business or occupation in the State or to participate in social or cultural life in the State by reason of an enduring physical, sensory, **mental health** or intellectual impairment. (Section 2)

The terms 'mental health disability' and 'mental health impairment' are not defined under either Acts. However, in 2006 the NCSE noted that mental health difficulties can be manifested in many different ways and can be included under a variety of labels such as emotional and behavioural disorder, mental illness, psychological disturbance, and

psychiatric disorder (NCSE, 2006). These difficulties were noted to involve an enduring disturbance in emotions, behaviour or relationships, whose severity requires professional intervention (NCSE, 2006). The NCSE concluded that the term 'mental health disability' was likely to include such conditions as EBD, which was supported under current policy, but was also likely to extend the parameters of current provision.

2.2 Inclusive Education

Section 2 of the EPSEN Act, (Government of Ireland, 2004) explicitly states that:

- a child with special educational needs shall be educated in an inclusive environment with children who do not have such needs unless the nature or degree of those needs of the child is such that to do so would be inconsistent with –
- a. the best interests of the child as determined in accordance with any assessment carried out under this Act, or
 - b. the effective provision of education for children with whom the child is to be educated (Government of Ireland, 2004).

2.3 Continuum of Provision

In Ireland, students with special educational needs are served by a continuum of provision ranging from full-time enrolment in mainstream classes to full-time enrolment in special schools, with a variety of options in between. This means that a range of placement options is currently available to students with challenging behaviour arising from EBD, which include:

- a mainstream class, with additional support provided by
 - the class teacher through differentiation of the curriculum, co-teaching with other teaching staff as required and
 - a resource/learning support teacher
- a special class in a mainstream school
- a special school which has been designated by the Department of Education and Skills for a particular category or categories of disability. This includes 12 special schools for students with EBD.

Students are enrolled in special schools, special classes or mainstream classes, in accordance with parental wishes and within the terms of Department of Education and Skills circulars and recommendations contained in professional reports.

2.4 Current Provision: Education Supports

2.4.1 Early intervention

The State supports early intervention for children with special educational needs, including children with challenging behaviour arising from EBD, through the provision of funding to a number of early childhood settings.

The Early Childhood Care and Education (ECCE) scheme allows eligible children to avail of a free pre-school place in the year before they commence school. The free pre-school year is delivered on the basis of three hours per day, five days per week for the entire school year, which comprises 38 weeks. Parents of children with special educational needs, including children with challenging behaviour arising from EBD, can apply to avail of this scheme over a two year period, with the number of hours and funding per child equating to those of a single school year. Parents can also apply for a waiver of the upper age limit on the basis that their child's special educational needs may delay their entry to primary school. A detailed guide to the Early Childhood Care and Education programme and procedures is available on the website of the Department of Children and Youth Affairs.³

For the school year 2010-2011, the scheme's total cost was €166 million. This is expected to rise to €180 million in the 2011-2012 school year (Source⁴: Department of Health, 2011).

Children with challenging behaviour arising from EBD may also attend other state-funded early childhood settings for children with special educational needs. These include early intervention settings that are attached to Health Service Executive (HSE) funded service providers for children with disabilities and other private pre-school settings that are supported by HSE grant aid or HSE funded pre-school assistants.

The State aims over time to support a single early intervention setting structure (Department of Education and Skills, 2010d). In the meantime, parents can access one or more of the above mentioned early intervention settings, subject to availability of service and meeting the eligibility criteria for support.

2.4.2 School-based supports for students with emotional disturbance and/or behavioural problems (EBD) in mainstream schools

2.4.2.1 Overview of supports in place

The supports put in place by the Department of Education and Skills for students with EBD in mainstream schools are described in the following sections. The main features of this support are summarised here.

1. **A continuum of support:** three levels of support and intervention are available for students, referred to as *Classroom Support (Support for All)*, *School Support (Support for Some)* and *School Support Plus (Support for a Few)*.

3 Please see: <http://www.dcy.gov.ie/viewdoc.asp?fn=/documents/ECCE-Scheme/ECCE-programme-and-administrative-procedures.htm>

4 The use of the term 'Source' throughout the document is to signify data obtained directly from the named Government department or agency.

2. A **general allocation** of additional teaching resources is available to schools to support students with learning difficulties, including students with mild social, emotional or attention control difficulties.
3. Schools are allocated an **individual allocation** of additional teaching resources to support those students who have complex and enduring special educational needs and have been assessed as having a low incidence disability. In the case of students with EBD, for the 2012-2013 school year, schools will be allocated 85 per cent of 3.5 hours for each student with EBD and 85 per cent of five hours for each student with severe EBD.
4. Special needs assistants (SNAs) are allocated to schools to address the care needs of students with special educational needs.

2.4.2.2 Continuum of support

The National Educational Psychological Service (NEPS) has produced three sets of guidelines for schools, which set out three levels of support and intervention for students with special educational needs in primary and post-primary schools. One of these documents specifically addresses learning and behavioural, emotional and social difficulties.

The three guidelines are:

- *Special Educational Needs – A Continuum of Support Guidelines and Resource Pack for Teachers* (Department of Education and Skills, 2007a, 2007b)
- *Behavioural, Emotional and Social Difficulties – A Continuum of Support* (Department of Education and Skills, 2010a), which addresses learning and behavioural, emotional and social difficulties
- *A Continuum of Support for Post-primary Schools – Guidelines and Resource Pack for Teachers* (Department of Education and Skills, 2010 b, 2010c).

NEPS psychologists encourage schools to use a dynamic, graduated problem solving process of information gathering, assessment, intervention and review when identifying and responding to students with special educational needs, including those students with behavioural, emotional and social difficulties. As stated above, the three levels of support and intervention for individual students are referred to as Classroom Support (Support for All), School Support (Support for Some) and School Support Plus (Support for a Few). Each level encompasses a collaborative, problem solving process which is founded on evidence-based whole-school and classroom practices. NEPS psychologists have a role in developing schools' capacity to meet students' needs at each level. They can support schools in developing whole school and classroom approaches as well as strategies suited to individual students and classes/groups of students.

Classroom Support/Support for All level describes a process of prevention, early identification and effective mainstream teaching. These systems are available to all students and effectively meet the needs of most. The classroom teacher is responsible for the progress of all students in the classroom, including students with challenging behaviour arising from EBD. NEPS psychologists will normally provide indirect support for students through the provision of a consultation service to class teachers who have concerns about behav-

behaviour management and/or supporting the emotional and social development of a pupil. A consultation with a class teacher involves collaborative exploration of a professional concern and development of responses, followed up by a review of the effectiveness of those responses. In this way the psychologist will be helping the teacher to develop or refine classroom support plans or their overall classroom practices without being directly involved in casework.

School Support/Support for Some level is an assessment and intervention process directed at some students, or groups of students, who require additional input. NEPS psychologists will normally be indirectly involved with the pupil; however the problem solving process will usually involve consultation with the class teacher/class tutor and school support staff. In cases at this level involving substantial assessment by teachers, classroom observation by the psychologist and intervention planning, a formal request for support is made. Consent is sought from parents who will also be involved in the problem solving process. Throughout the consultation process, the psychologist will support and facilitate the teachers and parents to develop a school support plan to address behavioural, emotional and social concerns and any additional learning needs which will then be reviewed over time.

School Support Plus/Support for a few level is generally characterised by more intensive and individualised support. A small number of students will have more severe or complex difficulties which require the direct involvement of the educational psychologist at this level. NEPS psychologists will normally be directly involved in assessing students' needs, using a range of assessment methods to take account of pupil and contextual contributory factors. The psychologists also identify strengths and resources within the pupil, family and school which can be employed to support the pupil in developing skills to overcome their difficulties and to maximise their educational experiences. Throughout the consultation process the psychologist will work with the pupil (in an age appropriate way), their parents and teachers to develop and oversee a School Support Plus plan, identifying priority needs and interventions to address them. The plan may include referral to community-based mental health services, either community care clinical psychology services or Child and Adolescent Mental Health Service (CAMHS) teams. Where the pupil is already involved with other services, such as clinical psychology, CAMHS, or speech and language therapy, the psychologist will normally request information from these professionals, or their involvement in the School Support Plus process.

NEPS psychologists will normally refer a pupil and their family to **primary/community care clinical psychology services** where an emotional or behavioural difficulty requires additional clinical expertise in assessment and provision of specialist therapies such as cognitive behavioural therapy, play therapy and family therapy. The clinical psychology services will meet the family and, following assessment, will agree on approaches/therapies to address the student's and family's needs. Primary/community care clinical psychology services also normally provide supports and therapy for children in care with disrupted or poorly developed attachments and assessment and therapeutic intervention for children who have suffered abuse (Source: NEPS, 2012).

NEPS psychologists will normally refer the pupil and their family to the **CAMHS** where school based assessment and screening has indicated self-harm, possible moderate to

severe anxiety or depression, possible ADHD, or other severe and complex behavioural/emotional difficulties, in cases where the pupil has not already been referred. Examples of the latter category include eating disorders, school refusal, selective mutism and psychotic disorders. CAMHS teams also provide an emergency response to any young person exhibiting suicidal thoughts or behaviour. The CAMHS team is a specialist multi-disciplinary team, which includes a psychiatrist. It assesses the young person in consultation with their family and identifies suitable approaches and therapies which may include pharmacological treatment (Source: NEPS, 2012).

In some cases, NEPS psychologists may provide short term individual or group therapeutic interventions. Given staffing constraints, however, NEPS psychologists are only in a position to provide individual therapeutic interventions in an extremely limited number of cases and most psychologists are not in a position to provide such intervention (Source: NEPS, 2012).

2.4.2.3 Learning support/resource teaching

A general allocation of additional teaching resources is provided to primary schools, to support the inclusive education of the following categories of students: those with special educational needs arising from high incidence disabilities; those who are eligible for learning support teaching; and those with learning difficulties (Department of Education and Skills, 2005a). High incidence disabilities comprise borderline mild general learning disability, mild general learning disability and specific learning disability. Students whose achievement is at or below the tenth percentile on standardised tests of reading or mathematics are given priority when schools are determining eligibility for learning support teaching. Students with learning difficulties include those with mild speech and language difficulties, those with mild social or emotional difficulties and those with mild co-ordination or attention control difficulties (Department of Education and Skills, 2005a).

From the school year 2012-2013 onwards, the General Allocation Model (GAM) described above will encompass language support in a single allocation for all primary schools (Department of Education and Skills, 2012a). Allocations under the GAM will be based on the number of classroom teaching posts in each school in the previous school year, as outlined in Primary Circular 0007/2012 (Department of Education and Skills, 2012a). Schools will have autonomy in the deployment of resources between language support and learning support. Approximately 4,100 posts will be available to the combined scheme representing an estimated annual cost of €246 million.

Post-primary schools are provided with a general allocation of learning support teaching hours to support eligible students. From the school year 2012 onwards, the combined resources available for learning support and language support (currently 850 posts) will be used to create a single allocation process, representing an estimated annual cost of €51 million (Source: Department of Education and Skills: Background Explanatory Note on Budget 2012). The new arrangements will involve an allocation of 0.9 of a post for schools with an enrolment of less than 600 students and an allocation of 1.4 posts for schools with an enrolment of 600 or more students. Additional support will be provided to schools with significant concentrations of students requiring language support.

2.4.2.4 Individual allocation of additional teaching support

Additional teaching resources are allocated to primary schools for the support of individual students who have complex and enduring special educational needs and who have been assessed as having a low incidence disability. Additional teaching resources are also allocated to post-primary schools for the support of individual students assessed as having either a high or low incidence disability. The number of hours allocated varies by category of disability.

Staffing arrangements for primary schools for the 2012-2013 school year are set out in Primary Circular 0007/2012 (Department of Education and Skills, 2012a). Over **1,700** primary schools throughout the country will be identified as base schools for **2,500** full-time resource only posts, which will be allocated on a permanent basis (Department of Education and Skills, 2012a). This represents an annual estimated cost of approximately €150 million. Teachers in these full-time permanent posts can undertake the NCSE approved resource hours for students with low incidence special needs, either in the base schools themselves or in neighbouring schools.

Post-primary schools are allocated additional resource teaching hours to support students with high and low incidence disabilities. The arrangements for the provision of resource teaching supports for post-primary schools for the 2012-2013 school year are set out in the Department of Education and Skills circular 0010/2012 (DES, 2012b). These arrangements are summarised below.

- In May 2012, post-primary schools will be given an allocation for **high incidence resource teaching**, equating to 95 per cent of the high incidence resource teaching allocation at end December 2011. This means that there is no requirement for schools to have professional assessments conducted for entrants with high incidence needs. The remaining five per cent will be retained by the NCSE for allocation to schools that do not currently have any such allocation for high incidence resource teaching.
- In January 2012, all post-primary schools were informed of an initial allocation for low incidence resource teaching hours, based on 70 per cent of their resource allocation at end December 2011. The balance of each school's approved resource hours will be allocated when the NCSE application process is concluded and will take the Department of Education and Skills criteria into account. The NCSE will allocate low incidence resource teaching hours to post-primary schools based on individual applications for assessed low incidence special educational needs.

As previously stated, the Department of Education and Skills has defined two categories: 'emotional disturbance and/or behaviour problems' (EBD); and 'severe emotional disturbance and/or behaviour problems' (severe EBD), for the purposes of resource allocation and categorisation of special schools and classes.

Children with EBD are defined by the Department of Education and Skills as 'being treated by a psychiatrist or psychologist for such conditions as neurosis, childhood psychosis, hyperactivity, attention deficit disorder, attention deficit hyperactivity disorder, and conduct disorders that are significantly impairing their socialisation and/or learning in school' (Department of Education and Skills, 2005a). This category specifically excludes students whose conduct or behavioural difficulties can be dealt with in accordance with

agreed procedures on discipline (Department of Education and Skills, 2005a). Children with severe EBD must be in the care of a psychiatrist or clinical psychologist for a severe clinical disorder. A very small number of students would be expected to fall within this category.

Some students in this category may need resource teaching support. Care support from an SNA may be required where students' behaviour is a danger to themselves or others, or where it seriously interferes with the learning opportunities of other students. In certain circumstances, some students may require both teaching and care support (Department of Education and Skills, 2005a).

2.4.2.5 Additional teaching support sanctioned by the NCSE 2011-2012

In the school year 2011-2012, additional teacher resources were allocated to schools in respect of 3,993 primary students and 2,565 post-primary students (totalling 6,558 students) with EBD (NCSE, 2011). In the same year, additional teacher resources were allocated to schools in respect of 859 primary students and 413 post-primary students (totalling 1,272 students) with severe EBD (NCSE, 2011). These figures do not include students with mild social or emotional difficulties as these students should be supported through the General Allocation Model (GAM) in primary schools and through learning support in post-primary schools.

Table 1: Approximate number of students for whom additional teaching hours were allocated to schools for the academic year 2011-2012

	Primary (n.)	Post-primary (n.)	Total (n.)
Total students with additional teaching hours	19,445	19,007	38,452
Of whom are students diagnosed with EBD	3,993	2,565	6,558
Of whom are students diagnosed with severe EBD	859	413	1,272
Total students with EBD/severe EBD accessing additional teaching hours	4,852	2,978	7,830
Students with EBD/severe EBD as % of total students with additional teaching hours	24.9%	15.6%	20.4%

Source: NCSE, October 2011

2.4.2.6 Access to SNA support

SNAs are allocated to primary, post-primary and special schools; they address care needs in order to facilitate the inclusion of students with special educational needs. These allocations are based on individualised applications and are subject to eligibility criteria laid down by the Department of Education and Skills. In order to qualify for SNA support, a pupil must have a disability and care needs as outlined in Department of Education and Skills circulars 07/02 and 02/05. The care needs of the child must be assessed and described by a professional who is also required to state why the support of an SNA is necessary and to

outline the benefits that would accrue to the child from receiving such care in the school setting. In the case of students with EBD, care support from an SNA may be required where a student's behaviour is a danger to himself or others or where it seriously interferes with the learning opportunities of other students (Department of Education and Skills, 2005). The duties of SNAs are solely related to care needs and are strictly of a non-teaching nature (Department of Education and Skills, 2002).

Applications for SNA supports for particular students are made by schools to special educational needs organisers (SENOs) who examine each request in the context of Department of Education and Skills' policy and the SNA resources already provided to the school in question. The SENO decides if the pupil is eligible to receive support and, if so, whether the school has sufficient SNA resources to meet the care needs of the child. It is important to maintain a balance between the allocation of necessary care support and the right of the child to acquire personal independence skills. Where the child is eligible for SNA support and the school has an insufficient number of SNAs to provide the required support, additional SNA staffing may be sanctioned by the SENO. Schools are advised to regularly review the care needs and the level and type of support being given to the child.

Some students have major care needs and require the assistance of an SNA on a full-time basis. Others require SNA assistance on an intermittent basis, so that their needs can be met as they arise.

In October 2011, approximately 9,387 students in mainstream primary schools had access to SNA support, comprising 1,864 primary students with EBD and 554 primary students with severe EBD (totalling 2,418 primary students). This signifies that 26 per cent of students with access to SNA support in primary schools were within the EBD category (Source: Special Education Administrative System, NCSE 2011).

Approximately 3,314 students in mainstream post-primary schools had access to SNA support, comprising 777 post-primary students with EBD and 190 post-primary students with severe EBD (totalling 967 post-primary students). This signifies that 29 per cent of students with access to SNA support in post-primary schools were within the EBD category (Source: Special Education Administrative System, NCSE, 2011).

Overall, 12,701 students in mainstream primary and post-primary schools had access to SNA support, of whom 3,385 (27 per cent) were diagnosed with EBD or severe EBD (Source: Special Education Administrative System, NCSE, 2011).

Table 2: Approximate number of students with EBD for whom SNA support was allocated to schools for the academic year 2011-2012

	Primary (n.)	Post-primary (n.)	Total (n.)
Total students with SNA support	9,387	3,314	12,701
Of whom are students diagnosed with EBD	1,864	777	2,641
Of whom are students diagnosed with severe EBD	554	190	744
Total students with EBD/severe EBD accessing SNA support	2,418	967	3,385
Students with EBD/severe EBD as % of total with SNA support	25.8%	29.2%	26.7%

Source: NCSE, October 2011

2.4.3 Special classes for students with EBD

Students with EBD may be enrolled in special classes in mainstream primary and post-primary schools for students with special educational needs arising from a disability. Special classes for students with EBD have a maximum pupil-teacher ratio of 8:1 (the ratio is 6:1 for severe EBD) to assist the school in meeting the educational needs of students placed in these classes. In addition, special classes may be given a baseline level of SNA support to reflect the profile of care needs in the class.

In the school year 2011-2012, eight schools had special classes for students with emotional and behavioural disorders. A total of nine special classes existed for EBD in these schools, eight at primary level and one at post-primary level. Approximately 52 students were enrolled in these nine special classes for students with EBD (Source: NCSE, 2012)

Table 3: Schools with special classes for students with EBD

Roll No.	School name and address	School type	Class type	No. of classes
19631Q	Gaelscoil Mhic Easmainn, Trá Lí, Co. Chiarraí	Primary	EBD	1
70500P	Listowel Community College, Co. Kerry	Post-primary	EBD	1
17639W	Scoil Na mBráithre, Mitchelstown, Co. Cork	Primary	EBD	1
19476H	St. Oliver Plunkett N.S., Navan, Co. Meath	Primary	EBD	1
16211C	Two Mile Borris NS, Thurles, Co. Tipperary	Primary	EBD	1
20184B	Galvone NS, Kennedy Park, Limerick	Primary	EBD	2
18843D	Mary Queen of Angels NS, Gurteen Road, Ballyfermot, Dublin 10	Primary	EBD	1
19678T	St Paul's SNS, Rathmullan, Drogheda, Co. Louth	Primary	Severe EBD	1

Source: NCSE, February 2012

2.4.4 Special schools for students with special educational needs

During the school year 2010-2011, approximately 865,759 students were enrolled in schools aided by the Department of Education and Skills. Of these, 356,107 students were enrolled in post-primary schools and 509,652 were enrolled in primary schools; these figures include 7,178 students (0.8 percent of total) enrolled in all special schools (Department of Education and Skills, 2011a).

A total of 119 special schools exist in Ireland for students with special educational needs arising from a disability. According to NCSE figures, approximately 6,676 students were attending special schools for students with disabilities during the 2011-2012 school year (Source: NCSE, October 2011).

Students with EBD may be enrolled in special schools for students with EBD or severe EBD. Classes in special schools for students with EBD have a maximum pupil-teacher ratio of 8:1 (the ratio is 6:1 for severe EBD) to assist the school in meeting the educational needs of students placed in these classes. In addition, special schools may be given a baseline level of SNA support to reflect the profile of care needs in the class. A school for students with severe EBD will have one teacher for every six students and may have one SNA allocated to each class group.

During 2011-2012, of those who attended special schools for students with disabilities – approximately 6,676 students – approximately 342 students (5.1 per cent) attended 12 special schools designated for students with EBD (Source: NCSE, 2011). One of these schools (St. Declan's Special School) caters for students with mild EBD, with the remaining eleven schools catering for students with severe EBD.

Table 4: Special schools for students with EBD

SRN	School	No. Students
18569J	St Declan's Special School, Ballsbridge	48
18863J	Benincasa Special School, Blackrock	45
18904U	St Peter's Special School, Orwell Road, Dublin 6	60
19281P	Mater Hospital Special School	6
19316I	St Paul's Hospital Special School, Beaumont	48 (ASD)
19217G	*St Frances Clinic Special School, Temple St.	-
19500B	Phoenix Park Special School	18
19409P	Casa Caterina Special School, Cabra	28
19630O	*Warrenstown House Special School, Blanchardstown	-
19523N	School of the Holy Spirit Special School, Kilkenny	67 (ASD) 4 EBD
19567K	Scoil Aine, Galway (on campus of Merlin Park Hospital)	18
20153N	*St Joseph's Adolescent and Family Services, Fairview	-
	Total	342

Source: NCSE, 2011. Schools marked with an asterisk provide services from time to time, to children being treated in hospitals.

2.4.5 Numbers of school-going students in receipt of support for low incidence EBD 2011-2012

In the school year 2011-2012, mainstream primary and post-primary schools were in receipt of additional teaching hours for approximately 7,830 students with low incidence special educational needs arising from EBD. (This figure does not include students with mild EBD resourced under the General Allocation Model in primary schools or those students with mild EBD in receipt of learning support hours in post-primary schools.)

In addition to the above total figure, approximately 52 students were enrolled in nine special classes for students with EBD (Source: NCSE, 2012). Approximately 342 students were being educated in 12 special schools for students with EBD. This yields a total of 8,224 students in receipt of support for low incidence EBD for the school year 2011-2012.

Table 5: Approximate number of students with additional supports for EBD

Support type	Approximate no. of students with EBD
Additional teaching hours	7,830
Special Classes EBD	52
Special Schools EBD	342
Estimated total	8,224

2.4.6 Delivering Equality of Opportunity in Schools (DEIS)

The DEIS scheme is designed to ensure that the most disadvantaged schools benefit from a comprehensive package of supports to tackle educational disadvantage. The scheme provides for:

- a standardised system for identifying and regularly reviewing levels of disadvantage in schools and
- a new integrated School Support Programme to tackle disadvantage which brings together and builds upon pre-existing schemes and programmes, including the School Completion Programme, the Home School Community Liaison Scheme and Breaking the Cycle.

Table 6 presents a breakdown of the schools included in the DEIS scheme.

Table 6: Schools included in the DEIS scheme

	Band 1	Band 2	Total
Urban primary	198	144	342
Rural primary	-	-	327
Post-primary	-	-	195
Overall total	198	144	864

Source: Department of Education and Skills

Designated disadvantage status attracts increased resources from the Department of Education and Skills, both in terms of reduced pupil-teacher ratios and in terms of the allocation of permanent teachers under the General Allocation Model (GAM). The GAM is the

principal mechanism by which schools are supported to include students with high incidence special educational needs.

DEIS Band 1 schools comprise 198 urban/town primary schools with the highest concentrations of disadvantage (Department of Education and Skills, 2012c). From September 2012, the staffing schedule for these schools will be based on a general average of one teacher for every 22 students. These schools will also be given an additional allocation of 0.2 of a post where the school has less than 200 students and 0.4 of a post where the school has 200 or more students. DEIS Band 1 schools will also do better than other primary schools in relation to the General Allocation Model; this is because the applicable staffing schedule provides a more favourable position for them in relation to the number of classroom teaching posts, on which the GAM is now based (see Section 2.4.2.3 above).

DEIS Urban Band 1 schools are advised that they should continue to implement more favourable pupil-teacher ratios in junior classes, in line with DEIS policy (Department of Education and Skills, 2012a). Targeted measures have also been implemented in these schools to tackle problems of literacy and numeracy.

A total of 195 DEIS post-primary schools exist; these are also provided with additional support through an improved staffing schedule of 18.25:1. This is an 0.75 point improvement compared to the existing standard 19:1 that generally applies in post-primary schools that do not charge fees (Department of Education and Skills, 2012d).

The Home School Community Liaison scheme was established in 1990 and is now part of the new, integrated School Support Programme, provided as part of the DEIS scheme. It works on the basis of a preventative strategy and is 'concerned with establishing partnership and collaboration between parents and teachers in the interests of children's learning'. It focuses on the adult(s) in the children's lives, with the aim of deriving indirect benefit for the children concerned. Schools within the scheme are allocated one teacher to work across the school, home and community.

2.4.7 Additional supports

2.4.7.1 Assistive technology

The term 'assistive technology' refers to any item of equipment that can be used to improve the functional capability of a pupil with special educational needs that is of direct educational benefit to them. The scheme applies to students who have been diagnosed as having serious physical and/or communication disabilities that make ordinary communication through speech and/or writing impossible for them.

Table 7: Number of students receiving assistive technology (AT) for academic year 2011-2012

	Primary (n.)	Post-primary (n.)	Special (n.)	Total
Total students receiving AT	2,638	1,921	295	4,854
Of whom students diagnosed with EBD	53	75	1	129
Students with EBD as % of total receiving AT	2.0%	3.9%	0.34%	2.7%

Source: Special Education Administrative System, NCSE, January 2012.

NCSE records that assistive technology was provided to a total of 129 students with EBD in the school year 2011-2012 (see Table 7 for a breakdown of these figures across school sectors). This represents 2.7 per cent of students receiving assistive technology during 2011-2012 or 1.6 per cent of the total number of students (8,224) who were receiving some kind of support for low incidence EBD during the same year.

The total cost of providing assistive technology is estimated to be in the region of €2 million for the 2011-2012 school year (Source: Department of Education and Skills, 2011).

2.4.7.2 Enhanced capitation grants

Capitation grants are paid towards the day-to-day running costs of schools, for example, heating, cleaning, lighting, maintenance of school premises and grounds and the provision of teaching materials and resources. The rate of payment for a pupil in a mainstream class in a mainstream primary school for the 2011-2012 school year is €178 per pupil (Source: Department of Education and Skills, February 2012).

Enhanced payments are made to schools in respect of all students attending special schools and special classes. The special rates vary, depending on the particular level of need involved. The following specific provision is made for students attending special classes for students with EBD in mainstream primary schools or students attending special schools:

Emotional disturbance: €857

Severe emotional disturbance €879

(Source: Department of Education and Skills, 2012).

2.4.7.3 Special transport scheme

The purpose of this scheme is to support the transport to and from school of students with special educational needs arising from a diagnosed disability, having regard to available resources. These students are eligible for transport where they:

- have special educational needs arising from a diagnosed disability in accordance with the designation of high and low incidence disability set out in the Department of Education and Skills Circular 02/05
- are attending the nearest recognised mainstream school, special class/special school or unit that is or can be resourced to meet their special educational needs.

Eligibility is determined following consultation with the NCSE through its network of Special Educational Needs Organisers (SENs). Details of the special transport scheme are set out in the Department of Education and Skills Circular, *School Transport Scheme for Children with Special Needs* (November 2011), available on the Department of Education and Skills website at www.education.ie.

During the 2011-2012 school year, transport was provided by the Department of Education and Skills to 143 students with EBD (see Table 8 for a breakdown of these figures across school sector). This represents 2.3 per cent of the total number of students receiving transport support during 2011-2012 or 1.7 per cent of the total number of students (8,224) who were receiving some kind of support for low incidence EBD during the same year.

Table 8: Number of students receiving transport support for academic year 2011-2012

	Primary (n.)	Post-primary (n.)	Special (n.)	Total
Total students receiving transport	1,981	633	3,678	6,292
Of whom students diagnosed with EBD	26	10	107	143
Students with EBD as % of total receiving transport support	1.3%	1.6%	2.9%	2.3%

Source: Special Education Administrative System, NCSE, January 2012.

The average cost of providing school transport is €1,020 at primary level, €958 at post-primary level and €9,087 for students with special needs (Department of Education and Skills, 2011b).

2.4.8 Services supporting students with challenging behaviour arising from EBD

Different government departments have varying levels and types of responsibility for matters relating to children, including children with challenging behaviour arising from EBD. An overview of these departments, their services and agencies is provided in Table 9 below.

Table 9: Government departments, services and agencies

Government department	Services within the department	Agencies of the department
Department of Education and Skills	<ol style="list-style-type: none"> 1. National Educational Psychological Service (NEPS) 2. Special Education Support Service (SESS) 3. National Behaviour Support Service (NBSS) 4. Youthreach 	<ol style="list-style-type: none"> 1. National Council for Special Education (NCSE) 2. National Council for Curriculum and Assessment (NCCA)
Department of Health	Office for Disability and Mental Health	Health Service Executive (HSE) <ul style="list-style-type: none"> • Primary care teams • Network level teams (Early intervention and school age teams) • CAMHS • Children's residential centres
Department of Children and Youth Affairs	<ol style="list-style-type: none"> 1. Irish Youth Justice Service <ul style="list-style-type: none"> • Children's Detention Schools 2. Child Welfare and Protection Policy Unit 3. Prevention and Early Intervention Programmes for Children 4. Children's Services Committees 	<ol style="list-style-type: none"> 1. National Educational Welfare Board (NEWB) 2. Family Support Agency

2.4.9 Department of Education and Skills services supporting schools and teachers in the education of students with challenging behaviour arising from EBD

This sub-section provides a brief outline of the main Department of Education and Skills services that support schools and teachers in the education of students with challenging behaviour arising from EBD. Further information is provided in Appendix 2. This detailed account was provided by the relevant services, as part of a scoping exercise commissioned by NCSE and conducted by St. Patrick's College, Drumcondra, in conjunction with the NCSE Advisory Committee.

2.4.9.1 The National Educational Psychological Service (NEPS)

The NEPS is a division of the Department of Education and Skills. The mission of the NEPS is:

to support the personal, social and educational development of all children through the application of psychological theory and practice in education, having particular regard for children with special educational needs (NEPS Statement of Strategy, 2001).

NEPS psychologists play a role in supporting students experiencing behavioural, emotional and social difficulties that impact on their learning and socialisation in school. NEPS psychologists provide a range of supports in the school setting, which are informed by educational psychology and a bio-psycho-social perspective. These supports range from the promotion of social and emotional competence and prevention of difficulties to a graduated response to concerns around individual students. As noted earlier in this section, the NEPS has published guidelines to schools setting out a graduated process to identifying and responding to students with special educational needs. One document specifically addresses the particular area of learning and behavioural, emotional and social difficulties.

NEPS psychologists are also involved in work in the following areas:

- staff support and development initiatives targeted at whole school and classroom practice level
- support to schools in the event of critical incidents, and consultation with schools in relation to the development of critical incident policies
- development and delivery of staff inputs and interventions such as Friends for Life and the Incredible Years programme, in collaboration with local clinical psychologists, child and adolescent mental health teams and other service providers
- liaison with social services, the CAMHS, speech and language services, occupational therapy services and other professionals
- liaison with other services and agencies of the Department of Education and Skills, for example the NCSE, the NEWB, the NBSS, and the SESS.

The NEPS currently employs 160 whole time equivalent psychologists and has sanction to employ a further 13 whole time equivalent to bring the total number of psychologists to 173 (Source: NEPS, 2012). Schools that do not have an assigned NEPS psychologist have access to the Department of Education and Skills Scheme for Commissioning Psychological Assessments.

2.4.9.2 Special Education Support Service (SESS)

The SESS was established by the Department of Education and Skills in 2003 to enhance the quality of learning and teaching, through the delivery of a range of professional development initiatives and support structures, for school personnel working with students with special educational needs. The SESS manages a team of associates⁵ who work with teachers in the broad area of behaviour management for students with special educational needs. The SESS also operates a Special Educational Needs Behaviour team, which provides support for teachers in the area of behaviour management, commencing initially for teachers working with students with autistic spectrum disorders (ASD). This team is responsible for the delivery of continuous professional development (CPD) and support to consolidate teachers' knowledge and skills in behavioural support and in the application of behavioural principles to learning through the use of contemporary applied behaviour analysis.

⁵ **SESS associates:** Teachers seconded to work with the SESS on a part-time basis.

The SESS provides a continuum of support for teachers that includes seminar delivery, school visits, conferences, facilitated teacher exchange, telephone/email support, the publication of support materials, e-learning, a website, an online library, summer courses and the facilitation of school-based learning communities. Examples of such support relevant to behaviour are provided in Appendix 2.

2.4.9.3 National Behaviour Support Service (NBSS)

The NBSS was established by the Department of Education and Skills following the report of the Task Force on Student Behaviour in Second Level Schools (Department of Education and Skills, 2006). The NBSS promotes and supports positive behaviour for learning through the provision of a systematic continuum of support to a number of school communities. In keeping with its mission statement of 'promoting and supporting behaviour for learning', the NBSS offers support complementary to that of the SESS, although its support is limited to second level schools.

The service provides a three level model of support to partner schools:

- Level 1: Whole school positive behaviour support
- Level 2: Targeted intervention behaviour support
- Level 3: Intensive, individualised behaviour support.

These three levels of support are customised to the specific requirements of each partner school on an ongoing basis, under the following positive behaviour in-school curricular framework:

- Behaviour for learning skills
- Academic literacy, learning and study skills
- Social and emotional literacy skills
- Positive health and wellbeing skills.

Level 3 support is offered to the small group of students who, notwithstanding whole school behaviour support and targeted interventions, continue to experience difficulty and demonstrate challenging behaviours in schools. This third level of NBSS behavioural support is provided in 23 schools nationally through full-time Behaviour Support Classrooms, in 26 schools with Behaviour for Learning Programme Teachers and in 37 other schools through direct work with students by NBSS team members.

The Positive Behaviour Liaison Teacher initiative is introduced for one year in schools prior to the conclusion of their partnership with the NBSS in order to assist schools to build capacity and to sustain improvements. The appointment allows for 11 hours to be assigned to an established teacher on the school staff to develop, co-ordinate and implement whole school focused positive behaviour initiatives in partnership with relevant school personnel. It facilitates effective responses to challenging behaviour and the identification and coordination of in-school CPD for staff.

A detailed description of the work of the NBSS, in relation to each level of support, was provided by the NBSS and is included in Appendix 2.

2.4.9.4 Youthreach and the Special Educational Needs Initiative in Youthreach

Youthreach offers second chance educational opportunities to unemployed, early school leavers aged 15-20 years. Early school leaving is closely associated with educational and economic disadvantage and with increased risk of physical and mental health problems, anti-social/criminal behaviour and substance misuse. In light of this, the Youthreach programme aims to maintain young people within education through a course of study generally lasting two years. Funded by the Exchequer under the National Development Plan, the programme currently provides about 7,000 places in just over 150 local centres throughout the country. These places are in centres managed by the Vocational Education Committees (soon to be Local Education and Training Boards) and in FÁS Community Training Centres and Justice Workshops. The Youthreach programme aims to provide students with a flexible and personalised education that seeks to encourage self-regulated learning in core curriculum areas including: literacy; numeracy; ICT and oral communication skills; personal, social and health education; and vocational skills. Its goal is to enhance emotional and social development, accreditation and progression to further education, training or employment.

The Special Educational Needs Initiative was introduced in January 2007 in approximately 20 per cent of the VEC centres to take account of the special educational needs of learners and to extend the supports available to them through the use of the 'WebWheel' model. This model involves the systematic use of mentoring, individual planning processes and inter-agency working in order to address the learners' difficulties and to place them at the centre of their learning and development. Finances allowing, the Department of Education and Skills is currently committed to extending the Special Educational Needs Initiative programme and the WebWheel model to all centres for education.

2.4.9.5 Youth encounter projects

Five 'youth encounter projects' have been established in the State, since 1977, with the aim of providing an alternative model of education for students in the age range of 10 to 16 years who have become alienated from the mainstream school system. Typically, students in this cohort have either been excluded or expelled from mainstream education due to extreme behaviour, persistent truancy and involvement or potential involvement in major crime/delinquency, in addition to an inability to cope with the day-to-day demands of school life. Youth Encounter Projects (YEP) are designated as special primary schools and are managed by boards of management established in accordance with the *Constitution and Rules of Procedure of National Schools*. As such, they provide non-residential, community-based resources to students from local disadvantaged communities. In addition to offering an applied curriculum programme, YEPs focus on vocational and social training including, for example, intervention programmes that help to develop resiliency in students – characterised by attributes such as empathy, social responsiveness, sensitivity and humour – in order to increase young people's ability to cope with risk factors in their lives.

2.4.10 National Council for Special Education

The NCSE has a range of functions in relation to the support of students with challenging behaviour arising from behavioural, emotional and social difficulties. Its local service is provided through the network of special educational needs organisers (SENOs). Currently, the NCSE employs 75 SENOs and nine senior SENOs. Each SENO has responsibility for specific primary, post-primary and special schools within their area. SENOs provide a service to all primary, post-primary and special schools in the country.

At present, SENOs provide information to parents concerning educational options for students with special educational needs. They sanction resource teaching hours and SNA posts and they process applications for assistive technology and transport. SENOs are also involved in strategic local planning in consultation with stakeholders. They advise the Department of Education and Skills on local needs in relation to students with special educational needs.

The SENO, on behalf of the NCSE, liaises with local health authorities to co-ordinate the delivery of services between the health and education sectors. In this way, they facilitate the inclusion of the child in the school system.

2.4.11 National Council for Curriculum and Assessment (NCCA)

The NCCA is a statutory body with responsibility to advise the Minister for Education and Skills on curriculum and assessment matters relating to early childhood education and primary and post-primary schools. The NCCA has published guidelines for teachers of students with general learning disabilities (NCCA, 2007), which support teachers at primary and post-primary levels to include students with special educational needs more effectively. In addition, they have published a draft curriculum framework and guidelines for children in detention and care (NCCA, 2007).

Two programmes at second level focus specifically on students deemed to be at risk of early school leaving and/or under-achievement, namely the Junior Certificate School Programme and the Leaving Certificate Applied Programme. Both programmes emphasise cross-curricular work, tasks and projects, along with personal and social development. Available information suggests that the programmes are well received by staff and students (Smyth and McCoy, 2009).

2.5 Department of Health

2.5.1 Health policy

2.5.1.1 Vision for Change 2006

An expert group on mental health policy was appointed by the Minister for State at the Department of Health and Children (DoHC)⁶ in August 2003. Its purpose was to prepare a comprehensive mental health policy framework for the next ten years and to recom-

6 The Department of Health and Children was renamed as the Department of Health in March 2011. The Department of Children and Youth Affairs was established at the same time.

ment how the services might best be organised and delivered. The document *Vision for Change* was the report of this expert group. It sets out recommendations for a comprehensive mental health service for young people up to the age of 18 years, on a community, regional and national basis. The report recommended 'an integrated multidisciplinary approach to addressing the biological, psychological and social factors that contribute to mental health problems' (Government of Ireland, 2006: 8).

2.5.1.2 Primary care/community care services

Vision for Change noted that community care services should provide assessment, monitoring and support services for children who are at risk of mental health difficulties or in need of care and protection. Community care should be taken to include the following services:

- community care psychology services
- social work services
- speech and language therapists
- community paediatric occupational therapists
- public health nurses
- public health doctors and area medical officers.

2.5.1.3 Specialist child and adolescent community mental health teams

Vision for Change stated that specialist child and adolescent community mental health teams should be available to identify and prioritise the mental health needs of children in each catchment area and to develop clear links with primary and community care services. These teams should provide mental health services for everybody aged less than 18 years in the catchment area who require such services. The report noted that the vast majority of children do not develop mental health problems but that at any point in time approximately two per cent of children will require specialist mental health expertise (Government of Ireland, 2006: 84).

Vision for Change also states that the multidisciplinary teams, under the clinical direction of a consultant child and adolescent psychiatrist, should comprise one consultant psychiatrist, one doctor in training, two clinical psychologists, two social workers, two psychiatric nurses, a speech and language therapist, an occupational therapist, a child care worker and two administrative staff. The composition of each team should ensure that it is possible to provide a range of evidence-based therapeutic interventions.

The report proposed that within each Community Mental Health Catchment Area of 300,000 population, there should be:

- Six multidisciplinary community mental health teams to provide mental health services to children and adolescents
- Two teams per 100,000 population

- One additional community mental health team to provide liaison cover to paediatric and general hospitals in the area
- One day hospital service per 300,000 population
- Provision for 100 in-patient beds for children and adolescents nationally.

Further recommendations are contained in the policy concerning mental health intellectual disability teams (totalling 13), substance misuse, eating disorder and forensic services for young people.

2.5.1.4 The Office for Disability and Mental Health

This Office was established in early 2008 to support the integration and co-ordination of the work of four government departments: the Department of Health and Children; the Department of Justice, Equality and Law Reform; the Department of Education and Skills; and the Department of Enterprise, Trade and Employment. It is led by a director appointed from the Department of Health and Children. Senior personnel from each of the other three government departments with responsibility for mental health and disability report to this director. The remit of the Office is:

to improve how services respond to the needs of people with disabilities and mental health issues, by continuing the work to develop person-centred services, focusing on the holistic needs of people with a disability and actively involving them in their own care. (IPA, 2008)

2.5.1.5 National Programme for Progressing Children's Disability Services 2009

In 2008, the HSE established the National Reference Group on Multi-disciplinary Services for Children aged 5-18, to examine how children's disability services could be co-ordinated and progressed. This group reported in 2009, making a series of recommendations for the restructuring and co-ordination of health services, and for closer working relationships with parents and schools (HSE, 2009). The report's recommendations have now been adopted as official HSE policy for children with disability aged 0-18 years.

The report proposes 'pathways of care for children with disabilities and special educational needs' (HSE 2009: 17). This report deals mainly with the reconfiguration of health services to improve integration and provide greater coherence to children and families. An over-riding recommendation of the report is that health related services should be provided according to the bio-psycho-social model which 'recognises disability as an interaction between the individual's impairment and the environment' (HSE 2009: 5).

The report recommends that children should receive their health services as close to their home as possible, and that they should be seen at primary care level when their needs can be met there. It states that they should be referred to specialist services when necessary. At network level, there should therefore be an early intervention team, a school age team and a CAMHS team for children with complex needs who require team intervention. According to recommendation 22, health service interventions should be based in the school, whenever appropriate to meeting children's needs (HSE, 2009). In addition, it notes that during school age years, the school becomes the critical site for delivering

services as this is now the key focus of a child's life. It proposes that school age interdisciplinary teams (referred to as network teams) should be established in each Health and Social Care Network (covering a population of 30,000 to 40,000).

The report goes on to note that these network teams (along with early intervention teams) would provide specialist services to children with disabilities whose needs could not be met by local primary care services (providing for populations of 8,000 to 10,000) (HSE 2009:5). The network teams should be accommodated in one premises (a child development centre) in order to allow for sharing of facilities and to promote effective co-ordination of services.

The report explains that network teams would be targeted at children whose needs cannot be met at primary care level. These generic network or interdisciplinary teams would be supported by sub-specialist services to meet more complex needs in the areas of intellectual disability, autistic spectrum disorder, physical disability and sensory disability. These sub-specialist services would operate at a population level of 100,000 to 450,000, and provide consultation for primary care teams and network teams on an intermittent basis in relation to children with exceptionally complex needs.

A national programme is now in place to implement the recommendations of the above report. A National Co-ordinating Group has been established to oversee the implementation of this programme (HSE 2011). The Department of Education and Skills is a partner organisation in the programme. Lead persons have been identified in each of four regions nationwide. Local implementation groups are being established at area level. Network teams have been established on the ground in a number of areas and are now at various stages of development.

2.5.2 Current provision: health supports

2.5.2.1 Health Service Executive (HSE)

Primary care teams (PCTs): A key stated objective for the HSE is to increase access to primary care services in 2012 through the establishment of 489 primary care teams (PCTs) in local communities (HSE, 2012). These teams should include physiotherapists, occupational therapists, speech and language therapists and psychologists with paediatric training and expertise.

Primary care teams should be supported at network level by early intervention and school age teams for children with more complex needs.

Community Child and Adolescent Mental Health Service (CAMHS) teams: The CAMHS team is the first line of specialist mental health services. The third CAMHS annual report (HSE, 2011a) views the development of 99 multidisciplinary CAMHS teams as key to the fulfilment of the *Vision for Change* (Department of Health and Children, 2006) policy programme as outlined in the above section. This figure is based on the 2006 census population. By now, 61 of these teams are in place, as 56 community teams, two day hospital teams and three paediatric hospital liaison teams. The community team provides:

- assessment of emergency, urgent and routine referrals from primary care services

- treatment of the more severe and complex mental health problems
- outreach to identify severe or complex mental health need, especially where families are reluctant to engage with mental health services
- assessment of young people who require referral to in-patient or day services
- training and consultation to other professionals and services
- participation in research, service evaluation and development.

The staffing of the 56 existing community CAMHS teams is 464.74 whole time equivalents, which is 63.8 per cent of the recommended level for these teams (HSE, 2011a). The distribution of disciplines and composition of the workforce varies across teams and regions.

Referrals are screened upon receipt; those deemed urgent are seen as a priority, while those deemed routine are placed on a waiting list (HSE, 2011a). Referrals to community CAMHS teams come from a number of sources, including general practitioners, child health services, accident and emergency departments, educational services, social services (community social work) and self-referral.

National Centre for Youth Mental Health: Headstrong, the national centre for youth mental health, is a non-profit organisation supporting young people's mental health in Ireland. Headstrong aims to work with communities and statutory services to empower young people to develop the skills, self-confidence and resilience to cope with mental health challenges. Jigsaw is Headstrong's programme of service development, and is based on bringing community services and supports together so that they can more effectively meet the mental health of young people.⁷

The HSE National Service Plan 2012 has allocated innovation funding of €1 million to progress six new 'Jigsaw sites' in development, in partnership with Headstrong (HSE, 2012).

Headstrong is also funding the first national survey of youth mental health in Ireland, the *My World Survey*. This research is being conducted by UCD School of Psychology, with Dr. Barbara Dooley as lead investigator. More than 14,000 people between the ages of 18 and 25 have been surveyed. Two papers will be published, with one focusing on the needs of those aged under 18 years and the other addressing the needs of those aged 18 to 25 years.

2.6 Department of Children and Youth Affairs

The Department of Children and Youth Affairs has responsibility for 'harmonising' policy issues that affect children across different government departments. These areas include early childhood care and education, youth justice, child welfare and protection, children and young people's participation, research on children and young people, youth work and cross-cutting initiatives for children. This Department brings together a number of key areas of policy and provision for children and young people including the Office of the

⁷ Please see: www.headstrong.ie for further detail.

Minister for Children⁸ and Youth Affairs, the NEWB, the Family Support Agency (FSA) and from January 2012 the detention schools operated by the Irish Youth Justice Service. One of its key objectives is to work collaboratively across agencies and departments to improve outcomes for children and young people.⁹

The key areas of achievement for the Department of Children and Youth Affairs over the next five years include: the implementation of a more robust policy framework for children and young people, including a referendum on children's rights; a National Children's Strategy (2012-2017); a youth policy framework; a family support policy; and implementation of Children's Services Committees (CSC Initiative, Newsletter Issue 3, Summer 2011).¹⁰

2.6.1 National Educational Welfare Board (NEWB)

The NEWB has responsibility for encouraging and supporting regular school attendance, participation and retention for all children, including children with special educational needs. The NEWB incorporates the School Completion Programme (SCP), the Home School Community Liaison Scheme and the Education Welfare Service.¹¹ In June 2011, the functions of the NEWB transferred to the Minister for Children and Youth Affairs.

Under Section 23 of the Education Welfare Act (Government of Ireland, 2000a), the Board of Management of a school is obliged to prepare a code of behaviour for its students in consultation with the principal, teachers and parents; this is in accordance with guidelines issued by the NEWB. The code of behaviour is intended to support the school authorities in striking an appropriate balance between '... their duty to maintain an effective learning environment for all and their responsibility to students whose behaviour presents a challenge to the teaching and learning process' (NEWB, 2008: 2).

2.6.2 Prevention and Early Intervention Programmes for Children

The Department of Children and Youth Affairs oversees the Prevention and Early Intervention Programme, which is aimed at identifying innovative methods for supporting children at risk of socio-economic disadvantage. This programme was established in 2006, following an agreement reached between the government and Atlantic Philanthropies to establish a co-funded programme. Joint funding, to the value of €36 million was committed to the first five years of the project.

Three initial programmes have been allocated funding:

- *Childhood Development Initiative – A Place for Children*, in Tallaght West
- *Preparing for Life* in the Dublin northside communities of Belcamp, Darndale and Moatview
- *Young Ballymun*.

8 The Office of the Minister for Children became part of the Department of Children and Youth Affairs with effect from June 2011.

9 Please see <http://www.dcy.gov.ie>.

10 Please see http://www.dcy.gov.ie/documents/Summer_2011_Final.pdf

11 Please see http://www.newb.ie/about_us.asp

Projects focus on improving literacy, improving mental and physical health, increasing children's readiness for school, increasing pro-social behaviour, and providing early childhood care and education. An overriding aim is to provide targeted localised support to children and their parents in an effort to improve their health, education and safety opportunities (Department of Health and Children, 2008: 69-71).

2.6.3 Children's Services Committees

The National Children Strategy Implementation Group has committed to establishing a network of Children's Services Committees (CSC) under each of the 34 city and/or county development boards in the country. They will ensure that professionals and agencies work together so that children and families receive better quality and more accessible services.

Currently, four pilot CSCs have been established in Dublin City Council, South Dublin County Council, Donegal County Council and Limerick City Council. Each is jointly chaired by the HSE and the local authority, and includes representatives from all key statutory and non-statutory agencies working with children, as well as representatives from the community and voluntary sectors. Each CSC chairperson reports to the National Children's Strategy Implementation Group. A number of innovative practices have emanated so far from the work of these committees, including a protocol for interagency information and data sharing, an alternative response model for child welfare cases and the rollout of the Incredible Years Parenting Programme (Department of Health and Children, 2009: 13).¹²

2.6.4 Children in the care of the State

The Child Welfare and Protection Policy Unit (CWPPU) is under the aegis of the Department of Children and Youth Affairs. This unit is responsible for developing the policy and legislative framework in relation to child welfare and protection. The unit also supports the HSE to ensure the implementation of policy and the effective delivery of child welfare and protection services by the HSE at local level. The unit monitors the implementation by the HSE of policies including those regarding:

- foster care reporting and national standards for foster care
- residential care/high support units.

It is intended that a new Child Welfare and Protection Agency be established under the Department of Children and Youth Affairs.

2.6.4.1 Foster care

Children in Ireland are taken into foster care when the HSE assesses that the child is at risk. There are currently about 4,500 children in foster care in Ireland. Foster care is governed by the Child Care Act 1991 and the Child Care (Placement of Children in Foster Care) Regulations 1995. The National Standards for Foster Care 2003 are in place to ensure that foster care placements are supported and that children in foster care receive the best possible care.

¹² Please see http://www.dcy.gov.ie/documents/policy/Working_Together_for_Children.pdf

2.6.4.2 Children's residential centres

Residential care refers to care that can be provided in a home for children in the care of the HSE. The purpose of residential care is to provide a safe, nurturing environment for individual children and young people who cannot live at home or in an alternative family environment. It is generally viewed as a temporary intervention in the child's life. According to the HSE website, residential care may be provided in a children's residential centre under the HSE or by voluntary organisations. On the 30th September 2011, a total of 394 children were in residential care in Ireland (HSE, 2011b: 32).

Children's residential centres comprise three different categories.

Mainstream units are generally located in domestic estates and cater for approximately four or five children. Children are referred through their social worker under a voluntary care order or a full care order.

High support units provide residential care to young people who cannot be adequately cared for in mainstream residential care. The primary purpose of a high support unit is to respond to complex needs in a flexible way. High support units are open, the young person is not detained and there is a high ratio of staff to children. Access to specialist educational and clinical supports can be provided, if required.

According to the HSE website, there are currently nine high support units, with the combined capacity to cater for 61 children.

Special care units provide secure residential care to children who have been taken into care under special care orders, or interim special care orders, for a period of short-term care. The objective is to return the young person to a less restrictive environment as soon as possible. Currently, there are three special care units in the country – Coovagh House, Gleann Alainn and Ballydowd (Source: HSE, 2011c).

The Department of Education and Skills retains the responsibility to provide for education services in the schools attached to the special care units. The pupil-teacher ratio in these facilities is six students to one teacher, as recommended for students with severe EBD in the *Report of the Special Education Review Committee* (Department of Education and Skills, 1993).

The educational curricula and syllabi offered are broadly in line with those in mainstream primary and post-primary schools. The NCCA (2008a) has published a framework for and guidelines on curriculum and assessment provision in schools attached to children detention schools, high support units and special care units.

The schools not only provide education but can also play a large part in the rehabilitation process (NCCA, 2008). The various educational programmes range from intensive learning support in literacy and numeracy, to a wide range of academic and practical subjects, which can be studied up to state examination level. Students' individual educational ability is assessed and programmes prepared accordingly. The schools currently prepare students for the Junior Certificate examination and for the Further Education and Training Awards Council (FETAC) modules.

Currently there are seven special education facilities attached to high support/special care units, at the following locations:

- Ballydowd Special Care Unit
- Coovagh House School, Limerick
- The High Support Special School, Callan Road, Kilkenny
- Crannóg Nua, Portrane, Co. Dublin
- Castleblaney High Support Unit, Co. Monaghan
- Fethard High Support, Co. Tipperary
- Gleann Alainn High Support Unit, Glanmire, Co. Cork.

(Source: Department of Education and Skills, 2012c)

2.6.4.3 Children's detention centres/schools for young offenders

Since March 2007, administrative and legal responsibility for the detention schools was transferred from the Department of Education and Skills to the Irish Youth Justice Service, an executive office located at the Department of Children and Youth Affairs. The detention school model of care, education and rehabilitation was extended to include 16 and 17 year olds. There are currently four detention schools where a child can be detained by the Courts. Three of these schools are located on the Oberstown Campus, Lusk, Co Dublin; these are Trinity House, Oberstown Boys School and Oberstown Girls School. The fourth is St. Joseph's School, Ferryhouse, Clonmel, Co. Tipperary.

The Children's Act Advisory Board (2009a) published guidelines for therapeutic interventions for young people in out-of-home care (which includes high support units, detention schools and other similar units). A statutory requirement now requires that a care plan be put in place for every young person in State care, in consultation with his/her family and support services. This plan should identify short-term, medium-term and long-term goals for the child/adolescent, with reference also to the services required to attain these goals (Children Acts Advisory Board, 2009 p. 3).

2.7 Further Initiatives Aimed at Supporting Young People with Challenging Behaviour

2.7.1 Archways

Established in 2007, Archways is a national organisation rooted in the work of the Education Working Group of the Clondalkin Partnership, including their work in relation to young people at risk of exclusion from school. From the outset, Archways has adopted a multi-agency approach to promoting and evaluating the use of evidence-based programmes, such as Incredible Years, to support children and young people experiencing severe EBD. The initial Incredible Years pilot programme, which involved eight schools and 11 community organisations, was spearheaded by the Education Coordinator of Clondalkin Partnership in consultation with the HSE, the Lucena clinic, the NEPS and the Vocational Educational Committee Psychological Service.

The Incredible Years programme was designed in Seattle by Dr. Carolyn Webster-Stratton to prevent and treat emotional and behavioural difficulties in children aged 3-11 years. It is informed by the principles of behavioural and social-learning theory, and is an early intervention; its mainstream programme consists of three separate training programmes for parents, teachers and children respectively. According to its website, Archways currently operates in conjunction with the HSE and the Department of Education and Skills, through the NEPS, to support the delivery of Incredible Years at a number of centres including Dublin (Clondalkin, Ballyfermot, Knocklyon, Lucan and Ballymun), Limerick and Drogheda.¹³

In this context, the NEPS are providing support to approximately 200 teachers nationally in the use of the Teacher Classroom Management (TCM) element of the programme. Archways continues to support a multi-disciplinary team of HSE staff, all of whom have basic and advanced levels of training in the Incredible Years, to optimise its delivery on the ground.

A randomised controlled trial to investigate the effectiveness of the *Incredible Years Teacher Classroom Management* programme was conducted in an Irish context and short-term outcomes reported in October 2010 (McGilloway et al, 2011). The results demonstrated some significant positive outcomes for the children in the study. It also showed that the teachers involved were employing more positive classroom management strategies. The researchers concluded that the programme is useful and cost effective in the Irish context.

2.7.2 The Garda Juvenile and Youth Diversion Programmes

These programmes seek to target young people aged 10-17 years who may be at risk of involvement in anti-social or criminal behaviour. The programmes employ the principle of restorative justice, which emphasises the rights of the victims of crime. The programmes work in tandem to divert youths from potentially criminal behaviour by employing non-judicial measures, including the cautioning of children and/or their placement under the supervision of Garda juvenile liaison officers, coupled with attendance at a Garda Youth Diversion project. Funded by the Irish Youth Justice Service, these projects are part of a crime prevention strategy. They are managed by multi-agency and community-based committees at local level.

In turn, children with a court conviction may receive a community sanction order (such as community service, intensive supervision, mentoring and restorative justice) instead of detention. The Young Person's Probation (YPP) service is responsible for providing assessments to the courts and for making recommendations in relation to sanctions and other possible interventions, including a system of family conferencing, as alternatives to a period of detention.

13 Please see http://www.archways.ie/who_we_are/our_history/

2.7.3 Multidimensional Treatment Foster Care

Devising child-centred, effective and sustainable interventions for young people with established patterns of anti-social behaviour presents a formidable challenge. The HSE (2009) acknowledges that while many of the children and young people who were in State care in April 2009 have been successfully placed in residential and foster care settings, a small proportion require special and/or high support care. This is due to the nature and extent of presenting EBDs, which can threaten the child's safety and that of their carers.

In response to this challenge, an evidence-based model known as Multidimensional Treatment Foster Care (MTFC) has been introduced in two Irish centres – one in the midlands and one in north Dublin. This model adopts a whole-child perspective in response to individual needs and provides a potential alternative to institutional, residential and group care placements for boys with severe and chronic criminal behaviour (Office of the Minister for Children and Youth Affairs, 2008). The intention is to extend this service incrementally, until a target of ten programmes is reached. This intervention represents one of a series of initiatives; others fall under the headings of family support, neighbourhood youth projects, youth advocacy programmes, family resource centres and community-based wrap-around supports funded by the HSE in support of vulnerable young people and their families.

2.7.4 Life Centres

This pilot project helps early school leavers aged between 12 and 16 years who have failed to make the transition from primary to post-primary school successfully, or who have dropped out or been expelled from mainstream school.

2.7.5 The Bridge Project

Established in 1991, the Bridge Project is an intensive, community-based, supervised probation scheme that operates in the greater Dublin area to help persistent young offenders reduce their involvement in criminal behaviour and become re-integrated into their communities.

2.7.6 St. John's Education Centre

St. John's Education Centre is a voluntary organisation run by the Holy Faith Sisters in the Holy Faith School in Glasnevin, Dublin. It offers non-residential counselling and mentoring programmes of five weeks duration. These run eight times each year and are available to students from all over Dublin who are deemed to be at risk of leaving school early.

Policy and Research Documents



3 Policy and Research Documents

The first aim of this section is to identify and examine key issues in relation to the education of students with EBD, with reference to the findings of a number of national and international reports. The key issues are:

- prevalence of childhood psychiatric disorders
- promoting positive mental health
- removing barriers to accessing education
- early intervention
- professional development of teachers
- agencies working together.

Its second aim is to summarise the main findings of the NCSE commissioned literature review of evidence of best practice models and outcomes in the education of children with EBD (Cooper and Jacobs, 2011).

3.1 Prevalence of Childhood Psychiatric Disorders

The report of the expert group on mental health policy (Government of Ireland, 2006) estimated that at any point in time, approximately two per cent of children will require specialist mental health expertise. This figure relates to the most severe end of the spectrum of children with mental health issues, whose needs are the main focus of this policy advice paper.

The Irish College of Psychiatrists estimated that eight per cent of Irish children have a mental health difficulty that is 'moderate to severe' and therefore require a mental health service (Irish College of Psychiatrists, 2005: 23). The NCSE noted that it might be prudent to accept the figure of eight per cent as identifying the cohort of children who may present with special educational needs for the purposes of the EPSEN Act, 2004 (as opposed to those who may require specialist health interventions) (NCSE, 2006).

In the school year 2011-2012, an estimated total of 8,224 students were in receipt of some type of support for low incidence EBD in Irish schools (see section 2.4.5). This figure does not include students with mild EBD resourced under the general allocation model in mainstream primary schools or those in receipt of learning support hours in mainstream post-primary schools. According to official records, 865,759 students were enrolled in schools aided by the Department of Education and Skills in the school year 2010-2011. Figures for 2011-2012 are not yet available, but assuming that approximately 870,000 students are currently enrolled, it can be concluded that approximately 0.9 per cent of school-going children received additional educational supports for low incidence EBD for the school year 2011-2012.

3.2 Increase in Allocation of Additional Teaching Hours

According to NCSE records, the last few years have seen an increase in the number of students being allocated additional teaching hours on the basis of a diagnosis of low incidence EBD or severe EBD. For example, between the school years 2010-2011 and 2011-2012, the number of primary students allocated additional teaching hours on the basis of severe EBD increased by approximately 18 per cent (from 726 to 859 students). The number of post-primary students allocated additional teaching hours on the basis of EBD increased by almost 25 per cent (from 2,054 to 2,565) (Source: NCSE Administrative System). These figures should be regarded as indicative only as they reflect the information on the NCSE's developing administration system at two points in time and are not directly comparable. However, these figures do lend credibility to anecdotal reports of a substantial increase in demand for supports for pupils with either EBD or severe EBD.

Recent studies undertaken by the Economic and Social Research Institute (ESRI) have raised questions about whether a disproportionate number of children from disadvantaged backgrounds are being identified with EBD (Banks, Shevlin, and McCoy, 2012; McCoy, Banks and Shevlin, 2012). These studies use data from the Growing Up in Ireland study and appear to demonstrate that children from disadvantaged backgrounds are significantly more likely than their peers to be identified as having special educational needs of a non-normative type, such as an emotional and behavioural difficulty. The authors suggest that this over-identification may be due to the subjective nature of EBD identification. They conclude that their study raises serious questions about the justification for categorisation in the area of EBD and propose that it may be necessary to think in different ways about the difficulties experienced by these children, so as to facilitate their learning and participation within mainstream schools.

3.3 Promoting Positive Mental Health

The recent publication of the third CAMHS annual report (HSE, 2011) highlights some key issues relating to child and adolescent mental health. In particular, it emphasises the importance of promoting positive mental health and well-being among children and young people in Ireland. Key points include:

- Good mental health in children and adolescents is a prerequisite for normal growth and development.
- While most children and adolescents have good mental health, studies have shown that one in ten children and adolescents suffer from mental health disorders severe enough to cause impairment.
- Mental health disorders in children and young people can damage self-esteem and relationships with their peers, undermine school performance, and reduce quality of life.
- Mental health disorders in childhood are the most powerful predictor of mental health disorders in adulthood.

- For those experiencing mental health problems, good outcomes are most likely if the child or adolescent and their family or carer have access to timely, well coordinated advice, assessment and evidence-based treatment (HSE, 2011:4).

The importance of promoting positive mental health in children is supported by the *Agenda for Children's Services policy handbook* (OMYCA, 2007). This identifies seven national outcomes that have been agreed for children and young people and towards which all children's services are expected to contribute. One of these stated objectives is that children are healthy, both physically and mentally (Office of the Minister for Children and Youth Affairs, 2007).

3.4 Removing Barriers to Accessing Education

In 2003, the World Health Organization (WHO) expressed concern that the lack of attention to the mental health of children and adolescents could lead to mental disorders with lifelong consequences. The report stated that this paucity of attention undermines compliance with health regimens and reduces the capacity of societies to be safe and productive.

Seven years onwards, the WHO (2010) reported that most people with mental health conditions face disproportionate barriers in accessing schooling. This 2010 report points out that the exclusion of children with mental health conditions is discriminatory and leads to further marginalisation of this group. The report states that barriers to schooling exist across low, middle and high income countries. Significantly, the report states that without adequate support, mental health conditions experienced by children and adolescents can lead to school failure, including poor academic performance and higher drop-out rates (WHO, 2010).

3.5 Early Intervention

Vision for Change (Government of Ireland, 2006), emphasised the importance of early intervention for children with behavioural difficulties. It stated that considerable evidence shows that early identification of behavioural difficulties and early implementation of family support programmes promote better mental health outcomes for children at risk. The report recommends that programmes addressing risk and protective factors early in life should be targeted at child populations at risk; as an example, being in a family with low income and education levels.

3.6 Professional Development of Teachers

The Organisation for Economic Co-operation and Development (OECD) has suggested that the quality of teachers and their teaching skills are the most important factors in student outcomes (OECD, 2005:12). In its review of teaching and teacher education in 25 countries, the OECD suggested that raising teacher quality and standards is perhaps the policy direction most likely to lead to substantial gains in school performance (OECD, 2005: 23).

The Teaching Council of Ireland recently published criteria and guidelines for initial teacher education programme providers. These set out the learning outcomes that 'encompass

the standards of teaching, knowledge, skill and competence ... which are central to the practice of teaching' (Teaching Council, 2011: 22). This is the first time in the history of the State that learning outcomes have been explicitly stated for initial teacher education programmes.

3.7 Agencies Working Together

The aforementioned Agenda for Children's Services (OMYCA, 2007) defines inter-agency working as:

[the] pro-active co-ordination of services between agencies that have their own specific focus (e.g. health, social care, education or social welfare) and that are located within different service sectors, i.e. the statutory, voluntary, community, not for profit and commercial sectors. (Office of the Minister for Children 2007: 38)

In relation to the need for inter-departmental work and the delivery of integrated services in support of children, the message of the report is unequivocal:

There is now widespread recognition that just as children live their lives 'in the round', so too must the services be holistic in their orientation and fit together in an integrated fashion. This **whole child/whole system** approach ensures that the effectiveness of any particular service benefits from being reinforced and complemented by other services working together, for and with children. Each agency has a responsibility to articulate and act on its own goals in regard to the shared outcomes and be clear as to how it can demonstrate that this is being done. (OMYCA, 2007: 26)

The Children Acts Advisory Board identified the task of facilitating inter-agency co-operation as one of its principal objectives and published guidelines in November 2009 to help people to understand the issues that support and impede effective inter-agency working. (Children Acts Advisory Board, 2009b)¹⁴. The guidelines provide a brief overview of the rationale for engaging in inter-agency co-operation, the tools and factors that support this work and, finally, the features that are indicative of positive inter-agency co-operation.

3.8 An International Review of the Literature of Evidence of Best Practice Models and Outcomes in the Education of Children with Emotional Disturbance/Behavioural Difficulties

An international literature review of what works in the education of children with EBD, commissioned by the NCSE, was published in 2011 (Cooper and Jacobs, 2011). The report highlighted key lessons from the literature and made recommendations for the future.

This section presents a summary of a number of significant findings from this review.

¹⁴ The Children Acts Advisory Board moved to the Department of Health and Children on 15th February 2010.

3.8.1 Teacher student relationships

The report notes that the teacher-student relationship stands at the heart of the formal educational process and that adult-initiated, emotionally supportive and stable relationships are of central importance in the lives of young people with social, emotional and behavioural difficulties (SEBD).¹⁵ The absence of such relationships is often associated with the onset of SEBD whilst the resolution of these problems is often associated with their presence.

Research evidence shows that the professional qualities and attributes of teachers impact on the social, emotional and academic engagement of students. Teachers who are able to convey emotional warmth and respect for students can have a positive effect on the social and psychological engagement of students who present with SEBD.

Training has an important role to play in the development of teachers' knowledge, understanding and skills in relation to SEBD. The inclusion of students with SEBD in mainstream schools means that it is critically important to develop such knowledge, understanding and skills among mainstream school personnel.

Students themselves can make a positive contribution to classrooms through the power of the student peer group. Strategies for utilising student peer influence as a positive resource are supported by promising empirical evidence. Examples of such strategies include Class-Wide Peer Tutoring (CWPT) and Peer Assisted Learning Strategies (PALS).

3.8.2 Interventions for developing teachers' skills in relation to severe EBD

A number of evidence-based interventions have been found useful in enhancing teachers' skills for working with students with SEBD. These are summarised below.

3.8.2.1 Behavioural interventions

Behavioural interventions are based on principles of contingency management and reinforcement. One example is the Good Behaviour Game. This game is played between teams of students and is based on interdependent group contingencies. This means that each member of a team is rewarded for the aggregate behavioural performance of their team. Evidence indicates that this game is particularly effective for a wide range of social, emotional and behavioural difficulties and in a wide range of educational settings with students aged from 12 to 18 years.

Functional behavioural analysis forms the basis of the individual behavioural plan, which provides a clearly defined set of objectives that can be used to inform educational interventions and as a basis for evaluating progress. A functional analysis makes note of the rate and frequency of the behaviours, how long they last, when they occur and where they occur. The complexities involved in this approach indicate the need for expert support in its use in schools.

¹⁵ The authors in this case use the term 'social, emotional and behavioural difficulties (SEBD)' as their preferred term when referring to children with these types of difficulties. This should not be confused with the term 'severe emotional disturbance/behavioural problems' which is used in the Irish context, and for which the acronym SEBD is sometimes used. To avoid confusion, this report uses the term 'severe EBD' for 'severe emotional disturbance/behavioural problems' and 'SEBD' for 'social, emotional and behavioural difficulties'.

3.8.2.2 Cognitive behavioural strategies

Cognitive behavioural approaches are concerned with the ways in which behaviours can sometimes be influenced by thought processes. The aim of cognitive behavioural therapy is to encourage the development of functional ways of thinking by challenging and changing dysfunctional ways of thinking. Strong evidence suggests the efficacy of cognitive behavioural approaches with diverse problems. Examples of these approaches include teaching techniques for self-evaluation and self-regulation, social problem solving, and anger management.

3.8.2.3 Whole-school approaches and support systems

Whole-school approaches are large scale programmes, not necessarily specific to the cohort of children with SEBD; nonetheless, they may help to meet some of their needs. They have the advantage of not separating out children with SEBD; in this way they avoid emphasising 'differences'. Some whole school interventions are described below.

3.8.2.4 Whole school academic interventions

These interventions are designed to enhance the academic potential of students with SEBD. The programme 'Success for All' was given as a well-evidenced approach to raising attainment in literacy; it directly addresses some of the key barriers to educational engagement experienced by students with SEBD.

3.8.2.5 Whole school interventions for social emotional learning

Interventions in this category included the following examples.

- *Circle Time*: although widely used, there is not much empirical evidence collected to support its effectiveness.
- *Social and Emotional Aspects of Learning (SEAL)*: this social and emotional learning programme, although widely implemented, has achieved relatively poor outcomes.
- *Second Step*: a social and emotional programme embedded in the formal curriculum and delivered by teachers. Evaluation evidence is disappointing.

3.8.2.6 Whole-school behavioural management programmes

Programmes in this category included the following examples:

- *School-wide Positive Behavioural Support (SWPB)*: this programme involves the development of a whole-school approach to devising and reinforcing rules for positive behaviour. There is strong evidence for its effectiveness.
- *Restorative Practices*: this involves students in an active engagement with issues within the context of the school community. To date scant evidence has emerged regarding its efficacy in relation to SEBD in schools, as it has undergone little significant evaluation.

3.8.2.7 Whole-school cognitive behavioural programmes

These programmes can be whole-school in approach and may be particularly effective for students with SEBD:

- *FRIENDS* (supported by the World Health Organization) is a ten session cognitive behavioural programme delivered by teachers and has been shown to be particularly successful in helping all students to develop strategies for managing anxiety.
- *Coping Power* is a cognitive behaviour intervention designed to address aggression/acting out behaviour; it has strong empirical support.

Cooper and Jacob's work supports the statement in *Vision for Change* (Government of Ireland, 2006) that school provides an ideal setting for the promotion of positive mental health. The report states that strong evidence exists for a health-promoting schools approach to mental health promotion. This involves the whole school environment, including curriculum, school ethos, physical environment, links with parents and community in supporting the positive mental health of school users.

Vision for Change identifies adolescence as a key stage of psychological development, one where children require an understanding of the life challenges they face and need to develop basic skills to cope with difficult emotions. It is a time of increased risk of poor mental health with anxiety, depression, psychosis, eating disorders and substance misuse becoming more prevalent, as well as an increasing risk of deliberate self-harm and suicidal behaviour. The report proposes that the social, personal and health education programme be extended to include the senior cycle of post-primary schools.

3.8.2.8 Small scale, on and off-site provision

The report examined the evidence for small scale, off-site provision such as outreach schools in Canada, career academics in the US, nurture groups in the UK and students' referral units.

The author concluded that to date, there was a dearth of evaluation evidence on these interventions to support their use.

3.8.2.9 Residential settings

Although long established, the report found that this area is poorly researched. There is limited small-scale evidence to indicate the effectiveness of residential provision in giving students respite from stress and helping them develop coping skills and improved social skills. One of the challenges faced in conducting research in this area is the difficulty of locating people who have formerly attended these schools. However, a small number of studies have indicated poor life outcomes for these people, which suggests that the improvements may not be long term, particularly when support and care ceases following departure from the residential setting.

3.8.2.10 Working with parents

The incorporation of families and carers into intervention programmes for SEBD has been shown to be of enormous value. The review identified three empirically validated

programmes for working with parents, all of which are based on behavioural principles whereby parents are taught strategies to reduce unwanted behaviour and to reinforce desirable behaviour. These programmes also include cognitive interventions such as reframing and behavioural contracting. The three programmes with a strong evidential base are called Parent Management Training, Incredible Years and Triple P.

3.8.2.11 Multi-agency interventions

The review described a number of international multi-agency interventions that showed the most promising evidence-based outcomes. It concluded that these programmes combined the following features:

1. Early intervention through wide scale screening.
2. Support and training for parents delivered in the community.
3. In-school curriculum adjustments targeted at improving basic skills, particularly in relation to language skills.
4. Behavioural and cognitive behavioural training to enable at risk students to improve emotional coping and self regulation.
5. Interventions directed at peer groups.

3.8.2.12 Use of restraint

The review did not address the use of restraint with students exhibiting physically challenging behaviour. The author explained that this omission was because their brief for the review was focused on how 'prevention, remediation and management of SEBD can best be understood in pedagogical terms' (Cooper and Jacobs, 2011:29). In the authors' view it is only when teachers have achieved the highest levels of competence in the implementation of positive educational interventions and these have failed, can restraint be morally defensible. He therefore proposes that this should be the subject of a further review.

NCSE Policy Advice



4 NCSE Policy Advice

4.1 Principles Underpinning Policy Advice

The NCSE has agreed the following principles which underpin its advice in relation to the education of children with challenging behaviour arising from EBD. The NCSE considers that the goal should be that children with challenging behaviour arising from EBD receive an education that is appropriate to their needs and are supported to achieve educational outcomes in line with their potential ability and in accordance with their individual circumstances.

1. In line with Section 2 of the EPSEN Act 2004, children with challenging behaviour arising from EBD should be educated in an inclusive environment with children who do not have such needs unless this is inconsistent with the best interests of the child as determined by an assessment carried out under the Act or the effective provision of education for children with whom the child is to be educated (Government of Ireland, 2004).
2. There should be a sustained focus on early identification and intervention so that the necessary health and education supports can be put in place to assist children with challenging behaviour arising from EBD to engage with education from an early age.
3. Children should attend their local school alongside their peers who live in their neighbourhood unless that is inconsistent with the best interests of the child as determined by an assessment carried out under the EPSEN Act 2004 or the effective provision of education for children with whom the child is to be educated.
4. Children and young people with challenging behaviour arising from EBD should be able to access education on an appropriate basis throughout the country.

4.2 NCSE Recommendations

The NCSE sets out below a blueprint for the future provision of education to students with challenging behaviour arising from EBD. In doing so, the NCSE recognises that substantial supports are already available in the system for students with special educational needs, as evidenced in Section 2 of this report. In a number of instances, the NCSE is recommending a re-configuration of these supports and greater integration between services in order to provide a more effective service to these students.

The NCSE is conscious that its recommendations are being developed in a particularly difficult economic context, necessitating financial constraint and contracting resources. The NCSE believes that, if accepted and implemented, the recommendations will increase and improve the capacity of the educational system to manage challenging behaviour generally. This in turn will allow teachers to teach and all students to learn, in safe environments. This will result in the greater engagement of students with challenging behaviour in the education process, with consequent improvements in well-being, educational outcomes and behaviour. In time, this should lead to a reduction in the supports required by schools to enable these students to participate in and benefit from education.

Given the current economic circumstances, the NCSE accepts that these recommendations, if accepted, will have to be introduced on a cost neutral or phased basis as resources permit.

4.2.1 Inclusive education

In accordance with the provisions of the Education for Persons with Special Educational Needs Act (EPSEN) Act, 2004, the NCSE is of the view that children with challenging behaviour arising from EBD should be educated in an inclusive environment with children who do not have such needs, unless the nature or degree of these needs of the child is such that to do so would be inconsistent with:

- the best interests of the child as determined in accordance with any assessment carried out under the Act, or
- the effective provision of education for children with whom the child is to be educated (Government of Ireland, 2004).

In order to achieve this, the NCSE considers that mainstream schools should fully access and utilise the supports currently in place to assist students with challenging behaviour, arising from EBD, to be educated in mainstream settings. A number of state agencies have responsibility in this regard. The NEPS works in partnership with schools to identify and support students with behaviour, emotional and social difficulties. The NBSS provides support and expertise to post-primary schools on issues related to behaviour. The SESS delivers a range of professional development initiatives and support structures for school personnel working with students with EBD in mainstream primary and post-primary schools, special schools and special classes.

The NEPS guidelines (Department of Education and Skills, 2010a and b) support schools to develop systems, skills and structures to respond to the needs of students with behavioural, emotional and social needs. In particular, the NEPS guidelines advocate that the needs of children can best be understood in terms of a continuum. This continuum ranges from mild and transient needs, requiring classroom based support, to the most complex and enduring needs, requiring an individualised approach. The Continuum of Support guidelines propose a problem solving approach to understanding and developing interventions for students experiencing a range of learning and behavioural difficulties. The process of assessment and intervention becomes increasingly systematic, depending on where the student's needs lie on the continuum in terms of intensity and duration. However, the same questions should guide the intervention process at each level of support, as follows:

- assessment – describing the problem/behaviour
- formulation – why is it happening?
- intervention – how can we help?
- review – did the intervention work?

(Department of Education and Skills, 2010a)

The NCSE considers that the NEPS Continuum of Support model provides an appropriate pathway for assessment and intervention for most students with challenging behaviour in schools. All of the supports outlined above should be exhausted before consideration is given to the removal of a child from the mainstream class.

Recommendation 1

The NEPS should ensure that its guidelines *Behaviour, Emotional and Social Difficulties: Continuum of Support* are fully implemented by schools, in order to ensure that students with challenging behaviour arising from EBD, receive all appropriate support before specialist placement is considered. This includes the effective use of resources allocated to primary schools under the General Allocation Model for use with students displaying behavioural difficulties at a mild level.

4.2.2 Continuum of provision

As indicated above, the NCSE considers that students with challenging behaviour arising from EBD should be educated in mainstream settings to the greatest extent possible. However, it also recognises that a cohort of students exists whose challenging behaviour is so extreme that at times, the best support that can be offered is placement in a specialist setting (i.e. a special school or special class attached to a mainstream school), where their particular needs can be targeted and addressed in a more focused way. The placement of students with severely challenging behaviour in special schools or classes should be viewed as a specific, temporary intervention to address learning and behaviour needs, which have been identified through assessment in mainstream provision but which could not be adequately met in that setting. The goal should be for these students to be re-included in the mainstream setting at the earliest possible opportunity.

The NCSE recognises that serious issues can arise for both students and staff when children with extreme emotional/behavioural needs are placed alongside other children with special educational needs, for example children with severe physical or medical difficulties. For this reason, separate specialist provision will possibly always be required to cater for the needs of students with severely challenging behaviour in a safe environment. The designation of special schools should not however be overly restrictive as special schools for students with EBD are already including children with increasingly complex needs arising from a wide range of diagnoses (e.g. autistic spectrum disorders). Schools should be encouraged to continue operating this flexibility into the future and to reflect such flexibility in its enrolment policies.

The NCSE has previously submitted policy advice to the Minister for Education and Skills on the future role of special schools and classes in Ireland (NCSE, 2011a). Here, it concluded that students with special educational needs should be enrolled alongside their peers, in mainstream classes in mainstream schools, to the greatest extent possible. In situations where full-time placement in a mainstream class is not possible for an individual child, placement in a special class should be considered. Special classes should be organised on a flexible basis to provide for specialist interventions and supports specific to students' needs and to facilitate an inclusive approach which allows each child to join mainstream classes to the greatest extent possible. In relation to students with EBD, specialist supports must include access to clinical psychology, psychiatry, social workers, speech and language therapy and occupational therapy, as necessary.

The NCSE considers that the placement of children/young people with challenging behaviour, arising from EBD, in special classes attached to mainstream schools offers greater opportunities for including these students in mainstream classes and in activities with their peers who do not have special educational needs. This has the additional benefit of providing positive role models to the students with challenging behaviour. In the future, special classes may also offer a more practicable option than special schools, when demographics are taken into account.

Placement decisions should be underpinned by rigorous multi-disciplinary assessment so as to avoid the unnecessary referral of students with behavioural problems to special schools or classes. Accurate assessment of students' needs should be supported by the collection of as much evidence as possible in the mainstream environment before a decision is reached regarding specialist placement.

When the necessity for specialist placement has been identified, the intervention should take place in a timely manner, before the child's difficulties have escalated to the point where behaviours have habituated and are more difficult to modify. It is not helpful to view specialist placement as a 'last resort' intervention. Specialist placement should be viewed as an intervention designed to facilitate the child's engagement in education and his/her re-inclusion in mainstream school at the earliest possible opportunity. The placement of students with severely challenging behaviour in special schools or classes should be time-bound and regularly reviewed. A place should be retained for the student in the mainstream class while he/she is placed in the special school or class.

The Department of Education and Skills has requested the NCSE to lead the development of a code of practice for teachers, parents and other professionals to guide the educational placement of children with special educational needs in specialist settings. This code should specifically address the placement of students with challenging behaviour arising from EBD and make clear that specialist placement in this case is viewed as a temporary intervention for a child, to facilitate their engagement in education and self-regulation of behaviour.

The NCSE is concerned to learn that, due to a variety of reasons, a number of children with severe EBD are not in full-time education. This can be because arrangements have been put in place whereby the children concerned are on 'reduced attendance' so they attend school for part of a day or for part of a week. It can also be due to regular suspension. These arrangements are put in place to assist the school in managing the behaviour of this group of children.

At the moment, schools are required to report absences from school in excess of 20 days. However, in many cases, these children are marked present on the roll but miss significant time from school, which is not officially recorded. There is little available information about this. As a consequence, the extent of the problem is not fully understood and therefore is not being fully addressed. The NCSE recommends that schools should be required to report such arrangements to the NEWB so that it is satisfied that these children are in receipt of an education that is appropriate to their needs. In certain instances, it may be necessary for the Department of Education and Skills to consider reducing the capitation grant for schools where it is deemed that students are not in full-time attendance at the school because of the arrangements that have been put in place.

4.2.2.1 Residential settings as part of the continuum of provision for children and young people with challenging behaviour

The NCSE considers that the provision of national services for a small number of children and adolescents, with the most complex and challenging emotional and behavioural difficulties, requires further strengthening and development. Services should include early and timely access to a multi-disciplinary team comprising speech therapy, occupational therapy, psychology, psychiatry, social workers, counsellors, behaviour therapists and family therapists. Some children may require these services to be delivered in a residential facility in order for their needs to be met. It should be emphasised that residential care should be viewed as a **setting** in which a service is delivered – it is not in itself a service.

Residential care settings are provided under the auspices of the HSE. The provision of care and education services should be viewed as equally important in terms of planning and provision within these settings. An appropriate level of education should be provided to these children in addition to the care they are receiving.

The NCSE acknowledges that the placement of children in residential care is a sensitive and complex issue, one which requires close working relationships across the relevant departments and services.

Recommendation 2

1. A continuum of provision continues to be required, to support students with complex and challenging behaviour arising from EBD, comprising mainstream placements, special classes and special schools.
2. Placement in a special school or class should be viewed as a temporary intervention in the child's life. Placement decisions should be underpinned by rigorous multi-disciplinary assessment, be time-bound and regularly reviewed.
3. A place should be retained for the student in the mainstream class while he/she is placed in the special school or class.
4. The placement of students with EBD should be specifically addressed as part of the Code of Practice on the educational placement of children with special educational needs currently under development by the NCSE.
5. Schools should be required to report any arrangements whereby a child is on 'reduced attendance' or regularly suspended from school to the NEWB so that it is satisfied that these children are in receipt of an education that is appropriate to their needs.
6. The further development of health services should be considered for the small number of children, with the most complex behavioural difficulties. This health service for these children should include access to a multi-disciplinary team comprising speech therapy, occupational therapy, psychology, psychiatry, social workers, counsellors, behaviour therapists and family therapists. Some of these children may require this service to be delivered within a residential setting.

4.2.3 Early intervention

The NCSE considers that prevention and early intervention are key components in supporting children at risk of presenting challenging behaviour arising from EBD. Early detection and intervention, when a child begins to experience difficulties, is important in tackling challenging behaviour and preventing more severe problems and/or unnecessary associated labelling at a later stage.

Systems of proactive screening and intervention for children experiencing emotional and behavioural difficulties should be developed. Such screening and intervention should be available in the first instance through the HSE primary care teams with onward referral to specialist services, as required. In addition, schools should be encouraged to carry out proactive screening annually and should design interventions to encourage positive behaviour tailored to the needs of the particular cohort of children enrolled in the school. The NEPS Continuum of Support provides examples for schools in setting up such systems.

Proactive screening and intervention in schools serves a dual purpose: it helps to increase detection rates and also enables the evaluation of interventions, if carried out annually. It provides important feedback for teaching staff as they are enabled to assess whether or not an intervention is successful. While the school's discipline referral forms will capture students who exhibit externalising behaviour, it will not reflect children with internalising behaviour. Proactive screening will do both.

In Section 3.4, it was noted that the incorporation of families and carers into intervention programmes for children with severe EBD has been shown to be of significant value. The Incredible Years is an empirically validated programme for working with parents and schools, whereby strategies are introduced to reduce unwanted behaviour and to reinforce desirable behaviour. The NCSE recommends that parents and children should be provided with the opportunity to participate in this programme, where warranted and as described under the recommendation below.

Early and timely access to clinical services is a key issue for those children with more serious levels of challenging behaviour arising from EBD. Levels of access to such services should be consistent across students and across educational settings. Schools supporting students with challenging behaviours arising from severe EBD require access to a multi-disciplinary team comprising practitioners in speech therapy, occupational therapy, psychology, psychiatry, social workers, counsellors, behaviour therapists, and other relevant fields. In the small-scale information gathering exercise undertaken by the NCSE, it was noted that special schools who did have on-site access to such supports experienced greater levels of success in retaining students and managing behaviour.

Health services should therefore be in place to provide early assessment and treatment, where necessary, and to complement the resourcing of schools to support students with EBD, in line with existing government policy.

Recommendation 3

1. Students with challenging behaviour arising from EBD should have early and timely access to sufficient clinical services, which should be provided on a consistent, efficient and equitable basis throughout the country. The Department of Health should continue to work towards a situation where health supports are delivered on-site in the child's school and are integrated with other services, where feasible and appropriate.
2. Schools, in conjunction with the NEPS psychologist, should implement a programme of school level screening and introduce behavioural interventions designed to encourage positive behaviour, so as to support at risk or vulnerable children and prevent the development of more severe problems. Primary schools should use resources available under the General Allocation Model for use with students who are displaying behavioural difficulties at a mild level.
3. The roll-out of the Incredible Years Programme for parents and schools should be prioritised for children with extremely challenging behaviour arising from EBD. The Incredible Years Child Dinosaur Classroom Programme should be an integral part of the social, personal and health education curriculum in lower primary school classes, along with other evidence-based programmes to promote social and emotional competence. The NEPS should advise schools on the use of the Incredible Years Child Dinosaur Small Group Treatment Programme in primary schools, for children who require this programme.

4.2.4 Supports required in mainstream schools

Currently, primary schools can access additional teaching supports for students with challenging behaviour through a general allocation of hours for students with mild social or emotional difficulties. Post-primary schools are provided with a general allocation of learning support teaching hours to support students who are eligible for learning support teaching. Both primary and post-primary schools can access additional teaching resources for the support of individual students assessed as having more complex, low incidence special educational needs, including those with a clinical diagnosis of EBD.

Children with a clinical diagnosis of EBD include those who exhibit behaviours that seriously challenge the ability of the system to respond. These behaviours include actions that seriously disrupt the work of the classroom on a sustained basis. Such behaviours include:

- violent physical aggression towards other students and towards teachers
- sustained and offensive verbal assault
- refusal to take part in classroom activities
- shouting, bullying and disrupting the classroom in a manner that does not respond to repeated efforts on the school's part to control such behaviour
- throwing books, chairs and desks

- consistently destroying their own work and the work of others
- kicking, punching, biting.

4.2.4.1 Framework for the allocation of supports to mainstream schools

The NCSE considers that students with challenging behaviour arising from EBD require the following supports to be available for schools to access, where required:

1. Programmes tailored to the needs of students with EBD including
 - social and personal skills programmes, to include self-regulation of behaviour
 - life skills programmes
2. School based supports, including resource teaching hours and access to SNA support
3. Clinical supports (to include social work services, psychiatry, clinical psychology, counselling, family therapy, cognitive behavioural therapy, occupational therapy, speech and language therapy and other relevant services).

Educational programmes

Social and personal skills programmes and life skills programmes should be taught in the first instance as part of the school's ordinary curriculum and particularly as part of the social, personal and health education programme. If additional work is required in these areas, it should be stipulated as part of the student's individual educational plan, with goals and targets set. The NEPS psychologist should have responsibility for advising and supporting schools in the use of evidence-based behavioural programmes.

Resource teaching hours, allocated within current Department of Education and Skills policy parameters, can be used to support the above programmes. Access to SNA support should be planned to support care needs of these students.

Framework for the allocation of additional supports to mainstream schools

The NCSE now proposes a new framework for the efficient allocation of supports to mainstream schools for students with challenging behaviour arising from an assessed EBD. This framework is based on a system whereby:

- i. Supports are graduated in alignment with the NEPS Continuum of Support model.
- ii. The provision of additional support at the School Support Plus level of the NEPS Continuum of Support (Department of Education and Skills, 2010a) is conditional on the development of an individual education plan for the students concerned, which sets out educational and behavioural targets against which students' progress can be measured and outcomes evaluated.
- iii. Additional teaching and care supports for students with EBD are time-bound and regularly reviewed as part of the above individual education plan – for some students this might be as often as at the end of each term.
- iv. Additional teaching and care supports should be allocated for a maximum period of three years only. If at this point there has been insufficient change in the student's behaviour, a full review of the pupil's educational plan should be undertaken and

alternative options explored, before any further applications for support will be considered.

NEPS psychologists are generally involved in detailed assessment of the child with EBD at the School Support Plus level on the Continuum of Support, in order to identify needs and to advise on the development of intervention programmes. The NCSE considers that many students with EBD/severe EBD will respond well to appropriate interventions from qualified teachers and that challenging behaviour will reduce in intensity and quantity where students have individualised programmes in place which address their needs.

The NCSE considers that an individual educational plan should be drawn up for each child, with challenging behaviour arising from EBD, at School Support Plus level. This plan should be drawn up by the school, in conjunction with the NEPS psychologist, who should lead on the development of the intervention programme. The plan should be in place before additional supports are sanctioned by the SENO.

The plan should set out individual goals and targets for the child. The intervention programme should include reference to the development of personal and social skills, life skills and the self-regulation of behaviour, where these are required. The plan should detail how the school will use any additional resources that may be allocated to support the child in meeting the goals and targets set. The psychologist should work in conjunction with the special educational needs organiser who will sanction the level of resources in accordance with Department of Education and Skills policy parameters and the child's needs.

This plan should be regularly reviewed with a view to monitoring the progress being made in relation to goals and targets set. As children's needs change over time, the additional supports granted should be time-bound and regularly reviewed in line with the goals and targets set in the individual behaviour plan. In this way, the NCSE believes that the allocation of additional resources will be determined by the child's level of need and outcomes achieved. The NCSE did not receive any indication, during the consultative process, that the number of resource teaching hours currently allocated for students with EBD/severe EBD required to be reviewed and consequently is not making any recommendations in this regard.

The implementation of the above model would require the further development of the NEPS to enable a comprehensive service to be provided to schools for children with challenging behaviour arising from EBD. This service should include:

- assessment of needs
- development of appropriate intervention programmes
- provision of counselling.

The work of the psychologist in the school should be supported by the presence of an existing teacher who is trained and expert in the management of challenging behaviour. This teacher should be assigned to specified students and be responsible for:

- driving the development and implementation of the individual behaviour plan
- providing direct teaching and intervention as appropriate

- providing advice and training to other teachers.

Finally, the NEPS psychologist should refer on and liaise with external health services, such as the CAMHS, when this is indicated.

Clinical supports

A range of clinical supports should be available in the community for children with EBD and their families to access, at both primary care and secondary care (specialist CAMHS) levels. At primary level, the supports should include services such as clinical psychology, occupational therapy, speech and language therapy. The secondary level should comprise a multi-disciplinary CAMHS team. Depending on the nature of the child's needs and the level and complexity of need, it may be appropriate for the child to access health supports through primary care teams or through specialist CAMHS teams. It is important that children access clinical supports at the appropriate level, as not all children with EBD will require support at the specialist level.

Clear referral protocols need to be developed and put in place by the HSE so that the pathway of referral is clear to families, schools and referring professionals. This will ensure that the child is guided to the appropriate level of service, thus avoiding unnecessary delays and duplication of service provision. This will help to ensure that HSE services in the community, both at primary care and secondary care level, are available and accessible to the child and family, at the appropriate level.

Recommendation 4

1. The following educational supports should be available for schools to access, where required, to support children in mainstream schools with challenging behaviour arising from EBD:
 - social and personal skills programmes, to include self-regulation of behaviour
 - life skills programmes
 - resource teaching hours
 - special needs assistants.
2. A new framework for the efficient allocation of supports to mainstream schools for students with challenging behaviour arising from an assessed EBD should be put in place. It should involve the following features:
 - Supports are graduated in alignment with the NEPS Continuum of Support model.
 - The provision of additional support at the School Support Plus level of the NEPS Continuum of Support (Department of Education and Skills, 2010a) is conditional on the development of an individual education plan for the students concerned.
 - Additional teaching and care supports for students with EBD are time-bound and regularly reviewed as part of the above individual education plan.
 - Additional teaching and care supports should be allocated for a maximum period of three years only. If at this point there has been insufficient change in the student's behaviour, a full review of the student's educational plan should be undertaken and alternative options explored, before any further applications for support will be considered.
3. The NEPS should be further developed to enable a comprehensive service to be provided to students with challenging behaviour arising from EBD in mainstream schools to include:
 - i. assessment of needs
 - ii. development and supervision of appropriate intervention programmes
 - iii. provision of counselling.
4. An existing permanent teacher in every mainstream school should be trained in the management of challenging behaviour and assigned particular responsibility for specified students.
5. A range of clinical supports should be available in the community for children with EBD and their families to access, at both primary care and secondary care (specialist CAMHS) level. Clear referral protocols need to be developed and put in place by the HSE so that the pathway of referral is clear to families, schools and referring professionals.
6. At primary care level, the supports should include services such as clinical psychology, occupational therapy, speech and language therapy. The secondary level should comprise a multi-disciplinary CAMHS team.

4.2.5 Supports required in special schools and classes

Students with challenging behaviour in special schools and classes should be enabled to access the curriculum at a level appropriate to their needs. These students should have the same access to educational programmes and certification options as their peers in mainstream education. Learning opportunities must be individually focused in order to achieve this.

Special schools and classes catering for children with severely challenging behaviours arising from EBD require a comprehensive service from the NEPS. This includes assessment of students' needs and support for the development and implementation of appropriate interventions.

Staffing levels in the school must also be sufficient to ensure that students are enabled to learn and that the safety of students and staff members is observed. The SERC report (Department of Education, 1993) recommended the appointment of one SNA for every class group in the severe EBD category and one SNA for every four class groups in the EBD category. The NCSE considers that the ratio for the EBD category should be revised to enable one SNA to be appointed for each class group in the EBD category. This revision would more realistically reflect the current levels of support that exist in these classes.

In addition, special schools for children with severe EBD should be enabled and resourced to provide structured engagement between parents and schools. The Home School Community Liaison scheme might provide one possibility of achieving this in an effective manner. The Home School Community Liaison teacher would:

- inform parents about the educational and behavioural programmes being implemented for their child in the school and any progress being made.
- inform parents about any concerns the school may have in relation to the child's education and/or behaviour.
- liaise with the parents/guardians when difficult incidences arise.
- explain to parents the ways in which the child's behaviour is being managed in the school situation and seek to establish consistency in approaches being used across home and schools.
- inform the school about any concerns that the parents/guardians may have concerning the child's education.
- arrange parenting programmes through which parents/guardians can learn more about adolescent development, parenting and the management of challenging behaviours.

In recognition of the current difficult financial situation, the NCSE recommends that the sanctioning of a Home School Community Liaison post to schools catering for children with severe EBD should initially be explored on a cost neutral basis.

Special schools can often experience a high turnover of staff (teachers and SNAs) due to the pressures associated with the work. It is important that the staff also experience these schools as safe and nurturing working environments. Boards of management should encourage staff members to avail of the Employee Assistance Service (EAS), put in place

by the Department of Education and Skills to support teachers and SNAs experiencing personal difficulties or following violent or abusive incidents. This service provides one to one support (through telephone or structured counselling) and critical incident management following sudden traumatic incidents at work.

The NCSE is aware that some special school buildings are now old and in need of refurbishment. Inappropriate environments such as narrow stair-cases or corridors, classrooms with insufficient light or space, inadequate school yards, can trigger challenging behaviours and make it more difficult for schools to contain this behaviour. The Department of Education and Skills should ensure that all special schools catering for students with severe EBD are fit for purpose. The Department of Education and Skills should prioritise expenditure to improve the physical conditions of schools catering for the needs of students with severely challenging behaviour, both in terms of health and safety and in terms of conditions conducive to the educational, social and recreational needs of students and schools staff. In the case of some schools, this will require an immediate building or refurbishment programme. Any new school buildings should, where possible, be located on the campus of a mainstream school, in accordance with the NCSE previous policy advice on the future role of special schools and classes in Ireland (NCSE, 2011a).

Recommendation 5

1. The NEPS should be further developed to provide a comprehensive service to students in special schools for severe EBD.
2. Staffing levels must be sufficient to ensure that students are enabled to learn and that the safety of students and staff members is observed. The SERC appointment ratios should be revised to allow one SNA to be appointed for each class group in the EBD category.
3. Special schools for children with severe EBD should be enabled and resourced to provide structured engagement between parents and schools. The home school community liaison scheme might provide one possibility of achieving this in an effective manner. This option should be explored by the DES on a cost neutral basis.
4. Boards of management should encourage staff members to avail of the Employee Assistance Service (EAS), put in place by the Department of Education and Skills to support teachers and SNAs experiencing personal difficulties or following violent or abusive incidents.
5. The Department of Education and Skills should ensure that all special schools catering for students with severe EBD are fit for purpose. Any new buildings should, where possible, be located on the campus of a mainstream school.

4.2.6 Children with exceptionally challenging behaviour

It has been brought to the Council's attention (NCSE, unpublished internal report) that there is a small cohort of students (estimated at approximately 20-30 students per year) whose behaviour is exceptionally difficult to manage or control both inside and outside school. These students are reported to display seriously violent and aggressive behaviour towards themselves, other children and staff members. These behaviours may be linked to a variety of factors, including social and emotional, biological and environmental factors, as well as family, peer or neighbourhood related issues.

Strong anecdotal evidence suggests that the behaviours in question include frequent unprovoked and unpredictable outbursts resulting in violent actions toward others. Examples of such behaviours include:

- repeated acts of physical aggression towards other students and towards staff members, including violent kicking, punching, biting
- breaking up furniture, throwing chairs and tables at staff and other children
- bringing offensive weapons to school, such as knives and scissors
- breaking glass and using it as a weapon
- making their own weapons and using these in a dangerous manner
- repeated incidences of offensive verbal assault and threatening behaviour
- violent head-butting and spitting.

The behaviours also include self-injurious actions, for example, cutting, head banging, persistent scraping of skin, suicidal attempts, climbing onto roofs and jumping off, and running out of school. It should be noted that these behaviours are very similar to the examples of behaviours previously outlined in the 'challenging behaviour matrix' contained in the nationwide study of challenging behaviour in special schools in Ireland 2002-2003 (NABMSE, 2004).

In the case of these children, the behaviours are displayed on a constant basis and can have very serious outcomes for other children and for themselves. In some cases, they can be manifested once or twice a week. The behaviours, as instanced, have resulted in serious injuries, sometimes to other children, sometimes to the pupil him/her self, but more usually to staff members as they attempt to protect other children and the child in question. Examples of injuries to staff members include broken fingers, black eyes and serious soft tissue damage resulting in notifiable staff absence.

Currently, special schools for children with severe EBD cater for the needs of children with the most complex difficulties. The pupil-teacher ratio for special schools and classes for children with severe EBD currently stands at 6:1. An SNA is sanctioned for every six children and many classes have additional SNAs allocated on the basis of the Department of Education and Skills criteria.

The NCSE considers that staffing levels in special schools and classes for children with exceptionally challenging behaviour arising from severe EBD must be sufficient to ensure the safety of students and staff members. School boards of management should ensure

that in classrooms where severely disturbing behaviours are being documented on a regular and ongoing basis, no adult should be left in the room on their own at any time. This implies that if one adult leaves the room, for a break for example, two adults should be left to supervise the class. This rule should also apply to the supervision of break-time.

The NCSE proposes that an increase in teacher provision for special schools catering for students with severe EBD would assist in the creation of a suitable and safe learning environment, in which teaching and learning can take place. The NCSE considers that the creation of such learning environments should bring about improvements in pupil behaviours and increased attention span, thereby in time reducing the necessity for access to SNA support. The practical implications of this proposal will be examined in Section 5 of this paper.

Special schools for children with severe EBD are only available in certain areas of the country. In other areas, these children are often out of school and may be availing of home tuition as they await school placement. In other cases, the students are on a shortened day or week in school, as referred to earlier in this paper.

In special schools for children with severe EBD, the arrangements currently in place to manage behaviour include working in cooperation with the services of the Department of Education and Skills, including the NEWB, the SESS and the NEPS where this service is available. The schools also work in conjunction with social services and have some access to clinical supports through CAMHS.

The schools also have internal arrangements in place to manage the behaviour of the students with the most complex needs. These arrangements are set out in the school's code of behaviour and can include short days at school, the use of time-out rooms, crisis prevention intervention and managed suspensions.

On very rare occasions, these schools may find it necessary to restrain a child, for the child's own safety, as the consequences could be extremely serious if the child were to leave the school in a distressed state. There can also be occasions where other children and staff members must be protected. School procedures may include the use of a time-out room for short, temporary periods to deal with these situations, until the child is able to self-regulate his/her behaviour.

The Department of Education and Skills should issue clear guidelines to schools regarding realistic and appropriate measures to be taken to contain children during episodes of violent behaviour. These guidelines should be based on evidence of international best practice in working with children with severe emotional and behavioural difficulties and should specifically address when it is appropriate for teachers and SNAs to use restraint and a time-out room. The procedures regarding the use of restraint, including the use of a time-out room, should be rigorously set out in the board of management policy statement and schools should rigidly adhere to these principles.

The NCSE discussion paper indicated that while the schools concerned cater adequately for the needs of the majority of these students, they are struggling to manage. These schools have indicated to the NCSE that, in a small number of cases, they are failing to manage. The NCSE is very concerned that an appropriate framework of therapeutic and

educational support is in place for these children. It makes the following recommendation in this regard.

Recommendation 6

1. Children and adolescents with exceptionally challenging behaviour require timely access to Child and Adolescent Mental Health Service (CAMHS) Teams. They and their families may require access to social services so that necessary supports are provided.
2. A comprehensive and multi-disciplinary assessment of the child's needs should be undertaken upon referral to clinical services, to include as necessary, psychological, emotional, social, medical and educational aspects. This should be followed by appropriate and timely intervention, as indicated through the assessment process.
3. Upon appointment to special schools catering for children with severe EBD, teachers and SNAs should be required to undertake mandatory training for working in this setting, to be specified by the Teaching Council in the case of teachers and by the Department of Education and Skills in the case of SNAs.
4. Principals of special schools catering for children with severe EBD should be supported through the provision of CPD programmes tailored to their particular needs.
5. Teaching provision in special schools catering for students with exceptionally challenging behaviours arising from severe EBD, should be increased to assist in the creation of a suitable and safe learning environment, in which teaching and learning can take place.
6. The Department of Education and Skills should issue clear guidelines to schools regarding realistic and appropriate measures to be taken to contain children during episodes of violent behaviour. These guidelines should be based on evidence of international best practice in working with children with severe emotional and behavioural difficulties and should specifically address when it is appropriate for teachers and SNAs to use restraint and the use of a time-out room.
7. Parents must be clearly informed of the school's code of behaviour, including the practices in place for the containment and protection of the child during episodes of violent behaviour. The Department of Education and Skills should instruct schools that codes of behaviour must be sufficiently flexible to encompass behaviour arising from EBD, so as to ensure that students are not inappropriately punished for such behaviour.
8. Whole school support should be available through the NEPS following critical incidences of a seriously violent nature in special schools for severe EBD. NEPS psychologists should be trained and be made available to provide such support, when required.
9. An appropriate security system should be in place in classrooms for children with severe EBD.

The NCSE believes that the above measures should enable special schools to provide an appropriate education for the majority of their students but recognises that this does

not represent a complete solution. A very small number of students will still require care in a residential setting, as part of the continuum of provision and as outlined in Recommendation 2 above. There should be close parental involvement in residential settings with health and education services available on-site, as required.

4.2.7 Transition back to mainstream schools

As previously stated, the goal should be for students with EBD, placed in special schools and classes, to be re-included back into mainstream settings at the earliest possible opportunity. Mainstream schools should be required to state, in writing, that a place is being kept for a pupil while he/she is being temporarily placed in a special setting and that the child will be re-enrolled when appropriate.

In order for the transition to happen as smoothly and efficiently as possible for the students concerned, the NCSE considers that a transition plan should be drawn up between the special and mainstream setting or between the two special schools where a child is transferring to another special school. The transition plan should include time-bound arrangements designed to ensure that the following considerations are met:

- Students' progress in the special school/class is continuously evaluated through the implementation of the individual education plan and in conjunction with the NEPS psychologist, with a view to facilitating the child's re-inclusion in mainstream classes or placement in another special school, as appropriate.
- Special schools are required to issue progress reports to the child's parents/guardians and to the mainstream school on a bi-annual basis. The home school community liaison teacher (see Recommendation 5) could be involved in the transition between schools and could liaise with the schools and the parents/guardians.
- The roles of relevant personnel, including the resource and learning support teachers and special educational needs organisers is clearly outlined and time is set aside to facilitate the transition.
- Arrangements are put in place by the relevant special and mainstream school, to facilitate a smooth and efficient transition for the pupil concerned. These should include reference to:
 - How the process will be managed – for example will the child be sent back initially for one day a week or more?
 - What supports will be in place for the child to manage the transition – for example will an SNA accompany the child for the initial stages of the re-inclusion?
 - What role and responsibility will both schools have for facilitating a successful re-inclusion?
 - What relevant reports and information will be transferred across the schools?
 - What involvement will the parent have in managing the transition?
 - How will the schools communicate during the process of transition?
 - How will transport arrangements be managed?

- Where a child is transitioning to a new post-primary school, the transition is planned well in advance as the process can be more complicated in this instance; this is because the child is enrolling in a new school and will have no previous history or relationship with the school. Contact will need to be established between the special school and the new post-primary school so that up to date information can be transferred. Visits to the new school will need to be arranged for the child and his/her parent/guardian so that they can become familiar with the new setting. The pupil and parents/guardians will need to be informed about the programme the students will be following; books and other materials required; class in which he/she will be placed; subject options and the school's code of behaviour.

Recommendation 7

A transition plan should be drawn up, in a timely manner, for students with EBD who are making the transition from a specialist setting to mainstream settings or to another special school. The plan should be drawn up by the relevant special and mainstream schools. This transition plan should clearly outline the arrangements to be put in place to facilitate a smooth and efficient transition for the child concerned, including those arrangements in place for a review of the new placement. Roles of relevant personnel should be clearly agreed and stipulated as part of this plan.

4.2.8 Educational programmes for children with challenging behaviour

4.2.8.1 Whole school interventions

The research evidence suggests that effective educational approaches are available, which empower teachers to support children rather than necessarily awaiting external expert advice. The international literature review (Cooper and Jacobs, 2011) offers many evidence-based interventions that have proven effective, both at a whole school level and for teachers and students in the classroom situation.

Schools should be aware of these evidence-based interventions so that they are in a position, in consultation with their NEPS psychologist, to select those interventions most appropriate and effective for their own local situation. Support services available to support schools in the management of challenging behaviour, including the NEPS, the NBSS and the SESS, should inform and update schools concerning evidence-based interventions for students with EBD. Teachers trained in the management of challenging behaviour (as per Recommendation 4 above), should also be able to assist schools in selecting and implementing appropriate interventions, in conjunction with their NEPS psychologist.

The Department of Education and Skills should consider the most highly evaluated whole school interventions for supporting students with emotional and behavioural disorders (as identified in the Cooper and Jacob's report) and consider their implications for current practices in schools. Schools should be supported to implement validated, manualised educational programmes for children with EBD, where these are required.

Only programmes sanctioned by the Department of Education and Skills should be so supported. Schools should ensure that such programmes are fully implemented according to the instructions in their manuals, should assess their suitability for use in the Irish context and evaluate their effectiveness within their own local context.

The Council considers that the introduction of evidence-based programmes into schools should result in improved behaviours and learning outcomes for students with challenging behaviour. In time, this should mean that a reduced level of support is required for these students in schools, thus bringing about reduced costs for the Exchequer.

Recommendation 8

1. The Department of Education and Skills should support schools to implement validated educational programmes that have proven effective for children with EBD, where required. Only programmes sanctioned by the Department of Education and Skills should be so supported. The NEPS should determine which schools might benefit from introducing such programmes and which schools should be funded on this basis.
2. Schools should ensure that such programmes are fully implemented according to the instructions in their manuals and should evaluate their effectiveness within their own local context.

4.2.9 Professional development of teachers

There is general consensus in the research studies published to date by the NCSE concerning the need for ongoing professional training and development of teachers of students with special educational needs (Cooper and Jacobs, 2011; Marschark and Spencer, 2009; Parsons et al, 2009; Ware et al, 2009).

There is also evidence to support the need for further professional development of teachers in relation to the education of children with challenging behaviour, specifically in relation to identification, functional assessment and intervention (Cooper and Jacobs, 2011). Studies suggest that teachers need to be proactive in teaching coping skills and social and emotional skills to children with challenging behaviour. Teachers also need to be supported to develop their understanding of children who 'act in' rather than 'act out'. This is supported in the international review of the literature conducted by Cooper and Jacobs and more generally across the research literature in the area of special education.

In line with the recommendation contained in the above report (Cooper and Jacobs, 2011:165), the NCSE considers that the Teaching Council should establish a set of competencies for all teachers in relation to teaching children with challenging behaviour. These competencies should underpin both initial and post-qualification programmes of teacher education. The standards should include basic knowledge of behavioural and cognitive behavioural principles and their application in the promotion of good behaviour, social and emotional competence and positive social adjustment.

The education of children with challenging behaviour arising from EBD should be addressed during initial teacher education programmes and through CPD. Initial teacher education programmes should ensure that newly qualified teachers are competent to teach children with special educational needs and in particular that they are competent to address the needs of children with challenging behaviour arising from EBD.

Programmes of continuing professional development should be made available on an ongoing basis to all teachers and be regularly updated so that teachers' knowledge and skill-sets reflect current understandings of what constitutes good practice in relation to the education of students with challenging behaviour arising from EBD. A whole school approach should be adopted for the provision of CPD in this area, with principals and deputy principals providing leadership in their schools. It should be clearly understood that all schools have a responsibility to include students with special educational needs, including children with challenging behaviour arising from EBD.

The NCSE considers that it should be mandatory for all teachers to access ongoing CPD programmes in relation to the management of challenging behaviour and that a compulsory period of time should be set aside for this training, as it is important that teachers keep their skills up to date. The programmes should promote the principle that the education of the child with challenging behaviour is the responsibility of the whole school and that all teachers in the school share in the responsibility for providing this education.

Guidance counsellors and teachers within learning support departments should receive training in teaching children with challenging behaviour arising from EBD, as part of their programmes leading to professional qualifications. In addition, each mainstream school should have one teacher specifically trained in the management of challenging behaviour arising from EBD, in line with Recommendation 4 of this policy advice.

The NCSE recognises that teachers in different educational settings may require differential levels of CPD to meet the learning needs of children with challenging behaviour arising from EBD.

The NCSE's recommendation in relation to the professional development of teachers for children with challenging behaviour arising from EBD is set out below.

Recommendation 9

Professional development for all teachers

1. The Teaching Council should establish a set of competencies for all teachers in relation to teaching children with challenging behaviour, which should underpin both initial and post qualification programmes of teacher education.
2. Initial teacher education programmes should ensure that newly qualified teachers are competent to teach children with special educational needs and in particular that they are competent to address the needs of children with challenging behaviour arising from EBD.
3. Newly qualified teachers should be provided with CPD to build on their undergraduate learning, as part of their career entry training.
4. Current post-graduate programmes in special education should include a compulsory element on the education of children across disability categories, including children with challenging behaviour arising from EBD.
5. A whole school approach should be adopted for the provision of training in this area, with principals and deputy principals providing leadership in their schools. It should be clearly understood that all schools have a responsibility to include students with special educational needs, including children with challenging behaviour arising from EBD.
6. It should be mandatory for all teachers to attend CPD programmes on the management of challenging behaviour. These programmes should be made available on an ongoing basis to all teachers and be regularly updated. The roll-out of these programmes should be managed by the Department of Education and Skills in conjunction with boards of management over a period of time. The programmes should promote the principle that the education of the student with challenging behaviour is the responsibility of the whole school and that all teachers in the school share in this responsibility.
7. Guidance counsellors and teachers within learning support departments should receive training in teaching children with challenging behaviour arising from EBD, as part of their programmes leading to professional qualifications.
8. Each mainstream school should have one teacher specifically trained in the management of challenging behaviour arising from EBD, in line with Recommendation 4 of this policy advice.

Professional development for teachers in specialist settings

1. The Teaching Council should establish a set of competencies for teachers in specialist settings in relation to teaching students with challenging behaviours.
2. Upon appointment to special schools catering for children with severe EBD, teachers and SNAs should be required to undertake mandatory training for working in this setting, to be specified by the Teaching Council in the case of teachers and by the Department of Education and Skills in the case of SNAs.
3. Programmes of continuing professional development should continue to be made available to teachers in specialist settings for students with EBD and should include the provision of recognised courses in therapeutic crisis intervention.

4.2.10 Role of the SNA

The Department of Education and Skills recently published a *Value for Money and Policy Review of the Special Needs Assistant Scheme* (Department of Education and Skills, 2011c). The following conclusions were included in the report:

- An over-allocation of SNA support was identified in primary, post-primary and special schools.
- The scheme needs to be restated to ensure an efficient allocation of SNA resources.
- The role that professional reports play in supporting the SNA scheme should be restated to ensure that professionals are fully informed of their role in relation to the scheme.
- The 'care' nature of the SNA role should be clarified for parents, schools and professionals.
- There is evidence that the category of 'danger to self or others' is being misinterpreted and leading to an over-identification of students in this category.
- The role of the SNA in supporting the care needs of students should be communicated clearly to parents by school authorities.
- The criterion 'where their behaviour is such that they are a danger to themselves or to other students' should be removed and replaced with requirements for explicit evidence in relation to the precise needs of the students and details of the 'care role' that it is envisaged the SNA will adopt in relation to the student.

The review expressed concern that SNAs were being used to contain behaviour as distinct from students receiving appropriate interventions in school through individualised planning and additional psychiatric/medical interventions as required.

Any identified over-allocation of SNAs is a matter of great concern to the NCSE as this costly and valuable resource should be available to those students with significant care needs who require access to such support. The NCSE is of the view that students with challenging behaviour need in the first instance to be supported by teachers who are qualified and sufficiently experienced to manage their behaviour. The responsibility for the academic progress of these students lies with the classroom teacher. The emphasis in the school situation should be on teachers developing a relationship with these students in order to create an environment conducive to teaching and learning taking place. The NCSE is of the view that the provision of adequate teaching and health supports should result in improved behaviours, leading to improved educational outcomes for children with EBD. It is for these reasons that the NCSE has recommended an increase in teacher provision to special schools and classes catering for children with severe EBD.

In relation to the EBD category, the NCSE considers that access to SNA support should be sanctioned in those cases where there is clear and documented history of violent behaviour or assault, or where the behaviour of the child is such that it is impossible to teach him/her in a classroom situation. It should also be provided on a temporary basis. In these cases, the school should be able to demonstrate that it has followed and will continue to follow the NEPs guidelines outlined in the document, *Behavioural, Emotional and Social*

Difficulties – A Continuum of Support (Department of Education and Skills, 2010a). It should be clear that responsibility for the child's academic progress continues to lie with the classroom teacher and that the child should not be excluded for extended periods of time from the classroom setting.

It should be clearly understood that the care role of the SNA in this instance is concerned with assisting the teacher to meet the care needs of the child by:

- preserving the safety of the child and others with whom the child is in contact
- acting as a positive role model in terms of behaviour
- reinforcing good behaviour on the child's part.

Recommendation 10

In cases where behaviour is cited as the care need, access to SNA support should be sanctioned where there is a clear and documented history of violent behaviour, assault, self-harm or where the behaviour of the child is such that it is impossible to teach him/her in a classroom situation on a temporary basis.

In these cases, the school should be able to demonstrate that it has followed and will continue to follow the NEPS guidelines outlined in the document, *Behavioural, Emotional and Social Difficulties – A Continuum of Support* (Department of Education and Skills, 2010a). There should be a clear understanding that the care role of the SNA in this instance is concerned with assisting the teacher to meet the care needs of the child by:

- preserving the safety of the child and others with whom the child is in contact
- acting as a positive role model for the child in relation to behaviour
- reinforcing good behaviour on the child's part.

4.2.11 School culture

The importance of school culture is emphasised in the literature on the education of children with emotional and behavioural disorders. For children and young people with EBD, the relationship with adults is of central importance. The inclusion of the voice of the young person with EBD is critically important and this is often missing from discussions concerning their education. One of the main challenges in the education of children with EBD is posed by the need to have an individual approach tailored to the needs of each child with EBD. This requirement has implications for teacher practices in schools and for school culture. This in turn has implications for the nature and effectiveness of training to be provided for teachers.

Recommendation 11

The NCSE recommends that a key person in each school is assigned responsibility for each pupil with challenging behaviour. The resource teacher could be the person so designated.

4.2.12 Enrolment policies

School enrolment policies are a matter for each board of management, which can result in a clustering of students with special educational needs in certain primary and post-primary schools. At this point in time, taking an appeal under Section 29 of the Education Act (Government of Ireland, 1998) is the only course of action open to parents who wish to challenge unsatisfactory practices.

A review of schools' enrolment policies is currently being undertaken by the Department of Education and Skills. The NCSE made a detailed submission (NCSE, 2011) in response to the discussion paper currently under consideration.¹⁶

As a guiding principle, NCSE recommended that schools should not be allowed to refuse to enrol a child with special educational needs who lives amongst the usual cohort of students who are admitted. The general rule should be that if a typical child from a particular area is enrolled so should a child with special educational needs living in that area be enrolled. Neither should a school make the enrolment of a child with special educational needs dependent on the allocation of additional resources. Once a child with special educational needs has enrolled in any particular school, then the process of arranging the supports commences and the NCSE works with the child and the school concerned in this regard.

Recommendation 12

1. The Department of Education and Skills should have an appropriate regulatory framework in place for enrolment, which ensures that schools are obliged to enrol children with EBD who live amongst the usual cohort of students admitted to the school and/or, if requested by the education welfare officer to admit a pupil with EBD.
2. A school should not be allowed to make the enrolment of a child with special educational needs dependent on the allocation of additional resources.

¹⁶ This is available on the NCSE website at http://www.ncse.ie/uploads/1/NCSE_Response_Discussion_Paper-School_Enrolment.pdf

Implications of Policy Advice for the Resources of the State and Consideration of the Practical Implications of Recommendations



5 Implications of Policy Advice for the Resources of the State and Consideration of the Practical Implications of Recommendations

5.1 Introduction

The NCSE is aware of the current economic climate and recognises that the State's resources are finite. However, the NCSE considers that the State will benefit in the medium and long-term if the recommendations contained in the paper are accepted and implemented through improved educational outcomes for students with EBD/severe EBD; a reduction in the number of students "dropping out" or being excluded from schools and through a reduction in the length of time that schools will need to be allocated additional teaching and SNA supports.

When developing policy advice, the NCSE is required to:

- provide an assessment of the implications of that advice for the resources, including financial resources, available to the State in respect of the provision of education, and
- have regard to the practical implementation of that advice (Government of Ireland, 2004, Section 20 (3) (b)).

In this section, the recommendations that have implications for the resources available to the State are examined. Recommendations with additional cost implications are grouped under the following seven headings and costs estimated accordingly:

1. Continuum of provision
2. Early intervention
3. Educational supports required in special schools and classes
4. Educational programmes for students with challenging behaviour
5. Further development of the NEPS
6. Professional development for teachers in mainstream and specialist settings
7. Health costs.

In addition to this section, a detailed background costs paper was submitted to the Department of Education and Skills detailing the breakdown of additional costs associated with the implementation of the NCSE recommendations.

Recommendations with cost implications for education are summarised in Table 10. Recommendations that can be implemented within existing resources, thereby incurring no additional costs to the State, are outlined in Table 11.

5.2 Education-Funded Supports

5.2.1 Continuum of provision

The NCSE recommends that a continuum of provision is required to meet the diverse educational needs of students with EBD. Special classes form one element of this continuum of provision.

There are currently nine classes for children with EBD, spread across eight mainstream schools (one of these classes is for children with severe EBD). There are currently 46 students enrolled in the eight classes for EBD. The current pupil-teacher ratio for these classes is 8:1; this means that these classes are currently under-utilised, as potentially a further 18 students could be enrolled. The current pupil-teacher ratio for a class for severe EBD is 6:1. There are currently six children enrolled in this class so it is fully utilised.

The nine classes for children with EBD are located across seven counties, leaving 19 counties with no special class for children with challenging behaviour arising from EBD.

The cost of establishing additional special classes is based on the premise that there should be one primary special class and one post-primary special class for children with EBD between every two counties, with one in each of the larger counties; this should include Cork, Donegal, Dublin, Galway, Kerry and Mayo. This would yield a total of 32 classes, 16 in primary and 16 in post-primary settings. These classes should be set up to cater for children with EBD and should include children with severe EBD, as local need demands. The classes should be resourced within current Department of Education and Skills policy parameters. Eight primary classes and one post-primary class already exist so an additional eight primary and 15 post-primary classes are required, giving an additional 23 classes in total.

This would allow for the future possibility of 256 places being available in special classes for students with EBD. The cost of maintaining the child's place in the mainstream setting must also be included.

The overall cost associated with this recommendation is estimated to be **€2,809,368**.

5.2.2 Early intervention

The Department of Education and Skills should provide parents, teachers and children with the opportunity to participate in the Incredible Years Programme, in a targeted manner. Priority should be given to:

- Special schools and classes for children with EBD (as a tier one intervention within a broad CPD program addressing the training needs of teachers in such schools/classes).
- DEIS, Band 1 where the number of children with behavioural difficulties is known to be higher than average. As an example, the report from the Limerick Children Services Committee demonstrates that the prevalence of emotional, conduct and behavioural problems is considerably higher in the most disadvantaged areas of the city when

compared with other 'average' areas or the rates that would be statistically expected in a child population. (Limerick Children Services Committee, 2012).

- DEIS Band 2 schools.

Following this and over time, the programme should be offered to mainstream schools with a high proportion of resource hours allocated for EBD and finally to those schools where a need has been identified for additional teacher training in classroom management. Teacher training for the Teacher Classroom Management Programme (TCM) should continue to be rolled out by the NEPS.

The total cost of delivering the TCM programme to teachers in special schools and classes for children with EBD and to DEIS 1 and 2 schools is **€4,434,320**. The NEPS has already delivered this TCM training to approximately 2,000 teachers, some of whom may already be included in the above figure. This figure may be an over-estimation; however, given the recent early retirement schemes and natural turnover of teachers, it was considered prudent to cost for a full cohort.

The Incredible Years Parent Programmes should continue to be rolled out by the HSE in conjunction with local partners, including schools, via initiatives such as Home School Community Liaison and School Completion. This should happen within current HSE budgetary arrangements.

5.2.3 Educational supports required in special schools and classes

5.2.3.1 Increased teaching support for special schools for severe EBD

The NCSE recommends that staffing levels in special schools and classes catering for children with extremely challenging behaviour arising from severe EBD must be sufficient to ensure the safety of students and staff members. The pupil-teacher ratio for special schools and classes for children with severe EBD currently stands at 6:1. An SNA is sanctioned for every six children and many classes have additional SNAs allocated on the basis of the Department of Education and Skills criteria.

The NCSE considers that there should be a general rule that school boards of management should ensure that in classrooms where severely disturbing behaviours are being documented on a regular and ongoing basis, no adult should be left in the room on their own at any time. This implies that if one adult leaves the room, for example for a break, there are two adults left to supervise the class. This rule should also apply to the supervision of break-time.

It is essential to provide adequate teaching support for those exceptional cases where there is a clear and documented history of repeated episodes of assault, violent behaviour or serious self-harm. In these cases, the NCSE recommends that special schools for children with severe EBD should be allowed to set up one class with a reduced pupil-teacher ratio of 4:1 and that the number of SNAs allocated, for this class alone, should be sufficient to meet the requirement that no adult is left alone in the classroom at any time.

The total estimated additional cost for teachers and SNAs is **€246,000**.

5.2.3.2 Provision of two-way radio alarm system

The cost of providing a two-way radio alarm system for teachers and principals in special schools and classes catering for children with severe EBD is estimated to be in the region of **€48,910**.

5.2.3.3 Building/refurbishment programme to ensure that all special schools for EBD are fit for purpose

The NCSE considers that special schools for children with severe EBD must be fit for purpose. Health and safety issues are of prime importance in considering the needs of these children and the staff who work with them. For these reasons, the NCSE believes that the following requirements should be taken into account by the Department of Education and Skills building section when designing special schools or classrooms for children with challenging behaviour arising from EBD:

- The building should be one storey to facilitate ease of movement and to reduce the risk of accidents happening on stairs or from students climbing out windows.
- Corridors should be sufficiently wide to facilitate ease of movement and to reduce the possibility of accidents.
- Classrooms should be sufficiently spacious to: facilitate setting up work stations; to provide calming space; to increase comfort and ease of learning for children with sensory issues and for those who experience problems with spatial awareness; and to make it easier for students to move away from points of distraction and/or triggers of difficult behaviour.
- There should be room for the adequate provision of information technology (IT) to enhance the learning experience. This is particularly important in the case of children with EBD as sometimes children's difficult behaviour can be triggered by the need to disguise the fact that they are not able to read or write. Most students can use a computer and they can be more willing to learn through this medium.
- There should be adequate space in the school to make possible the delivery of clinical supports, including counselling, behaviour therapy, speech and language therapy and occupational therapy.
- There should be provision for adequate play areas so that the children are enabled to expend energy safely as part of a behavioural plan and during break-times.

As the NCSE has no access to information regarding the size or dimensions of the existing schools, it is not attempting to estimate a costing in regard to this recommendation.

5.2.4 Educational programmes for children with challenging behaviour

One of the programmes recommended in the NCSE review report (Cooper and Jacobs, 2011) was selected as an example on which to base calculations for the indicative cost of providing educational programmes for children with challenging behaviour. The programme, FRIENDS, was chosen because it is one of the cognitive behavioural programmes rated in the NCSE review report as having high empirical support as a whole

school approach, based on Type 1 random controlled trials. Cooper and Jacobs considers that this programme may be particularly effective for students with social emotional and behavioural difficulties. The evidence suggests that teachers can deliver this programme as effectively as psychologists; this can make it easier to embed as part of the ordinary school curriculum. The authors concludes that the one-day manualised training for teachers (associated with the FRIENDS programme) represents good value for money as significant benefits for students are likely to result from quite a small financial investment (Cooper and Jacobs, 2011).

The NCSE notes that this programme is currently being piloted by the NBSS in 16 schools. The NEPS and social, personal and health education (SPHE) support services for post-primary schools have also been involved in supporting this pilot project.

Costs for this recommendation were based on providing training for one teacher to deliver this programme in a range of school types and settings. The total cost is estimated to be **€303,573**.

5.2.5 Further development of the NEPS

An additional allocation of psychologists to the NEPS will be required to enable the provision of a comprehensive service to mainstream and special schools to support children with challenging behaviour arising from severe EBD, as described under recommendations 4.2.4, 4.2.5 and 4.2.6 of this paper. The purpose of the service will be to assist schools to implement the NEPS guidelines on the continuum of support so as to ensure that children with EBD receive all appropriate support before specialist placement is considered. In addition, the service will assist schools in implementing a programme of school level screening and in the introduction of appropriate behavioural interventions. Additional CPD will also be required in order to up-skill all psychologists to undertake this work in an effective manner.

The NEPS currently employs 160 whole time equivalent psychologists and has sanction to employ a further 13 whole time equivalent to bring the total number of psychologists employed to 173 WTE (Source: NEPS, May 2012). The service estimates that it requires a total of 185 psychologists to provide a basic service to all schools, including special schools. This represents a further increase of 12 psychologists, at a cost of €912,000.

The NCSE considers that these 12 psychologists should be appointed as soon as resources become available. The provision of a NEPS service to special schools for EBD should, however, be regarded as a priority and the NCSE estimates that four psychologists are required to provide a reasonable service to special schools for children with challenging behaviour arising from EBD. The NCSE considers that one of these four posts should come from the 12 psychologists mentioned above, but that an additional three psychologists are required to provide an adequate (rather than a basic) service to special schools for severe EBD. This brings the total number of psychologists required by the NEPS to 188, at an additional cost of **€1,140,000**.

Finally, the cost associated with training the NEPS to act as leaders in the Incredible Years programme is estimated to total **€26,300**.

5.2.6 Professional development for teachers

5.2.6.1 Training of existing permanent teachers

The cost of training one existing permanent teacher in every mainstream school is estimated on the basis of the SESS designing and delivering a three-day programme on the management of challenging behaviour. As part of these courses, teachers should be up-skilled to assist schools in selecting and implementing appropriate interventions for the management of challenging behaviour, in conjunction with their NEPS psychologist.

The training should be delivered on a clustered, regional basis with a maximum of 30 teachers participating on each course. The costs for this recommendation are based on current estimates provided by the Teacher Education Section, Department of Education and Skills. The total cost of training one teacher in every mainstream school on a three day programme is estimated to be in the region of **€273,360**. If priority was given to schools in receipt of hours for children with diagnosed EBD, the cost would be approximately €214,200.

5.2.6.2 Mandatory training at CPD programmes

The most efficient and cost effective way to deliver mandatory CPD programmes is as a whole school seminar which teachers are obliged to attend. Based on current costs provided by the Teacher Education Section, the total cost of providing a whole school seminar to approximately 4,300 schools is **€2,720,000**.

5.2.6.3 Professional development for teachers in specialist settings

Specialist settings include teachers working in special schools and classes. The estimated cost of this recommendation is based on approximately 82 teachers working in special schools and classes for children with severe EBD (as estimated above in Section 4).

A programme of CPD should be specifically designed and delivered for the teaching staff of special schools and classes for children with severe EBD and should include the provision of recognised courses in therapeutic crisis intervention. This training programme should address the following elements:

- how to engage students with severe EBD in the learning and teaching process
- how best to improve literacy and numeracy skills so these students have attainments in these areas that are commensurate with their own cognitive abilities
- how to prevent and manage severely assaultive and disruptive behaviours.

Based on current costs data provided by the Teacher Education Section, the cost of the overall programme for four groups of approximately 20 teachers is estimated to be in the region of **€41,700**.

5.2.7 Health supports

The NCSE's main recommendations in relation to the provision of therapeutic services concern the following points:

- There should be early, timely, local and integrated delivery of therapeutic services, on a consistent and equitable basis. This recommendation is in line with current HSE policy as outlined in the HSE document, *Progressing Disability Services for Children 0-18* (HSE, 2009), which is currently in the implementation phase. This document envisages child and adolescent mental health/psychiatric teams working in close contact with primary care teams and acting as a resource to them.

The NCSE's recommendation has therefore no additional financial implications for the State beyond that already earmarked by the HSE for the delivery of this plan.

- Further development of health services is required for the small number of children with the most complex behavioural difficulties. In the NCSE's view, this would be most effectively achieved through the implementation of the recommendations contained in the HSE's own report *Vision for Change* (Government of Ireland, 2006).

Vision for Change (HSE, 2006) recommended that two child and adolescent mental health teams should be provided per 100,000 population approximately. According to the third CAMHS annual report, this translates into the development of 99 multidisciplinary CAMHS teams, based on the 2006 census population (HSE, 2011a). *Vision for Change* stated that the teams should provide assessment of emergency, urgent and routine referrals and treatment of the more severe and complex mental health problems (Government of Ireland, 2006).

According to the HSE National Service Plan (NSP) (HSE, 2012) 61 of these teams are in place (56 community teams, two day hospital teams and three paediatric hospital liaison teams), leaving a total of 38 teams outstanding. In 2012, the enhancement of Child and Adolescent Mental Health Service teams was prioritised as part of an additional €35 million set aside under the *Programme for Government* to improve mental health services (HSE, 2012).

The NCSE welcomes the priority outlined in the HSE NSP 2012 to 'strengthen the capacity of the CAMHS by ensuring, at a minimum, that at least one of each mental health professional discipline is on each team, to include medical, nursing, clinical psychology, social work, occupational therapist, speech and language therapist and child care worker. This commitment will result in 150 additional posts for CAMHS in the coming year' (Source: HSE, May 2012).

The NCSE considers that the blueprint outlined in *Vision for Change* for the comprehensive development of CAMHS team is the most effective way of ensuring the delivery of adequate and appropriate health supports to those children with the greatest needs. The NCSE welcomes the Government's ongoing commitment to the roll out of this programme of investment.

The NCSE supports the HSE's commitment to the full implementation of *Vision for Change* as representing the way forward for children with emotional and behavioural difficulties. However, the NCSE is strongly of the view that special schools and classes for children with EBD require immediate access to adequate psychiatric and health supports. The NCSE considers that these children represent a key priority and that the HSE should take steps to provide such services on a priority basis, pending the comprehensive development of CAMHS teams. This requires an approach that prioritises the immediate availability of

adequate clinical and therapeutic supports for children presenting with exceptionally challenging behaviour, where required.

Table 10: Estimated additional costs: education-funded

Reference	Recommendation heading	Estimated cost
5.2.1	Continuum of Provision: Special classes	€2,809,368
5.2.2	Early Intervention: Incredible Years Teaching Classroom Management Programme	€4,434,320
5.2.3	Educational Supports required in Special Schools and Classes:	
5.2.4	Increased teaching support	€246,000
	Alarm system	€48,910
	Refurbishment of school buildings	–
5.2.4	Educational Programmes for Children with Challenging Behaviour	€303,573
5.2.5	Further Development of the NEPS:	
	Further development of the service	€1,140,000
	Training of NEPS Psychologists in Incredible Years Leader Programme	€26,300
5.2.6	Professional development for teachers in mainstream schools:	
	Training of existing permanent teachers	€273,360
	Mandatory attendance at CPD programmes	€2,720,000
	Professional development for teachers in specialist settings	€41,700
	Estimated Total Educational Costs	€12,043,531

Table 11: Recommendations within existing resources

Recommendation	Rationale	Ref
Inclusive education		
The NEPS should ensure that its guidelines, <i>Behaviour, Emotional and Social Difficulties: Continuum of Support</i> , are fully implemented in schools, to ensure that children with EBD receive all appropriate support before specialist placement is considered.	This is current Department of Education and Skills policy and should be implemented without incurring additional costs to the State.	Rec. 1
Continuum of provision		
Placement in a special school or class should be viewed as a temporary intervention in a child's life. Such placement should be time-bound and regularly reviewed. Placement of students with EBD should be addressed as part of the code of practice on the educational placement of students currently under development by the NCSE.	This should be regarded as standard good practice and should not result in additional cost to the Exchequer. This is part of the current NCSE work programme and has no additional cost implications for the State's resources.	Rec. 2
Schools should be required to report to the NEWB any arrangements whereby a child is on 'reduced attendance' or regularly suspended from school so that it is satisfied that these children are in receipt of an education that is appropriate to their needs.	No additional expenditure should be required as under the Education (Welfare) Act, 2000, the NEWB is currently required to ensure that each child attends a recognised school or otherwise receives a certain minimum education.	Rec. 2
Supports required by students in mainstream schools		
1.Educational supports to include: <ul style="list-style-type: none"> • social and personal skills programmes to include self-regulation of behaviour • life skills • resource teaching hours • special needs assistants 	Social and personal skills programmes and life skills programmes should be taught in the first instance as part of the school's ordinary curriculum and particularly in social, personal and health education. If additional work is required in these areas, it should be taught as part of the resource teaching hours allocated for a low incidence disability. No additional expenditure is envisaged as schools are already supported through the provision of additional teaching hours and access to SNA support (where indicated), for students with EBD.	Rec. 4

Recommendation	Rationale	Ref
Supports required by students in mainstream schools		
<p>2. New framework for the efficient allocation of supports to mainstream schools in place whereby:</p> <ul style="list-style-type: none"> • supports are graduated in alignment with the NEPS Continuum of Support Model • provision of additional support at School Support Plus is conditional on the development of an individual education plan • additional supports are time-bound and regularly reviewed • additional supports should be allocated for a maximum period of three years only. 	<p>These recommendations are in line with good practice and should form part of the school's standard procedures in relation to planning for the use and management of supports in schools. Some schools have already established good practice regarding the development of individualised education plans. The Department of Education and Skills needs to ensure that this practice is extended to all schools. The DES advises that such practice should be considered to be part of the school's standard good practice in relation to planning and take place within schools' existing available resources, thereby incurring no additional cost to the Exchequer. Additional training for staff should be provided as part of the existing SESS programme of professional development for teachers. The SENOs' role in the review process should be incorporated into current work practices. Additional resources for the NEPS are considered under the relevant section for the NEPS. Resource teaching hours and SNA posts should be allocated in accordance with current Department of Education and Skills policy parameters, with no additional cost to the Exchequer envisaged. In some instances there may be savings as currently such resources are allocated, without review, to the child for as long as they are in school, whereas the NCSE is recommending that these should be time-bound.</p>	Rec. 4
Educational supports required in special schools and classes		
<p>Staffing levels must be sufficient to ensure that students are enabled to learn and that the safety of students and staff members is observed. The SERC appointment ratios should be revised to allow one SNA to be appointed for each class group in the EBD category.</p>	<p>As special schools and classes for EBD already have this level of support in place, there are no additional costs associated with this recommendation.</p>	Rec. 5
<p>Special schools for children with severe EBD should be enabled and resourced to provide structured engagement between parents and schools. The Home School Community Liaison Scheme might provide one possibility of achieving this in an effective manner.</p>	<p>The Department of Education and Skills should explore the possibility of clustering special schools for children with severe EBD with schools in the area with a Home School Community Liaison teacher attached in order to facilitate the sharing of this service. If this does not prove possible, the Department of Education and Skills should consider extending this scheme to special schools for children with severe EBD.</p>	Rec. 5

Recommendation	Rationale	Ref
Educational supports required in special schools and classes		
Boards of management should encourage staff members to avail of the Employee Assistance Service (EAS), put in place by the Department of Education and Skills to support teachers and SNAs experiencing personal difficulties or following violent or abusive incidents.	No additional costs are involved, as this service is already provided by the Department of Education and Skills.	Rec. 5
Students with exceptionally challenging behaviour		
The Department of Education and Skills should issue clear guidelines to schools regarding realistic and appropriate measures to be taken to contain children during episodes of violent behaviour.	Guidelines should be prepared within existing staff levels by the Department of Education and Skills with no additional cost implications.	Rec. 6
Parents must be clearly informed of the school's code of behaviour, including the practices in place for the containment and protection of the child during episodes of violent behaviour. The Department of Education and Skills should instruct schools that codes of behaviour must be sufficiently flexible to encompass behaviour arising from EBD, so as to ensure that students are not inappropriately punished for such behaviour.	This is in line with good practice and has no additional cost implications. This is in line with good practice and has no additional cost implications.	Rec. 6
Transition back to mainstream school		
A transition plan should be drawn up by the relevant special and mainstream schools for children with EBD who are making the transition from a specialist setting to mainstream settings or to another special school. The transition plan should outline the arrangements to be put in place to facilitate a smooth and efficient transition for the child concerned.	Development of a transition plan should be regarded as standard good practice and should not incur any additional expenditure. The NCSE could develop a standard transition plan to be used by schools.	Rec. 7
Professional development for teachers		
The Teaching Council should establish a set of competencies for all teachers in relation to teaching children with challenging behaviour; this should underpin both initial and post qualification programmes of teacher education.	This should be implemented within existing resources and incur no additional cost to the State.	Rec. 9
Programmes of initial teacher education should ensure that newly qualified teachers are competent to teach children with special educational needs and in particular that they are competent to address the particular needs of children with challenging behaviour arising from EBD.	This module should form an integral part of the extended programmes for initial teacher education stipulated by the Teaching Council. As such it will not incur additional expenditure to the State beyond that already committed to these programmes.	Rec. 9

Recommendation	Rationale	Ref
Professional development for teachers		
Newly qualified teachers should be provided with CPD to build on their undergraduate learning.	CPD should form a standard part of Career Entry Training Programme (CETP) currently under discussion by the Teaching Council for newly qualified teachers. As such it should not incur any further additional expenditure beyond that already committed to this programme.	Rec. 9
Current post-graduate programmes in special education should include a compulsory element on the education of children across disability categories, including children with challenging behaviour arising from EBD.	Existing post-graduate programmes should include this module, at no additional cost to the State.	Rec. 9
A whole school approach should be adopted for the provision of training in this area, with principals and deputy principals providing leadership in their schools.	This should form part of good practice in schools and be included as part of school development planning.	Rec. 9
Guidance counsellors and teachers within learning support departments should receive training in teaching children with challenging behaviour arising from EBD, as part of their programmes leading to professional qualifications.	This should be a standard part of the training for these teachers, at no additional cost to the State.	Rec. 9
Professional development of teachers in specialist settings		
<p>The Teaching Council should establish a set of competencies for teachers in specialist settings in relation to teaching students with challenging behaviours.</p> <p>Upon appointment to special schools catering for children with severe EBD, teachers and SNAs should be required to undertake mandatory training for working in this setting, to be specified by the Teaching Council in the case of teachers and by the Department of Education and Skills in the case of SNAs.</p>	<p>This should be implemented within existing resources and incur no additional cost to the State.</p> <p>Specification by the Teaching Council and Department of Education and Skills should not incur additional cost to the State.</p>	Rec. 9

Recommendation	Rationale	Ref
Role of the SNA		
<p>In cases where behaviour is cited as the care need, access to SNA support should be sanctioned where there is a clear and documented history of violent behaviour, assault, self-harm or where the behaviour of the child is such that it is impossible to teach him/her in a classroom situation on a temporary basis.</p> <p>There should be a clear statement that the care role of the SNA in this instance is concerned with:</p> <ul style="list-style-type: none"> • preserving the safety of the child and others with whom the child is in contact • acting as a positive role model for the child in relation to behaviour • reinforcing good behaviour on the child's part. 	This should incur no additional cost to the State.	Rec. 10
School culture		
The NCSE recommends that a key person in each school is assigned responsibility for each pupil with challenging behaviour. The resource teacher could be the person so designated.	This responsibility could be assumed as part of the additional allocation to the school for students assessed with EBD as a low incidence disability.	Rec. 11
Enrolment policies		
Schools should be obliged to enrol children with EBD who live amongst the usual cohort of students admitted to the school and/or, if requested, to admit a pupil with EBD by the education welfare officer.	This should be regarded as good practice, with no additional cost to the State incurred.	Rec. 12
A school should not be allowed to make the enrolment of a child with special educational needs dependent on the allocation of additional resources.	This is current policy and does not require the expenditure of additional state resources.	Rec. 12

References

- Banks, J, Shevlin, M and McCoy, S (2012). *Disproportionality in special education: identifying children with emotional behavioural difficulties in Irish primary schools*. European Journal of Special Needs Education. 27(2), pp. 1-17.
- Children Acts Advisory Board, (2009a). *Best Practice Guidelines for the Use and Implementation of Therapeutic Interventions for Children and Young People in Out of Home Care*. Dublin: Children Acts Advisory Board.
- Children Acts Advisory Board (2009b). *Guidance to Support Effective Inter-agency Working across Irish Children's Services*. Dublin: Children Acts Advisory Board.
- Cooper, P and Jacobs, J (2011). *An International Review of the Literature of Evidence of Best Practice Models and Outcomes in the Education of Children with Emotional Disturbance/Behavioural Difficulties*. Trim: NCSE.
- Department of Children and Youth Affairs (2011). *Children First, National Guidance for the Protection and Welfare of Children*. Dublin: Stationery Office. [available at http://www.dcy.gov.ie/documents/child_welfare_protection/ChildrenFirst.pdf].
- Department of Education (1993). *Report of the Special Education Review Committee*. Dublin: Stationery Office.
- Department of Education and Science (2002). *Applications for full-time or part-time Special Needs Assistant support to address the special care needs of children with disabilities*. Dublin: Department of Education and Science [available at <http://www.education.ie/en/Circulars-and-Forms/Archived-Circulars/Applications-for-Full-or-Part-time-Special-Needs-Assistant-Support-to-Address-the-Special-Care-Needs-of-Children-with-Disabilities-.pdf>].
- Department of Education and Science (2005a). *Circular SP ED 02/05: Organisation of Teaching Resources for Students who need Additional Support in Mainstream Primary Schools*. Dublin: Department of Education and Science. [available at http://www.education.ie/en/Circulars-and-Forms/Active-Circulars/sp02_05.doc].
- Department of Education and Science (2005b). *DEIS (Delivering Equality of Educational Opportunity in Schools): An Action Plan for Educational Inclusion*. Dublin: Stationery Office.
- Department of Education and Science (2006). *School Matters. The Report of the Task Force on Student Behaviour in Second Level Schools*. Dublin: Department of Education and Science.
- Department of Education and Science (2007a). *Special Educational Needs: A Continuum of Support. Guidelines for Teachers*. Dublin: Stationery Office. [available at http://www.education.ie/en/Schools-Colleges/Services/Educational-Psychologist-NEPS-/neps_special_needs_guidelines.pdf].
- Department of Education and Science. (2007b). *Special Educational Needs: A Continuum of Support. Resource Pack for Teachers*. Dublin: Stationery Office [available at http://www.education.ie/en/Schools-Colleges/Services/Educational-Psychologist-NEPS-/neps_special_needs_resource_pack.pdf].
- Department of Education and Skills. (2010a). *Behavioural Emotional and Social Difficulties-A Continuum of Support. Guidelines for Teachers*. Dublin: Department of Education and Skills [available at http://www.education.ie/en/Schools-Colleges/Services/Educational-Psychologist-NEPS-/neps_besd_continuum_teacher_guide.pdf].
- Department of Education and Skills (2010b). *Special Educational Needs: A Continuum of Support for Post-Primary Schools. Guidelines for Teachers*. Dublin: Department of Education and Skills. [available at http://www.education.ie/en/Schools-Colleges/Services/Educational-Psychologist-NEPS-/neps_post_primary_continuum_teacher_guide.pdf].
- Department of Education and Skills (2010c). *Special Educational Needs: A Continuum of Support for Post-Primary Schools. Resource Pack for Teachers*. Dublin: Department of Education and Skills. [available at http://www.education.ie/en/Schools-Colleges/Services/Educational-Psychologist-NEPS-/neps_post_primary_continuum_resource_pack.pdf].
- Department of Education and Skills. (2011a). *Key Statistics 2010/2011*. Dublin: Department of Education and Skills. [available at <http://www.education.ie/en/Publications/Statistics/Key-Statistics-2010-2011.pdf>].

- Department of Education and Skills (2011b). *School Transport, A Value for Money Review of the School Transport Scheme*. Dublin: Department of Education and Skills. [available at http://www.education.ie/en/Publications/Value-For-Money-Reviews/st_vfm_school_transport_scheme_2011.pdf].
- Department of Education and Skills (2011c). *Value for Money Review of Expenditure on the Special Needs Assistant Scheme*. Dublin: Department of Education and Skills. [accessed at http://www.education.ie/en/Publications/Value-For-Money-Reviews/pub_sna_vfm_june_2011.pdf].
- Department of Education and Skills (2012a). *Staffing arrangements in Primary Schools for the 2012/2013 school year*. Dublin: Department of Education and Skills. [available at http://www.education.ie/en/Circulars-and-Forms/Active-Circulars/cl0007_2012.pdf].
- Department of Education and Skills (2012b). *Revised Arrangements for the Provision of Resource Teaching Supports for the 2012/13 School Year*. Dublin: Department of Education and Skills. [available at http://www.education.ie/en/Circulars-and-Forms/Active-Circulars/cl0010_2012.pdf].
- Department of Education and Skills (2012c). *Report to the Minister for Education and Skills on the impact in terms of posts of budget measures in relation to the withdrawal from DEIS Band 1 and Band 2 urban primary schools of posts from disadvantage schemes pre-dating DEIS*. Dublin: Department of Education and Skills. [available at http://www.education.ie/en/Schools-Colleges/Services/DEIS-Delivering-Equality-of-Opportunity-in-Schools-/deis_legacy_posts_report_2012.pdf].
- Department of Education and Skills (2012d). *Staffing Arrangements in post-primary schools for the 2012/2013 school year*. Dublin: Department of Education and Skills. [available at: http://www.education.ie/en/Circulars-and-Forms/Active-Circulars/cl0009_2012.pdf].
- Department of Health and Children (2008). *Forum on Prevention and Early Intervention for Children and Youth*. Dublin: Stationery Office. [available at http://www.omc.gov.ie/documents/publications/Forum_report_p04.pdf].
- Government of Ireland. (1991). *Childcare Act*. Dublin: Stationery Office.
- Government of Ireland. (1998). *Education Act*. Dublin: Stationery Office.
- Government of Ireland (2000a). *Education Welfare Act*. Dublin: Stationery Office.
- Government of Ireland (2001). *Mental Health Act*. Dublin: Stationery Office.
- Government of Ireland (2004a). *Education for Persons with Special Educational Needs Act*. Dublin: Stationery Office.
- Government of Ireland. (2004b). *Health Act*. Dublin: Stationery Office.
- Government of Ireland. (2005). *Disability Act*. Dublin: Stationery Office.
- Government of Ireland. (2006). *A Vision for Change: Report of the Expert Group on Mental Health Policy*. Dublin: Stationery Office.
- Government of Ireland (2010). *National Recovery Plan 2011 – 2014*. Dublin: Stationery Office. [available at <http://www.budget.gov.ie/The%20National%20Recovery%20Plan%202011-2014.pdf>]
- Henefer, J (2010). *A Research Study of 36 Behaviour Support Classrooms*. Navan: National Behaviour Support Service.
- Health Services Executive (2009). *Report of the National Reference Group on Disability Services for Children aged 5-18*. Dublin: HSE. [accessed on 23rd April 2012, at <http://www.hse.ie/eng/services/Publications/services/Disability/Report%20of%20the%20National%20Reference%20Group%20on%20Multidisciplinary%20Disability%20Services%20for%20Children%20aged%205-18.pdf>].
- Health Services Executive (2011a). *Third Annual Child and Adolescent Mental Health Service Report 2010 – 2011*. Dublin: HSE. [available at <http://www.hse.ie/eng/services/Publications/services/Mentalhealth/camhsannualreport20102011.pdf>].
- Health Service Executive (2011b). September 2011 Performance Report on NSP [National Service Plan] 2011. Dublin: HSE. [available at http://www.hse.ie/eng/services/Publications/corporate/performance/performancereports/September_2011_Performance_Report.pdf]
- Health Service Executive (2011c) *Residential Care*. Dublin: HSE (online). [available at http://www.hse.ie/eng/services/Find_a_Service/Children_and_Family_Services/Residential_Care/].

- Health Service Executive (2012). National Service Plan 2012. Dublin: HSE. [available at <http://www.hse.ie/eng/services/Publications/corporate/nsp2012.pdf>].
- Institute of Public Administration, 2008. 'What is the Office for Disability and Mental Health?' *IPA Policy Bulletin*. 10 March 2008. [available at: http://newsweaver.ie/ipapolicybulletin/e_article001038182.cfm?x=b11,O,wb].
- Irish College of Psychiatrists (2005). *A Better Future Now: Position Statement on Psychiatric Services for Children and Adolescents in Ireland*. Dublin: Irish College of Psychiatrists.
- Limerick City Children's Services Committee (2012) *How are our Kids?* [available at <http://www.limerick.ie/media/How%20are%20our%20kids%20Summary%20Report.pdf>].
- Marschark, M and Spencer P, (2009). *Evidence of Best Practice Models and Outcomes in the Education of Deaf and Hard-of-Hearing Children: An International Review*. Trim: NCSE [available at <http://www.ncse.ie/uploads/1/DeafEducationReport.pdf>].
- McCoy, S., Banks, J. and Shevlin, M. (2012) *School matters: How context influences the identification of different types of special educational needs*. Irish Educational Studies, online.
- McGilloway, S, Hyland, L, Ní Mháille, G, Lodge, A, O'Neill, E, Kelly, P, Leckey, Y, Bywater, T, Comiskey, C, Donnelly, M (2011). *Positive Classrooms, Positive Children*. Dublin: Archways.
- National Association of Boards of Management in Special Education (2004). *A Nationwide Study of Challenging Behaviour in Special Schools in Ireland (2002-2003)*. Kildare: NABSME.
- National Council for Curriculum and Assessment (2007). *Guidelines for Teachers of Students with General Learning Disabilities*. Dublin: NCCA. [available at http://www.ncca.ie/SEN/ncca_launch.htm].
- National Council for Curriculum and Assessment (2007). *Draft Curriculum Framework for Children in Detention and Care*. Dublin: NCCA. [available at http://www.ncca.ie/uploadedfiles/Curriculum/inclusion/Draft_CiDC_FW_GL.pdf].
- National Council for Special Education (2011a). *The Future Role of Special Schools and Classes in Ireland*. Trim: NCSE.
- National Council for Special Education (2011b). *Response from the National Council for Special Education to the Discussion Paper on a Regulatory Framework for School Enrolment*. Trim: NCSE. [available at http://www.ncse.ie/uploads/1/NCSE_Response_Discussion_Paper-School_Enrolment.pdf].
- National Council for Special Education (2006). *Implementation Report: Plan for the Phased Implementation of the EPSEN Act 2004*. Trim Co. Meath: NCSE
- National Educational Welfare Board (2008). *Developing a Code of Behaviour for Schools*. Dublin: NEWB. [available at http://www.newb.ie/downloads/pdf/guidelines_school_codes_eng.pdf].
- Organisation for Economic Co-operation and Development (OECD) (2005). *Teachers Matter: Attracting, Developing and Retaining Effective Teachers*. Paris: OECD.
- Office of the Minister for Children and Youth Affairs (2007). *The Agenda for Children's Services*. Dublin: Stationery Office. [available at http://www.omc.gov.ie/documents/publications/CS_handbook%5BENGLISH%5Dlowres.pdf].
- Office of the Minister for Children and Youth Affairs (2008). *Forum on Prevention and Early Intervention for Children and Youth*. Dublin: Stationery Office.
- Parsons, S, Guldberg, K, MacLeod, A, Jones, G, Prunty and A, Balfe, T (2009). *International Review of the Literature of Evidence of Best Practice Provision in the Education of Persons with Autistic Spectrum Disorders*. Trim: NCSE.
- Smyth, E and McCoy, S (2009). *Investing in Education: Combating Educational Disadvantage*. ESRI Research Series 006. Dublin: ESRI.
- Teaching Council (2011). *Initial Teacher Education: Criteria and Guidelines for Programme Providers*. Dublin: Teaching Council.
- Ware, J, Balfe, T, Butler, C, Day, T, Dupont, M, Harten, C, Farrell, A, McDaid, R, O'Riordan, M, Prunty, A, Travers, J, (2009). *Research Report on the Role of Special Schools and Classes in Ireland*. Trim: NCSE.

World Health Organization (2003). *Caring for children and adolescents with mental disorders: Setting WHO direction*. Geneva: World Health Organization.

World Health Organization (2010). *Mental Health and Development: Targeting People with Mental Health Conditions as a Vulnerable Group*. Geneva: World Health Organization.

Appendices

Appendix 1: The Advisory Group

Membership of the advisory group

- | | |
|----------------------------------|--|
| 1. Breda Lawless | Health Service Executive |
| 2. Brendan Doody | Health Service Executive |
| 3. Clare Farrell | National Council for Special Education |
| 4. Gabrielle Greene | National Educational Psychological Service |
| 5. James O'Grady | Department of Health and Children |
| 6. Maighréad Ni Ghallchobhair OP | National Council for Special Education |
| 7. Mary Byrne (Chair) | National Council for Special Education |
| 8. Mary Keane | National Behavioural Support Service |
| 9. Mary Murphy | Casa Caterina Special School |
| 10. Noelle Connolly | National Council for Special Education |
| 11. Nuala Doherty | National Educational Welfare Board |
| 12. Séan O'Leary | Special Education Support Service |
| 13. Terry Reynolds | Special Education Section, Department of Education and Skills |
| 14. Tom Foley | St. Brendan's Community School, Birr |
| 15. Zita Lysaght | St Patrick's College of Education
(Nominated by the Office for the Minister for Children) |

The group met on six occasions over the course of 2009-2010 on the following dates:

22nd October 2009

20th April 2010

1st July 2010

17th August 2010

21st September 2010 and

7th December 2010.

Appendix 2: Educational Services

The National Educational Psychological Service (NEPS): additional information provided

The NEPS model of service embodies consultation both as an overarching framework and as a process for the delivery of services to schools. In addressing the developmental needs of all children in education, NEPS psychologists aim to offer schools a balance between individual casework and support and development initiatives designed to promote inclusion and teacher/school effectiveness. NEPS psychologists have a list of assigned schools generally comprised of a number of post-primary schools and their feeder primary schools. Schools have a guideline allocation of time. An annual planning and review process with each school is an essential element of maximising the service to the school. During the planning and review process the school and the NEPS psychologist explore jointly the needs of individual students, groups of students and the school. They then agree a plan which incorporates both individual and systemic approaches to meeting the identified needs.

NEPS psychologists are also involved in work in the following areas:

- reasonable accommodations in certificate examinations
- research and development, including policy development at a national level (e.g. mental health promotion).

The NEPS has produced the following publications for schools:

- *Special Educational Needs – A Continuum of Support Guidelines and Resource Pack for Teachers* (Department of Education and Skills, 2007a, 2007b)
- *Behavioural, Emotional and Social Difficulties – A Continuum of Support* (Department of Education and Skills, 2010a) which addresses learning and behavioural, emotional and social difficulties
- *A Continuum of Support for Post-primary Schools – Guidelines and Resource Pack for Teachers* (Department of Education and Skills, 2010 b, 2010c).

These documents set out three levels of support, which reflect the developmental stage of the students and complexity of the post-primary school system. As noted earlier, *Classroom Support/Support for All* encompasses effective preventive, teaching and screening processes while *School Support/Support for Some* and *School Support Plus/Support for a Few* encompass solution focused assessment and intervention planning for students with known or emerging needs and those with more complex or enduring needs.

NEPS psychologists provide support for all at whole school and classroom practice level through **staff support and development initiatives** such as:

- supporting schools with developing and reviewing key policies such as promoting positive behaviour, social personal and health education and mental health promotion

- supporting the development of and engaging with school care teams at primary and post-primary level
- working with guidance counsellors and a range of support teachers e.g. Home School Community Liaison and School Completion Programme (SCP) coordinators in post-primary schools to support mental health promotion and development of clear systems of screening, school based intervention and referral pathways for students experiencing significant emotional and behavioural difficulties
- providing staff development in the promotion of social and emotional competence through inputs on relevant theory (e.g. attachment and its application in an educational setting), delivery of evidence-based programmes such as the Incredible Years teacher classroom management programme and supporting schools with the implementation and evaluation of school-based programmes to develop social skills, problem solving, emotional regulation and conflict resolution skills
- providing staff development on specific approaches to promote inclusion of students with diagnosed difficulties such as attention deficit/hyperactive disorder (ADHD) and anxiety disorders

In addition, NEPS psychologists are involved in the development and delivery of staff inputs and interventions in several areas, such as Friends for Life, and the Incredible Years programme, in collaboration with local clinical psychologists, Child and Adolescent Mental Health teams and other service providers.

Special Education Support Service (SESS): additional information provided

The SESS provides a continuum of support for teachers that includes seminar delivery, school visits, conferences, facilitated teacher exchange, telephone/email support, publication of support materials, e-learning, a website, an online library, summer courses and the facilitation of school-based learning communities. Examples of such support relevant to behaviour follow below.

a. Contemporary applied behaviour analysis course

This course is delivered through a series of five one-day seminars in conjunction with the SESS behaviour team. The course is designed to teach skills necessary for the design, implementation, and evaluation of behaviour management programmes for use with individuals with mild, moderate or intensive needs in a variety of settings.

b. Summer course programme (special schools)

This programme is available to schools that deal with serious and persistent challenging behaviour, on a day-to-day basis, and that require CPD on the use of appropriate interventions at whole-staff and whole-team level.

c. Development of resources

A number of resources have been developed, for example Signposts: A Resource Pack for Teachers. A section of this resource pack is devoted to emotional/behavioural disorders

and includes learning and teaching tips and a list of relevant resources. Other resources include DVDs, such as *Differentiation in Action and Co-operative Teaching*.

d. Initiatives such as 'Establishing School-based Support Groups for Students with Emotional and/or Behavioural Disorders (EBD)'

The SESS engages in a number of initiatives that assist teachers to target specific students with special educational needs across the continuum of support by establishing behaviour monitoring practices, referral processes, programmes for behaviour support and progress indicators.

e. The SESS support scheme

Schools and/or individual teachers can identify their own professional development needs in relation to special education and apply to the SESS for support. Support sought may be financial, professional and/or advisory in nature. An analysis of the applications for support indicates that 20 per cent of applications were seeking support in relation to 'behaviour and/or emotional disorders'. Approximately 95 per cent of those applications indicated that the students had had a formal assessment of 'emotional and/or behaviour disorder' (Source: SESS, 2011).

National Behaviour Support Service (NBSS): additional information provided

The NBSS has drawn upon international research, the ongoing evidence-based work of the NBSS itself and the existing good practice in NBSS partner schools, to develop the following model of support which the service provides to partner schools.

- Level 1: Whole School Positive Behaviour Support
- Level 2: Targeted Intervention Behaviour Support
- Level 3: Intensive, Individualised Behaviour Support.

These three levels of support are customised to the specific characteristics, needs and requirements of each partner school on an ongoing basis as change occurs under the following positive behaviour in-school curricular framework:

- behaviour for learning skills
- academic literacy learning and study skills
- social and emotional literacy skills
- positive health and well-being skills.

Level 1 involves highlighting effective work done in a school as well as developing and disseminating evidence-based good practice, identifying the behavioural issues adversely affecting the teaching and learning environments and working with management and staff members to address these issues. Supported by international research and practice (The Birmingham Framework, Solution Oriented Schools, Whole School Positive Behaviour in Schools [WSPBIS]), and philosophically grounded in the view that positive

teaching and learning behaviours are dependent on the nature of the organisation as a whole, the NBSS defines Level 1 as work on school vision, systems, structures, policies and practices.

At Level 2, Targeted Intervention Behaviour Support involves working with specific groups of students and/or the teachers of particular groups of students that collectively present behaviours that impede teaching and learning in the classroom. The work involves: developing, implementing and monitoring programmes and approaches to address students' needs; offering opportunities for teachers to explore alternative methodologies; introducing effective academic/social/behavioural materials and encouraging the continuous professional development of staff. To date, Level 2 targeted interventions have included work on: academic literacy; respect; expectations, rules, routines and positive reinforcements; organisational skills; self-esteem; motivation; positive health and well-being skills; and peer conflicts. Depending on the nature of the intervention and the views of school staff, the NBSS work at Level 2 consists either of supporting teachers as they conduct the intervention themselves or co-operatively partnering teachers in the classroom.

Level 3, Intensive, Individualised Support is tailored specifically to the unique needs of the individual student. This level of support is offered to the small group of students who, notwithstanding whole school behaviour support and targeted interventions, continue to experience difficulty. Level 3 support is provided for students who typically demonstrate a range of challenging behaviours in school in areas such as: social skills; relationships with adults and peers; absenteeism; consistent concentration; and attention difficulties. Their classroom behaviour not only hinders their own educational progress but can also impede that of their peers. This third level of NBSS behavioural support is provided in 23 schools nationally through full-time Behaviour Support Classrooms, 26 schools with Behaviour for Learning programme teachers and in 37 other schools through direct work with students by NBSS team members.

Staffed by two fully qualified post-primary teachers, the Behaviour Support Classrooms provide intensive, short-term, individualised intervention for students who consistently fail to respond to alternative interventions and supports provided by the school. Following the development of a student behaviour plan (SBP), Behaviour Support Classrooms aim to provide an academic, social, emotional and behavioural curriculum to students accessing support. Where necessary a positive health and well-being curriculum is also provided to students. The fundamental aim of a Behaviour Support Classroom is reintegration.

The Behaviour for Learning Programme was initiated in 2010. The programme aims to explore the ways in which an individual teacher, allocated with 22 hours per week, could develop a school 'Behaviour for Learning Programme' specifically targeted at students in need of intensive, individualised intervention (Level 3). Following the development of an SBP, the Behaviour for Learning programme teacher works with identified students individually or in small groups. They use Behaviour for Learning programmes that are designed to meet their social, emotional, behavioural, academic and well-being needs, so they can achieve and succeed in school. Rather than responding after young people present chronic behaviours ('a wait to fail' intervention model), a school's 'Behaviour for Learning' programme includes preventative strategies and early intervention approaches for all students.

To promote capacity building and sustainability, and to assist schools that have actively and successfully engaged in behaviour improvement work in partnership with the NBSS, a 'Positive Behaviour Liaison Teacher' initiative is introduced for one year in schools prior to the conclusion of their partnership with the NBSS. The appointment allows for 11 hours to be assigned to an established teacher on the school staff to develop, co-ordinate and implement whole school focused positive behaviour initiatives in partnership with relevant school personnel, to facilitate effective responses to challenging behaviour, and to identify and co-ordinate in-school continuous professional development for staff.

A research report entitled, *A Research Study of 36 Behaviour Support Classrooms* (Henefer J., 2010), was published by the NBSS in July 2010. At present, the NBSS is co-ordinating *Teacher as Researcher: Literacy and Learning Research Projects* across a number of schools. Teachers are engaged as researchers in their schools, piloting a range of literacy, learning and study skills development projects with students. A research report on the voices of students accessing Behaviour Support Classroom support is scheduled for publication in 2012.

National Council for Special Education
1–2 Mill Street
Trim
Co. Meath

An Chomhairle Náisiúnta um Oideachas Speisialta
1–2 Sráid an Mhuilinn
Baile Átha Troim
Co. na Mí

T: 046 948 6400
F: 046 948 6404
www.ncse.ie

