

Supporting Students with Autism Spectrum Disorder in Schools

NCSE POLICY ADVICE PAPER NO. 5



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NCSE POLICY ADVICE NO. 5



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National Council for Special Education

1-2 Mill Street

Trim

Co Meath

T: 046 948 6400

www.ncse.ie

Contents

Index of Tables	iv
Index of Figures	iv
Foreword	v
Abbreviations	vi
Executive Summary	1
1. Introduction	15
1.1 Terms of Reference: Educational Provision for Students with ASD	16
1.2 Methodology	17
1.3 Previous NCSE Recommendations for All Students with Special Educational Needs, Including Students with ASD	17
1.4 Evidence Informed Advice	18
1.5 Prevalence	19
1.6 Principles Underpinning Policy Advice on Educational Provision for Students with ASD	20
1.7 State Investment In Educational Provision for Students with ASD	21
2. Pre-School Children and School-Aged Students with ASD	23
2.1 Pre-School Children	25
2.1.1 Current Provision	25
2.1.2 Review of the Current System	26
2.1.3 What Does the Research Tell Us?	28
2.1.4 Discussion	30
2.1.4.1 What is Needed?	31
2.1.4.2 Younger Children	32
2.1.4.3 Pre-schools	34
2.2 School-Aged Students	37
2.2.1 Current Provision	37
2.2.1.1 SNA Support	39
2.2.2 Review of the Current System	40
2.2.3 What Does the Research Tell Us?	42
2.2.4 Discussion	43

2.3	Developing Knowledge, Skills, Understanding and Competence of Teachers	52
2.3.1	Current Provision	52
2.3.2	Review of the Current System	53
2.3.3	What Does the Research Tell Us?	54
2.3.4	Discussion	55
2.3.4.1	Mainstream Teachers	57
2.3.4.2	Teachers in Specialist Roles and Settings	58
2.3.4.3	School Leaders	59
2.3.4.4	Building Schools' Capacity in Behaviour Management	59
2.4	Educational Interventions for Students with ASD	61
2.4.1	Current Provision	61
2.4.2	Review of the Current System	61
2.4.3	What Does the Research Tell Us?	62
2.4.4	Discussion	64
2.5	Other Educational Supports for Students with ASD	66
2.5.1	Current Provision	66
2.5.2	Review of the Current System	66
2.5.3	What Does the Research Tell Us?	68
2.5.4	Discussion	69
2.5.4.1	Care Supports	69
2.5.4.2	Data on Early School Leaving and Absenteeism	70
2.5.4.3	Special Transport Scheme	71
2.5.4.4	Technology-aided Learning	72
2.5.4.5	Capitation Grants	72
2.5.4.6	Specialist Equipment	73
2.5.4.7	Post-school Provision	74
2.6	Extended School Year Scheme (July Provision)	77
2.6.1	Current Provision	77
2.6.2	Review of the Current System	77
2.6.3	What Does the Research Tell Us?	79
2.6.4	Discussion	81
2.7	HSE Multidisciplinary Therapy Supports	84
2.7.1	Current Provision	84
2.7.2	Review of the Current System	85
2.7.3	What Does the Research Tell Us?	86
2.7.4	Discussion	87

2.8 Transition of Students with Special Educational Needs	90
2.8.1 Current Provision	90
2.8.2 Review of the Current System	90
2.8.3 What Does the Research Tell Us?	91
2.8.4 Discussion	92
2.9 Crisis Intervention	93
2.9.1 Current Provision	93
2.9.2 Review of the Current System	94
2.9.3 What Does the Research Tell Us?	95
2.9.4 Discussion	96
2.9.4.1 General Need for Seclusion and Restraint	97
2.9.4.2 Crisis Situations	98
2.10 Supports for Families of Children with ASD	100
2.10.1 Current Provision	100
2.10.2 Review of the Current System	101
2.10.3 What Does the Research Tell Us?	102
2.10.4 Discussion	102
Appendices	105
Appendix 1: Summary of Previous Relevant Policy Advice	106
Appendix 2: Historical Context and Current Provision	114
Appendix 3: List of Special Schools	132
Appendix 4: The Consultation Process	137
Appendix 5: List of Interventions	142
Appendix 6: List of Recommendations	146
Bibliography	155

Index of Tables

Table 1: Increase in Educational Provision for Students with ASD since 2001	21
Table 2: Estimated Cost of Providing Education to Students with ASD (2014-15)	22
Table 3: Distribution of Students across Settings	38
Table 4: Snapshot of Provision in Schools for Students with ASD	39
Table 5: Snapshot of SNA Support in Schools for Students with ASD	39
Table 6: Timeline of Developments in Educational Provision for ASD	116
Table 7: Home Tuition for Children with ASD 2010-2014	119
Table 8: Summary of Provision for Students with ASD in the Mainstream Education System – 2014/15	120
Table 9: Special Classes in Mainstream Schools: 2014-15	121
Table 10: Increase in Educational Provision for Students with ASD	123
Table 11: Summary Details of Extended School Year Scheme 2011-14	124

Index of Figures

Figure 1: Supports Needed for Some Young Children with ASD in Pre-School Settings	35
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Foreword

One of the NCSE's key roles is to provide independent and objective policy advice to the Minister for Education and Skills on the education of children with special educational needs. This paper – Supporting Students with Autism Spectrum Disorder in Schools – was prepared at the request of the then Minister for Education and Skills, Ruairí Quinn T.D.

The NCSE takes great care to review and consider the available evidence. We commissioned research, consulted widely with students, parents, education partners as well as considering national and international practice. Presentations to the NCSE Council were invited from parents, teachers and academics knowledgeable in autism spectrum disorder (ASD) and Council members and officials visited a range of school settings where students with ASD are educated.

It has been 14 years since the report of the Task Force on Autism was published. We found much has improved in the education of students with ASD since 2001 and that generally these students are now included and supported well in schools.

It is important to acknowledge the contribution made by parents, teachers, school management bodies, the DES and all stakeholders in bringing about these improvements.

There is room for further improvement and the 11 recommendations made in this paper were chosen to make a real difference in educational provision for students with ASD.

I welcome the Government decision, announced since this report was finalised, to provide additional funding to support access to the Early Childhood Care and Education (ECCE) Programme for children with a disability. This initiative gives effect to a key 2013 NCSE policy recommendation: that the ECCE programme should provide the State's early intervention support for all pre-school children including those with complex needs. The provision of sufficient funding is critical to ensuring that pre-school children who may need additional help have access to the appropriate supports.

I would like to thank everyone who assisted in the preparation of this advice, particularly those who so generously contributed their time and expertise to the consultation process and those schools which facilitated our visits.

Teresa Griffin
Chief Executive Officer

2015

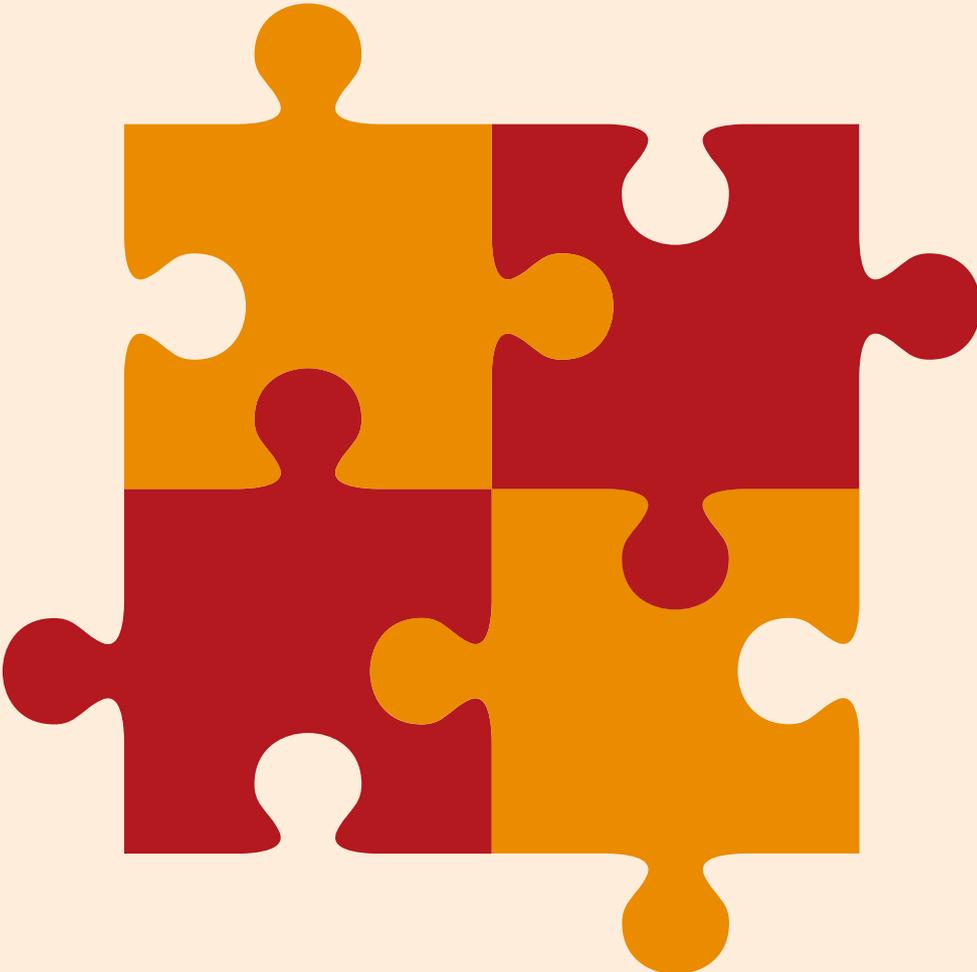
Abbreviations

ABA	Applied behaviour analysis
ACCS	Association of Community and Comprehensive Schools
ADHD	Attention deficit hyperactivity disorder
APP	Altered provision project
ASD	Autism spectrum disorders
ASPIRE	Asperger Syndrome Association of Ireland
ASTI	Association of Secondary Teachers of Ireland
BCBA	Board Certified Behaviour Analyst
C-ABA	Contemporary ABA
CAMHS	Child and Adolescent Mental Health Service
CBI	Cognitive behavioural intervention
CI3T	Comprehensive, integrated, three-tiered (model of prevention)
CPD	Continuing professional development
CPSMA	Catholic Primary School Management Association
DCU	Dublin City University
DCYA	Department of Children and Youth Affairs
DES	Department of Education and Skills
DIR	Developmental, individual-difference, relationship-based (model)
DoH	Department of Health
DRA/I/O	Differential reinforcement of alternative, incompatible, or other (behaviour)
DSM 5	Diagnostic and Statistical Manual of Mental Disorders, 5th Edition
EBD	Emotional disturbance/behavioural disorder
ECCE	Early childhood care and education
EI	Early intervention
EIBI	Early intensive behavioural intervention
EPSEN	Education for Persons with Special Educational Needs Act
ESRI	Economic and Social Research Institute
ESY	Extended school year
ETB	Education Training Board
EYS	Early years specialist

FBA	Functional behaviour assessment
FETAC	Further Education and Training Awards Council
GLD	General learning disability
HSE	Health Service Executive
ICBSR	Irish Centre of Behavioural Support and Research
ICD 10	International classification of diseases and related health problems
ICT	Information and communication technologies
IEP	Individual education plan
INTO	Irish National Teachers Organisation
IPPN	Irish Primary Principals Network
ITE	Initial teacher education
IVEA/ETBI	Ireland's Vocational Education Authority now Education and Training Boards Ireland
JEP	July education programme
MGLD	Mild general learning disability
NABMSE	National Association of Boards of Management in Special Education
NAPD	National Association of Principals and Deputy Principals
NBSS	National Behaviour Support Service
NCCA	National Council for Curriculum and Assessment
NDS	National Disability Study
NCSE	National Council for Special Education
NEPS	National Educational Psychological Service
NFQ	National Framework of Qualifications
OECD	Organisation for Economic Co-operation and Development
OCD	Obsessive-compulsive disorder
OT	Occupational therapy
PALS	Play and language support
PECS	Picture exchange communication system
PBIS	Positive behavioural interventions and supports
PRT	Pivotal response training
RCT	Randomised control trial
RTH	Resource teaching hours
RT	Resource teacher
RTI	Response to intervention

SEN	Special educational need
SENO	Special educational needs organiser
SESCO	Special educational needs co-ordinator
SERC	Special Education Review Committee
SESS	Special Education Support Service
Severe EBD	Severe emotional disturbance/behaviour disorder
SNA	Special needs assistant
TEACCH	Treatment and education of autistic and related communication handicapped children
TUI	Teachers Union of Ireland
TES	Teacher Education Section
VB-MAPP	Verbal Behaviour Milestones Assessment and Placement Programme
VTSVHI	Visiting teacher service for children who are deaf/hard of hearing and for children who are blind/visually impaired
WTE	Whole time equivalent

Executive Summary



Executive Summary

The National Council for Special Education (NCSE) supports an inclusive education system that enables children and young adults to achieve their potential. One of our key roles is to provide the Minister for Education and Skills with expert, independent, evidence-informed policy advice on special education for children and young adults. In 2013, the NCSE was requested to review educational provision for students with autism spectrum disorder (ASD) and to advise on the future arrangements that should be in place, where necessary, to improve the nature, extent, planning and delivery of education to students with ASD.

The NCSE determined the following seven principles to inform this policy advice:

- Principle 1:** Students, irrespective of the severity of ASD and/or cognitive ability, are welcome and able to enrol in their local schools.¹
- Principle 2:** Students with ASD have an individualised assessment which informs teaching and learning and forms one part of an ongoing and cyclical process of assessment, intervention and review of outcomes.
- Principle 3:** Access to education and care is available on an equitable and consistent basis to students with ASD.
- Principle 4:** Students with ASD have access to a wide-ranging curriculum that is relevant and appropriate to their needs.
- Principle 5:** Students with ASD have access to available educational schemes and supports on the basis of their needs rather than disability category.
- Principle 6:** Available resources are used to maximum effect to drive improved outcomes for students with ASD and State services work together to achieve this.
- Principle 7:** Parents' role as the child's natural and primary educators is respected.

In preparing this paper, we consulted widely and held over 30 meetings with educational partners and stakeholders. In addition to reviewing relevant national and international research, we commissioned two specific studies: one to review literature on educating persons with ASD between 2008 and 2013 and the second to evaluate State-funded educational provision for students with ASD.

¹ The NCSE considers this an important principle, while recognising that some students with complex needs may require a more supportive special school or special class placement.

At all times, our focus was on the needs of students with ASD and how they can be supported to achieve their potential. We recognise that ASD is a spectrum condition so some students with ASD require little support in school and are relatively independent in their learning. Others require a lot of help in their daily lives because their more complex needs and/or co-occurring intellectual disability and/or mental health difficulties affect the level of supports they require and the outcomes they can achieve.

Educational planning should be based on an ASD prevalence rate of 1.55 per cent.

We found about 1.55 per cent of the general student body receive additional supports because they have been diagnosed with an ASD. While this figure is higher than the prevalence suggested in some recent national and international research, it is in keeping with recent prevalence surveys in the US and UK. It is reasonable to base future Irish educational planning on this figure.

The NCSE was pleased to find that much has improved for students with ASD in recent years. There is generally a good, and improving, range of placement options, including appropriate settings where very young children with ASD can receive early intervention and supports. Students are generally supported well in schools and have access to a diverse and appropriate curriculum. Teacher knowledge and understanding of ASD have improved and continue to develop as many have engaged in professional development; the high quality of continuing professional development (CPD) programmes provided through the Special Education Support Service (SESS) and colleges/universities was noted.

There was consensus across all consultation groups that DES provision for students with ASD has greatly improved since publication of the Report of the Task Force in 2001. Significant resources have been invested in teacher development, good accommodation and equipment has been provided in many schools along with extensive teacher and SNA supports.

The DES recognises that students with ASD can sometimes require other additional educational supports in order to attend and participate in a meaningful way in school and funds the following additional supports for some:

- SNA support for students with significant care needs arising from their disability
- Assistive technology
- Specialist equipment
- Special school transport arrangements
- School building adaptations where necessary
- Enhanced levels of capitation grants for special schools and mainstream schools with special classes.

The NCSE is pleased that, generally, the correct education supports are in place and are working well for students with ASD. We acknowledge the important role played by parents and advocacy groups in encouraging the DES to increase investment, expand provision and ensure CPD is available for teachers to the point where:

In December 2014, of the 13,873 students with ASD in the school system:

- 63 per cent were educated in mainstream classes
- 23 per cent were educated in special classes in mainstream primary and post-primary
- 14 per cent were educated in 118 special schools
- 23 per cent of all students with resource teaching hours were students with ASD
- 25 per cent of all resource teaching posts were allocated for ASD
- 73 per cent of all special classes approved were for ASD
- About 40 per cent of all students with SNA support had ASD
- 69 per cent of all students with ASD accessed SNA support.

We also found areas with room for improvement and we outline these, along with key recommendations, in the following sections. A complete set of recommendations is included in Appendix 6. We acknowledge the difficult fiscal climate; this advice is intended to provide guidance on how the system can improve as funding becomes available.

Perhaps more than any other disability, there has been much national and international discussion on the education of students with ASD. Authors in the field have pointed out that parents of children with ASD have, for many years, been faced with numerous interventions and treatments, some of which have attracted passionate advocates even where no reliable evidence supports their efficacy. All these claims can add immeasurably to the anxiety of parents, teachers and policy makers seeking to ensure that children are given every chance to achieve their potential.

The NCSE is aware of the need to ensure that our advice is evidence informed. We take great care to review and consider the available evidence. One of our great advantages is that we are independent and not looking to prove the validity of one approach over another or defend a particular viewpoint. We are child-centred rather than approach centred. Our role is to advise based on the evidence.

Pre-school children

We found parents of pre-school children were confused by the current array of pre-school settings and schemes with their different staffing and funding arrangements. We also found they were frustrated by limited and inconsistent access to diagnosis and therapeutic services to support pre-school children.

The Government should bring clarity to the system by having one appropriately supported national pathway up to, and including, pre-school so that parents understand the support available for their children with special educational needs, including ASD, from what point this support is provided and where it is delivered.

High quality early childhood education and care have been clearly identified in research as benefiting all children, including those with special needs, in terms of well-being and lifelong learning. A major longitudinal study on UK pre-school education found high quality pre-school was linked to better self-regulation, pro-social behaviour and lower levels of hyperactivity, can act as a protective factor and reduce the risk of special educational needs, especially for the most disadvantaged and vulnerable groups of young children. These effects last up to the end of primary education.

Characteristics of good quality early intervention and pre-school development for children with ASD include:

- Multidisciplinary collaborative approach to assessment leading to individualised planning, intervention and developmentally appropriate evidence-informed practice.
- Intervention in natural environments and with access to typically developing children.
- Supportive, structured and planned teaching which takes into account the need for predictability and routine.

Highly trained and skilled pre-school staff is key to ensuring high quality pre-school provision and for children with ASD, this means being knowledgeable about and experienced in working with young children with ASD. Younger pre-school children should have access to appropriate therapy supports in line with their needs once it is clear they are missing key developmental goals. They should not have to wait until they have received a formal diagnosis of a specific disability before receiving such supports.

Pre-schools should be appropriately funded to ensure that children have the appropriate supports. Pre-school staff should have relevant qualifications. When appropriate supports are in place, pre-school placements should be for two years.

School-aged students with ASD

As stated earlier, the education available in schools for students with ASD – particularly in primary – has improved remarkably in recent years. The NCSE recognises that many schools, primary, post-primary and special, have embraced open and inclusive policies for educating this cohort of students.

It is disappointing therefore that some mainstream schools have restrictive practices which effectively exclude students with ASD – even from special classes – unless they are able to follow academic programmes and be included in mainstream classes for at least a part of the week.

Despite the growth and corresponding improvement in supports and educational provision for students with ASD, the availability of appropriate mainstream and special placements continues to be problematic in certain areas of the country, particularly for those with more complex learning and/or behavioural difficulties. As a result, we still consider it essential for the NCSE to be given the necessary legislative authority to put a national continuum of school provision in place.

The NCSE should be equipped with the necessary authority to instruct a school to open a special class when deemed necessary by the NCSE.

We found confusion in the system about the purpose and role of special classes for students with ASD, with some schools appearing to believe that the classes are resourced only to cater for the more able students with ASD. We are concerned that some students may be inappropriately placed or retained in mainstream or special classes when they might be more appropriately placed in a different setting.

External professionals can greatly assist decision-making for students with ASD and their parents by stating clearly their view on the most appropriate placement for the child or young person.

NEPS staffing allocation should allow for a psychologist to allocate an appropriate number of days each year to provide a quality service to special classes and to provide advice on educational placements.

Through our consultation process, visits to schools and review of research, it became clear that, while there is good practice in many post-primary schools, the model of provision for post-primary students with ASD needs some refinement. The greater organisational complexity of the latter can be very problematic for a student with ASD at a time when they may have increased levels of anxiety due to puberty, difficulties in social communication and be striving for increased independence. Many post-primary teachers consider they are not adequately equipped to work with these students either in mainstream or special classes.

Some post-primary schools allocate resource teacher hours or special class hours to fill teachers' timetables, regardless of a teacher's levels of skills, competence or knowledge in special education and without taking the student's learning needs into account. Such practice could not be regarded as child-centred or an effective use of State resources. We consider such practices should be discontinued.

The current special class model may not be the most suitable for post-primary schools. There is a wide age and ability range represented in post-primary special classes and in some post-primary schools, special classes can be a segregated entity where teachers can feel isolated and de-skilled in terms of teaching their own subject area.

In our view, students in post-primary special classes should be given access to a broad-based post-primary curriculum either through being included in mainstream classes wherever possible or by having a small number of specialist teachers allocated to teach their subjects at the appropriate levels to the special class. The number of teachers involved with the post-primary special class should be kept to the minimum necessary to provide students with access to a broad-based post-primary curriculum. We consider that post-primary schools, given their increased complexity, should be allocated additional hours for a teacher to work as a special educational needs co-ordinator, with overall responsibility for the academic progress of the class, the organisation of individualised timetables for students, the co-ordination of educational programmes and providing assistance during transitions.

Models of support in post-primary schools should be age appropriate and reflect organisational structures. More able students with ASD should be supported through resourced mainstream provision while only those with complex needs should be placed in a special class.

The DES should consider allocating hours to post-primary schools, in line with educational need, to enable a teacher to have overall responsibility for the organisation and co-ordination of educational programmes for students with special educational needs, including ASD.

The DES should reframe its policy on the use of over quota hours for resource teaching to ensure that only teachers with appropriate skills, knowledge and competencies are allocated resource teaching hours. The practice of spreading resource teaching hours over an excessive number of post-primary teachers' timetables should be discontinued.

Developing teacher knowledge, skill, understanding and competence

Significant progress has been made in the past decade in providing good quality training to teachers and many teachers are now well trained in ASD. More such development of teacher knowledge, skill, understanding and competencies is required, however. Given the increased prevalence of students with ASDs in all education settings and the centrality of the teacher in their education, the NCSE considers it essential that all teachers have a knowledge and understanding of students with ASD and of how general teaching principles can be applied to teaching these students.

Teachers in specialist roles and settings need further skills in assessing and identifying the needs of students with ASD; in selecting and implementing appropriate evidence informed interventions that may be effective; and in monitoring student progress.

The DES should request the Teaching Council to develop, as a matter of priority, standards in relation to the knowledge, skills, understandings and competencies that teachers require to enable students with complex special educational need, including ASD, to receive an education appropriate to their needs and abilities in mainstream and special settings and a framework for teacher education to meet these standards.

Educational interventions for students with ASD

While systematic literature reviews have identified a diverse range of interventions with evidence of some effectiveness for some students with ASD, they have also noted limitations with research in this field. These include, for example, small sample sizes; lack of randomised control trial (RCT) studies generally regarded as providing the highest quality of effectiveness evidence (though the use of RCTs has increased in recent years); lack of research on older children and young people; insufficient understanding of why some children respond well to particular interventions while others do not; lack of research on how best to implement effective interventions in schools and communities.

So it is important when selecting interventions that practitioners consider the research evidence, but they must also take into account other important factors such as the student's individual needs and experiences, parental input, professional judgement and assessment, and the experience, capacity and training requirements of teachers and schools. Given the heterogeneity of ASD, the most effective interventions are tailored to meet the unique characteristics of each individual. The selection of the intervention/s should be based on the student's assessed needs, and should be monitored over time to see if they are helping students to make progress.

A list of interventions shown to have some effectiveness for some children and young people with ASD is included in Appendix 5.

Schools' development of educational programmes and identification of appropriate evidence-informed interventions for students with ASD should be informed by HSE multidisciplinary assessment.

The Inclusion Support Service should be sufficiently resourced to provide a comprehensive, national programme to ensure that teachers are trained and upskilled in choosing educational interventions that are evidence informed² and that fit with the individual student's needs.

The DES should assign responsibility to the Middletown Centre for Autism³ for regularly and formally updating the list of evidence informed educational interventions for ASD.

Other educational supports for students with ASD

The NCSE acknowledges the importance and value of the SNA scheme in supporting students who have significant care needs arising from ASD. However, we found confusion still exists about the duties of SNAs with students with ASD. We suggest it would be worthwhile for the DES to remind schools that under their contracts SNAs can be assigned duties appropriate to the grade and tailored to the needs of the students they support (DES Circular Letter 12/05).

As most students with ASD (69 per cent) have access to SNA support, we consider it important that the DES regularly reviews the SNA's role in supporting the care needs of these students to ensure the service addresses their needs effectively.

Special school transport arrangements work well for students with ASD attending their nearest school or special class which can be resourced to meet their needs. However, transport arrangements should be put in place for students where the nearest school or special class cannot provide essential therapies at present. In addition, transport arrangements should be put in place for students travelling between school and respite settings.

² An evidence-informed practice in the education sphere has been defined in the literature as an instructional strategy, intervention or teaching programme that has resulted in consistent positive results when experimentally tested (Mesibov & Shea, 2011; Simpson, 2005 cited in Marder & Fraser 2012).

³ The Middletown Centre for Autism was established in 2007 to support the promotion of excellence in the development and co-ordination of education services to children and young people with autistic spectrum disorders (ASDs). It is a jointly funded initiative between the Department of Education, Northern Ireland and the Department of Education and Skills, Ireland.

The Departments of Health and Education should jointly consider and put in place appropriate practical arrangements to enable students with complex special educational needs, including ASD, to be transported:

- **To and from respite care settings to school, on the same basis that they are transported from their homes and**
- **Pending the full roll-out of the Progressing Disabilities policy – to alternative special schools and classes where the HSE cannot provide therapy supports for a student in his/her local school.**

The NCSE is aware of the increasing use and importance of technology in the education of students with ASD and the emerging evidence that supports its use. For example, some students with ASD have difficulties with verbal communication and are primarily visual learners. Therefore they increasingly use mainstream technologies such as tablets to augment their communication and learning. We believe teachers need appropriate training in how to use the technology, what technology has been shown to be effective in teaching students with ASD and when it is educationally appropriate to use it.

Consistency is also required across educational settings in what technology (including software) can be funded and made available. Technology is constantly developing at a tremendous rate and it is really difficult for teachers, students and administrators to keep up to date with the latest upgrades. The Middletown Centre for Autism should be requested and funded to research technology (including software etc.) and to compile and update a list of technology shown to be effective in teaching students with ASD.

As part of their overall training programme in ASD, teachers in specialist roles and positions should receive training in technology aided instruction for use with students with ASD.

The Middletown Centre for Autism should be requested and funded to research, compile, maintain and update a list of technology (including software) shown to be effective in teaching students with ASD.

Throughout the consultation process parents expressed considerable concern and anxiety about what they perceived to be a lack of appropriate planning for and/or post-school provision and support for students with ASD, especially those with more complex needs. The NCSE considers it is now timely for the relevant Departments to conduct an examination of the post-school provision and supports that should be available to ensure students with more complex special educational needs, including those with ASD, have the opportunity for meaningful post-school options and that no one falls between services.

The relevant Government Departments should jointly review their respective policies for post-school options for students with special educational needs, including ASD, to ensure they have access to a full range of meaningful post-school work, educational and other placement opportunities.

Extended school year (July provision)

The extended school year, also known as the July provision scheme, is much valued by parents. During this work, it became clear that it was mainly valued because it provided day-time breaks for parents and families and a structured day for students. However, we found the scheme was not meeting its original purpose to minimise the potential for academic regression by extending the academic programmes for one month.

We could find no basis in research for a scheme which provided this level of support for students on the basis of a diagnosis of ASD alone. We consider such a scheme could be open to challenge on equality grounds as research suggests that students with significant intellectual disability would also benefit from an extended school year.

We found its conditions could potentially lead to risky and dangerous environments for students where new staff is recruited who are not familiar with the students' behavioural or medical needs. Students with ASD are often upset by staff and/or other changes in their familiar school routines and environment and this can result in challenging behaviours on the part of some. School principals reported finding it extremely hard to recruit teachers and SNAs to the point where it is becoming increasingly difficult, if not impossible, to continue to operate the scheme.

This leaves the NCSE in a difficult position. On the one hand, we do not want families to lose what they consider to be such a valuable resource. On the other, we are unable to recommend that the scheme continues for reasons as outlined above and more fully in the report.

Discussions are urgently required between the Departments with responsibility for education, health, social protection and any other relevant Departments, to develop a national day activity programme that provides a structured, social environment for students with complex special educational needs for one month of the summer holidays. Given the importance of parental support for any national scheme, parents should be consulted in the development of the programme.

In the meantime boards of management (in the case of school-based provision) and parents (in the case of home-based provision) should satisfy themselves that adequate supervision arrangements are in place to ensure the welfare and safety of students and staff participating in the scheme.

HSE Multidisciplinary Therapy Supports

The NCSE supports the principle underlying the Progressing Disabilities Programme to provide one unified pathway for the delivery of disability services for children and young people. We also acknowledge that, as many parents reported, where available, the quality of health services provided is good. However, we are conscious that the HSE has been affected by the general staffing embargo (which has operated in the HSE since 2007) alongside schemes to incentivise earlier retirement and career breaks. In our view, the programme must be adequately resourced if it is to meet the needs of **all** students with complex disabilities and their families, including students with ASD. For this to be the case, the staffing of health teams must be sufficient to meet needs, appropriate staffing levels must be maintained and cover must be provided for maternity leave and other staff absences.

Every consultation group considered that therapy supports such as occupational therapy, psychology, psychiatry, physiotherapy are not generally available to the extent needed for this group of children/young people. This includes access to diagnostic services which in turn delays necessary interventions being delivered for children.

It is our view that provision of therapy supports for children and young people with ASD must receive urgent priority as many require these to access education and to lead productive lives.

During the consultation process, it became clear that an expectation gap exists between parents and schools and the HSE regarding therapy supports. This gap needs to be bridged by clear information from the HSE on the level of service it considers appropriate and sufficient.

The Government should provide for sufficient ring-fenced resources to ensure that the HSE is in a position to provide adequate multidisciplinary supports for students with complex special educational needs, including ASD, who require such supports to access education.

Transition of students with ASD

The NCSE has found that extensive transitional arrangements have been put in place generally for students with special educational needs and it is important to acknowledge the work of parents, teachers, principals, school management, the HSE, NEPS, NCCA, SESS and others in developing this area to date. It was particularly heartening that all schools consulted had comprehensive transition planning processes in place between primary and post-primary schools.

We are aware, however, that for some students with more complex needs, planning for transition out of the school system needs more attention and that schools need to develop further outwards links to specialist services and employment to facilitate this transition.

Schools should draw up a post-school transition plan for students with ASD, as part of their individualised education planning, which should refer to the necessary links to post-school specialist services or further and higher education institutions, as appropriate.

Crisis intervention

It is important to realise that challenging and/or violent behaviour is not necessarily linked to special educational needs but is a broad, societal issue. While challenging behaviour can be associated with a diagnosis of ASD, it is inappropriate to consider that all students with ASD present with it. Only a minority of students who may or may not have special educational needs demonstrate serious, challenging or violent behaviours in school settings.

Schools have a duty of care to all their students and staff. Their management of challenging (and sometimes violent behaviour) must be consistent with a student's right to be treated with dignity and to be free of abuse. Schools should make every effort to prevent the need for the use of restraint and seclusion. School policies in this area should form part of overall policy on the positive management of behaviour which emphasises the importance of having: preventative strategies in place to avoid the emergence of challenging behaviour; good staff/student relationships to promote positive student behaviours; and early intervention to manage challenging behaviour if/when it arises.

It is clear that some schools feel let down by the educational and health systems. They consider they are being asked to educate a small number of students who at times can exhibit extremely challenging and sometimes violent behaviours towards both themselves and others, without access to sufficient, necessary clinical and therapeutic advice and guidance. The reality is that staff members, including teachers and SNAs, are currently being injured in schools. While such incidents are few, they are nevertheless serious when they arise.

Views expressed on this issue were perhaps the most forceful, divisive and emotional heard during our consultation process. They ranged from: under no circumstances should separate rooms be used in schools for the management of behaviour to the absolute need for separate, lockable rooms for the safety of the student, other students and staff.

We found no evidence that the use of seclusion or restraint provided any educational or therapeutic benefit to students with ASD or that it reduced the recurrence of problem behaviours. The literature is clear that many students with ASD can need time and space to self-regulate their behaviour and to avoid sensory overload.

In our view, the only legitimate rationale for use of seclusion and/or restraint is in an emergency situation to prevent injury or harm to the student concerned or to other students or staff members. Even then, as schools are not approved centres under the Mental Health Act, great care should be taken not to break this law in their use.

Schools therefore require guidelines, as a matter of priority from the DES on developing an appropriate policy for emergency procedures which details protocols that should be in place to deal with crisis situations that arise from incidences of challenging behaviours from any student in the school.

The DES should request the National Educational Psychological Service to prepare and issue clear guidelines to schools on: realistic and appropriate emergency procedures to be used in crisis situations, involving episodes of extremely challenging or violent behaviour, causing serious risk to the student him/herself, other students or staff members; and the supports that will be available to students, teachers, and parents following such incidents. The DES should seek legal advice to ensure the guidelines are lawful.

Schools should provide a 'quiet space' for students with ASD to meet their sensory needs but time-out rooms⁴ should not be available in schools specifically for students with ASD as there is no evidence basis to support their use with this group of students.

Supports for Families of Children with ASD

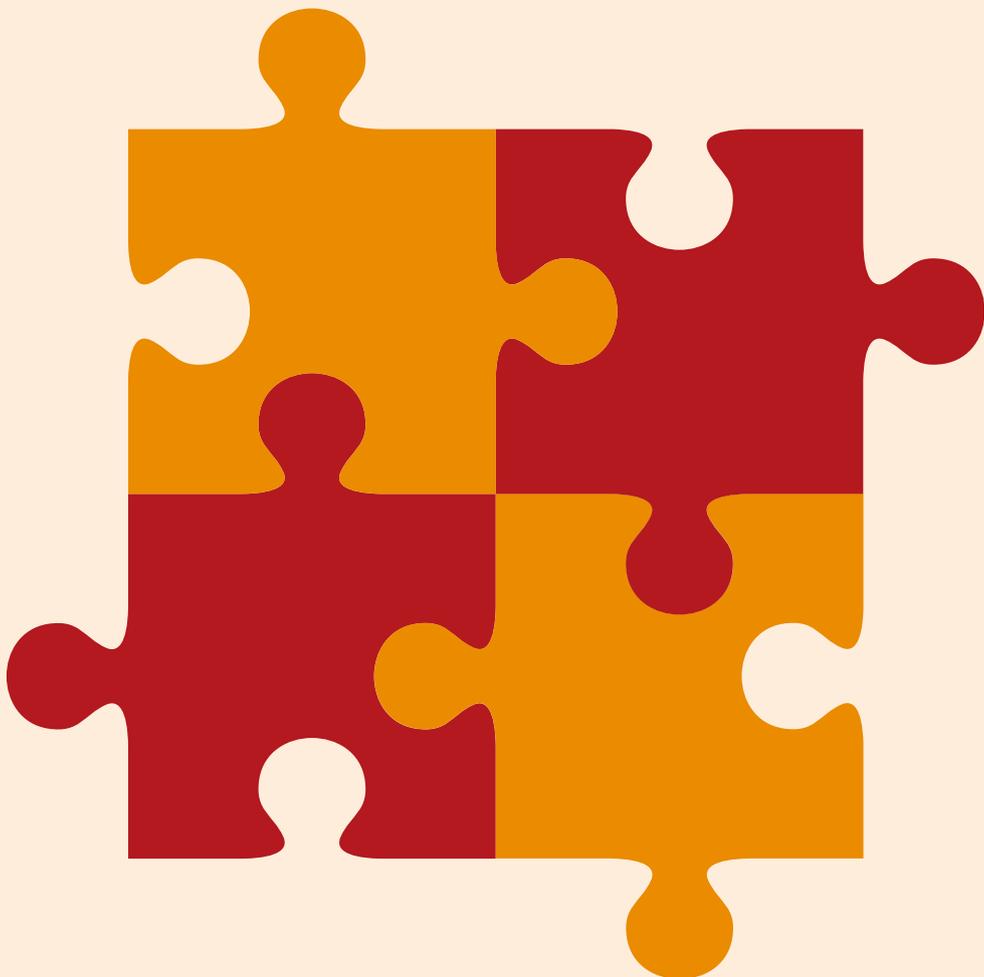
ASD is a lifelong condition and parents and families play an important role in the life of a child with ASD. We recognise that parents can face additional emotional, practical and financial stresses in supporting their child and that they require ongoing information on services available. We understand the importance of adopting a child centred approach within the family context, in supporting parents and families and in equipping them with the relevant knowledge and understanding of the ongoing impact an ASD diagnosis may have on their lives.

We are also aware of how important respite services can be in providing a break for parents and families and indeed for the children with ASD themselves. We believe these services have the potential to contribute enormously to making family life sustainable for all members and need to be equitably available based on the needs of their child. It is for this reason that we believe parents should not be obliged to bring their children to and from respite to school, as this can seriously erode their time for respite.

The relevant Government Departments recognise the importance of adopting a child-centred approach, within the family context, to supporting parents and families and in equipping them with the relevant knowledge, support and understanding of the ongoing impact that a diagnosis of ASD may have on their lives.

⁴ Time-out rooms, in this context, refers to spaces used to involuntarily confine a student alone in a room or area which the student is physically prevented from leaving. This includes situations where a door is locked as well as where the door is blocked by other objects or held closed by staff – regardless of the intended purpose or the names applied to this procedure and the place where the student is secluded.

Introduction



1. Introduction

Under Department of Education and Skills (DES) policy, all students, including students with special educational needs, should be included in mainstream schools unless this is not in their best interests or the interests of those with whom they are to be educated. Some students have more complex special educational needs requiring supported placements. Here, Department policy is for a range of provision to be available, from mainstream placement with additional supports, placement in a special class with the option of inclusion in mainstream or placement in a special school.

In 2013, the then Minister for Education and Skills, Ruairí Quinn, T.D. asked for policy advice on educational provision for students with autism spectrum disorder (ASD).

The terms of reference for this advice are set out below.

1.1 Terms of Reference: Educational Provision for Students with ASD

1. To review current national and international research literature on evidence-based practices and interventions for the education of children with autism/ASD, with a particular focus on other EU countries.
2. To review, and provide an overview of, current State-funded educational provision for children with autism/ASD, to include early intervention and the extended school year scheme, identifying the roles of the various agencies and State as well as the strengths and gaps in the educational and wider framework of supports that significantly impact on the education of children with autism/ASD.
3. To review, with particular reference to educational and social outcomes, the effectiveness of the range of evidence-based practices and interventions for the education of children with autism/ASD.
4. To identify the nature and extent of educational intervention(s), teaching practices and other supports which should be provided to enable children with autism/ASD achieve educational outcomes appropriate to their needs and abilities.
5. To make recommendations on future arrangements that should be in place, where necessary, to improve the nature, extent, planning and delivery of education to children with autism/ASD, with specific reference to the roles of agencies and the nature and extent of supports that should be in place, taking into account the need for flexibility given constrained resources.

When developing policy advice, the NCSE must:

- 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)).

1.2 Methodology

The NCSE provides independent, evidence-informed policy advice to the Minister. In preparing this paper, we commissioned two research studies. One study⁵ systematically reviewed literature on educating persons with ASD published 2008-2013, building on research carried out for the NCSE⁶ which had considered earlier literature. The second commissioned research study was an evaluation of State-funded educational provision for students with ASD⁷. We also considered an extensive range of other research studies.

We consulted widely and held over 30 meetings with educational partners and stakeholders – see Appendix 4 for an outline of this process. Presentations to our Council were invited from parents, teachers and academics knowledgeable in ASD to learn from their experiences. Our Council members and officials visited a range of school settings where students with ASD were educated. The contents of this paper were thoroughly discussed by Council before being finally approved as formal Council policy advice.

1.3 Previous NCSE recommendations for all students with special educational needs, including students with ASD

The education of students with ASD is part of the general educational system. The NCSE proposed 28 recommendations for general systemic improvement in our 2013 policy advice paper⁸ and these generic recommendations apply equally to students with ASD. Its main recommendations include:

- The EPSEN Act 2004 to be implemented in full as soon as resources become available
- A regulatory enrolment framework to be put in place whereby every student with special educational needs is protected from barriers that prevent his/her access to enrolment into a school

⁵ Bond, C. et al (In Press). *Educating Persons with an Autistic Spectrum Disorder: A Systematic Literature Review*. Trim: NCSE.

⁶ Parsons et al (2009). *International review of the Literature of Evidence of Best Practice Provision in the Education of Persons with Autistic Spectrum Disorders*. Trim: NCSE.

⁷ Daly, P., Ring, E. et al (In Press). *An Evaluation of Education Provision for Students with Autism Spectrum Disorder in the Republic of Ireland*. Trim: NCSE.

⁸ National Council for Special Education (2013). *Supporting Students with Special Educational Needs in Schools*. Trim: NCSE.

- A continuum of educational provision to be in place which is flexible and responsive to the needs of students
- One unified system of early years education to be established, to include students with special educational needs
- One allocation scheme whereby all additional teaching supports are allocated on the basis of need rather than disability diagnosis
- Greater focus on individualised planning and monitoring of outcome data for students with special educational needs
- Standards of teaching to be developed in relation to the knowledge, understanding, skills and competence necessary for teaching students with special educational needs
- Mandatory levels and frequency of continuing professional development to be drawn up for teachers in special education
- Children and young people with special educational needs to be recognised as a key health priority.

This paper references some of these recommendations but focuses particularly on specific supports students with ASD require that differ from or are additional to those that all students with special educational needs require.

Some of the more important of the 2013 recommendations, and other NCSE policy advice pertaining to educational provision for students with ASD, are summarised in Appendix 1 of this paper. A full set of the NCSE policy advice papers is available on the NCSE website at: <http://ncse.ie/policy-advice>.

1.4 Evidence informed advice

Much is said about the importance of policy being informed by the available evidence. Perhaps more than any other disability, there has been much national and international discussion on the education of students with ASD. Authors in the field have pointed out that parents of children with ASD have, for many years, been faced with numerous interventions and treatments, some of which make striking claims of effectiveness or even 'cure'. Individual cases of significant improvements have been cited as 'proof' that a particular intervention is the best or should be the only approach used in the education of students with ASD. All these claims can add immeasurably to the anxiety of parents, teachers and policy makers seeking to ensure that children are given every chance to achieve their potential.

The NCSE is therefore very aware of the need to ensure that our advice is evidence informed. We take great care to review and consider the available evidence. One of our great advantages is that we are independent and we are not seeking to prove the validity of one approach over another or defend a particular viewpoint. We are child-centred rather than approach-centred. Our role is to advise based on the evidence.

We read, and considered, findings from a wide range of studies and international evidence reviews identified through journal and database searches at the NCSE along with two peer-reviewed studies commissioned by the NCSE; a number of international clinical guidance documents; as well as many other papers and studies identified by stakeholders and brought to the attention of the NCSE during the consultation process around developing this policy advice, many of which are included in the accompanying bibliography.

Despite limitations in the research identified across these reviews (see Section 2.4.3 for further discussion), their findings have identified a range of interventions from different theoretical perspectives that can be effective in certain ways for some children and young people with ASD. For information, the interventions are listed and described later in Appendix 5.

These interventions will, unfortunately, not be equally effective for all students. It is clear that some may respond well with a particular intervention or interventions while others may not. Research evidence is limited on the factors that predict which students will have positive or negative outcomes (although cognitive and verbal ability have been identified in some studies as factors that may be significant in predicting outcomes in certain cases) or what the long-term gains from interventions might be or what interventions might work well with older age groups. Finally it is acknowledged in the literature that while an intervention may have no evidence of effectiveness, this does not necessarily mean it is ineffective (unless of course there is direct evidence of ineffectiveness). It may be the case that some interventions have not yet been sufficiently researched to establish an evidence base. For this reason, some systematic reviews also identify interventions which have 'emerging' or 'insufficient' evidence of effectiveness. But it is possible that following further research such interventions may be deemed by future reviews to have accumulated evidence of effectiveness.

1.5 Prevalence

Increases in ASD prevalence have been well documented in recent decades and may have been linked to changes in diagnostic practices, service availability and greater awareness of autism spectrum disorders. There had been some international agreement that ASD prevalence rates were about 1 per cent, but some recent reports suggest a higher rate, for example, the US Centre for Disease Control and Prevention⁹ reports that about 1 in 68 or 1.6 per cent of children/young people have been identified with ASD; UK analysis of the Millennium Cohort Study¹⁰ (six- to eight-year-olds in England, Wales, Scotland and Northern Ireland) showed that 1.7 per cent were reported as having ASD at mean age 7.2 years; figures from the Northern Ireland school census¹¹ show the estimated prevalence of ASD to be at 2 per cent among children and young people aged 4 to 15 years. Boys are up to five times more likely to be affected by ASD.

⁹ CDC 2014 Facts about Autism, <http://www.cdc.gov/ncbddd/autism/facts.html>, accessed September 23rd 2014.

¹⁰ Russell, G. Rogers, L.R. and Ukoumunne O.C. (2014) Prevalence of Parent Reported ASD and ADHD in the UK: findings from the Millennium Cohort Study, *Journal of Autism and Developmental Disorders* 44 (1) 30-41.

¹¹ Department of Health, Social Services and Public Safety (2014) *The Prevalence of Autism (including Asperger Syndrome) in School Age Children in Northern Ireland 2014*, DHSSPS, Information Analysis Directorate.

In Ireland a preliminary prevalence rate of 1 per cent was reported by Dublin City University (DCU)¹² based on a study of over 9,000 children in Dublin, Galway, Waterford and Cork. We estimate that in December 2014, up to 13,873¹³ school-aged students with ASD were supported in the education system (this figure does not include children/young people availing of the home tuition scheme). There were a total of 883,903 students in the school system (DES Key Statistics 2014/2015).

NCSE data on students with ASD with resource teaching support or in special classes and special schools therefore indicate a prevalence rate of about 1.55 per cent and we propose that this figure should be used for planning purposes. This calculation is based on school-aged children with ASD in state-funded schools between 4-18 years so it doesn't include those children on home tuition or 3 year olds in early intervention classes (170 children approximately)¹⁴.

It should be understood that this is a school population prevalence rate and is a best estimate based on administrative information available to us. It is not perfect because while it excludes 3 year olds in early intervention classes (170 children approximately) it doesn't take into account the number of 4 year olds that are not in school or children aged 4 and older who are on the Home Tuition scheme and not included in overall school population figures.

Recommendation 1: Prevalence Rate

The DES should adopt an ASD prevalence rate of 1.55 per cent for planning purposes.

1.6 Principles Underpinning Policy Advice on Educational Provision for Students with ASD

The NCSE determined the following seven principles to inform its policy advice to ensure the needs of students with ASD are kept central to its proposals and recommendations. These principles echo those underpinning previous NCSE policy advice on supports required by all students with special educational needs but have been applied in this instance to those with ASD.

Principle 1: Students, irrespective of the severity of ASD and/or cognitive ability, are welcome and able to enrol in their local schools.¹⁵

Principle 2: Students with ASD have an individualised assessment which informs teaching and learning and forms one part of an ongoing and cyclical process of assessment, intervention and review of outcomes.

¹² Irish epidemiological research at Dublin City University (DCU) reported a preliminary finding of a prevalence rate of 1% based on a study of over 9,000 children in Dublin, Galway, Waterford and Cork.

¹³ This is based on: Early intervention mainstream schools: 522 students; early intervention special schools: 177; ASD primary classes: 1,974; ASD post-primary: 733; resource teaching primary: 5,784; resource teaching post-primary: 2,941 students; ASD special schools: 518; other special schools, 1,224 (NCSE, December 2014).

¹⁴ Total school population: $(883,903 - 170 \text{ children aged 3 years}) = 883,733$
 Students with ASD: $(13,873 - 170) = 13,703$
 $(13,703 / 883,733) \times 100 = 1.55\%$.

¹⁵ The NCSE considers that this is an important principle, while recognising that some students with complex needs may require a more supportive special school or special class placement.

Principle 3: Access to education and care is available on an equitable and consistent basis to students with ASD.

Principle 4: Students with ASD have access to a wide-ranging curriculum that is relevant and appropriate to their needs.

Principle 5: Students with ASD have access to available educational schemes and supports on the basis of their needs rather than disability category.

Principle 6: Available resources are used to maximum effect to drive improved outcomes for students with ASD and State services work together to achieve this.

Principle 7: Parents' role as the child's natural and primary educators is respected.

1.7 State Investment in Educational Provision for Students with ASD

The Department's policy is to provide for a continuum of educational provision to be in place for students with ASD to meet their continuum of educational needs. Students with ASD should be included in mainstream schools unless this is not in their best interests or the interests of those with whom they are to be educated. Some students with ASD with more complex special educational needs may be supported in a special class in a mainstream school. Others may have such complex needs that they are best placed in a special school.

Since the publication of the Task Force on Autism in 2001, there has been an extensive increase in provision for pre-school children and school-aged students with ASD, as outlined in the following table:

Table 1: Increase in Educational Provision for Students with ASD since 2001

Provision	2001		2014	
	Classes	No of Students	Classes	No of Students
Students with ASD with RTHs ¹⁶ in primary classes	–	Not known	–	5,784 students
Students – ASD with RTHs in PP classes	–	Not known	–	2,941 students
Home tuition for pre-school children	N/A	N/A ¹⁷	N/A	725 children (aged 2.5 to 5 years)
Total				9,450 students

¹⁶ Resource teaching hours.

¹⁷ 403 children with ASD availed of the home tuition scheme in the 2003-04 school year (Source: DES).

Provision	2001		2014	
Type of Class	No of classes	No of places	No of classes	No of places
Early intervention in primary and special schools	3	18 places	127	762 places (enrolment 699 children)
ASD classes in primary schools	39	234 places	380	2,280 places (enrolment 1974 students)
ASD classes in post-primary schools	0	0	152	912 places (enrolment 733 students)
Classes in special schools (less EI)	35	210 places	estimated 290 ¹⁸	1,742 places* 1,742 students
Estimated total special classes	77	462 places	949 (est)	Places: 5,696 (Enrolment: 5,148)

* In Dec 2014, there were 1,742 places (excluding children in EI classes) in special schools taken by students with ASD but this number fluctuates depending on applications to special schools.

The total DES expenditure on the education of students with ASD for 2014-2015 was as outlined in the table below:

Table 2: Estimated Cost of Providing Education to Students with ASD (2014-15)

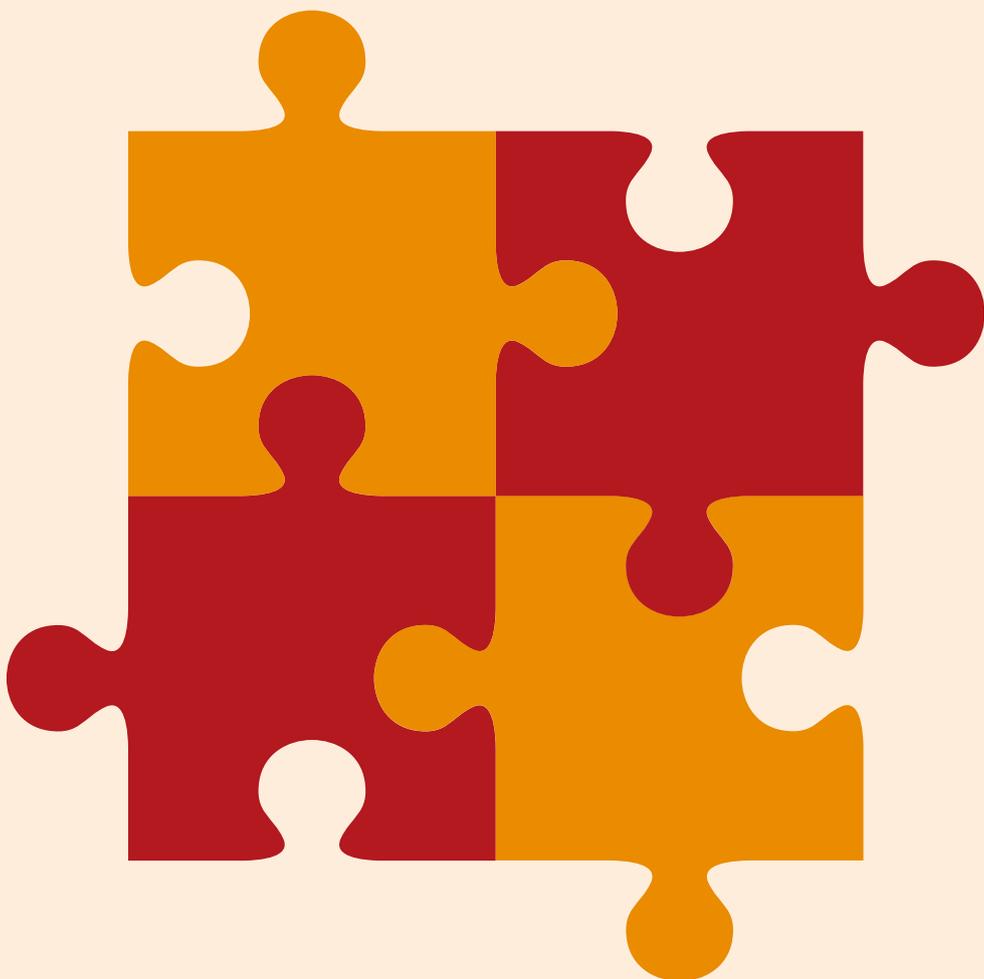
Scheme	Numbers	Estimated Costs (€m)
ASD – resource teachers	1,551 teachers	94.8m
ASD teachers in special classes/schools	1,025 teachers	62.7m
SNA scheme	9,637 pupils	152 m
Enhanced capitation grant	5,148 pupils	3.8 m
Home tuition	725 pupils	7 m
July provision	6,792 pupils	10.3m*
Grants for new classes	120 new ASD classes opened	2.5m**
Total Cost*		€333.1m

* This figure refers to costs for July provision 2014 and does not include costs for special transport scheme as it is not possible to disaggregate the costs for students with ASD from total costs.

** Total grants to new classes is €21,000; capital building costs are not included as these cannot be disaggregated from total DES building costs.

¹⁸ The NCSE maintains a record of the number of students with autism enrolled in special schools. We do not record whether these students are educated in separate ASD class groupings or in class groupings with other students within different categories of special educational needs. This enables special schools to create flexible class settings for students with ASD.

Pre-School Children and School-Aged Students with ASD



2. Pre-School Children and School-Aged Students with ASD

According to the American Diagnostic and Statistical Manual 5 (DSM 5, 2013)¹⁹ the diagnostic criteria for autism spectrum disorder include:

- Persistent difficulties in social communication and social interaction across multiple contexts
- Restricted, repetitive patterns of behaviour, interests or activities
- Symptoms must be present in the early developmental period, either currently or by history, that is symptoms become apparent when social communication demands exceed the child's abilities.

The symptoms of people with ASD are on a spectrum, with some individuals showing mild and others much more severe symptoms. Some can have co-occurring intellectual disabilities and/or mental health disorders and/or medical conditions such as epilepsy, gastro-intestinal disorders, sleep disorders and so on. Some students with ASD can have difficulties with sensory processing and may over- or under-react to sensory stimuli, such as noise, smells, visual. Many find change difficult so transitions and moving schools can pose particular problems for them and must be well-planned.

Some students with ASD require little support in school and are relatively independent in their learning. Others require a lot of help in their daily lives because their more complex needs and/or co-occurring intellectual disability and/or mental health difficulties affect the level of supports they require and the outcomes they can achieve.

In the following sections consideration is given to the supports required by students with ASD that are different to or over and above those previously identified as being required by all students with special educational needs²⁰ (NCSE, 2013). Each section includes:

- A description of what is currently in place for students with ASD at pre-school, primary and post-primary
- A review of the current system which summarises the views expressed during the consultation process and outlines perceived strengths of the current system and which aspects require review
- A summary of main research findings for each section
- NCSE discussion and recommendations.

¹⁹ American Psychiatric Association (2013). Diagnostic and Statistical Manual of Mental Disorders (5th ed.). Washington, DC: Author.

²⁰ National Council for Special Education (2013). Supporting Students with Special Educational Needs in Schools. Trim: NCSE.

2.1 Pre-School Children

2.1.1 Current Provision

Children start attending school at age four or five but often children with ASD are diagnosed before this age. Funding for pre-school supports for these children is primarily provided by the Departments of Health and Children. However, ASD is unique in the extent of funding provided by the DES for early intervention for children with special educational needs²¹.

The DES funds places in 127 early intervention classes in mainstream primary and special schools for children with ASD, aged three and over. In addition, it funds a home tuition scheme for younger children with ASD from 2.5 years and for those children with ASD awaiting a place in a special class or school, if this is needed.

The Department of Children and Youth Affairs funds the:

- Early Childhood Care and Education Scheme (ECCE) which provides universal access to pre-school settings for all children in the year before starting primary school.
- Community Childcare Subvention (CCS) Programme which supports disadvantaged parents and parents in training, education or low paid employment to avail of reduced childcare costs at participating community childcare services.

The HSE provides funding for special pre-schools for children with complex needs. These may be run directly by the HSE or through service providers contracted for this purpose or otherwise funded by the HSE. In certain areas, the HSE also funds 'pre-school support workers' to enable children with a disability attend mainstream pre-schools, which are generally privately owned and operated establishments.

Where necessary, pre-school-aged children receive their therapy supports from HSE primary care teams and/or early intervention teams (now known as children disability network teams). Therapy supports may include speech and language, occupational therapy, psychology and physiotherapy. The HSE also funds respite services for children with ASD who have more complex needs.

Details of these schemes are provided in Appendix 2.

²¹ The DES also funds the Early Start Pre-School Programme in selected schools in designated disadvantaged areas, two pre-school classes for deaf/hard of hearing children and one pre-school class for children with physical disabilities.

2.1.2 Review of the Current System: Summary of Views Expressed During Consultation

Strengths of the system

A range of appropriate settings is now available where very young children with ASD can receive early intervention and support.

Consultation groups advised that DES-funded early intervention classes for children with ASD are working well where the school is ready and willing to set up a class, where the teacher is carefully chosen and has received training in working with children with autism spectrum disorders.

Some groups advised that private pre-schools funded through the home tuition scheme also work well – several group participants mentioned that many of these providers had high levels of specific training and experience in ASD.

Groups also found that mainstream pre-schools – with supports – worked well for children with ASD and the introduction of the ECCE scheme was widely appreciated, for this reason.

Funding for home tuition is useful for children aged 2.5 to three years as this allowed for intervention to be provided at an early point.

Health supports provided by HSE early intervention teams, where available, are good especially where the team is involved with the child's early education setting and where therapy services follow the child to pre-school.

Good practice examples of collaborative working between HSE and SENOs were provided in the area of early intervention.

The assessment of need process can sometimes facilitate earlier diagnosis of ASD and this is welcome as it allows for earlier intervention.

Issues raised by consultation groups

There was general agreement that provision for pre-school intervention required review. Groups wanted a single process for pre-school education with consistent levels and types of support throughout the country.

Parents are confused by the array of settings and schemes through which pre-schools were provided for their children with ASD and the different terms and conditions for these. Their confusion is exacerbated by inconsistencies in current provision including: limited access nationally to early intervention classes; different levels of pre-school support available to children depending on their particular scheme; and variation in pre-school staff levels of training, qualifications and experience. Frustration was expressed at the lack of one place where parents could access all information about each option.

Considerable frustration at inconsistent access to pre-school supports was voiced repeatedly – access to DES services depends on a formal diagnosis of ASD. Parents and professionals advised that this dependency on a diagnosis – not always readily available or desirable – and having to wait for diagnosis, caused significant stress to parents seeking crucial early intervention services. This resulted in intense pressure on professionals to make an early diagnosis (even where not clinically necessary at that time for that child).

All groups voiced concern about the lack of therapeutic and clinical services (psychology, speech and language therapy, occupational therapy, physiotherapy and psychiatry) to support children in pre-schools which they considered to be limited and inconsistently available at best and often not available at all.

There is strong support for the ECCE scheme to be extended to two years for children with special educational needs, including ASD, as many require additional time to be ready for school. Generally it was considered that pre-school age was too early to separate children from their peers because if they started off in special settings it was likely they would remain there. Ideally groups considered that they should be supported to attend mainstream pre-schools so they could mix with other children without ASD. But concern was expressed that mainstream pre-schools currently had not the necessary levels of staff with appropriate training and experience – there was particular concern and confusion about the national funding of pre-school assistants in mainstream settings for these children.

Some groups thought a visiting teacher service to support children with ASD and their families might work to provide additional support necessary.

One group considered that young children with ASD should be educated in ASD specific settings and receive early intensive behavioural intervention (EIBI) on a one-to-one basis through an ABA framework. This would provide the therapist with the specific tools for motivating the child to learn effectively. Staff in ASD specific settings should be supervised by a board certified behavioural analyst (BCBA) to ensure that behavioural interventions were appropriately implemented. This group considered all individuals in the child's environment required intensive training in the principles of applied behaviour analysis, including individualised assessment, design and implementation of individualised intervention programmes as well as in-depth and on-site training in behaviour management skills. This was not a consensus view across consultation groups, however, as others voiced concern that children could become prompt- and reinforcement-dependent in such environments.

Problems with the operation of the home tuition scheme were identified. The scheme's quality and the qualifications and experience of home tutors should be monitored. One group considered that tutor qualification needed to be broadened to include psychology and ABA as these were appropriate qualifications for working with pre-school children with ASD. Some parents did not know about the scheme while others had difficulty finding suitable and qualified home tutors as no such list was available to them. Other parents expressed concern about the combined allocation of home tuition hours for siblings.

Groups were concerned that children on home tuition had no interaction with their peers. Concern was expressed that parents often seemed to consider that specialist settings or home tuition provided the best start for their child – even where a child did not necessarily need to be in such a setting and could be supported in mainstream pre-schools.

Some groups felt children were required to start formal schooling before they were developmentally ready and that parents should be given the option of home tuition up until age five or six.

Private providers felt that when a place in an early intervention class became available, they often had insufficient time to prepare the child to transition. They considered that changes in school placement should happen at the start of the school year rather than mid-year. Private providers wanted their pre-schools to be included in the special transport scheme.

Parents wanted more information, advice and support from multidisciplinary teams as they felt left on their own once their child had received a diagnosis.

There was concern that there was natural progression from a specialist pre-school to a special class – setting up a child for a specialist setting for all of his or her school life, even where mainstream options might be in the child's better long-term interests.

Groups wanted all placement options to be more widely available.

2.1.3 What Does the Research Tell Us?

Research has clearly identified high quality early childhood education and care as benefiting all children in terms of well-being and lifelong learning. This includes children with special educational needs. For example, a major longitudinal study on UK pre-school education, found high quality pre-school education:

- Was linked to better self-regulation, pro-social behaviour and lower levels of hyperactivity
- Had somewhat stronger effects for students whose parents had lower qualifications compared to those with better educated parents
- Can act as a protective factor and reduce the risk of special educational needs, especially for the most disadvantaged and vulnerable groups of young children.

These effects last up to the end of primary education.

Studies show that it is the quality of preschool provision that makes the difference in bringing about positive effects for children's development²². Factors identified by the OECD as encouraging quality in early childhood education and care include: qualifications, training and working conditions of staff; curriculum design and standards; regulation and quality goals.

²² In this regard, it is noted that the European Commission Country Report on Ireland, February 2015 found access to full-time childcare was limited and the quality of services remained a problem. Currently there is no comprehensive monitoring system for assessing the quality of childcare services. There is variable quality in terms of compliance with pre-school regulations, qualification levels of staff, in particular in centre-based services and shortcomings in pre-school curricula.

For children with disabilities, research findings indicate that:

- Specialised instruction, interventions and supports are key components of high-quality inclusion and, where necessary, are essential in reaching desired outcomes for children and their families
- Inclusion can benefit children both with, and without, disabilities
- Professional development is necessary to ensure that practitioners acquire the knowledge, skills and ongoing supports needed to implement inclusion effectively.

Characteristics of good quality early intervention and pre-school development for children with ASD include:

- Multidisciplinary collaborative approach to assessment leading to individualised planning, intervention and developmentally appropriate practice.
- Intervention in natural environments and with access to typically developing children.
- Supportive, structured and planned teaching which takes into account the need for predictability and routine.
- An appropriate curriculum with a focus on developing attention, positive behaviours, imitation, language and social skills and use of visual supports.
- Review, evaluation and adjustment of the programme.
- Structured environments and a functional approach to challenging behaviours.
- Sustainable family involvement.

There is growing evidence of the effectiveness of some specific interventions for some younger children across home, community and school settings. A list of those shown to have positive effects for some children and young people with ASD is provided in Appendix 5.

Two early intervention sites (two classes in one primary school and one in a special school) were evaluated as part of the NCSE commissioned study on ASD provision. Very good, child-centred practice was observed in relation to: teacher assessment; individualised planning; transition; selection and use of generic and ASD specific teaching methodologies; data collection and monitoring of progress; and supporting self-regulation.

Areas with scope for improvement included: consideration of the child's co-occurring special educational needs in the context of assessment; identifying achievable child-specific targets; greater use of Aistear, the early childhood curriculum framework; more information for parents on children's progress and outcomes; adopting a supported approach to including children in classes with their peers who do not have ASD.

2.1.4 Discussion

The benefits of good quality, early intervention for all pre-school children, including those with ASD, are widely accepted. It was interesting that every consultation spent most time on this area reflecting the importance that everyone attached to giving children the best start in life. While generally children with special educational needs can benefit from early intervention, we could identify no research findings that stated that it was more important for children with ASD than all other cohorts with special educational needs.

The current pre-school system is not easy to navigate for anyone. Parents of pre-school children who are delayed in achieving typical developmental goals need to be supported. They need information on what they can do to help their young child to develop and reach his or her potential whether they are at home, in childminders, crèches or pre-schools. They may need access to multidisciplinary teams to assess their child and advise on appropriate supports and interventions. They need certainty that State-provided supports are readily accessible, consistently available and not location-dependent. They should be able to expect that State-funded pre-schools will welcome and enrol their child and meet his/her developmental needs.

It is less than satisfactory for pre-school funding to be fragmented across three Government Departments with different schemes, without any national standard for staffing and supports across all settings and no one Department responsible for the inclusion of pre-school children with disabilities, including ASD. There is inconsistent access to diagnosis, therapeutic services and pre-school places for pre-school children. Pre-school settings are staffed and funded differently with varying hours of intervention provided. Staff qualifications in settings are extremely varied ranging from staff with low levels to staff with FETAC Level 6 to fully qualified teachers, some with post-graduate qualifications.

Fragmentation and confusion will continue unless a clear, national coherent pre-school plan is developed, funded and implemented. For example, we note that the DES can open and resource early intervention classes for children with ASD as needed. The Department of Children and Youth Affairs however reports that it has not the capacity to facilitate the inclusion of those with special educational needs who may require additional supports in pre-schools. The Department of Health/HSE reports that it is not specifically funded to provide pre-school assistants to support these children – yet all three Departments are funded by the State.

The ability of the DES to fund good quality special settings, while mainstream settings are not supported to the same extent, is at odds with the national policy for inclusion and not in the best interests of all children with special educational needs. If well-supported mainstream places are not available, parents will naturally gravitate towards good quality separate special settings with smaller classes, even if their children may be better placed in supported mainstream, inclusive settings.

We have concluded that there is no basis in research for the DES funding separate pre-school classes for children with ASD while not funding similar classes for children with other special educational needs who may benefit from them. The continued provision for such schemes may be open to challenge on equality grounds as the research is very clear about the benefits that can accrue to all children from high quality pre-school settings. We therefore advise that the DES seek legal advice on the implications of continuing this provision for children with ASD and not for other children with complex special educational needs.

We are aware that it is often suggested that it is vital for young children with ASD to receive one-to-one intensive support every day. The NCSE considers that overall research findings show that the support (type and level of intervention) a child receives should be decided on the basis of a child's individual needs, based on a multidisciplinary assessment and implemented with the support of a multidisciplinary team.

2.1.4.1 What is Needed?

Research has identified the benefits of early intervention and high quality pre-schools. We consider that one Department must be designated with responsibility for leading on developing policy and delivering a high quality, inclusive pre-school network. Young children should have access to appropriate supports in line with their needs once it is clear they are missing key developmental goals. Intervention should not have to wait until they have received a formal diagnosis of a specific disability.

The NCSE advised in 2013 that children should receive their early year's education together in inclusive settings, to the greatest extent possible and this service should be delivered through the Early Childhood Care and Education (ECCE) scheme. Our view is that, from age three, young children with ASD should attend pre-school together with other young children without ASD as this allows them to learn from and interact with their peers.

This view has been reinforced by research as well as the views expressed during this process by parents, health and educational professionals, and most early educational providers. We remain concerned by the serious reservations, expressed by health professionals in our 2013 policy advice, about the potential developmental impact of the placement of young children with ASD (aged three to five years) in separate special settings, to the effect that this should be avoided as long as possible.

A highly trained and skilled pre-school educator is key to high quality provision and for children with ASD, this means being knowledgeable about and experienced in the education of young children with ASD. Interventions must be evidence-informed and pre-schools must be of a high quality as otherwise there can be long-term detrimental effects on children's outcomes. State-funding for pre-schools should be conditional on an open and inclusive enrolment policy.

2.1.4.2 Younger Children

Younger children with ASD share much in common with other children of their age including the need to communicate (verbal and non-verbal), to form relationships and the desire to learn. Parents and/or minders may require information, advice and training, including individual programmes and therapy supports, to help their children to develop language, communication, social and behavioural skills so they can access, participate in and achieve outcomes from early education.

We know that certain interventions, for example, early intensive behavioural interventions, other parent implemented interventions, play-based interventions work well for some – but not all – children with ASD (see Appendix 5 for a list of others). Intervention needs to be focused on a child's particular needs, based on the child's assessment, carefully implemented and monitored as the effectiveness of any one intervention is difficult to predict. Information and guidance should be provided by the children's disability network teams who assess and support the child.

The NCSE considers it important for families of children with disabilities, to have access to an early child development specialist who:

- Provides informed and objective information to the parents of children with disabilities, including ASD.
- Trains parents in effective interventions for developing social, communication and behavioural skills²³.
- Advises parents about environmental modifications that may be necessary to deal with sensory over- and under-load.
- Advises the parent on use of pictorial and other communication strategies.
- Supports the child's transition to pre-school and from there to primary school.
- Supports the pre-school in developing and caring for children with ASD with more complex needs.

We note that the Minister for Children has recently launched Better Start, the National Early Years Quality Development Service, a welcome initiative that aims to promote and enhance the quality of early childhood care and education. It includes a new early years specialist service which has recruited and trained 30 graduates to work directly with early years services to build their capacity to deliver high quality early childhood education and care experiences for children and families. While the role of the EYS is somewhat similar to that proposed above, the NCSE considers its role could be further expanded.

²³ As an example, the National Autistic Society, UK, has developed an EarlyBird programme for parents whose child has received a diagnosis of an autism spectrum disorder (ASD) and is of pre-school age. The programme assists parents to facilitate their child's social communication and appropriate behaviour in their natural environment. It also helps them to establish good practice in managing their child's behaviour from an early age to pre-empt the development of inappropriate behaviours. The Incredible Years Programme is another example of an evidence informed parental programme.

Under our proposal, the childhood development specialist would work very closely with HSE children's disability network teams to advise and support parents and families of children with complex special educational needs, including some children with ASD, from when the child's needs are assessed and identified, through pre-school and until the child goes to primary school. We recognise that the health and education sectors will need to develop an agreed definition of complex special educational needs for this purpose. While the professional therapeutic expertise (psychology, OT, speech and language therapy) would remain with the HSE therapists, the early childhood development specialist would work with parents in the home and in pre-schools to help implement programmes recommended by network teams.

We believe that ideally the early child development specialists would be part of the HSE team as to set up a separate structure would not contribute to a unified approach to supporting pre-school children with complex special educational needs. If they are not to be part of the team, clear links with the team should be formally established as otherwise, in our view, responsibility for providing this support and information must be assigned to an appropriate member of the child network team.

The HSE has advised us that its priority is to staff fully its children's disability network teams with agreed clinical and therapeutic posts (which currently does not include a separate child development specialist), by end 2016.

Children's disability network teams, including child development specialists, will play an extremely important role in developing the capacity of pre-school settings to respond appropriately to the needs of children with ASD. They will do this by assisting in the development of the child's plan and offering advice and training on its implementation. In order to provide this support in a meaningful and consistent way, health staffing will need to be maintained and cover provided for maternity leaves and other staff absences.

The NCSE considers an early child development specialist post, working closely with the HSE network team, would significantly enhance its ability to support and advise parents. We acknowledge that the relevant Departments will need to agree where the funding and responsibility for this position should be located.

Early child development specialists should have received training (at a minimum of NQF level 8) in child development, early education, special educational needs along with training in ASD specific approaches that address behaviour, communication and social needs. It may be appropriate for this service to be staffed by appropriately qualified teachers in a new, full-time, year-round visiting teacher service. When these posts are in place, necessary funding from the early intervention element of the DES home tuition scheme should transfer to the HSE children's disability network teams who can then allocate home support for children with complex special educational needs, where this is required. Pending the introduction of early child development specialist posts, the DES might consider expanding the ISS to include a visiting teacher service for children with complex special educational needs as an interim measure.

A small number of very young children with ASD may require specialised and intensive interventions focused, for example, on language or behaviour development or the acquisition of social and emotional skills. The HSE has advised us that children's network disability teams already identify these children and, where necessary, provide therapy interventions. It would be useful for the HSE to make parents more aware of the availability of this service. It is also important that the HSE ensures that, where such specialised and intensive early intervention is required, it is consistently available to the required level which may or may not involve grouping of children to avail of the service.

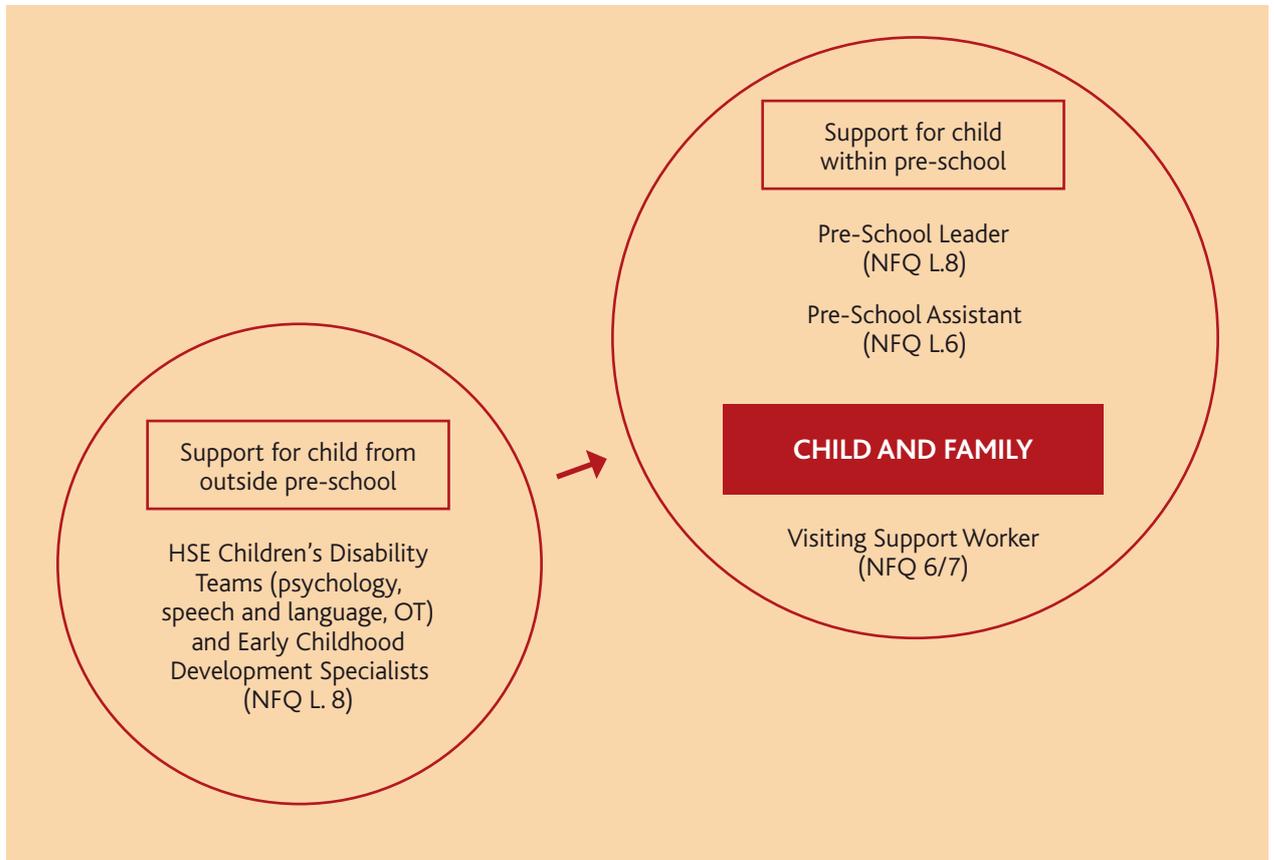
2.1.4.3 Pre-schools

We believe arrangements must be in place in mainstream pre-schools to enable children with special educational needs, including ASD to be meaningfully included. In the first place every child with ASD should be welcomed and able to attend their local pre-school, though some may need specialist settings. This should be a condition of the ECCE scheme. Children with ASD should meet staff there that are experienced and have had the necessary training to meet their needs, including training in early years' education and special educational needs that has a component on ASD. At a minimum, we consider the pre-school leader should hold a qualification in childcare/early education at level 8 on the NQF and pre-school assistants should hold a qualification at level 6 or equivalent in the childcare/early education field. Depending on numbers of children enrolled, some pre-school settings will only have a pre-school leader.

The children's network teams should continue to provide parents and pre-school staff with specialist information, training and guidance on appropriate interventions based on the individual needs of the child. Some children with ASD (or other special educational needs), with complex needs, will require more intensive interventions and individualised support than other children with ASD. Children's network teams need to identify who requires this level of additional support over and above that provided by the pre-school leader and assistant. Trained visiting support workers should be available to assist with implementing programmes for children with these more complex difficulties, either through working with individual children or small groups – where required. These support workers should have a qualification of at least level 6 or 7 on the NFQ that includes training in early childhood education and care with a focus on disability. The Departments of Health, Education and Children should agree where responsibility should lie for the funding, sanctioning and allocation of this support which should take into account the level and complexity of children's needs.

Figure 1 below summarises the main supports that the NCSE considers should be in place in ECCE funded settings, for young children, with complex special educational needs, where required.

Figure 1: Supports Needed for Some Young Children with ASD in Pre-School Settings



It is likely that there will always be a small number of young children requiring separate specialist provision to meet their needs. These are children with extremely complex health/medical needs who require constant one-to-one supervision and support. A small number of separate, special pre-schools should be maintained, linked to special schools for children with more complex special educational needs, to meet their needs as is already the case for school-going children in special schools and classes.

Finally, a mechanism will be required to transfer information between ECCE centres and NCSE SENOs to assist with planning school placements following preschool.

The NCSE recognises why the current system of special pre-schools and early intervention classes are in place and that they work well in some instances where teachers are trained and so on. We are confident, however, that if implemented, our proposal will result in a better early childhood care and education system because:

- Younger and pre-school children with ASD will be appropriately supported.
- Pre-school settings will be supported to include all but the most vulnerable children.
- Pre-school staff will be better qualified and have access to additional supports, specialist advice and training on how to meet the needs of children with ASD.
- Parents will not feel under such overwhelming pressure to get a diagnosis for their child as they will have access to the necessary supports without it.
- There will be one properly funded, national pre-school system.

We recognise that the current system of pre-schooling is embryonic and that transition to a unified system of high quality early education for all children with ASD will require time and investment. We are also conscious that health professionals and early years' providers have expressed genuine concern about placement of young children with ASD in special settings unless they have extremely complex medical or special educational needs. Change should not be delayed where it is required, particularly where children with ASD could benefit from being included and from learning alongside their peers without ASD. Interim steps should be identified to move the system towards the high quality provision envisaged.

We consider that the new unified system of pre-school settings should be phased in over a period of five years. This should allow adequate time for the required arrangements (as previously outlined) to be in place and for existing children to complete their early years education in their current setting.

The NCSE considers that to facilitate the inclusion of children with special educational needs, the resources currently applied to special settings should transfer to the ECCE scheme. Current expenditure from the DES early intervention classes for children with ASD and HSE pre-school provision should be added to the existing funding provided to the ECCE scheme which currently stands at about €175 million per annum. The transfer of funding will assist in enabling particular supports to be put in place for children with special educational needs in inclusive early years settings.

In order that children with special educational needs, including children with ASD, are included in one unified system of pre-schools the NCSE recommends:

Recommendation 2: Pre-school

The Government should bring clarity to the system by having one appropriately supported national pathway up to, and including, pre-school so that parents understand the support that is available for their children with special educational needs, including ASD, from what point this support is provided and where it is delivered.

To bring this about:

- 2.1 The Government should specify the lead Department with responsibility for providing for the pre-school system for all children, including those with ASD, and clearly identify and set out the governance arrangements to be in place²⁴.
- 2.2 Collaborative multidisciplinary assessment must be provided on a timely basis and lead to individualised planning and early intervention. Staff trained in ASD specific interventions, and therapeutic/clinical services and supports, must be made available where needed and tailored to the child's assessed needs. Parents and pre-school staff must have access to specialist information, training and guidance on appropriate interventions based on the individual needs of the child.
- 2.3 Quality and standards must apply in pre-school settings and when these are in place, children with complex special educational needs (including many children with ASD) should be allowed, as appropriate, to spend two years in that setting to ensure they have every opportunity to be as independent as possible by the time they start primary school.

2.2 School-Aged Students

2.2.1 Current Provision

The Department's policy is that students with special educational needs, including ASD, should be included in mainstream schools unless this is not in their best interests or the interests of those with whom they are to be educated. Some students with more complex special educational needs may be supported in a special class in a mainstream school. They have the option, where appropriate, of full or part-time inclusion and interaction with other students. The complex needs of other students may mean they are best placed in a special school.

The DES policy focuses on ensuring that all students, including those with autism spectrum disorders, can have access to an education appropriate to meeting their needs and abilities, preferably in a school situation. The DES provides schools with significant resources to support these students including in 2014-15:

²⁴ The NCSE notes that in responding to a parliamentary question (May 26th, 2015, PQ 20572/15), the Minister for Children and Youth Affairs, James Reilly, said his Department was currently seeking agreement between three sectors (children, education, health) on the most appropriate, workable model for supports to pre-school children with special needs. This will be followed by close co-operation between sectors in defining/developing the model and in making an agreed cross-departmentally supported proposal for the resources required to implement it. The Department of Children and Youth Affairs committed to leading this process and the cross-departmental proposal was submitted in September 2015.

- Over 11,000 learning support and resource teachers²⁵ in mainstream primary and post-primary schools.
- Almost 11,000 SNAs to assist schools in providing care supports.
- One teacher and a minimum of two SNAs for every primary special class of six students with ASD (1.5 teachers and a minimum of two SNAs are allocated for every post-primary special class).
- Assistive technology.
- Professional development for teachers.
- Special transport scheme.
- Special equipment and furniture where required.
- Enhanced capitation grant.
- Adapted school buildings.
- Extended school year scheme.

The following section addresses teaching provision in mainstream and special schools. In December 2014, the 13,873 students with ASD in the school system broke down as follows:

Table 3: Distribution of Students across Settings

Setting	Number of students
Early intervention (EI): mainstream schools	522
EI classes: special schools	177
ASD special classes: primary	1,974
ASD special classes: post-primary	733
Mainstream primary – resource teaching (RT) support	5,784
Mainstream post-primary – RT support	2,941
ASD special schools	518
Other special schools	1,224
Total	13,873

Source: NCSE, December 2014

²⁵ There were 6,225 additional teaching posts available for 2014-15 which should be compared with 5,745 posts for 2013-14 and 5,265 posts for the 2012-13 school year. While additional posts have been made available to the system over these years, the overall demand for such posts has also increased. This meant a decision was taken by the DES in 2012-13 to adjust the basis for sanctioning resource teaching hours to schools (to 85 per cent) to ensure the NCSE had capacity to respond to applications from schools. For students with ASD, schools are accordingly sanctioned 4.25 hours for each student with ASD (85 per cent of five hours).

Of these students:

- 63 per cent were educated in mainstream classes
- 23 per cent were educated in special classes in mainstream primary and post-primary
- 14 per cent were educated in 118 special schools
- 23 per cent of all students with resource teaching hours were students with ASD
- 25 per cent of all resource teaching posts were allocated for ASD
- 73 per cent of all special classes approved were for ASD
- About 40 per cent of all students with SNA support had ASD
- 69 per cent of all students with ASD accessed SNA support.

Table 4 below offers a further breakdown of these figures for primary and post-primary:

Table 4: Snapshot of Provision in Schools for Students with ASD

	Total	Primary	Post-Primary
Students with ASD in mainstream classes	8,725 students	5,784 (66%)	2,941 (34%)
Resource teacher posts for ASD	1,551 posts	983 (63%)	568 (37%)
ASD special classes in mainstream schools	627 classes*	475 (76%) (incl 95 early intervention classes)	152 (24%)
Special schools²⁶	118 schools**	N/A	N/A

* 3,229 students in special classes in mainstream schools including 522 children in EI classes

** 1,919 students in special schools including 177 children in 32 EI classes. (NCSE, December 2014)

Source: NCSE, December 2014

2.2.1.1 SNA Support

Some 9,637 students with ASD (about 40 per cent of all students with SNA support) have access to SNA support – see Table 5 showing snapshot of support:

Table 5: Snapshot of SNA Support in Schools for Students with ASD

Classes	Number of Students with SNA Access
Mainstream classes	4,489
Special classes in mainstream schools (including EI classes)	3,229
Special schools (including EI classes)	1,919
Total number of students	9,637

Source: NCSE December 2014

²⁶ Twenty of these 118 special schools enrol students with ASD and complex needs. Some of the remaining schools enrol students with ASD with another disability, for example a student who is Deaf/Hard of Hearing and has ASD or a student with moderate general learning disability who has ASD.

2.2.2 Review of the Current System: Summary of Views Expressed During Consultation

Set out in this box are views expressed by group participants during the NCSE consultation conducted as part of its policy advice development. They do not necessarily reflect the NCSE's viewpoint which is set out in the discussion section below.

Strengths of the System

A consensus emerged across consultation groups that the quality and range of school provision had greatly improved for school-aged students with ASD who were generally doing well and typically had access to the educational supports they required, whether in mainstream or special settings. This was particularly the case in primary mainstream classes where teachers had training in ASD and in schools with whole school approaches.

Provision was also considered to be of higher quality in schools where leadership is provided by principals who are knowledgeable about ASD and who understand the importance of flexibility in allowing students to move between special and mainstream settings.

The range of placements provided works well as there is such diversity of need among students with ASD and the increased availability of special classes for students with ASD over the last number of years enables a greater number with more complex needs to be educated within their own community and included into mainstream classes, where this is possible.

Teachers in general are more welcoming of students with ASD and more knowledgeable about how to include them with their peers. Increased availability of training means teachers in special settings have more skills and a greater understanding of ASD.

Dual placement arrangements could be formalised for a small number of students with ASD who might benefit from placement in mainstream and special settings.

Small classes work well.

Many principals reported that generally the setting up of ASD special classes²⁷ had been a positive development for their schools. They spoke about the benefits and richness that a special class for ASD brought. Some stated that opening a special class was the best thing that had ever happened in the school.

The new/refurbished buildings for special classes are excellent quality.

²⁷ Consultation groups requested that the term 'unit' should not be used to describe a special class setting – it should rather be referred to as a special class.

Issues Raised by Consultation Groups

There was a lot of concern about the level of training and knowledge of teachers working with students with ASD as they require knowledgeable and experienced teachers. There was also great concern about non-experienced teachers being given special classes and resource teaching hours and the practice in some post-primary schools where resource teaching hours were used to 'fill' subject teacher timetables. This resulted in a fragmented experience for the student.

More special classes and special school places are required for students with ASD, particularly in post-primary as not all those who coped in mainstream primary can manage post-primary. There appears to be real confusion in the system about which students should be placed in special classes in mainstream schools. Some principals considered that only those students who could follow the same curriculum as their peers and who could control their behaviour should be allowed to enrol in special classes in mainstream as otherwise they could not be included in school activities.

Some SENOs have great difficulty in finding special class placements for students with ASD and intellectual disability as they are already full with those within or above the average range of intellectual ability, even though this may not be the most appropriate placement for all of these students.

Principals and boards of management wanted ongoing support and information when setting up an ASD special class. This included information about which students should be placed in the class, how to organise the class, what type of curriculum should be on offer, what happens should placement break down, services available, grants and so on. Some principals felt the workload involved in setting up and maintaining a special class was completely unsustainable. Others acknowledged the workload but felt it was the best initiative they had ever undertaken.

A number of groups were concerned that students spent most of their day or week in a special class. They felt the appropriateness of student placements should be regularly reviewed. One group made the case that special school placement should be considered, in its own right, as part of the continuum, rather than as an option of last resort when all other educational placements had broken down.

The impact of the loss of posts of responsibilities on the school's capacity to organise for students with special educational needs was noted.

More health supports for students with ASD in mainstream and special settings are needed as provision is extremely limited and inconsistently available throughout the State. Similarly more NEPS support is needed for special classes for ASD as the level of service provided is inadequate.

Principals and teachers wanted more advice and guidance from health and educational professionals about how to manage students with regular and unpredictable outbursts of extremely challenging behaviour that could injure staff and other students. Resourcing of special classes and schools for these students should be reviewed as certain classes with significant levels of challenging behaviour may require additional teaching staff.

Some principals felt an alternative placement was needed where a school had tried everything they could to manage the student's behaviour and where it was clear that the placement was not working for the student and/or for other students. In these instances, principals sometimes felt abandoned by a system that encouraged them (and in some cases principals felt forced them) to include the student in the school but then left them unsupported.

Parents felt strongly that meaningful post-school placements and options should be available for their children with ASD.

2.2.3 What Does the Research Tell Us?

The forthcoming NCSE commissioned evaluation of educational provision identifies many positive features of educational provision for students with ASD in Irish primary and post-primary schools while also identifying areas with scope for improvement.

It confirms what consultations groups advised:

- Generally students had access to a curriculum that was child-centred, individualised, differentiated and holistic. Teachers took student strengths, interests and preferences into account. There were appropriate generic and ASD-specific teaching approaches; generally good processes for data-collection and monitoring of progress and outcomes; and school and classroom environments were well-structured and visual structures used appropriately. In post-primary there was further scope for development in ASD-specific teaching methodologies and data collection to inform teaching and learning.
- A safe, secure and positive environment was almost always evident with respectful and affirming interactions. A positive approach to the management of challenging behaviours was evident in all sites. There was scope for further CPD for all staff in relation to student, parent and staff wellbeing.
- Good practice in assessment of and for learning was evident in all sites. However, there was further scope to consider the implications of students' co-occurring special educational needs; ASD specific assessment; increased involvement of students and parents.
- Individualised planning was well-developed in primary and special schools but required further development in post-primary. In general, there is scope for increased access to external professionals and greater student and parent-involvement in planning.
- Good understanding of the importance of supporting transitions including signalling transitions within the school day. There is further scope to include transition planning in students' individualised planning before leaving post-primary education.

International research findings suggest:

- Most students with ASD should be considered for inclusion in mainstream education with their peers, where inclusion is well-planned and well-resourced.
- Decisions about placement should be based on individual needs and take into account a number of factors including parental wishes, availability of evidence-based treatments and well-trained staff and individual factors such as targets for intervention and management of behaviours.
- The need for greater flexibility for student transition into and out of special settings, as appropriate.
- Regular review of placement decisions.
- Students with ASD should have access to a broad, child-centred, differentiated curriculum that takes their individual needs into account, is informed by an understanding of the characteristics of children and young people with ASD and tailored to include the teaching of life-skills, where necessary.

Most countries studied as part of a recent NCSE commissioned study had a continuum of educational provision in place for students with ASD. Legislation in these countries tends to favour the student receiving education in a mainstream school wherever possible. Access to specialist placement is based on educational need rather than a diagnosis of ASD. Typical criteria for specialist placement include comorbid intellectual disability; the impact on the education of other students; and the financial cost for inclusion in the mainstream setting being too high.

Studies in a number of countries appear to suggest that students with complex and profound impairments may be difficult to include in mainstream classes and may require a mix of well supported mainstream and special provision. Research highlights that it can be more difficult to include students with ASD in mainstream classes as they grow older because academic and interpersonal demands may become increasingly difficult for them.

We could find no research findings that supported precise staff-student ratios for students with ASD (such as those built into the Irish education system) irrespective of the student's learning needs or the complexity of their condition. Resourcing practice varies from country to country.

2.2.4 Discussion

Based on the views expressed at consultation, along with findings from the formal evaluation of ASD provision, it is apparent that in general, educational provision in Ireland for students with ASD has significantly improved in recent years.

It is important to recognise the commitment of the many principals and teachers who have displayed leadership within their communities, worked hard – often outside their comfort zone – and undertaken continuing professional training to develop their knowledge, skills and competences to educate students with ASD. SENOs have also played their role in expediting the allocation of additional supports for these students.

It is especially important to acknowledge the many parents and advocacy organisations that encouraged the DES to increase investment, expand provision and ensure CPD was available for teachers. Finally the levels of investment made by the DES in funding additional supports in a relatively short timeframe must be recognised. Autism was only recognised as a separate disability category by the DES in 1999. But since that time, the DES has invested significantly in providing additional teachers, SNAs and other supports to enable students with ASD to be included in mainstream and special settings to the point where:

- Over 60 per cent of students with ASD are now being educated in mainstream classrooms with support from resource teachers
- 40 per cent of all students supported by over 11,000 SNAs have ASD
- 627 special classes have been established in mainstream schools and about 2,000 students with ASD attend special schools
- 20 special schools specifically for students with ASD have been recognised.

It is testament to all involved that generally students now appear to be appropriately placed and making progress in their schools while acknowledging that there can be exceptional individual circumstances. Teacher knowledge and understanding of ASD has improved and continues to develop. There were so few difficulties raised about the education of students in mainstream primary classes that it would appear reasonable to conclude that an inclusive education is working well for most. The NCSE acknowledges, however, that difficulties can arise for individual students in the case of some primary schools. Many are also reported to be progressing well at post-primary. We note the many positive features of practice identified in the evaluation of education provision for students with ASD across mainstream and special settings.

The growth in mainstream and special placements has resulted in school places now being available for most students with ASD and has provided increased choice for parents. The excellence of the CPD being funded by the DES through the SESS and the colleges/universities was frequently mentioned as a significant support to teachers seeking to improve their knowledge, skills and practice.

We are also aware that aspects of current provision require further review and improvement. We believe our 2013 advice on what should be in place for all students with special educational needs remains pertinent for those with ASD. This advice includes access to school places and availability of HSE multidisciplinary therapy supports for relevant students. In particular we consider that more professional development, tailored to the needs of teachers in primary, post-primary and special settings is required. As this is such a critical area, the development of teachers' knowledge, skill, understanding and competence is addressed separately in Section 2.3 of this paper.

Areas where review and development are required for students with ASD are outlined here.

1. Developing Knowledge, Skills, Understanding and Competence of Teachers

Please see Section 2.3.

2. Planning for a Continuum of Provision for Students with ASD

With a prevalence of 1.55 per cent, ASD is no longer a low-incidence special educational category. A school with 600 boys enrolled might expect around seven to have ASD. A similar sized girls' school might expect around two with ASD. Many schools have fully embraced an open and inclusive policy but we know, from our own experience and through consultations, that some are reluctant to recognise their role in providing a full continuum of provision for students with ASD. Both soft and hard barriers to enrolment remain but we are confident that the Admissions to Schools Bill, when legislated, will address many issues raised. We strongly believe that no one school sector or size should be disproportionately catering for the needs of students with ASD.

There is confusion in the system about the purpose and role of special classes for students with ASD. We are concerned that some schools believe such classes are resourced only to cater for the more able students with ASD. It is disappointing that some have restrictive enrolment practices or policies which effectively exclude students – even in their special classes – unless they can follow academic programmes and be included in mainstream classes for at least part of the week.

Special classes are resourced to cater for the needs of students with special educational needs who require to spend most or all of their week in a special setting. Those with ASD who can access the curriculum in a mainstream class for most or all of their day/week are supported through resource teachers. Of course there can be exceptions as some students with ASD may find it difficult to manage full-time placement in mainstream classes although academically able to access the curriculum there.

Only students with the most complex special educational needs should be placed in special schools. This is particularly the case for young children as health professionals have previously advised us of their concern about the placement of young children in separate settings where they have no opportunity to mix with typically developing peers and where they have not yet experienced intervention so it is difficult to predict future outcomes.

Despite the growth and corresponding improvement in educational provision for students with ASD, the availability of appropriate mainstream and special placements continues to be problematic in certain areas of the State, particularly for those with ASD who have more complex learning and/or behavioural difficulties.

The NCSE cannot currently oblige a board of management to accept a student into the school with restrictive enrolment policies or practices. Nor can we oblige a school to open a special class – even though there may be need for it within that school's community.

While the first of these issues should be addressed through forthcoming legislation, it is disappointing that the Admissions to School Bill 2015 appears not to equip the NCSE with the legislative ability to plan for the full continuum of provision and open special classes in line with student need.

Such a provision would allow efficient advance planning and prevent the difficulties encountered by SENOs and the DES Planning and Building Unit where last minute notifications of special class opening can cause significant problems in providing classroom and ancillary accommodation.

3. Special Classes

The remarkable increase in the number of special classes in mainstream schools – from 39 classes in 2001 to 627 in 2014 – is not without issue. NCSE funded research into special classes found that enrolment in a special class appears a relatively permanent arrangement. Across many special class settings, students stay together for most if not all of the school day, and a considerable proportion remain together as a group across school years. External advice (from NEPS for example) on school placement does not appear to feature highly in placement reviewing and decision-making. Findings suggest that school efforts to maintain the minimum special class size can also affect student mobility into mainstream settings.

Some students with ASD travel considerable distances to special schools and classes, even though their sensory difficulties may make this difficult for them. Several factors contribute to some parents wanting their child to be in a special class/school, including small class size; fears of their child being bullied in a mainstream class; their wish to have their child protected and minded; loss of health therapies; loss of ASD expertise and so on.

The research established that Irish is not taught in most primary special classes and advised that this follows through to post-primary where those in special classes are typically not offered Irish as a subject. We suggest it might be worthwhile for the DES to review the rules underpinning exemptions from the study of Irish²⁸ to ensure that these rules are in line with current thinking on the needs of students with special educational needs and that they are not limited in career choice and post-school options.

Curricular provision in post-primary special classes is also highly reliant on the Junior Cycle Schools Programme and Leaving Certificate Applied programmes which potentially have similar implications for student career and post-school options.

It follows therefore that where they are able, students should be given every opportunity to achieve in mainstream settings and only enrolled/retained in special class and/or special school settings where their need necessitates this.

²⁸ The NCSE did not review the scheme for Reasonable Accommodations in State Examinations as this scheme falls under the remit of the State Examinations Commission. We suggest it might be timely, however, for the State Examinations Commission to undertake such a review to ensure the scheme meets the needs of students with ASD.

Placement decisions become more difficult when parents have no access to the appropriate professional advice to guide them. We consider that students with ASD and their parents require a comprehensive service from NEPS and other health professionals to assist them in making appropriate placement decisions. Professionals need to state their view clearly on the most appropriate placement, and base it on the child's abilities.

The increase in special class provision has not been matched by an increase in the number of NEPS psychologists or other health professionals. NEPS psychologists are stretched and have insufficient time to support students in these classes, advise teachers or review placements. But inappropriate placement or retention of students may have serious consequences for their ability to reach their potential and this is a matter of considerable concern.

4. Post-Primary ASD Provision

Through our consultation process, visits to schools and review of research, it became clear that the model of post-primary provision requires further consideration and refinement. Many post-primary teachers consider their initial teacher education has not prepared them to teach students with ASD and they are not adequately equipped to work with these students either in mainstream or special classes – see section 2.3 for further discussion.

Many students with ASD find it difficult to make the transition to post-primary where they have to cope with multiple teachers, diverse subjects, larger school populations and an educational ethos largely driven by national certification demands. The move can be difficult for typical students. It can be even more problematic for a student with ASD who can be overwhelmed by the noise, hustle and bustle of busy corridors, requirements for lockers and timetables and the more unstructured nature of a post-primary school. Added to this, the transition happens when students may be experiencing increased levels of anxiety as they go through puberty and where their difficulties in social communication can take on a greater significance as they strive for increased independence.

Allocation of Resource and Special Class Teaching Hours in Post-Primary Schools

The allocation of resource teaching hours in post-primary schools is complex. At primary level, the resource teacher tends to be a dedicated post where s/he is qualified to teach the entire primary curriculum. The special class is also generally taught by a single qualified primary teacher, as is the case in all primary classes.

We are aware of certain practices in some post-primary schools where resource hours or special class hours are allocated to fill teachers' timetables, regardless of their levels of skills, competence or knowledge in teaching students with special educational needs and without taking student learning needs into account. This happens because some teachers may not be fully timetabled for a week or because some post-primary schools have over-quota teachers and their timetables must be filled before a school can recruit resource teachers.

We do not consider this to be good or effective use of State resources and consider that such practices should be discontinued. In the case of the over-quota teachers, we understand the difficulty that the DES has in permitting recruitment where spare capacity exists. Nevertheless we would request that the DES reconsider this policy or else ensure that the relevant teachers attend continuing professional development to equip them with the skills necessary to take up a resource teaching post/hours.

Special Classes in Post-Primary

The special class model, as currently operated, may not be the most suitable for post-primary students or working to maximum effect in these schools. These classes are staffed with 1.5 teachers per class, that is they have 33 teaching hours to cover the 28-hour class week. The additional hours are allocated in recognition of the greater complexity in timetabling for post-primary special classes and to allow additional time for planning.

We visited post-primary schools where special classes catered for students with ASD who were unable to take any level of State examination right through to those taking honours level subjects in Junior and Leaving Certificate examinations. We also visited post-primary schools where the special classes were segregated entities with little integration with mainstream classes. In these situations we met teachers who sometimes felt isolated, de-skilled in terms of teaching their own subject areas and burdened with the full responsibility for the education of these students.

It is our view that more able students with ASD should be supported in post-primary schools through resourced mainstream provision. Only those students with ASD with more complex needs and who are unable to access the curriculum in a mainstream class should be supported in special classes in post-primary. Special class students can be given access to a broad-based post-primary curriculum either through being included in mainstream classes wherever possible or by having a small number of specialist teachers, who have undertaken continuing professional development, allocated to teach their subjects to the special class. The number of teachers involved with the special class should be kept to the minimum necessary to provide students with access to a broad-based post-primary curriculum. One teacher should have overall responsibility for the academic progress of the class and for the organisation of individualised timetables for the students.

Students in special classes are counted twice for teacher allocation purposes: they are counted in determining teacher allocation to the special class and separately are included in determining the overall mainstream teacher allocation for a school. This is intended to support their inclusion in mainstream classes where this is appropriate. For this reason, the NCSE considers that students enrolled in post-primary special classes should also have a place assigned to them in a mainstream class, in the relevant year, to facilitate their inclusion, in line with their ability. School admissions policies should be designed to facilitate this, particularly in those instances where schools are over-subscribed.

For the resource teaching and special class model to work in post-primary, we consider these schools should be allocated additional hours for a teacher to work as a special educational needs co-ordinator (SENCO), in line with the numbers of students with special educational needs, including ASD, who are supported in mainstream settings and the numbers enrolled in special classes. We think this is necessary so that educational programmes for students with special educational needs are co-ordinated across mainstream, resource teaching and special class settings.

The SENCO should have responsibility for overall organisation and co-ordination of special education, for the development and implementation of student educational programmes and should oversee a team of teachers with experience in special educational needs who deliver the additional teaching support for students with ASD. The SENCO should also provide necessary assistance to the latter as they transition from primary school so that they are enabled to learn about how the post-primary system works and how to organise themselves within it.

5. Staffing Matters

The operation of special classes can have an impact on the workload of principals, particularly for teaching principals in primary schools and especially where there are a number of classes involved. This is due to additional administration; extra time required to engage with parents; liaison with external professionals and working with students and staff in relation to the management of challenging behaviours. We therefore consider that teaching principals, in primary schools, should be allocated additional administrative days, in line with the number of their special classes, for the establishment and maintenance of these classes. In addition, consideration should be given to providing administrative support for schools that have no fulltime secretary.

6. Special Redeployment Panel

The forthcoming research report on the evaluation of ASD provision will highlight specific constraints imposed by the operation of the recruitment panel on special school appointments. Under these arrangements, a school must take the next available teacher on the redeployment panel, irrespective of whether s/he has the experience or specialist qualifications appropriate for student needs.

The importance of teachers having requisite knowledge, experience, expertise and qualifications has been highlighted throughout this report to ensure students with ASD receive an education appropriate to their individual needs.

The panel system can mean that special and indeed mainstream schools with special classes are obliged to recruit from the relevant teacher redeployment panels – even where the teachers concerned do not have the additional skills, knowledge or experience necessary.

The NCSE appreciates that redeployment is essential to the DES in the complex task of managing teacher numbers. We suggest, however, that the DES should now review the redeployment panel as it has operated for a number of years, as it can sometimes cause problems where teachers must be recruited for special schools and classes regardless of their experience or knowledge of special education.

7. Substitution Register

School principals are experiencing difficulty in finding teachers who are experienced and knowledgeable about working with students with ASD. We consider it would be extremely useful to have a register of such teachers compiled by the Teaching Council and made available to schools.

On school-aged provision for students with ASD, the NCSE advises the following:

Recommendation 3: School-aged Provision

While acknowledging the extensive progress in school-aged provision for students with ASD, further improvement can be brought to the system in the following ways:

3.1 Inclusive admissions policies:

The NCSE should be equipped with the necessary authority to instruct a school to open a special class when it deems necessary.

NEPS staffing allocation should allow for a psychologist to allocate an appropriate number of days each year to provide a quality service to special classes and to provide advice on educational placements. The DES should quantify the appropriate number of days based on the needs of the students in the special class.

3.2 Developing post-primary provision:

Post-primary models of support should be age appropriate and reflect organisational structures. More able students with ASD should be supported through resourced mainstream provision while only those with complex needs should be placed in a special class.

The DES should consider making provision in post-primary schools, in line with educational need, to enable a teacher to have overall responsibility for the organisation and co-ordination of educational programmes for students with special educational needs, including ASD.

The DES should reframe its policy on the use of over quota hours for resource teaching to ensure that only teachers with appropriate skills, knowledge and competencies are allocated resource teaching hours. The practice of spreading resource teaching hours over an excessive number of post-primary teachers' timetables should be discontinued.

3.3 Staffing matters

The DES should allocate additional administrative days to primary schools with teaching principals to allow for the additional workload involved in setting up and maintaining special ASD classes. The DES should quantify the amount of support required based on the needs of schools. The DES should also consider providing additional administrative support to primary schools with special ASD classes where a full-time secretary is not in place.

3.4 Redeployment panel

The DES should ensure that the operation of the redeployment panel enables special schools and special classes to recruit teachers with the requisite levels of experience and qualifications to work with the cohort of students enrolled. If no such teacher is available on the panel, the school should be allowed to make other recruitment arrangements.

The DES should further ensure that teachers recruited from the special panel for appointment in special schools and classes receive any necessary training before taking up this position or as soon as possible thereafter.

3.5 Substitution register

The Teaching Council should compile and maintain a register of teachers with experience and qualifications in special educational needs who have indicated their interest and availability for substitution work in schools.

2.3 Developing Knowledge, Skills, Understanding and Competence of Teachers

2.3.1 Current Provision

Under the Teaching Council Act, 2001, the Teaching Council must 'establish, publish, review and maintain codes of professional conduct for teachers, which shall include standards of teaching, knowledge, skill and competence' (Government of Ireland, 2001). The Teaching Council's functions span the entire teaching career – from entry to initial teacher education programmes; induction of those newly qualified into the profession; and continuing professional development throughout teaching careers.

Initial teacher education programmes are a minimum of four years for students following undergraduate courses and a minimum of two for postgraduate courses of teacher education. Students must take one module on inclusive education (which includes special education, multiculturalism, disadvantage) as a mandatory element of all ITE programmes.

Once probated, the Teaching Council considers that all teachers are qualified to teach all students in the sector for which they are qualified, primary or post-primary, while acknowledging that teachers may need to access further CPD when a student with more complex needs, including some students with ASD, enters their class. This includes students with ASD in both mainstream and special schools/classes.

The Teaching Council is currently working towards the development of a national framework on continuing professional development for teachers and has initiated a comprehensive consultation process to underpin its work.

However, the DES encourages teachers of students with ASD to obtain further training and qualifications in special educational needs and provides funding for this through the Special Education Support Service and through postgraduate diploma courses in colleges and universities. Teachers can access SESS supports by attending courses, by identifying areas for support and requesting same through their school principal, or by using online/telephone support where available.

While not yet mandatory, teachers are supported and encouraged by the DES to attend CPD courses run by these bodies, particularly if they are taking up specialist roles in mainstream schools or positions in special schools or classes. However, other than during ITE, there is no mandatory training required for teachers working with students with special educational needs, including ASD.

2.3.2 Review of the Current System: Summary of Views Expressed During Consultation

Set out in this box are views expressed by group participants during the NCSE consultation conducted as part of its policy advice development. They do not necessarily reflect the NCSE's viewpoint which is set out in the discussion section below.

Strengths of the System

Students with ASD are making progress in classes where they have highly experienced and competent teachers.

Considerable progress has been made over recent years in teacher education and training in working with students with ASD and as a result teacher knowledge and skills in this area have improved.

The work of the SESS in bringing about this improvement was particularly acknowledged. Its courses were considered to provide comprehensive training in ASD and the support it provided to teachers and schools was also widely acknowledged by consultation groups.

The re-conceptualised ITE programmes and their extension to four years should, in theory, help to provide increased training for teachers to meet the needs of students with ASD, as will the proposed Teaching Council CPD framework, when published.

Issues Raised by Consultation Groups

Despite progress, a view persists of a general lack of knowledge and awareness among teachers when it comes to working with students with ASD. Current provision requires review as a priority as it was considered SESS funding is insufficient to meet demand.

There are no specified standards that all teachers have to meet for special education or no specified teaching qualifications for teachers in specialist roles and positions for students with ASD.

In relation to teacher preparation and CPD, consultation groups believed that:

- All teachers require some preparation in teaching students with ASD before taking up a teaching position in a school.
- Teachers in special classes/schools and resource teachers in mainstream schools do not always have – but need – specialist training in ASD (for example evidence informed educational interventions, managing challenging behaviour), before taking up their position and ongoing training after they take up their position. Some consultation groups thought such training should be mandatory while others did not.
- Whole-school training is required when a new ASD class opens in a school.
- Training should be focused on the needs of post-primary teachers and students with the most complex needs.

There are not enough teachers with specialist qualifications available to work in dedicated ASD special classes.

One group stated that teachers were no longer incentivised to undertake postgraduate diploma courses in special education due to the abolition of the allowance associated with it.

One group considered that when working within an ABA framework and/or working with students with ASD with challenging behaviours, teachers should be supervised by Board Certified Behaviour Analysts (BCBAs) as in their view, ABA is not ABA unless it is supervised by BCBAs. Other groups considered that teachers working in this area could be supervised, where necessary, by clinical and/or educational psychologists trained in assessing and managing challenging behaviours. Some groups considered teachers needed no supervision but required access to advice and continuing professional development as appropriate.

2.3.3 What Does the Research Tell Us?

Research findings advise that the quality of teachers and their teaching are the most important factors in determining educational outcomes for all students, including those with ASD. A skilled, knowledgeable and competent teacher is key to ensuring that every student, including those with ASD, receives an education appropriate to their needs.

Standards and quality indicators are required to assist in identifying the knowledge, skills, understanding and competencies that teachers need to acquire and in determining the provision required to meet these requirements.

Research findings also suggest that students with ASD need access to experienced and qualified specialist teachers. Specific competencies for teachers of these students have been identified and include:

- Knowledge of characteristics of students with ASD
- Knowledge of individual learning differences
- Individualised planning and assessment for students with ASD including interests and motivations
- Selection and implementation of effective interventions
- Monitoring student performance
- Generalisation of skills
- Functional assessment of behaviour
- Positive behaviour supports
- Creating appropriately structured learning environments
- Development of social and communication skills

- Managing transitions
- Professional and ethical practice
- Collaboration with family and other professionals working with the student.

In 2006 the DES conducted an evaluation of educational provision for students with autism spectrum disorders and recommended that all teachers who work full-time with such pupils should attend an autism-specific course of not less than 450 hours and should also have access to courses on various interventions, such as TEACCH, ABA, and PECS.

Internationally, guidelines on ASD emphasise the need for trained and knowledgeable staff and for this to be supported by standards and competencies, with most countries highlighting the current lack of consistency. Several guidance documents highlight that although there is a need for training, further evidence for its effectiveness is also required.

The NCSE-funded longitudinal study, Project IRIS, indicated that many class/subject teachers lacked the skills, knowledge and understanding required to provide effective curricular access for students with special educational needs in their classes. While they were committed to providing for students with diverse needs many teachers felt they lacked the specific knowledge required to plan and deliver a well differentiated curriculum suitable for all pupils.

The forthcoming evaluation of educational provision for students with ASD in Ireland found that across all sites there was evidence of excellent knowledge of ASD among most staff. Schools new to ASD provision wanted more whole-school in-service as well as the development of specialist expertise. Teachers of special classes and in special schools consistently availed of CPD and many had specialist qualifications. There was a need for specific targeted CPD particularly around working with behaviours that challenge.

2.3.4 Discussion

The NCSE has consistently emphasised the centrality of the teacher in the education of students with special educational needs, including ASD. Given the increased prevalence of students with ASDs in all education settings, the NCSE considers it essential that all teachers have a knowledge and understanding of students with ASD and how general teaching principles can be applied to teaching them. During the consultation process we were told that students with ASD were making good progress where their teachers had received training and are experienced in working with such students. Given the importance of quality teaching, we were concerned to hear from some teachers and principals who felt they had not the requisite skills to teach students with ASD and sometimes felt out of their depth when working with them – a concern shared by parents, management bodies and advocacy groups.

We previously set out a framework for the professional development of teachers in working with students with special educational needs (NCSE, 2013). This framework outlined what is necessary at the point of initial teacher education and what continuing professional development should be in place for all teachers; for teachers in specialist roles and settings; and for principals and deputy principals. It is a matter of concern to the NCSE that the DES permits newly qualified teachers to teach in special classes when the general consensus is that teachers require further experience and ongoing CPD before taking up such positions. Given that students in specialist settings have the most complex needs, the NCSE considers that teachers should have a minimum of three years' teaching experience post-probation, before taking up a position in a special class for students with ASD.

As part of the framework referred to previously, we recommended the Teaching Council should establish standards of teaching in relation to the knowledge, understanding, skills and competence necessary for teaching students with special educational needs, including ASD, in mainstream and special settings. When the standards are developed the Teaching Council should develop a framework for initial and continuing professional development to ensure that the standards are met.

We remain convinced of the need for the Teaching Council to develop these standards so the teacher competencies required are clear along with the standards to be achieved, the framework of teacher education through which these standards will be realised and the supports necessary for teachers to achieve these standards. In relation to ASD, the Teaching Council needs to establish what standards of teaching, knowledge, skill and competence are required to provide an appropriate education to students with ASD. Standards should specifically address areas such as the assessment of students' learning needs, selection of appropriate learning goals, identification of appropriate educational interventions, implementing programmes for students with ASD and so on. The Teaching Council should consider whether/how these standards are different for teachers in mainstream classes, special classes/schools and what standards need to be in place for principals, as instructional leaders in their schools, to support teachers. A framework for ASD professional development needs to be developed for different levels outlining what knowledge, skills and competencies we should expect from ITE, from induction, up to higher level accreditation for specialist practitioners.

Once the standards and competencies are agreed and published, the Teaching Council should ensure that programmes of initial teacher education reviewed and accredited by the Teaching Council are sufficient to prepare teachers to meet the requisite standards set for the teacher at end of ITE. The Teaching Council should ensure consistent provision for special education exists across all programmes of ITE, in terms of hours, content, supervision and teaching practice so that all graduate teachers can be expected to have acquired the same core skills and competencies. Given that programmes of ITE have now been extended to four years, the NCSE considers that the Teaching Council should publish detailed information on what constitutes the mandatory ITE module on inclusive education and following this exercise should, in conjunction with the NCSE, engage with the higher education institutions to ensure standards and consistency across ITE programmes.

This information should specifically address questions such as:

- Are all students required to take this module?
- What are the modules' learning objectives?
- What is the content?
- Where is the content reflected in teaching practice?
- How is the module assessed?
- What is the view of students taking the module?

The NCSE considers that existing teachers require further continuing professional development to ensure they have the requisite knowledge, skills and competencies to teach students with ASD. We outline below what we consider to be the necessary training that should be put in place for:

2.3.4.1 Mainstream Teachers

About 1.55 in 100 students now has an autism spectrum disorder. All teachers need to be aware of the general principles underpinning good practice in teaching students with ASD. A comprehensive introductory programme should be funded, developed and made available for mainstream teachers to enable them to develop further the skills and competencies necessary to teach students with ASD in mainstream classes. This introductory programme should be rolled out over a number of years, giving priority to teachers who will have students with ASD in their class groups.

The introductory programmes should address the core skills and competencies required by mainstream teachers who work with students with ASD. Programmes should include a specific focus on students with ASD who have more complex needs and should explicitly address the needs of post-primary aged students and their teachers. Consideration could be given to including such training as part of ongoing curriculum training for teachers, for example as part of the new junior cycle training being rolled out for post-primary teachers. A blended approach (including online content) could be adopted in its delivery.

Course content should include (but not be limited to):

- Knowledge about and understanding of ASD and implications for teaching
- Creating a whole school environment suitable for students with ASD
- Promoting positive teacher attitudes to educating students with ASD
- Approaches to teaching students with ASD
- Assessing the learning needs of students with ASD and examining the implications for instructional practice
- Teaching and differentiating curriculum at appropriate developmental level – for both primary and post-primary aged students

- Developing and teaching social skills
- Collecting and using data to inform the design and implementation of individualised programmes
- Understanding the importance of visual aids, ICT and environmental modifications in educating students with ASD
- Developing positive approaches to managing challenging behaviours
- Developing the ability to work as a member of a team.

2.3.4.2 Teachers in Specialist Roles and Settings

A comprehensive programme should be developed and made mandatory for all teachers in specialist roles and settings (learning support/resource teachers, teachers in special classes for ASD and teachers in special schools) to ensure they have the necessary knowledge, skills and competencies to teach students with ASD. These teachers require access to ongoing CPD in assessing and identifying the needs of their students and in selecting and implementing appropriate educational interventions.

Programmes should include a specific focus on students with ASD who have more complex needs and should explicitly address the needs of post-primary aged students and their teachers. The content should include (but not be limited to):

- Demonstrating a deep understanding of the nature of ASD, the implications for teaching and the impact that co-occurring special educational needs can have on educational assessment and teaching.
- Assessing, planning and providing an appropriate curriculum for students with ASD.
- Using assessment tools designed for students with ASD.
- Selecting appropriate evidence informed autism specific teaching interventions on the basis of individualised assessment and monitoring the effectiveness of these approaches in terms of educational outcomes for students (see Appendix 5 for a list of interventions shown to be effective for some students with ASD across a number of reviews.)
- Undertaking functional assessments of behaviour and planning and implementing behaviour programmes to enable the student to self-regulate their behaviour and to manage challenging behaviours when they arise.
- Teaching students functional communication skills.
- Liaising with parents and developing clear systems of communication, planning and recording which assist in developing positive relationships and in providing continuity between home and school.
- Developing leadership and management skills.

Part of this programme should be undertaken before the teacher takes up his/her teaching position in a specialist role/setting. The NCSE recognises that the provision of CPD before the teacher takes up a position in a specialist role/setting can be challenging as a teacher may not yet be appointed to the class or if the teacher is appointed, s/he may change to a different setting before the opening of the ASD class. For this to happen, either the teacher must be recruited early, if possible, or the class will have to open late to facilitate teacher training. The remaining weeks should be delivered over the course of the remaining year and should include a variety of models of provision including in-class CPD support; peer observation and support; mentoring and coaching by an experienced professional with the appropriate level of knowledge and expertise, for example, a NEPS psychologist or a member of the SESS ASD team qualified and experienced in ASD education.

As proposed in our 2013 policy advice, we consider the DES should conduct a training audit of all schools to establish how many have access to a trained learning support/resource teacher.

2.3.4.3 School Leaders

Professional development should be available for school leaders (principals and deputy principals) to ensure they have up-to-date knowledge and understanding in the education of students with ASD. Principals are leaders of learning in their schools and they play a pivotal role in creating an educational environment where students with ASD are supported in line with their assessed learning needs and facilitated to learn and to achieve outcomes commensurate with their individual potential.

Many principals spoke about feeling unsupported when they opened special classes for students with ASD. They needed more information and support when dealing with administrative and educational aspects of special classes for ASD and found themselves often approaching other principals for support and assistance. The newly established Centre for School Leadership²⁹ could play an important role in assisting the design and delivery of professional development for principals in this area.

In making the above proposals we recognise that much progress has been made in the past decade in providing good quality training to teachers. A significant proportion of teachers are well trained in ASD as a result. Nonetheless we consider it necessary to develop a coherent framework of professional education. While it will take time to achieve this goal, it is a matter of priority for the system to move in this direction.

2.3.4.4 Building Schools' Capacity in Behaviour Management

Many experienced teachers and/or those with training in ASD or in managing challenging behaviours can identify sensitivities and/or antecedent conditions which, if left unaddressed, may lead to inappropriate behavioural outbursts. Sometimes, a school may need external advice to establish the underlying reasons for these behaviours and to inform the development and implementation of appropriate behaviour plans and interventions.

²⁹ The Centre for School Leadership was established in 2015, as a centre of excellence for school leaders, for an initial pilot period of three years, with an investment of almost €3m over that time. It will be operated on a partnership basis between the DES, the Irish Primary Principals' Network (IPPN) and the National Association of Principals and Deputy Principals (NAPD).

This is not only a matter for students with ASD. We know that many students with ASD have particular triggers that can lead to challenging behaviours, for example sensory overload, failure to comprehend social interaction and/or difficulty in self-regulation. Many other students – some with other forms of special educational need and some with no diagnosis – may exhibit inappropriate behaviours which can escalate into challenging and even violent outbursts. There is a need to develop further the capacity of schools to anticipate, prevent and/or manage such challenging behaviours. At this point, some schools will need additional external support to assist in developing such capacity and to supervise this work in schools.

The NCSE proposes that the Inclusion Support Service be funded to expand its capacity to provide direct behavioural support to primary and post-primary schools; to develop schools' understanding and application of behaviourist principles in the promotion and maintenance of positive behaviour; and to work with teachers and students in the classroom situation. This work should be complemented by NEPS which should play a central role in providing support to schools in managing challenging behaviours for students with ASD as they have a wide range of skills and competencies in this area. Where necessary, HSE children's disability network teams should also be involved working in conjunction with the school and parents.

The NCSE recommends that:

Recommendation 4: Developing Teacher Knowledge, Skills, Understandings and Competency

The DES should request the Teaching Council to develop, as a matter of priority, standards in relation to the knowledge, skills, understandings and competencies that teachers require to enable students with complex special educational need, including ASD, to receive an education appropriate to their needs and abilities in mainstream and special settings and a framework for teacher education to meet these standards.

- 4.1 The Teaching Council should publish detailed information on what constitutes the mandatory ITE module on inclusive education and following this exercise should, in conjunction with the NCSE, engage with the higher education institutions to ensure standards and consistency across programmes.
- 4.2 Pending development of standards and a framework for teacher education in ASD, the DES should ensure that:
 - Sufficient comprehensive programmes of professional learning in ASD are funded, developed and made available for mainstream primary and post-primary teachers and teachers in specialist roles and settings which are tailored to the particular needs of each cohort of teachers.
 - Teachers should continue to engage in ongoing CPD following this programme.
 - Teachers should have a minimum of three years' teaching experience (post-probation) before taking up a position in a special class for students with ASD to allow time for development and upskilling.

- A training programme and mentoring system should be available for school leaders to provide up-to-date knowledge of, understanding in and information on the education of students with ASD.
- 4.3 The Inclusion Support Service should be sufficiently resourced to develop the capacity of schools to promote positive behaviour, to anticipate and reduce the incidence of challenging behaviours and to manage such behaviours if/when they arise.

2.4 Educational Interventions for Students with ASD

2.4.1 Current Provision

The DES currently provides funding to the SESS for teachers to receive training in specific interventions for students with ASD. These include Contemporary ABA (C-ABA), DIR Floortime, Lámh, Social Stories, TEACCH, PECS and so on.

2.4.2 Review of the Current System: Summary of Views Expressed During Consultation

Set out in this box are views expressed by group participants during the NCSE consultation conducted as part of its policy advice development. They do not necessarily reflect the NCSE's viewpoint, which is set out in the discussion section below.

Strengths of the System

Training provided by the SESS to teachers of students with ASD.

Students with ASD are benefiting from having a range of educational interventions available in which teachers have received appropriate training.

Interventions including structured teaching environments, prompting, modelling, reinforcement, extinction, discrete trial training, peer mediated interventions, positive behavioural interventions etc. work well with students with ASD.

Assistive technology is being funded for students with ASD.

Issues Raised by Consultation Groups

More training is required for teachers in: the range of evidence informed interventions available to meet the needs of students with ASD; appropriate selection and implementation of interventions; ASD specific assessment tools; individual education planning; and data collection and analysis to monitor progress and inform the teaching interventions to be used.

Teachers require training and supervision in delivery of behavioural interventions where these are needed for some students with ASD.

2.4.3 What Does the Research Tell Us?

Given the nature of an autism spectrum disorder and taking individual abilities and needs into account, it can be anticipated that students with ASD will require support in developing the skills necessary to:

- Communicate effectively in social situations
- Develop and maintain relationships
- Access the curriculum and achieve educational outcomes in line with their individual potential abilities
- Predict and manage change
- Regulate behaviours and emotions
- Manage repetitive and restricted patterns of behaviour
- Adapt and control their environment in order to work towards reducing the impact of sensory over- and/or under load
- Generalise skills learned in the classroom.

Some students with ASD may have co-occurring difficulties which can affect their learning. A significant number have an intellectual disability ranging from mild to severe/profound. Other co-occurring difficulties may include ADHD, epilepsy, dyspraxia, dyslexia, sensory impairment, anxiety, sleep disorder, depression, psychosis, self-injurious behaviours, obsessive compulsive disorders, disordered eating patterns and so on. Some of these difficulties require assessment and treatment/management by appropriate health professionals and may also need to be taken into account when planning educational programmes.

Research on ASD interventions has expanded rapidly in recent years. Many studies however have not met inclusion or quality criteria necessary for evidence reviews. For example, out of a total of 1,021 studies screened for the NCSE systematic literature review, only 176 met the eight criteria (age/diagnosis, intervention that was evaluated; utility; effectiveness of intervention; setting; research design; outcome data; timeframe) necessary to be considered for inclusion in the review. Of the 176 studies, only 85 met the quality criteria necessary for final inclusion (Bond et al, in press).

Reviewing this rapidly growing literature has been a complex task. It can be difficult to directly compare findings across studies which might categorise interventions differently, or focus on different time periods or different outcome measures, or use different rating systems or evidence benchmarks to draw their conclusions. The heterogeneity of ASD itself, which can involve behavioural, communication and social difficulties across a broad spectrum of need and symptoms, can also make research comparisons difficult – as studies may focus on addressing one or other of these types of challenges, or on children or young people with different needs.

While systematic reviews have identified a diverse range of interventions as having evidence of effectiveness, they have also noted some limitations with research in this field. Limitations identified across reviews include:

- Small sample sizes in many individual studies make generalisations difficult (systematic reviews deal with this by specifying that evidence of effectiveness can only be established with a sufficient number of studies with sufficient numbers of respondents).
- Lack of randomised control trial studies (RCTs) which are generally regarded as providing the highest quality of effectiveness evidence (though use of RCTs has increased in recent years).
- Lack of research on older children and young people – much evidence for effective interventions to date comes from research among children aged three years to 12.
- Insufficient understanding of why some children and young people respond well to particular interventions while others do not. Some research has shown that factors such as IQ or language skills or ASD symptom severity at the start of an intervention may predict outcomes, but findings on this issue vary.
- Research on how best to implement effective interventions in schools and communities is underdeveloped.

Despite these complexities the findings of a number of recently published systematic reviews have identified a range of interventions, from different theoretical perspectives, which may be effective for some students with ASD. For information, the interventions are listed and described later in Appendix 5.

Key research findings on educational interventions for students with ASD include:

- A range of educational interventions have been shown to have evidence of effectiveness with at least some students with ASD. These interventions derive from different theoretical perspectives including behavioural theory, developmental psychology and communication focused studies.
- When selecting interventions, practitioners should consider the research evidence, but they must also take into account other important factors such as the student's individual needs and experiences, parental input, professional judgement and assessment, and the experience, capacity and training requirements of teachers and schools.
- Given the heterogeneity of ASD, the most effective interventions are those tailored to meet the unique characteristics of each individual. The selection of the intervention/s should be based on the student's assessed needs, and their use monitored over time to see if they are helping student progress.
- The extent and duration of intervention necessary to bring about change will vary as some students with ASD need a lot of help in their daily lives, while others need less.

- Students with ASD, as with all students, should be given the opportunity to access a broad, balanced and relevant school curriculum and to achieve educational outcomes appropriate to their needs and abilities. Their educational programmes should also address the social, behavioural and communication challenges experienced by students with ASD.
- Guidelines from other countries acknowledge the need for a structured educational approach with explicit teaching and individualised educational planning.

2.4.4 Discussion

Drawing on the balance of research findings, the NCSE concludes that a range of interventions have been shown to be effective for some students in addressing the core needs associated with ASD, which cross communication, social and behavioural domains. Decisions on intervention choice, its duration and intensity must be linked to the assessed needs of the individual student and it would therefore be inappropriate to make general recommendations on any of these matters.

We are conscious that parents and schools are strongly motivated and understandably concerned to find interventions that work with students with ASD. This can make parents in particular vulnerable to trying out methods with little or no evidence basis but with strong claims of efficacy. Commercial interests may sometimes be at play with practitioners and companies strongly promoting their own products, on occasion at considerable financial cost. This in turn can create a demand for certain interventions in favour at a given time. These demands change over time as new interventions are discovered. Parents report that they are often given contradictory advice by professionals and other parents and that the sheer extent and range of interventions on offer can confuse them.

So when parents and professionals consider particular interventions, it is important they are guided by an objective consideration of the quality and quantity of the research evidence supporting the claims. In addition, there should be an understanding of any limitations associated with it. We understand how difficult this can be for parents who want their child to be given access to the latest, scientifically-proven approach, particularly where more conventional approaches have failed or do not appear to be working for their child. Advocates however can sometimes make claims that a particular approach is scientifically proven when this may not actually be the case at all. Examples of such approaches include chelation removal of toxic metals; certain dietary interventions, facilitated communication and most recently in the Irish context, miracle mineral solution (MMS) or industrial bleach. Following our examination of the literature on educational interventions for students with ASD, we have compiled a list of interventions which to date have been shown to be effective for some children and young people with ASD (See Appendix 5). The research base in this area is expanding rapidly and new interventions regularly emerge. We believe it is important to have a mechanism in place to review and update this list on an ongoing basis.

The NCSE considers that parents and teachers should have access to accurate and timely multidisciplinary assessment for students with complex special educational needs, carried out by a health team with sufficient relevantly qualified and experienced professionals³⁰, working where necessary, in conjunction with NEPS psychologists and the school. This multidisciplinary assessment, along with further ongoing appropriate assessment carried out by teachers with specialist knowledge and experience of ASD, should identify students' strengths, abilities and needs to inform students' educational interventions.

Teachers need to review regularly their use of educational interventions because they may not always deliver the appropriate response and/or may sometimes cause stress and distress to the student/family. As the student develops it may be necessary to change the nature/intensity of interventions to ensure his/her learning needs continue to be met and that s/he is achieving outcomes commensurate with potential ability. Teachers require ongoing CPD in assessing and identifying the needs of students with ASD and in selecting and implementing appropriate educational interventions (see Section 2.3 for further discussion of teacher education). Schools should use the ongoing self-evaluation process to ensure that students with ASD are receiving an appropriate education and that teachers have the necessary skills, knowledge and competence to provide this education.

We acknowledge that in reality there can be difficulties for parents and schools in accessing assessments and interventions from appropriate professionals, given current staffing levels in HSE multidisciplinary teams and the limited number of NEPS staff. We therefore recommend that:

Recommendation 5: Educational Interventions for Students with ASD

School development of educational programmes and identification of appropriate evidence-informed interventions for students with ASD should be informed by HSE multidisciplinary assessment.

- 5.1 The Inclusion Support Service should be sufficiently resourced to provide a comprehensive, national programme to ensure that teachers are trained and upskilled in choosing evidence informed³¹ educational interventions that fit student needs.
- 5.2 The DES should assign responsibility to the Middletown Centre for Autism³² for regularly and formally updating the list of evidence informed educational interventions for ASD.
- 5.3 School management should ensure that educational interventions used are evidence-informed.

³⁰ Relevant professionals in this context include psychologists, speech and language therapists, OTs whose professional assessments can also be informed by teacher observations and assessment and by parental input.

³¹ An evidence-informed practice in the education sphere has been defined in the literature as an instructional strategy, intervention or teaching programme that has resulted in consistent positive results when experimentally tested (Mesibov & Shea, 2011).

³² The Middletown Centre for Autism was established in 2007 to support the promotion of excellence in the development and co-ordination of education services to children and young people with autistic spectrum disorders (ASDs). It is a jointly funded initiative between the Department of Education, Northern Ireland and the Department of Education and Skills, Ireland.

2.5 Other Educational Supports for Students with ASD

2.5.1 Current Provision

Students with ASD sometimes require other additional educational supports to attend school, to participate in a meaningful way in school activities and to achieve educational outcomes in line with their individual potential.

Their needs can arise out of intellectual disability, communication needs, challenging behaviours, lack of emotional regulation, medical conditions and so on. The DES funds the following additional supports for some students with ASD to enable them to attend school:

- SNA support for students with significant care needs arising from their disability
- Assistive technology
- Specialist equipment
- Special school transport arrangements
- School building adaptations where necessary
- Enhanced levels of capitation grants for special schools and mainstream schools with special classes.

2.5.2 Review of the Current System: Summary of Views Expressed During Consultation

Set out in this box are views expressed by group participants during the NCSE consultation conducted as part of its policy advice development. They do not necessarily reflect the NCSE's viewpoint, which is set out in the discussion section below.

Strengths of the System

Consultation groups acknowledged that generally the education supports in place (see above list) are the correct supports and work well for students with ASD.

In particular:

- SESS support and training were welcomed and adjudged to be delivered to a high standard
- SNA provision was valued as essential for the inclusion of some students with ASD
- The special transport scheme was considered to work well and to be an important asset for parents and students
- Special equipment and adaptations to school buildings, where required, were generally efficiently provided to a high quality.

Issues raised by Consultation Groups

Considerable frustration was expressed at the limited training available for SNAs and it was felt strongly that they required more and specific training to work with students with ASD, including PECS, Lámh, managing challenging behaviours, manual handling, sensory issues and medical needs which may or may not co-occur, such as diabetes, epilepsy and so on.

The SNA role could be expanded for students with ASD to include some forms of learning support or a teaching assistant role or assisting the implementation of therapy programmes.

The transition of students with ASD from special to mainstream classes can be greatly facilitated by continued provision of SNA supports while the transition is being made.

Frustration and confusion were expressed over SNA allocation to special classes/schools with some groups believing that it was allocated on a class group basis with no cognisance taken of individual student needs – which is not the policy position.

One group put forward the view that behaviour specialists were required for students with serious behavioural issues. This was not a consensus view as others believed such support could be provided and/or overseen, where necessary, through NEPS or clinical psychological services.

Consultation groups highlighted the considerable and increased difficulties that some students with ASD have in coping with post-primary schools, to the extent that some students are unable to cope because of their levels of anxiety and drop out of school.

The physical accommodation in some schools was unsuitable for students with ASD and this was considered to contribute in some cases to serious sensory and behavioural issues. The absence of specific funding for maintenance and replacement of IT and other equipment was criticised. In particular, costs associated with repairing assistive technology for example communication devices; maintaining other equipment (hoists, specialist seating) and the constant need to replace consumables (laminating of PECS cards or ongoing provision of ingredients for cookery requirements) were a considerable burden on schools providing differentiated and supported curricula.

The inability of the school transport scheme to cater for transport to and from respite settings on the same basis as special transport is provided to and from the student's home, was criticised. In addition, there was concern that some students with ASD are travelling long distances to special schools or classes although their sensory issues meant that the long journey was particularly challenging.

The lack of DES-funded basic training on ASD for all school staff (including bus drivers and bus escorts) so that all are autism aware and know about the educational programmes being used with students in the school was criticised.

2.5.3 What Does the Research Tell Us?

The forthcoming evaluation of educational provision for students with ASD in Ireland found that all schools and all stakeholders, including students themselves, identified the key role that SNAs play in educational provision and care for students with ASD in schools. This research strongly reflects the frustration expressed at consultation by principals, teachers, parents and SNAs themselves that no formal structured CPD exists for SNAs.

Paraprofessionals in many jurisdictions continue to have an active role in supporting educational goals for students with ASD and other disabilities, despite limited research to support the efficacy of this.

Research studies show that where teacher assistants are employed, they bear the greatest portion of responsibility for planning and teaching for students with special educational needs and in many cases these students are routinely taught for much of their time by teaching assistants and not by teachers.

Research findings highlight the importance of providing appropriate training and supervision for paraprofessionals working in the classroom with students with ASD. Research studies show that paraprofessional support does not necessarily improve academic outcomes for students with special educational need and can inadvertently result in them:

- Having less teacher involvement in planning and teaching
- Becoming overly dependent on such support
- Being socially isolated from other students.

Where such support is used, it is important that paraprofessionals have training and supervision to ensure the time they spend with the student is effective.

Studies on the use of technology-aided instruction and intervention show:

- Technology is increasingly used in many different ways as part of educational intervention for students with ASD.
- Technology-aided instruction and intervention (e.g. computer-aided instruction and speech generating devices) is effective for some children and young people with ASD.
- Emerging research findings suggest it is useful in providing models of behaviour, prompting students to act in certain ways, developing communication and for systematically teaching skills.
- The appropriate use of technology can support students with ASD in achieving goals in learning, adaptive behaviour, challenging behaviour, communication, play, social skills.
- Training and support for both users of the equipment/technology and the educators responsible for it are important to ensure its most effective use and impact.

2.5.4 Discussion

We know that some students with ASD can require additional supports to meet needs arising from communication, behavioural and social aspects of their difficulties and in this section we discuss what these might be.

2.5.4.1 Care Supports

The NCSE acknowledges the importance and value of the SNA scheme in supporting students with ASD who have significant care needs. We have previously advised that additional care support should continue to be allocated to assist schools to support students with care needs significantly above those which would normally be expected to be supported by the teacher in the classroom situation.

Despite the recent DES circular intended to clarify the SNA scheme's purpose (Circular 0030/2014), confusion remains about the work appropriate for SNAs to carry out for particular students. We suggest that it would be worthwhile for the DES to remind schools that under their contracts SNAs can be assigned duties appropriate to the grade and which are tailored to the needs of the students they support (DES Circulars 12/05 and 15/05).

As most students with ASD (69 per cent) have access to SNA support, we consider it important that the DES regularly reviews the role of the SNA in supporting the care needs of these students to ensure they are effectively addressed.

Schools must be supported to ensure students can transition from special schools/classes into mainstream classes in line with their strengths and abilities. It is clear that some schools with students with challenging behaviour have found it difficult to release an SNA associated with the special class to accompany a transitioning student.

It is important for the student him/herself, classmates and the teachers that students are appropriately supported to maximise the potential for a successful transition and this may involve the allocation of additional SNA support to a school during the move to a mainstream class. We propose that, where a school cannot manage within their existing SNA cohort, an additional allocation could be sanctioned for a short time to allow the student to settle into his/her new setting. During this time the SENO should assess the student's requirement for ongoing care support in the new mainstream setting.

Many students with ASD have significant care needs relating to their behaviour and their inability to communicate. All staff working with students with ASD should have training to become autism aware. SNAs, in particular, should receive the training necessary to play their part, under teacher direction, in the school's plan to address socialisation and/or behavioural issues for students with ASD.

While some training in the identification and management of behaviour can be generic, the NCSE wishes to emphasise that much of it needs to be carried out at school level as it has to be student-specific as well as generic. It is important for boards of management to consider how, when and by whom such training can be provided within the context of their school and student needs.

Some consultation groups suggested expanding the SNA role to provide educational or therapeutic support for students with ASD or that an assistant teacher role might be developed to assist with educational tasks such as staying on task, taking information from the black-board, understanding teacher instructions, communication and so on. In previous policy advice we have noted research findings suggesting that paraprofessional support may not necessarily result in improved academic outcomes for students with special educational needs. It can result in them being isolated, having fewer teacher interactions and developing increased dependency. We advised that these students should be taught by fully qualified and experienced teachers equipped with the necessary skills to meet their complex needs. In our view, evidence is insufficient at this point in time, to support the introduction of a new teaching assistant grade to work specifically with students with special educational needs including ASD and not with other students (NCSE, 2013).

Since the publication of our earlier advice, the DES agreed to pilot an alternative model of provision, called the Altered Provision Project (APP). This involved the provision of additional teaching hours rather than new SNA hours for students with emotional and behavioural difficulties/disabilities (EBD) entering post-primary. The project's rationale was that these students need more additional teaching in the self-management of behaviour from qualified teachers, rather than SNA-provided care support. Participating schools were advised that IEPs and related plans were central to the project as would be the use of team-teaching as a significant, but not exclusive, delivery mode.

The DES asked the NCSE to commission a review of this pilot project, a final report should be submitted in September 2016. Following this review, it would be useful to consider the implications of findings for supporting post-primary students with ASD.

2.5.4.2 Data on Early School Leaving and Absenteeism

Consultation groups consistently reported that some students with ASD found it extremely difficult to cope in school and that this can become particularly problematic in post-primary. Reasons for this vary – it could be due to school phobia, extreme anxiety, sensory issues or social and communication difficulties. While these difficulties are not unique to ASD, they do result in some students with ASD being on a reduced school day, leaving school early or missing a significant numbers of days.

To understand the nature, extent and impact of this problem, it is first of all important to collect the relevant data on reduced daily attendance, early school leaving and absenteeism. The overriding imperative is that students receive an education appropriate to their needs. We previously advised that the DES should require schools to collect and report data on students with special educational needs, including ASD, who are early school leavers; or who are absent from school for a significant number of days or half days in a year; or who are on reduced attendance or a reduced school-day. We still consider this information is necessary.

Reduced school attendance is not limited to students with diagnosed special educational needs. We had suggested the Child and Family Agency, Tusla, was best placed to receive and analyse this information. However, the DES may decide the role is more appropriate for a different agency or Department.

2.5.4.3 Special Transport Scheme

Many students with ASD find travelling on noisy school buses for long periods of time to be overwhelming. This is particularly stressful for those with sensory issues facing long journeys to special schools/classes. The NCSE acknowledges the significant effort, commitment and investment by the DES in providing these special transport arrangements. We also acknowledge the important role teachers and schools play in supervising transport for child safety reasons.

The special school transport scheme works well and parents appreciate the service. Special transport arrangements are put in place where the student is attending the nearest available recognised school that is, or can be, resourced to meet their special educational needs.

A difficulty arises from time to time where a parent chooses to send their child to a special school or class which is further away. This may be because therapy supports are available there and not in the nearer school or class. In such situations, the student is no longer eligible for the scheme. Some parents can spend hours transporting their child to and from school just to access therapies. This adds to parental stress and can significantly affect quality of life, family lives and finances.

A further concern occasionally arises with transport between school and respite homes. Respite is a much cherished and sought-after service and families are anxious to avail of it whenever it is available. It has been brought to our attention that some children and young people with ASD are not transported from their respite care centre to and from school. In our view, school is school, home is home and the respite care centre is de facto the child's home while they stay there. The purpose of respite care is to give parents and families a well needed break from the 24-hour, 7-day a week care that some children and young people with ASD require. Parents have told us they can struggle without this break. Respite can also give the child/young person a break and provide further learning opportunities for him/her.

Some parents highlighted the considerable practical difficulties occasionally encountered when their child/young person is not transported to and from the respite care centre. For example, the school bus collects and drops the child to school in the morning but the parent has to collect the child after school and bring them to respite care. Again they must collect the child the following morning from respite and bring him/her to school. Sometimes, respite homes provide transport, if this is available in the home or other local arrangements are put in place. Where parents have to collect the child, respite value is diminished as parents do not in fact get the full break they are due. These difficulties can be further compounded for parents when there is a gap between the school's starting/finishing times and respite care cover.

Current DES policy is that where possible, transport to respite is facilitated on school transport services with due regard to student safety, where there is no deviation from an existing route, where there is a regular pattern to respite care and where no additional cost to the State is involved. Except under these circumstances, the DES considers it is not possible to provide tailored services for individual students to and from respite care under the terms of the existing scheme.

The NCSE considers that where a student with ASD is eligible for the special transport scheme; where his/her family has been sanctioned respite care; where the principle is accepted that the student's respite centre becomes his/her home while s/he lives there; then arrangements should be in place to transport the student between the respite centre and school. We therefore request the relevant Departments jointly to consider and put in place appropriate arrangements by which students in respite care can be transported to and from school so that their families can fully avail of this break.

The NCSE also considers that bus-drivers and bus escorts should receive training in working with students with ASD so that they are autism aware and understand how to respond when students with ASD become stressed by situations that are new or unfamiliar to them or are reacting to sensory overload.

2.5.4.4 Technology-aided Learning

Research and practice point to the positive impact technology can have on a student's development. For example, some students with ASD have difficulties with verbal communication and are primarily visual learners. Mainstream technologies such as tablets are increasingly used to augment their communication and learning. Some technologies such as tablets provide a platform for both education and entertainment so it is vital they are used appropriately as part of the student's education programme. Teachers need to know how to use the technology and when it is educationally appropriate to use it.

Consistency is needed across educational settings on what technology (including software) can be funded and made available and what has been shown to be effective in teaching students with ASD. Technology is constantly changing and developing at a tremendous rate so it is difficult for teachers, students and administrators to keep up with the latest developments. We propose the Middletown Centre for Autism should be funded to research technology (including software) and to compile and update a list of technology shown to be effective in teaching students with ASD.

2.5.4.5 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 provision of teaching materials and resources. Enhanced levels, based on disability category, are paid to special and mainstream primary schools with special classes to assist them with the extra costs associated with setting up small classes. A discrepancy persists, however, between the level of enhanced capitation paid at primary and post-primary for special classes. The NCSE would like to draw attention to our previous advice emphasising the importance of special classes in both sectors receiving similar levels of capitation grants³³.

³³ Details of capitation grants are available on the DES website at: www.education.ie/en/Schools-Colleges/Services/Grants-and-Additional-Support/Capitation-Grant/

2.5.4.6 Specialist Equipment

Newly established special classes (for any disability category) receive a:

- Start-up grant of €6,500 per class for teaching aids and classroom equipment
- Once-off grant of €7,000 to provide multi-sensory equipment
- €5,000 for ICT per primary classroom and
- Specialist equipment and furniture is also funded.

We found considerable lack of clarity among principals regarding the availability of grants for setting up special classes. We also found it difficult to establish this information and we appreciate that the DES has confirmed to us what grants are available and their purpose. Given the confusion that exists, we think it would be helpful if the DES clarified this information for schools.

The DES Building and Planning Unit currently advises schools about equipment for specialist rooms in post-primary, for example science laboratories. The NCSE considers the DES Building and Planning Unit should also specify core equipment and furniture for special classes while acknowledging this might need to be augmented for the purposes of individual students. The DES might then review the adequacy of the start-up grant in the context of these specifications.

Consultation groups told us that schools can incur significant costs in maintaining and/or replacing necessary equipment for students with ASD in special schools/classes (laminators or desks or chairs) due to greater wear and tear caused by some of these students or damage incurred through incidents of challenging behaviours. Specialist equipment needs to be maintained such as hoists. In addition, there is constant need to replace consumables such as PECS cards, books, educational toys and games which can be destroyed through heavy usage.

The minor works grant (€5,500 basic grant plus €18.50 per mainstream student and €74 per student with special educational needs) is intended to cover the replacement of damaged equipment. We know it is the case that some students with ASD can cause considerable wear and tear on school equipment through challenging and other types of repetitive behaviour. For this reason we propose the DES review whether the special needs element of the minor works grant is sufficient to cover additional depreciation of furniture and equipment and to fund the replacement of consumables in these cases.

We are also aware that the DES has indicated that the minor works grant will only be paid in future years as funding permits (DES website, accessed May 12th, 2015). As the removal of the minor works grant can cause significantly disproportionate difficulties for schools with ASD and other special classes, we request that it exempts special schools/classes from such cutbacks or puts in place an alternative funding mechanism for replacement of essential equipment should such an eventuality arise.

2.5.4.7 Post-school Provision

The worry and anxiety of parents about what options, if any, are available to their children once they leave school was palpable throughout the consultation process. One parent referred to it as 'falling off a cliff' and considered that the good development of ASD school provision over the past number of years now needed to be matched by providers of post-school options. There was a general perception of a lack of appropriate post-school provision and support for students with ASD, especially those with more complex needs.

The NCSE is concerned about a possible expectation that students educated in mainstream schools might never require specialist post-school options because we don't consider this is the reality in all cases. While some students with ASD can achieve at high levels in certificate examinations, there are undoubtedly others who would find it difficult to engage in traditional post-school courses run through the ETBs or Solas.

The recent HSE initiative in contacting mainstream schools to establish numbers of young adults who may need adult day services is acknowledged and welcomed. It should allow them to put the necessary services in place for school leavers with the most complex needs. In addition, the NDA is developing a comprehensive employment strategy, with relevant Departments and agencies which is intended as a 10-year framework to address employment issues for people with disabilities.

However, the NCSE considers it timely for the DES and the DoH/HSE to examine current post-school provision and supports and ensure that students with more complex special educational needs, including those with ASD, have meaningful post-school options and that they do not fall between services. This should include a consideration of what supports these students require to move successfully to further and higher education and/or to employment or to adult day services or continuing education or job training, and to participate in a meaningful way in related activities following this transition.

In relation to educational supports required for students with ASD, the NCSE recommends that:

Recommendation 6: Other Educational Supports

6.1 Special needs assistants

Further to previous clarifications of the SNA role (Circular 30/2014), it would be helpful for the DES to remind schools that under their contracts, SNAs can be assigned duties appropriate to their job description and tailored to the needs of the students they support.

The DES should regularly review the SNA role in supporting the care needs of students with ASD to ensure the service effectively addresses their needs.

The NCSE should be permitted to allocate additional SNA support where this is clearly required to assist students transitioning, within a school, from a special to a mainstream class on a full-time basis. This support should be for a time-bound period and should focus on ensuring the student is independently able to complete this transition as soon as possible.

6.2 Continuing professional development (CPD) for school-related staff

The DES should arrange for the development of a generic training programme for SNAs to address the core skills to be acquired by all SNAs and should be cognisant of the need for such training when funding boards of management. The boards should have responsibility for ensuring SNAs have taken the generic training programme.

Other personnel working with students with ASD, including bus escorts, drivers and caretakers should also receive training to promote and develop a common basic understanding of ASD and how it may affect students.

6.3 Special transport scheme

The Departments of Health and Education, through the cross sectoral team, should jointly consider and put in place appropriate practical arrangements to enable students with complex special educational needs, including ASD, to be transported:

- To and from respite care settings to school, on the same basis they are transported from their homes; and
- Pending full roll-out of the progressing disabilities policy – to alternative special schools and classes where the HSE is unable to provide necessary therapy supports for a student in his/her local school.

The HSE should ensure that times for respite care cover are synchronised with school start and finish times so there are no gaps in service for the child/family.

6.4 Technology-aided instruction

As part of their overall training programme in ASD, teachers in specialist roles and positions should receive training in technology aided instruction for use with students with ASD.

The Middletown Centre for Autism should be funded to research, compile, maintain and update a list of technology (including software) shown to be effective in teaching students with ASD.

6.5 Capitation grants

The DES should consider extending the enhanced level of capitation grant for ASD to post-primary schools with special classes on the same basis as primary schools to assist them with the increased running costs associated with these classes.

The DES should ensure that all post-primary schools (voluntary secondary, community/comprehensive and ETB schools) receive the equivalent level of capitation grant for students with ASD in special classes.

6.6 Furniture and equipment

The DES should review whether the special education element of the minor works grant (€5,500 basic grant plus €18.50 per mainstream student and €74 per student with special educational needs) is sufficient to cover the additional wear and tear that can be caused to furniture and equipment through incidents of challenging behaviours.

The DES should put in place an alternative funding mechanism for the maintenance and replacement of essential equipment (for example, laminators, hoists, photocopiers, software and consumables), for schools with ASD classes were it ever necessary to withdraw funding for the minor works grant in the future.

The DES should issue specifications on furniture and equipment to be installed in a special class and should then review the adequacy of the start-up grant in the context of these specifications.

6.7 Post-school provision

The relevant Departments and associated agencies should jointly review their respective policies for post-school options for students with special educational needs, including ASD, to ensure these students have access to a full range of meaningful post-school work, educational and other placement opportunities.

2.6 Extended School Year Scheme (July Provision)

2.6.1 Current Provision

The extended school year (ESY) scheme – also known as July provision – was introduced for students with severe/profound general learning disabilities, following the High Court judgement in the case of *O’Donoghue v The Minister for Health, The Minister for Education, Ireland and the Attorney General*, 1993. Mr Justice O’Hanlon stated that:

‘The lengthy holiday breaks which take place in the life of the ordinary primary school appear likely to cause serious loss of ground which may never be recovered, in the case of children with severe or profound handicap. Accordingly, to deal adequately with their needs appears to require that the teaching process should, so far as practicable, be continuous throughout the entire year’.

The Extended School Year Scheme was later extended to students with ASD in special schools and classes and subsequently to these students in mainstream schools. The scheme was not continuous through the whole year because it was considered that every student needed a holiday from the school routine.

There are different ways in which students can be supported through the ESY scheme:

- Students with ASD in special schools and in special primary classes have an extra full month’s education provided to them in their school. Where a school chooses not to participate in the programme, eligible students may be granted 40 hours home-based tuition (10 hours for each of the four weeks).
- Post-primary students and students with ASD in mainstream primary classes are granted 40 hours home-based tuition.

2.6.2 Review of the Current System: Summary of Views Expressed During Consultation

Set out in this box are views expressed by group participants during the NCSE consultation conducted as part of its policy advice development. They do not necessarily reflect the NCSE’s viewpoint, which is set out in the discussion section below.

Strengths of the System

The extended school year scheme provides a structure and routine for students with ASD over the summer and is a necessary and valued respite for parents and families.

Structured school-based programmes with continuity of usual staffing can work well to continue the development of academic and social skills.

Some groups felt a focus on development of life and social skills works well, even though this does not provide a continuation of the academic programme, as these are part of education for students with ASD.

All groups mentioned that the best aspect of the scheme was its respite provision for parents and families of children with ASD.

Issues Raised by Consultation Groups

Consultation groups were clear that in general, the scheme was not working in line with its original purpose and that, in its current form, it could not do so.

New teachers and/or SNAs are often employed for July provision who may not know the students and/or may have little or no experience in working with students with ASD. This is because the usual staff (class teachers and SNAs) are too tired or do not wish to stay on for another month after the school year has finished.

As a result, many current programmes do not continue the student's academic programme in any meaningful or structured way. Groups were concerned about the impact of a high turnover of staff as this can be enormously upsetting for students with ASD, who can have such difficulty adapting to change. It is potentially dangerous in the case of some such students who are vulnerable due to high medical needs or because they can exhibit extremely challenging behaviours when their sensory and/or other needs are not met.

Principals felt it was too difficult to organise and staff the scheme and many felt they could not continue to run the scheme in its current form.

Student programmes are not always linked to their individual education plans so there is sometimes no continuity with their education programme.

Home-based ESY programmes were considered the least effective way to deliver the scheme as they lack any social dimension and require further monitoring and regulation. Parents find it extremely difficult to find home tutors who are qualified and sufficiently experienced to deliver the extended school year scheme.

Some groups felt the scheme's original purpose was inappropriate and its objectives needed to be reviewed and clarified. They reported that most programmes were actually focused on social development of students and on providing out-of-school experiences that may not be possible to organise during the school term. They thought students did not need a continuation of their academic programme but instead needed programmes that were flexible, more fun and not restricted purely to academic goals. Programmes should target the development of social and communication skills and encourage students with ASD to do what other students do in the summer holidays.

Groups considered that access to the scheme should be based on student need rather than disability category and that it was inequitable that other students with complex special educational needs had no access to it. Some thought it should particularly cater for students with more complex needs who come from disadvantaged backgrounds as their parents may not always be able to afford to create opportunities for social outings for their children during summer.

The scheme's administrative aspects (for example, delayed teacher payment, employment conditions for SNAs and withdrawal of allowance for new organisers of the programme) are proving problematic and consequently, the scheme is becoming less and less attractive for schools.

Concern was expressed at the re-introduction of the siblings rule in the home setting.

Provision should be made available for post-primary students during June (rather than July).

Parental awareness of programmes requires review as some parents appear to be unaware that the programme exists.

2.6.3 What Does the Research Tell Us?

The Task Force on Autism (2001) recommended the introduction of summer projects to cater for the social and educational needs of students with ASD, to include day and residential educational programmes, social skills groups/social clubs, hobby and special interest clubs, camps and holiday schemes.

Much research on extended school year schemes has been conducted in the US and focuses on programmes to enhance literacy skills.

Research findings advise that some students with ASD require additional support to acquire and generalise life skills, including social and communication skills. These can include learning to understand and use literacy, money, time, interpersonal skills, social responsibility, social problem solving and practical skills such as those involved in personal care, healthcare, travel, safety, phone use and so on.

There is some agreement across research findings that:

- Most typically developing students regress in their school work during summer by an average of around one month.
- Quality of educational time is more important than quantity.
- Low income and low ability students benefit most from extended school years programmes because these groups tend to regress more.

- Research specific to students with disabilities and their comparative level of regression over summer is sparse but on the whole research findings appear to agree that students with more severe disabilities tend to regress more than those with milder disabilities and take longer to catch up on their learning.
- For these students, regression in learning can occur across a number of areas of learning including language, gross motor, fine motor and self-help skills as well as in other academic subject areas.
- The involvement of parents in students' extended school year programme appears important for generalisation and maintenance of skills.

Other jurisdictions that provide an extended school year set eligibility on the basis of student needs rather than disability category and specific targets are set. For example in Pennsylvania eligibility is decided at the student's IEP meeting and factors taken into account include: regression; recoupment; mastery; self-sufficiency and independence and severity of disability³⁴. In Northern Ireland, an ESY is offered to students with significant learning disability who attend special schools.

The forthcoming evaluation of educational provision for students with ASD³⁵ indicates that:

- Formal assessment policies and planning specific to the July education programme (JEP) were not features of practice and needed further elaboration. There was evidence of information transfer between class teachers and JEP providers with a focus on the students' educational, health and care needs.
- In all sites the programme continued the school curriculum but there was evidence of an increased emphasis on outdoor, active learning and on developing useful life skills. The authors considered the focus on developing and extending social and life skills was a particularly positive feature of the JEP. In addition, further consideration might be given to re-balancing the JEP by emphasising extra-curricular activities linked to the curriculum and focusing on specific challenges associated with ASD during this period.
- All programme overseers highlighted that it was not always possible to recruit staff with appropriate qualifications and/or prior experience in working with students with ASD.
- Although generally not specifically involved in planning the July programme, parents review of it was extremely positive. In particular they mentioned that it provided four additional weeks of school routine during which families also got a break.

³⁴ Regression is where the student reverts to a lower level of functioning as shown by a measurable decrease in skills or behaviours that occur as a result of interruption in education.

Recoupment is where the student has the capacity to recover the skills or behaviour in which regression occurred.

Mastery is the extent to which the student has mastered and consolidated an important skill or behaviour at the point when education would be interrupted.

³⁵ The authors of the report acknowledge that the analysis of the July provision is informed by less rich data than other forms of provision reported on and, as a result, the implications are more tentative.

The NCSE found no research basis to support the provision of an extended school year to children/families with ASD and not to other children/families with complex special educational needs who could benefit from it.

2.6.4 Discussion

The extended school year was originally devised to reduce potential regression in learning for students with severe or profound intellectual disabilities over the summer holiday. The potential for regression may be compounded in Ireland because the summer holidays are relatively long when compared to other European countries, particularly at post-primary level.

Many students with ASD experience significant anxiety when their routine is about to change or is changing. They can become confused and stressed when there are new staff members and can be upset by changes to their familiar school routines and environment. We know that this can sometimes engender challenging behaviour.

We found the scheme's conditions could potentially lead to risky and dangerous environments for students, where new staff are not familiar with their behavioural or medical needs. Students can be stressed and/or confused by change in staff and routine. New staff members are not familiar with the medical/care needs of students with serious conditions. Some schools no longer offer the extended school year for this reason and others offer a reduced period.

We were surprised at the extent of consensus around this particular scheme. Consultation groups told us that in most cases it was not meeting its original purpose and that whether it was home or school based, its main value was in providing respite for families and a structured day for students with ASD during which there were opportunities to develop their social and communication skills. It was clear that when using the word 'respite' in this context, consultation groups were not referring to overnight respite care, but rather to the daily break that the extended school year scheme provided to families of students with complex needs, some of whom required round the clock care and supervision.

There are administrative difficulties associated with the scheme. We do not think it is reasonable to expect staff to work for July and not be paid until November. We do not think that it is reasonable to expect SNAs to be available for work during July but only be paid if their student turns up that day. It is a significant responsibility to organise July provision and organisers should be appropriately recompensed.

As the research evidence does not support the provision of an extended school year on the basis of a diagnosis of ASD only, we are concerned that continued funding may be open to challenge on equality grounds. Research shows other students with significant intellectual disabilities (and not only those with ASD and/or severe/profound levels of general learning disability) can also experience regression in learning and a slower rate of recoupment.

It was clear that parents of students with ASD valued July provision and felt other parents of students with complex needs should benefit also.

The State recognises that many families with children with complex needs require additional respite during the long summer holidays. It provides a respite grant for this purpose. Historically service providers funded through the HSE ran summer camps for students with disabilities but these are not as readily available as heretofore. Many were available only to students attending special schools. The HSE has advised the NCSE that it is not currently funded to provide such structured activities on a national basis for all students currently eligible through the extended school year scheme.

This leaves the NCSE in a difficult position for several reasons. We are not able to recommend continuation of a scheme which is generally not working well; which is inequitable; and which may cause a risky or dangerous environment for staff and for some students with highly complex medical or behavioural needs. We are unable to advise the DES that the scheme is meeting its original purpose to continue the academic programme for one month in summer.

But we do not wish to recommend the removal of what parents consider a valuable resource over summer. We are conscious that a general grant for respite is provided by the Department for Social Protection and that responsibility for the provision of respite services lies with the Department of Health. We also know the DES has no direct responsibility for respite but is responsible for the length of school summer holidays.

We consider it reasonable for the State to assist families to support children with ASD with significant challenging behaviour who can place huge demands on parents, sometimes to the exclusion of other siblings. We are also aware that some such students experience significant difficulty in learning and generalising life skills, including appropriate social communication and behavioural skills. We consider that a day activity scheme gives a good opportunity for these students to continue to develop these skills over summer and to reduce possibility for regression in these areas.

The NCSE accepts that the development of such a scheme is not an easy or simple task. Some students with special educational needs, including ASD, have complex needs and require high levels of support to ensure they are safe and that their needs are being met. It is difficult to find staff with suitable levels of qualifications and experience to address their needs. In addition, students with ASD find it difficult to adjust to new staff, new routines, new environment and structures. They also need the resources and equipment available in their own classrooms and staff needs to be trained in using this equipment and in manual handling. We also consider it important that eligibility for such a scheme is based on complexity of need rather than disability category.

An equitable national scheme should be developed to replace the existing ESY scheme and should be consistently available throughout the State. It should take into account the supports necessary to provide eligible students with a structured and safe environment in accordance with their needs. It should have appropriately trained and experienced staff who could meet complex learning, behavioural and medical needs, where these arise. It should also be quality assured. Given the value of parental support for any national scheme, parents should be consulted in the development of the programme.

The DES needs to consider the legal implications of:

- Continuing to operate the current scheme which is potentially inequitable
- The impact of any alteration to the existing scheme for students with severe and profound general learning disabilities given the 1993 High Court judgement.

An alternative solution the DES might consider is reducing the length of summer holidays through a reorganisation of the school year and standardisation of school term length. This proposal would meet the scheme's original purpose which was to minimise academic regression over the summer holiday. It would minimise potential for regression for all students. We are aware, however, that there might be considerable resistance to such a change.

Pending any change in the scheme, the NCSE considers its administration should be streamlined. In particular arrangements should be put in place for payment of participating staff by August 31st of the relevant summer.

The NCSE notes the scheme was originally introduced, following the conclusion of a court case, for students with severe/profound general learning disability. These students have a legal entitlement to this provision. Should any changes be made to the current scheme, the DES might wish to reflect on the legal implications of having a scheme that is based solely on one category of disability, in the context of equality legislation introduced after the relevant court findings.

In light of this discussion, the NCSE recommends that:

Recommendation 7: Extended School Year Scheme

Discussions are urgently required between the Departments with responsibility for education, health, social protection and others as relevant, about how an equitable, national, day activity scheme can be developed that provides a structured, safe, social environment for students with complex special educational needs, including some students with ASD, for one month of the summer holidays and how such a scheme would be quality assured. Given the value of parental support for any national scheme, parents should be consulted in the development of the programme.

In the meantime

- 7.1 Boards of management should be satisfied that schools which continue to provide school-based July provision have adequate supervision arrangements in place to ensure the welfare and safety of participating students. Parents should satisfy themselves that their children are in a safe environment whether in a school or home based programme.

2.7 HSE Multidisciplinary Therapy Supports

2.7.1 Current Provision

The HSE provides a range of services for children and young people with ASD. As necessary, these services may include psychiatric and psychological services, speech and language therapy, occupational therapy, physiotherapy and respite care.

The HSE is introducing the Progressing Disability Services for Children and Young People programme. Its aim is to achieve a national unified approach to delivering disability health services so there is a clear pathway for all children and young people to the services they need (HSE, 2014). Some children and young people may have their needs met by their local primary care services. Those with more complex needs will be looked after by children's disability network teams in a defined geographic area regardless of the nature of their disability or developmental delay. Currently 55 such teams are in operation, with 72 to be developed.

The HSE provided funding for 80 extra therapists in 2014 and 120 extra therapists in 2015.

2.7.2 Review of the Current System: Summary of Views Expressed During Consultation

Set out in this box are views expressed by group participants during the NCSE consultation conducted as part of its policy advice development. They do not necessarily reflect the NCSE's viewpoint, which is set out in the discussion section below

Strengths of the System

Although not readily available, consultation groups acknowledged that, where available, many aspects of health-funded supports worked well for children and young people with ASD. Specifically mentioned were early intervention services and the Assessment of Need process.

The new HSE policy, Progressing Disability Services for Children and Young People is being introduced. Consultation groups considered its implementation has the potential to make a positive difference in the medium to longer term but only if it is fully staffed and adequately resourced.

Issues Raised by Consultation Groups

There was a consensus across consultation groups that health supports were not generally available to the extent needed. Parents were greatly concerned at the extremely limited and inconsistent level of health supports available for young children and older students with ASD. Particular concerns focused on the lack of speech and language therapy. It was emphasised that more health professionals, including speech and language therapists, psychologists, occupational therapists, physiotherapists, psychiatrists were needed as a matter of urgency.

Accessing support for students with ASD with mental health difficulties is particularly problematic as certain CAMHS teams do not accept referrals for children and young people with ASD and/or intellectual disability.

Inconsistent clinical and therapeutic support to assist the development of appropriate behaviours and management of challenging behaviours was considered by some groups to be a significant gap.

Parents reported frequent delays in getting a professional diagnosis of ASD which could result in a delay in the child/young person receiving appropriate interventions. A lot of parental time is wasted chasing health supports which are not available.

Several groups suggested the responsibility for providing speech and language therapy should transfer to the DES.

The HSE's view was that the appointment with the therapist was only one element in the intervention plan – parents, carers, schools also have an important role to ensure therapy programmes are followed between treatment sessions. Therapy does not always have to be delivered by therapists on a one-to-one basis. It pointed out that, for example speech and language therapy can be delivered in a group setting.

2.7.3 What Does the Research Tell Us?

Earliest possible identification of an ASD presentation is important as it provides opportunities for early intervention, educational planning and professional support. This in turn can help the child to develop skills and strategies in the core areas of communication, social interaction and imagination.

A health multidisciplinary assessment should be carried out by staff with the appropriate skills and knowledge that includes an evaluation of cognitive functioning, speech and language ability and other developmental areas in addition to behavioural evaluation.

Parents of recently diagnosed children need access to support groups, information on the condition and how it affects their particular child and practical strategies to help the child's interactions and development.

Many students with ASD have communication or sensory or behaviour difficulties and require multidisciplinary therapy services such as speech and language therapy, occupational therapy and psychology. While students' needs and interventions required will vary depending on the individual, input from a multidisciplinary team may be needed on an ongoing basis for those with more complex needs.

As students with ASD can present with co-occurring conditions, multidisciplinary teams should have access to the following services: psychology, occupational therapy, speech and language therapy, social worker, nurse/clinical nurse specialist, psychiatry, dietician/nutritionist, home support workers.

Students with ASD can require behaviour supports to enable them to manage problem behaviours, regulate sensory or emotional responses and reduce restricted, repetitive, non-functional patterns of behaviour, interests or activity.

Some students with ASD require a range of specialist health services (due to co-occurring medical conditions) and should have access to services as soon as possible after the need is identified. Health services should be available as close to the student's school or home as is possible.

A key worker should be available to co-ordinate the implementation of the support plan (person-centred plan) developed by the health team with primary responsibility for the child.

Data collected through the NCSE funded longitudinal study, Project IRIS, and through the evaluation of educational provision for ASD, indicate that schools perceive access to therapeutic services as a major problem.

2.7.4 Discussion

Under the Education Act, a student with ASD is entitled to a level and quality of education appropriate to meeting his/her needs and abilities (Government of Ireland, 1998). The NCSE is conscious that some students with ASD are unable to access this entitlement without the support of health services. These could be students who require speech and language services because they are non-verbal or have very little communicative intent or cannot understand spoken language; students who have developed extremely challenging behaviours and who require psychological support to enable them to attend school without causing serious injury to themselves or other students; or students who require psychiatric treatment because they have crippling anxiety or depression which prevents them from attending school and so on.

We are therefore extremely concerned that most consultation groups reported that health supports (including OT, psychology, psychiatry, physiotherapy) were limited and inconsistently available for students with ASD throughout the State. Parents repeatedly spoke about the extreme difficulties encountered in accessing any health supports at all for some children in certain areas of the State. This included difficulties in accessing diagnostic services which in turn delayed necessary interventions being delivered. It is our view that the provision of health supports for children and young people with ASD must receive urgent priority as many of these require health support to access education and to lead productive lives. We are strongly of the view that health and education services need to work together to ensure that all the services required by a student to attend school are available in an efficient and timely manner and that disability posts will need to be ring-fenced within the health service to achieve this.

We recognise that HSE services have been affected by the general staffing embargo which operated in the HSE since 2007, alongside schemes which have incentivised earlier retirement and career breaks. Resulting staff losses in children's disability therapy services exacerbated shortages in provision, and at a time of an increase in the child population to be served. In addition, in a largely female workforce, these services have also had a significant volume of maternity and associated leave. Unlike in the education area, there is no automatic filling of temporary vacancies occasioned by such leave.

During the consultation process it became clear to us that a difference exists between expectations that parents and schools have for delivery of health supports for students with ASD and the HSE's view of how these supports should be delivered. For example, parents and teachers expect that speech and language therapy is delivered directly by the speech and language therapist. They are greatly concerned when their child's appointments span a number of weeks or in some cases months.

On the other hand, the HSE considers it more appropriate for the speech and language therapist to develop the appropriate programme; train the parents/schools in how to implement it between sessions; and review it at the subsequent appointment date. We accept the HSE's view that the appointment with the therapist is only one element in the treatment plan – parents, carers, schools also have an important role in ensuring that therapy programmes are followed between treatment sessions. Therapy does not always have to be delivered on a one-to-one basis.

As a result of this difference in expectation, there is a lack of clarity in the system about the amount of therapy or services which need to be provided to children and young people and whether these are or are not actually being provided. The NCSE considers that clear information needs to be provided to parents by the HSE to bridge the gap in expectations between what services parents may expect for their children and what level of service is considered appropriate and sufficient by the HSE. Parents/schools need to be clear what it is appropriate for them to expect in terms of service provision as otherwise many will continue to believe the student is receiving therapy only when they are face-to-face with a professional which is not the case.

We consider consistent and adequate speech and language therapy are especially important for students with ASD. The development of language skills is fundamental to gaining access to the school curriculum and to participating in school life. We are therefore especially concerned about reports of limited access to speech and language therapy and the extensive waiting lists that exist in certain parts of the State. Early intervention in this area is critical for development of necessary language and cognitive skills. Conversely lack of intervention has serious and ongoing implications for students' outcomes and for the extent of teaching time that must be invested where speech and language difficulties are not addressed and remediated early in life.

Given the central place of language development in a child's education, we consider the limited and inconsistent access to speech and language therapy services must be addressed as a matter of urgency, even while awaiting the full introduction of the Progressing Disabilities Programme.

The NCSE acknowledges the introduction of the Progressing Disabilities Programme and supports the HSE's intention to provide one unified pathway for delivery of disability services for children and young people. We acknowledge that many parents reported that where available, the quality of the health services provided is very good. We are conscious, however, that the Progressing Disabilities Programme is being implemented at a time of many competing demands for health funding and of gaps and inconsistencies in health team staffing which the moratorium on recruitment and non-replacement of clinicians has intensified.

While in principle the NCSE supports implementation of the HSE programme, we consider it must be adequately resourced to meet the needs of all students with complex disabilities and their families. This of course includes students with ASD. By this, we do not mean to suggest students with any particular disability should receive priority over another with a different disability. We mean that a sufficient and adequate service is available for all students with complex needs who require such services in accordance with their assessed needs.

For this to be the case, health team staffing must be sufficient to meet needs, appropriate staffing levels must be maintained and cover must be provided for maternity leaves and other staff absences. As part of the programme it is important that health supports follow the student irrespective of whether s/he is in a special school/class or mainstream class. Otherwise parents can be unwilling for their child to leave a special setting, even when s/he is ready for mainstream because they fear losing health supports. In such cases, parents are making decisions about their child's educational placement based on the availability or otherwise of health supports.

Where feasible, it appears to work best when the necessary health supports are provided in the school setting as this reduces the time a student is absent from school; it allows the support to be delivered on a group rather than on an individual basis which makes for a more efficient use of scarce resources; and it facilitates integration of health and education programmes. From the HSE perspective, it reduces the number of missed appointments as students are available when the therapist arrives to the school setting.

We suggest that even where it is not practicable for the supports to be delivered in the school, there must be a connection between the school and the HSE. Teachers and SNAs can play their part, as appropriate, in the delivery of speech and language programmes as part of the student's individualised learning programmes but these programmes must be designed and overseen by qualified speech and language therapists.

In relation to health supports for students with ASD, the NCSE recommends the following:

Recommendation 8: Multidisciplinary Supports

The Government should provide for sufficient ring-fenced resources to ensure the HSE is in a position to provide adequate multidisciplinary supports to students with complex special educational need, including ASD, who require such supports to access education.

In addition:

- 8.1 The HSE should ensure there is a ring-fenced and adequate level of speech and language therapy available to meet the needs of students with complex special educational needs, including those with ASD. Where appropriate, this service should be delivered onsite in the student's pre-school or primary or post-primary school.

Given the clear relationship between speech and language development and cognitive development and given that speech and language therapy services in some other countries are attached to the relevant educational authority, the DES, in conjunction with the Department of Health should consider how best speech and language therapy can be delivered to students with complex needs, including the possibility of the DES assuming responsibility for its delivery to school-aged students.

- 8.2 The HSE should provide clear information to parents on the level of service their child requires and can expect to receive, how it will be delivered and how parents can support their children's development.

2.8 Transition of Students with Special Educational Needs

2.8.1 Current Provision

The Health and Education sectors have worked together to produce a national Framework for Collaborative Working between Education and Health professionals³⁶. This framework includes an important guideline on a Child's Pathway through Key Stages of Transition in Education (see Section 4) that indicates actions necessary from relevant health and education professionals to ensure adequate planning and co-ordination of the transition processes.

The guideline is set out in flow-chart format and shows the event that needs to be planned; an indicative timeframe for planning; the joint working needed and the individual responsibilities of the health and education (or pre-school) sector. This agreed guideline gives schools valuable information on planning the transition for a student with complex special educational needs and the responsibilities of the various professionals involved in this planning. It is not intended to be prescriptive and suggests that health and education professionals and parents, at a local level, should work together to identify who should be involved at each stage and with whom they should be working in partnership.

NEPS, in collaboration with the HSE, has also recently published revised guidelines (available on the DES website) to support parents and students with ASD to transition from primary to post-primary school³⁷.

2.8.2 Review of the Current System: Summary of Views Expressed During Consultation

Set out in this box are views expressed by group participants during the NCSE consultation conducted as part of its policy advice development. They do not necessarily reflect the NCSE's viewpoint, which is set out in the discussion below.

Strengths of the System

Many schools now have good transition programmes with induction days, open evenings for parents and students, school transition booklets, buddy systems and so on.

It works really well when the HSE early intervention team is involved with the child's transition from home to pre-school and from pre-school to school.

It also works well when SENOs are involved with early intervention teams and pre-schools in co-ordinating transition of students with ASD.

³⁶ <http://www.hse.ie/eng/services/list/4/disability/progressingservices/reportsguidancedocs/collaborativeworkingeducationhealthprof.pdf>

³⁷ <https://www.education.ie/en/Schools-Colleges/Services/National-Educational-Psychological-Service-NEPS-/NEPS-Guidelines-Handouts-and-Tips/Transition-to-Post-Primary-School-Sample-Transition-Programmes.pdf>

It is useful when the primary school engages with the pre-school as the child with ASD is transferring.

Issues Raised by Consultation Groups

Students with ASD need to be prepared for all transition points which include from home to pre-school; from pre-school to primary; between junior and senior primary; between primary and post-primary; between mainstream and special schools, between special and mainstream schools and onwards from school. They also need to be prepared for transitions within the school day such as break times, class changes and so on.

The SENO should have a central role in managing the transition of students with autism and should bridge the gap between health and education services.

SENOs need to actively engage with HSE Children Disability Network Teams so that young children with ASD can be identified early and planning can be in place for when the child moves to primary school. All schools need to have a structured transition process in place in plenty of time to allow them to make necessary application for resources and for students to be prepared. Planning for transition of students with ASD should begin two years in advance, with planning for post-primary transition starting in fourth class.

For students with ASD with more complex needs, a transition meeting with all relevant people should be arranged to plan the move.

Information should transfer with the student to assist schools in planning support (for example the proposed NCCA SEN form for transfer to post-primary or a communication passport).

Consideration should be given to allowing integration of students with ASD in the mainstream setting for at least part of the day before full transition takes place from a special pre-school or other special setting.

Transition out of the school system needs more attention. Schools need to develop outward links to specialist services and employment.

Parents require support in their planning for transition.

2.8.3 What Does the Research Tell Us?

There is consensus across research findings that the transition process is a time of additional stress for students with ASD and their families. It works best when it is well-planned and well-co-ordinated across services. Planning for transition should start early.

Family-centred transition planning is important for children and young people with ASD who need to be engaged in the transitioning process in line with their abilities.

Parents concerns for their child's transitioning to post-primary can include: loss of the supportive primary school community; social isolation; communicating and sharing information with post-primary.

Students with ASD can be anxious about transfer to post-primary for many reasons which include loss of social status; loss of learning supports; getting into trouble because they cannot follow the rules; difficulties in accessing curriculum; stigmatisation because of their special educational needs. There can be anxiety about moving away from the familiarity of primary with a single class teacher structure to a multi-class multi-teacher structure. In particular, there can be anxiety at the loss of a particular learning support/resource teacher or SNA who may have supported the student during the primary school years.

Visual supports can be helpful in assisting the transitioning of students with ASD.

2.8.4 Discussion

The NCSE wishes to acknowledge the extensive work that has already taken place in schools for the transition of students with special educational needs and the role parents, teachers, principals, school management, the HSE, NEPS, NCCA, SESS and others have played in developing this area. We are building on this work to produce guidelines for parents and schools which will address transition between special and mainstream settings, pre-school to primary, primary to post-primary and onwards from there. It was particularly heartening that all schools consulted had comprehensive transition planning processes in place, some of which involved students being able to download videos of the new school premises, classrooms and teachers that they could use to re-familiarise themselves over the summer.

Transitions can be difficult for all students with special educational needs and they can be particularly problematic for those with ASD because of their need for the familiar and their inflexible adherence to routines. Transition for these students, where at all possible, needs to be carefully planned, in advance and with sufficient time allowed for the student to be prepared and any anxiety minimised.

We are aware that for some students with more complex needs, planning for transition out of the school system needs more attention. Schools need to develop further outwards links to specialist services and employment to facilitate this transition.

Recommendation 9: Transition

Schools should draw up a post-school transition plan for students with ASD as part of their individualised education planning. This should refer to the necessary links to post school specialist services or further and higher education institutions, as appropriate.

2.9 Crisis Intervention

It is important to realise that challenging and/or violent behaviour is not necessarily linked to special educational needs but can be a broader, societal issue. It can be associated with a diagnosis of ASD, but it is inappropriate to consider that all such students present with challenging or violent behaviour. Only a minority of students who may or may not have a special educational need demonstrate serious, challenging or violent behaviours in school settings.

The NCSE was specifically requested to consider the use of time-out rooms as part of this policy advice. In that context, the terms 'time out' room³⁸ and 'seclusion' are used to denote spaces used to involuntarily confine a student alone in a room or area that s/he is physically prevented from leaving. This means where a door is locked and includes where the door is blocked by other objects or held closed by staff – regardless of the intended purpose or the names applied to this procedure and the place where the student is secluded.

2.9.1 Current Provision

The DES provides for a small safe space in specialist accommodation for students with special educational needs and the planning and design guidelines for this space³⁹ state that:

This space should be located directly off or adjacent to the classroom and is intended as a safe area that a pupil, under the supervision of a staff member, can access for a short period of time. When necessary, and as part of a clearly documented staged approach to the management of pupils' behaviour, pupils displaying challenging behaviour may access this space for the protection of themselves, other pupils and staff. Where appropriate, a staff member will stay in the small safe space with the pupil. However at others times it may be more appropriate for the staff member to monitor the pupil from outside. The design of the space must allow staff to observe pupils unobtrusively from outside. On other occasions, pupils, who may feel under pressure or who need time to themselves in order to diffuse a potential behavioural outburst will be encouraged to withdraw to this space themselves, thus learning how to self-regulate and modify their behaviour.

Where additional safe spaces are provided, a protocol for appropriate use will be drawn up in consultation with relevant professionals, and will form part of the school's policy for the management of pupils' behaviour. The procedure to be adopted in respect of pupils' access to an additional safe space should be documented in individualised planning for each pupil and should be regularly reviewed and adjusted as necessary to ensure that access to this space is impacting positively on the management of the pupil's behaviour.

³⁸ We note that a number of terms are used interchangeably in the literature and general discourse on this topic, regardless of how the room or space functions. Such terms include seclusion rooms, time-out rooms, withdrawal rooms, quiet rooms, safe rooms, small safe spaces and so on.

³⁹ https://www.education.ie/en/School-Design/Technical-Guidance-Documents/pbu_tgd_026.pdf

The National Educational Welfare Board issued guidelines for schools on developing a code of behaviour in 2008⁴⁰. The National Educational Psychological Service issued guidelines for teachers in supporting students with behavioural, emotional and social difficulties in 2010⁴¹.

Schools can receive advice from NEPS and HSE clinical teams on the prevention and/or management of challenging behaviour. School boards of management have received funding through the SESS support scheme for teachers to train in the management of challenging behaviours through courses such as therapeutic crisis intervention or Studio 3 or TeamTeach.

2.9.2 Review of the Current System: Summary of Views Expressed During Consultation

Set out in this box are views expressed by group participants during the NCSE consultation conducted as part of its policy advice development. They do not necessarily reflect the NCSE's viewpoint, which is set out in the discussion section below.

Strengths of the System

All consultation groups agreed that it works very well when:

- Schools have a space, but not necessarily a separate room, where students with ASD can withdraw, on a voluntary basis, when they need a quiet place to self-regulate their behaviour and to avoid sensory overload.
- The use of the space is regulated and monitored as part of the student's individualised education plan and parents are informed about its use.
- Students view the space in a positive way and it is never associated with punishment or with the consequences of challenging behaviour.
- Students are supported by an adult in this space and never left unsupervised.
- Schools use a 'soft, quiet' place at the back of a classroom, rather than a separate room.

There was general agreement that schools should adopt school-wide positive behaviour support approaches to improve and promote positive behaviour and reduce incidents of challenging behaviours and that teachers and other staff members should receive training in these approaches.

⁴⁰ http://www.newb.ie/downloads/pdf/guidelines_school_codes_eng.pdf

⁴¹ https://www.education.ie/en/Schools-Colleges/Services/National-Educational-Psychological-Service-NEPS-/neps_besd_continuum_teacher_guide.pdf

Issues Raised by Consultation Groups

All groups wanted clear, unambiguous guidelines from the DES on what schools and school staff were, and were not, allowed to do in the management of challenging and violent behaviour from students.

Some groups considered that under no circumstances should separate time-out rooms or spaces be used in the management of behaviour because if a separate room was available, there was a danger it would be over-used or used for seclusion purposes. They were also concerned about how a student would be transported to such a place if they did not wish to go there. They suggested an alternative practice of withdrawing all students from the room where the challenging behaviour was occurring, rather than attempting to remove the student involved.

Other groups argued that it was absolutely essential, for health and safety reasons, to have a separate room to manage students during episodes of violent outbursts.

In a few cases, schools considered that necessary regular placement of a student in a time-out room, should trigger a placement review with the possibility of having a separate educational placement option available for him/her.

Groups considered that students with such challenging and violent behavioural issues needed immediate and ongoing access to significant clinical and therapeutic support but that this was not available. School staff also wanted much more advice and support from clinical and therapeutic teams on prevention and management strategies.

2.9.3 What Does the Research Tell Us?

While a number of national and international position papers and guidance documents have been published on use of seclusion/restraint, the NCSE was unable to find many empirical research studies available either generally on use of time-out rooms or their use specifically for students with ASD.

Generally in the literature, seclusion is understood to mean where a person is placed or left in a room alone, at any time, with the exit door locked or fastened or held so as to prevent the person from leaving. Physical restraint is understood to mean a person being held in such a way as to restrict his/her movement.

The literature consistently outlines certain core messages:

- Restraint or seclusion should never be used except in situations where a child or young person's behaviour poses imminent danger of serious physical harm to self or others, and should be avoided to the greatest extent possible without endangering students and staff. It should then only be used proportionately by appropriately trained and competent staff, where a record is kept of each incident and these records are monitored by management.

- There is a duty of care to respond to prevent serious injury arising from harmful and/or dangerous behaviour.
- The best interests and welfare of the child or young person should be the primary consideration in all decisions governing use of restraint/seclusion and any behavioural intervention must be consistent with their right to be treated with dignity and to be free from abuse.
- Every effort at de-escalation must be made before resorting to restraint/seclusion so as to reduce or prevent the use of such intervention.
- Seclusion/restraint is never used as a sanction or punishment, but only to protect children/young people from immediate risk of injury to self or others or serious damage to property.

Available evidence does not support the use of time-out rooms or seclusion as an educational or behavioural intervention strategy but shows instead that their use can have deleterious effects on children/young people and can negatively reconnect them to prior abusive experiences and trauma.

We could find no evidence that putting a student with ASD in seclusion provides any educational or therapeutic benefit or effectively reduces the occurrence of the problem behaviours that frequently precipitate use of such techniques.

The high risk nature of these interventions is exemplified by a nationwide report on restraint and seclusion in US schools which found hundreds of cases of alleged abuse and some deaths related to the use of these methods over two decades. Most incidents involved students with disabilities enrolled in special education.

2.9.4 Discussion

Schools have a duty of care to ensure the safety of all their students and staff. Situations can arise in schools where some students (albeit not exclusively those with ASD⁴²) may behave in ways that raise serious risks⁴³ for themselves, other students and/or staff members, particularly in the case of older and stronger students. The reality is that staff members, including teachers and SNAs, are being injured in schools. While such incidents are few, they are nevertheless serious when they arise.

Views expressed on this issue were perhaps the most forceful, divisive and emotional heard during our consultation process and ranged from under no circumstances should separate rooms be used in schools for the management of behaviour to the absolute need for separate, lockable rooms for the safety of the student, other students and staff.

⁴² While it is recognised that students with ASD rarely present with violent behaviour, a small number of them can do so.

⁴³ Serious risk refers to immediate risk of injury to self or others or serious damage to property.

Section 69 of the Mental Health Act, 2001 addresses use of seclusion and restraint and states that 'a person may not place a patient⁴⁴ in seclusion or apply mechanical means of bodily restraint unless such seclusion or restraint is necessary for the purposes of treatment or to prevent the patient from injuring himself or others' (Government of Ireland, 2001).

We were conscious that school management of challenging and sometimes violent behaviour must be consistent with a student's right to be treated with dignity and to be free of abuse. School policies in this area should form part of overall policy on the positive management of behaviour which emphasises the importance of having preventative strategies in place to avoid the emergence of challenging behaviour; good staff/student relationships to promote positive student behaviours; and early intervention to manage challenging behaviour when it arises.

Some schools clearly feel let down by the educational and health systems as they consider they are being asked to educate a small number of students who may exhibit extremely challenging/violent behaviour towards themselves and others without access to sufficient, necessary clinical and therapeutic advice and guidance.

The State must provide for an appropriate education for all students including those who present with extreme and unpredictable violent behaviours. But this must be balanced with the right of all students and staff to be in a safe environment.

2.9.4.1 General Need for Seclusion and Restraint

We first considered whether time-out rooms should be used specifically for students with ASD. We found no evidence that seclusion or restraint were an effective intervention for these students, that they provided any educational or therapeutic benefit or that they reduced recurrence of problem behaviours.

The literature is clear that many students with ASD can need time and space to self-regulate their behaviour and to avoid sensory overload. We therefore agree that schools should provide these students with a space⁴⁵ where they can withdraw, on a voluntary basis and under supervision, when they need a quiet place. In these cases, use of the space should be regulated and monitored as part of the student's individualised education plan and parents should be informed of its use. We wish to emphasise that this is not intended to be an exclusionary space for use only by students with ASD. We consider it could also be used by other students who need or wish to have quiet times during the school day. The possibility of having a 'soft, quiet' place at the back of a classroom rather than a separate room should be evaluated by the school. Only when this option is ruled out, on a student by student basis, should consideration be given to the use of a separate 'quiet' space. Students should be supervised at all times when using these spaces.

⁴⁴ A 'patient' under section 69(4) of the 2001 Act refers to a person to whom an admission or renewal order to an approved centre relates, a child in respect of whom an order under Section 25 is in force, and a voluntary patient as defined by the 2001 Act.

⁴⁵ The term 'space' in this context means a place where a student goes voluntarily and is free to leave, that is close to the classroom, open to public view, that is unlocked, and where the student is under adult supervision at all times.

We found there are now a number of behavioural interventions effective in managing challenging behaviour for some children and young people with ASD – see Appendix 5 for a list of these interventions. But to be effective and safe, appropriate training by experts in these interventions is required.

Some students with ASD can pose a serious 'flight risk' and some special schools place locks on classroom doors to prevent them from running out. We suggest boards of management should satisfy themselves that such precautions are always necessary and permissible in law in their school circumstances; and undertake a formal regular review to establish the extent of their use and whether the locks continue to be necessary in all cases.

2.9.4.2 Crisis Situations

Where a school has enrolled a student who has a history of or who demonstrates extreme behaviour resulting in a risk to his or her own safety or that of fellow students or staff, it is essential that staff are trained in crisis behaviour prevention and management. The only legitimate rationale for the use of seclusion and/or restraint is when it is used in an emergency situation, to prevent injury or harm to the student concerned or to other students or staff. Even then, as schools are not approved centres under the Mental Health Act, great care should be taken not to break the law in their use.

We know the use of physical restraint, even in emergencies, is a matter of grave concern to parents, students and schools. On the one hand, schools have a duty of care to ensure the safety of all their students and staff. On the other, schools and parents are anxious to protect the rights and dignity of each student, even in times of crisis, and to act in accordance with their legal obligations.

Schools need legal certainty when managing crisis situations that can occasionally arise from incidences of challenging behaviour. We are concerned that without clear guidance and/or legal certainty, they will resort to suspensions and expulsions as the only means to balance their duty of care to ensure the safety and welfare of both the student involved and other students or staff members who may be seriously injured by these behaviours.

Schools therefore require DES guidelines on developing an appropriate school policy for emergency procedures. These should recognise that in these emergency situations, it is the student who is in crisis and s/he needs appropriate intervention and support from trained staff. The guidelines should make clear that every school must have a policy in place to inform how a student in crisis is to be supported, that s/he should never be left unsupervised and that no school should have a general policy of not intervening when a student is in a crisis situation. The procedures should be based on international best practice, in accordance with legislation and the rules and regulations issued by the Mental Health Commission and should specifically address:

- Schools' duty of care to take active measures to ensure the safety and welfare of their students
- The circumstances where it is permissible for staff members to use restraint/seclusion with students
- What methods of restraint/seclusion can be approved for use in emergency situations, what staff members are authorised to use them and what training is required to underpin their use
- Parental information and engagement in development and application of schools' policies on the use of restraint/seclusion
- Procedures governing use of restraint/seclusion, including recovery, recording, reporting, review and complaints.

Any guidance should be lawful and the DES should seek definitive advice from the Chief State Solicitor's Office. We are particularly concerned that legal advice is received on:

- Whether it is ever legal for a school to lock a student into a room or otherwise restrain him/her
- Extent of the school's duty of care/liability where a staff member or other student is at risk of being seriously injured due to a violent assault by a student.

We suggest a national data collection exercise should be undertaken to identify any patterns in the use of restrictive practices in schools, any areas of concern that arise and action to be taken.

It has been brought to our attention that teachers/SNAs are concerned about using their sick leave allowance for injuries arising from episodes of challenging behaviour. We understand that discussions on assault leave are taking place with teacher/SNA representative bodies. We believe it would therefore be inappropriate for us to address the matter in this paper.

In relation to school use of restraint/seclusion, the NCSE recommends the following:

Recommendation 10: Crisis Situations

The DES should request the National Educational Psychological Service to prepare and issue clear guidelines to schools on: realistic and appropriate emergency procedures for crisis situations, involving episodes of extremely challenging or violent behaviour, causing serious risk to the student him/herself, other students or staff members; and the supports available to students, teachers, and parents following such incidents. In addition to the legal requirements referenced above, the DES should also seek legal advice to ensure the guidelines are lawful.

In addition:

- 10.1 Schools should provide a 'quiet space' for students with ASD to meet their sensory needs but time-out rooms⁴⁶ should not be available specifically for them as there is no evidence basis to support their use with this group.
- 10.2 Where clearly necessary, special schools should be funded and supported to create an alternative and tailored environment for the few students with ASD who regularly demonstrate extremely and unpredictable violent behaviour, with a focus on re-integrating them with their peers as soon as is feasible. We would recommend that where possible, these spaces are not used exclusively for this purpose.

2.10 Supports for Families of Children with ASD

2.10.1 Current Provision

Families of children with ASD require support and information to help them raise a child with ASD and in ensuring that their children can achieve good outcomes, in line with their individual potential. A number of Government Departments are involved in providing this support and information.

Training programmes for parents of pre-school children with ASD, for example the Early Bird Programme and training for siblings, is provided in certain HSE areas.

Parent training is also offered by advocacy groups for ASD.

The Middletown Centre for Autism is funded to provide a comprehensive range of training for parents of children with ASD.

SENOs provide information and support to parents regarding the availability of school placements and educational supports for students with ASD. In addition, the NCSE has issued publications with information and guidance for parents/guardians of students with special educational needs, including ASD.

Parents may also be eligible for certain grants and allowances (Department of Social Protection) such as the domiciliary care allowance, respite care grant, carer's grant.

⁴⁶ Time-out rooms, in this context, refer to spaces which are used to involuntarily confine a student alone in a room or area which the student is physically prevented from leaving. This includes situations where a door is locked as well as where the door is blocked by other objects or held closed by staff – regardless of the intended purpose or the names applied to this procedure and the place where the student is secluded.

2.10.2 Review of the Current System: Summary of Views Expressed During Consultation

Set out in this box are views expressed by group participants during the NCSE consultation conducted as part of its policy advice development. They do not necessarily reflect the NCSE's viewpoint, which is set out in the discussion section below.

Strengths of the System

HSE early intervention teams, where available, work well to support the families of children with ASD.

The extended school year scheme is valuable in providing respite for parents and siblings during July.

Parent training provided by the HSE and Middletown Centre for Autism is useful.

Services provided by SENOs and NCSE information booklets were also considered to be useful to parents.

Issues Raised by Consultation Groups

Parents consider they have insufficient access to training, information and support, from the time their children's needs become apparent, to assist them in developing the skills they require to meet these needs. This includes knowing the questions to ask about what supports and/or therapies their child requires; availability of these supports/therapies; pre-school options; school placements; what to expect from primary and post-primary schools; involvement in IEPs.

Parents worry about the impact of having a child with ASD on their other children and they need help to balance their family lives. They believe that siblings need more support to assist them in understanding ASD.

For young children with ASD, further co-ordination is necessary between what is happening for the child in the pre-school and what is happening in the family situation.

Parents and family members need more information and training in effective approaches to use with their children to develop social and communication skills and on the approaches being used with the student in school – see Appendix 5.

A family advocate or visiting teacher type service was suggested to advise and support families and to provide a link between them, schools and health services. This would be of considerable assistance to parents who sometimes do not know what to ask for because they have no idea what is, should be or could be available for their child.

Families need typically developing students to know more about ASD so they can better understand the characteristics of a person with ASD.

2.10.3 What Does the Research Tell Us?

Research findings consistently highlight the importance of engaging parents in the education of their children with ASD.

Sustained and high quality parent/carer training can significantly help to improve their child's social and communicative skills and decrease problematic behaviours, particularly where it is focused on teaching parents specific skills.

Collaboration and active partnership with families in selecting and reviewing interventions for use with their child with ASD is a key principle. When considering interventions to use with children and young people with ASD, professionals need to include factors such as family contexts, wishes, values and whether the interventions may fit (or not) with family life.

Consistency in practice is important for children and young people with ASD so professionals need to provide opportunities for sharing practice and strategies across home and school.

Guidelines and standards from a number of countries suggest parental support and parent mediated intervention programmes should be considered for children and young people with ASD as they may help families to interact with their child, promote development and reduce parental stress.

Parents of children with complex needs require access to additional support networks during long breaks from schools in order to be able to cope with the challenges of children and young people with more complex special educational needs. Such breaks also provide learning opportunities for students.

2.10.4 Discussion

Autism is a lifelong condition and children/young people with ASD need the support and guidance from their parents and families to enable them to develop and grow. But parents can face additional emotional, practical and financial stresses in supporting their child and they require ongoing information about the services that are available.

Ongoing opportunities are needed for parental training in effective interventions to develop early communication and social skills. Parents should be aware of the school's educational approaches and be actively engaged in developing their child's educational plan.

Respite services are essential for many families to provide a break for parents and families and indeed for the children/young people with ASD themselves. We believe adequate respite could contribute enormously to making family life sustainable. It is for this reason that we believe parents should not be obliged to transport their children between school and respite setting, as this can seriously erode their time for respite.

In relation to parents and families of children with ASD, the NCSE recommends:

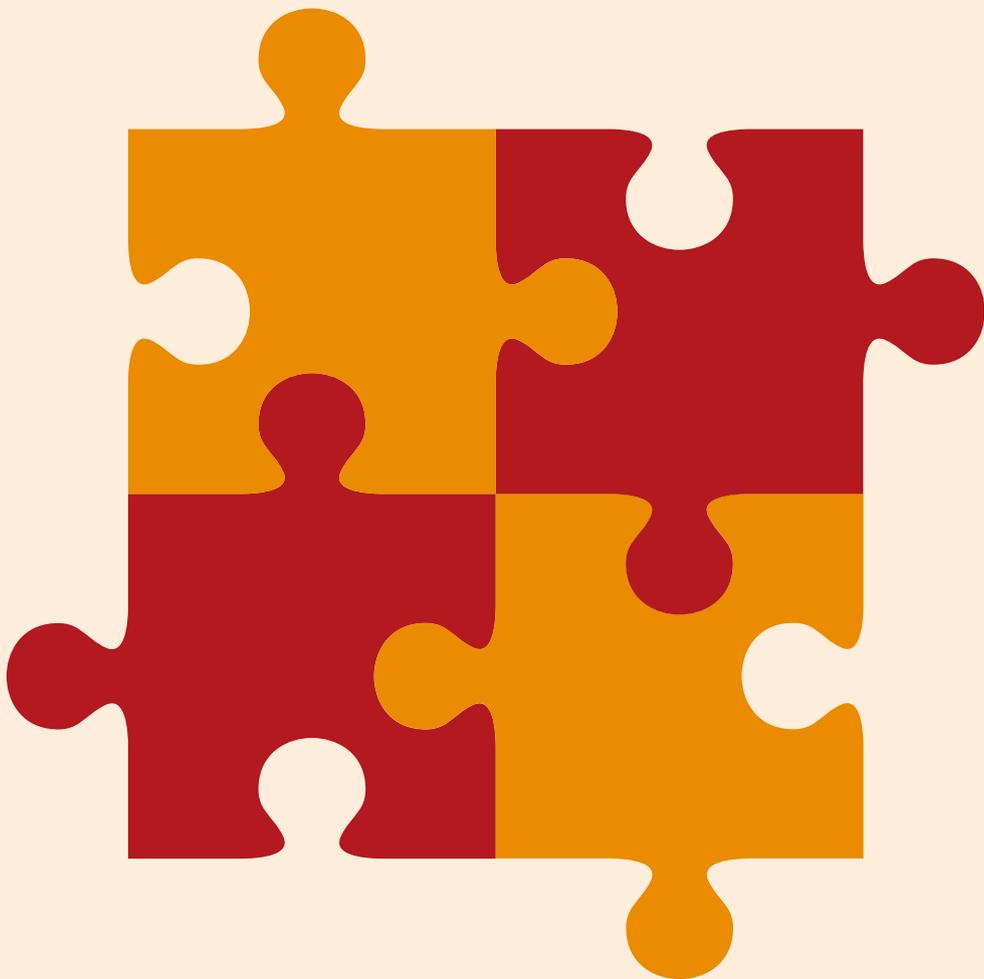
Recommendation 11: Support for Families

The relevant Government Departments recognise the importance of adopting a child-centred approach, within the family context, to supporting parents and families and in equipping them with the relevant knowledge and understanding of the ongoing impact that a diagnosis of ASD may have on their lives.

To assist this:

- 11.1 Timely, consistent and ongoing access to HSE multidisciplinary therapy teams should be available, as necessary, to advise parents as their child grows and matures, with regular appointments to assess progress.
- 11.2 Training for parents by the HSE and Middletown Centre for Autism, based on such programmes as the Early Bird and Early Bird Plus programmes, and the Incredible Years programme should be available to parents and families of children with ASD on a consistent basis nationally. Sibling workshops should also be consistently available, where indicated, to support siblings in understanding the nature of ASD.
- 11.3 Schools should use the student planning process to inform parents about and involve parents in, educational approaches used with their children with ASD in school.

Appendices



Appendix 1: Summary of Previous Relevant Policy Advice

Introduction

This appendix summarises key points from previous NCSE policy advice with relevance to educational provision for students with ASD. While this section draws mainly from 2013 advice on supporting students with special educational needs in schools, it also makes reference, where appropriate, to other NCSE published policy advice papers.

At the outset of its 2013 policy advice paper *Supporting Students with Special Educational Needs in Schools*⁴⁷, the NCSE clearly reiterated its support for an inclusive education system that enables students with special educational needs to achieve their potential. The NCSE policy advice on how this cohort, including students with ASD, should be supported in schools was underpinned by the following six principles:

Principle 1: Students, irrespective of special educational needs, are welcome and able to enrol in their local schools⁴⁸.

Principle 2: Educational supports are allocated equitably to schools in line with the educational needs of students.

Principle 3: Students with special educational needs have access to available educational supports in line with their needs.

Principle 4: Students with special educational needs have an individualised assessment which informs teaching and learning and forms one part of an ongoing and cyclical process of assessment, intervention and review of outcomes.

Principle 5: Available resources are used to maximum effect to drive improved outcomes for students with special educational needs. State services work together to achieve this.

Principle 6: Parents' role as the child's natural and primary educators is respected.

The NCSE emphasised that the EPSEN Act, 2004 continued to offer the most effective route to assessment and educational planning for children with special educational needs and called on the Minister to implement the Act in full, as soon as resources become available. Pending its full commencement, the NCSE had developed its proposals in keeping with the Act's principles and intention and in a way it considered would ensure best use of available State resources.

⁴⁷ National Council for Special Education (2013). *Supporting Students with Special Educational Needs in Schools*. Trim: NCSE.

⁴⁸ Some children with more severe or complex special educational needs attend special schools because they require more intensive and specialised interventions and a reduced timetable – to the extent that their parents consider that a full-time mainstream placement is not in their best interest.

Regulatory Enrolment Framework

The NCSE acknowledged that while most schools welcome and enrol children with special educational needs, some continue to erect overt and/or soft barriers to prevent or discourage parents from enrolling their children. As schools are funded and resourced to provide an educational service to all children in their locality, the NCSE recommended that the DES introduce a robust regulatory enrolment framework whereby every child with special educational needs is protected from barriers that prevent his/her access to enrolment into a school. The NCSE therefore welcomes the publication of the general scheme for a proposed Education (Admission to Schools) Bill and the accompanying draft regulations published by Government in September 2013.

Continuum of Provision

The NCSE has previously advised⁴⁹ that in accordance with the EPSEN Act, 2004 students with special educational needs, including those with ASD, should where possible be educated in inclusive environments alongside their peers who do not have special educational needs unless that is not in their best interests or is inconsistent with the provision of education to other students. The NCSE advised that children placed in special settings should be those with complex needs. It also recognised that decisions on educational placement should relate to an individual student's educational needs rather than to disability category. Resources should follow the student, irrespective of placement. Educational placement of such students should be regularly and rigorously reviewed.

There should be fluidity of movement between special and mainstream settings. For example, it should be possible for a student to access a special class where an intensive intervention is necessary on a short-term basis, for example for one school term. It should be understood that staffing allocations for special settings allow for such fluidity. Schools should have a policy on the placement of students in special classes, which clearly sets out how students with ASD in special classes have the option, as appropriate, of full or part-time integration and interaction with other children in mainstream classes.

The NCSE had earlier considered the issue of dual enrolment for students with special educational needs. It concluded that a further examination of the possible impact of dual enrolment for the individual child (including educational and social outcomes) be undertaken before a formal policy was adopted (NCSE, 2011). In the meantime, schools should be allowed to continue to operate informal dual placement arrangements as currently these have no resource implications for the State. These informal arrangements should be subject to the agreement of parents and pupils. Appropriate planning and monitoring of arrangements should continue until more evidence emerges on the outcomes of dual enrolment for children with special educational needs.

The NCSE should ensure that sufficient primary and post-primary educational placements (mainstream and special) are consistently available throughout the country for students with complex special educational needs, including those with ASD.

⁴⁹ National Council for Special Education (2011). Future Role of Special Schools and Classes in Ireland. Trim: NCSE.

The NCSE noted the need to monitor development of international evidence on the impact of special classes as a model of special educational provision and to take account of evidence available to date. It recognised that further research was necessary on the experiences and outcomes for students in special classes in the Irish context and recommended that research be immediately undertaken to explore the efficacy of special classes as a model of provision. The NCSE subsequently commissioned the ESRI to undertake this research and the full report of its findings is due for publication in 2015. Findings from Phase 1 of this study (National Survey of Schools) was published in 2014⁵⁰.

Schools should be required to report any arrangements where students with complex special educational needs are on 'reduced attendance' to the Child and Family Agency's Educational Welfare Services so that it is satisfied they are receiving an education appropriate to their needs.

Early Years Education

In light of current research findings and taking into account the serious concerns expressed by health professionals, the NCSE advised that all children should receive their early years' education together in inclusive setting to the greatest extent possible. The NCSE had received advice from health professionals about the need for caution in providing separate special provision for children with special educational needs to the effect that it should be avoided for as long as is possible in their lives because:

- It is not always possible to predict their cognitive ability.
- The children have not yet experienced intervention so it is difficult to predict future outcomes.
- In light of brain plasticity, it may not be best practice to place children in separate special provision at such a young age.
- The placement of children aged three in special classes in special schools was of particular concern as these children have no opportunity to mix with typically developing peers.

The NCSE also noted that it was not aware of any evidential basis for making early intervention provision available for some children with some disabilities and not for others.

The NCSE therefore recommended that the ECCE scheme should provide the State's early intervention support for all pre-school children, including those with the most complex special educational needs and should be appropriately resourced to do so. Resources from existing State-funded early intervention schemes should therefore be merged into the ECCE scheme. We further recommended that the Department of Children, in the context of its responsibility for the ECCE scheme, should specify the necessary qualifications for its staff to ensure they are sufficiently trained in early childhood education and special educational needs.

⁵⁰ McCoy, S., Banks, J. et al (2014). Understanding Special Class Provision in Ireland. Phase 1: Findings from a National Survey of Schools. Trim, Co. Meath: NCSE.

Allocation of Additional Teaching Supports in Mainstream Schools

The NCSE considered the current model for allocating additional teaching resources did not provide all students with equitable access to educational supports. The NCSE recommended that a new model should be developed where the allocation of additional teaching supports is based on the profiled need of each school, without the need for a diagnosis of disability for each individual student. Following publication of the advice, the Minister asked the NCSE to set up a working group to develop a proposal for a new model, taking account of factors that identify educational profiles of schools and the recording of outcomes for students with special educational needs.

The NCSE working group's agreed proposal entitled, *Delivery for Students with Special Educational Needs: A Better and More Effective Way*, was published in June 2014 and is available on the NCSE website at: http://ncse.ie/wp-content/uploads/2014/09/Allocating_resources_1_5_14_Web_accessible_version_FINAL.pdf.

The proposed model recommends one scheme to allocate all additional teaching posts to support the inclusion of all children with learning difficulties and special educational needs – one which did not use a diagnosis for disability as a basis for allocation but was instead based on schools' educational profiles.

Individualised Planning

The NCSE recommended further changes in its 2013 advice to strengthen and improve the system's operation and effectiveness. We recommended that the deployment of additional teaching supports to students with special educational needs should be linked to individualised planning processes in line with the NEPS continuum of support. We highlighted the need for a greater focus on collecting, recording and monitoring outcome data for students with special educational needs and recommended that schools should be required to provide annual reports to the NCSE on progress made and student outcomes achieved through the learning plan process.

Teachers' Professional Development

The NCSE has previously advised that all professionals working with students with special educational needs should be required to develop and foster the skills necessary to meet the diverse needs of this population and should have in place protocols to share information, where appropriate. It is particularly important that all professionals working with this group of students adopt an inclusive philosophy towards their education.

The NCSE drew attention to research findings highlighting that the quality of teachers and their teaching are the factors most likely to have the greatest impact and influence on educational outcomes. Given the centrality of the teacher in the education of students with special educational needs, the NCSE considered that special education should form a mandatory part of every teacher's initial training and ongoing continuous professional development. The development of a student's organisational, social and communication skills should be viewed as part of every teacher's responsibilities and should form part of the whole-school plan.

The NCSE recommended that the Teaching Council should establish standards of teaching in relation to the knowledge, understanding, skills and competence necessary for teaching students with special educational needs, including ASD in mainstream and special settings. The Teaching Council should develop a framework for initial and continuing professional development to ensure that teachers are provided with this knowledge, understanding, skills and competence. The framework should address both the requirements of newly qualified teachers and the upskilling of existing teachers. This should form part of an overall framework for teachers working with students with special educational needs.

The NCSE recommended that the Teaching Council and the DES should ensure that teachers are provided with the necessary knowledge, skills, understanding and competence to meet the diverse learning needs of students with special educational needs. The Teaching Council should stipulate mandatory levels and frequency of CPD that teachers are required to undertake for teaching this population within an overall framework of CPD for teachers. A framework for the professional development of teachers working with students with special educational needs was outlined in Appendix 3 of the report and addressed: what training should be in place as part of initial teacher education programmes; what training should be in place as part of ongoing continuing professional development for all teachers and for teachers in specialist roles and settings (learning support/resource teachers, visiting teachers, teachers in special schools and classes).

Given the importance of this aspect for the education of students with special educational needs, it is worth outlining the particular recommendations that the NCSE made for the ongoing CPD for teachers in specialist roles and settings (learning support/resource teachers, visiting teachers, teachers in special schools and classes).

- The Teaching Council should stipulate mandatory levels and frequency of CPD for teachers in specialist roles/settings that include opportunities to develop skills appropriate to teaching particular groups of students and collaborative working skills for interaction with colleagues, parents and professionals.
- The DES should consider the possibility of requiring teachers in specialist roles and settings to hold a recognised postgraduate diploma in special education and/or a postgraduate diploma in a specific disability category. Opportunities for placement in a special education setting should be available as an integral part of postgraduate programmes in special education.
- Further development of competences or standards that define the specific skills, knowledge and understanding required for teachers working with students within different categories of special educational needs, should underpin continuing professional development for these teachers.
- Teacher Education Section should provide a strategic programme of professional development designed and delivered specifically to teachers in special schools to address, in an in-depth manner, the complex and diverse needs of students attending special schools.
- The requirements of post-primary teachers should be taken into account in the design and delivery of programmes of continuing professional development.

Finally, the NCSE recommended that an ongoing programme of CPD should be designed and delivered for principals and deputy principals to focus on providing leadership for the education of students with special educational needs in schools.

Health Supports

The NCSE was concerned that many parents and schools find it difficult to access health interventions for children who require them. Some children with certain special educational needs require access to health-funded clinical and therapeutic supports to assist their development and learning. The NCSE was aware that parents were making decisions about educational placement on the basis of the availability of health supports rather than on the basis of educational need.

The NCSE supported the roll-out of the HSE's current policy, Progressing Disability Services for Children 0-18, based on the 2009 report of the National Reference Group on Multidisciplinary Disability Services for Children aged 5-18⁵¹. We stated however that children and young people with special educational needs require immediate access to adequate health services, which cannot await this programme's full implementation. The NCSE therefore recommended that:

Children and young people with special educational needs should be recognised as a key health priority. Pending the full roll-out of the Progressing Disability Services for Children 0-18 Programme, the HSE should develop a plan that provides adequate clinical and therapeutic supports for children and young people with special educational needs, irrespective of school placement.

Unified Assessment Process

The consultation process clearly highlighted duplication in the assessment process required to access a range of State services. The NCSE considered that children with disabilities should not have to undergo several different professional assessments of their needs to gain access to services, where one multidisciplinary assessment would suffice. One national assessment should provide access to educational, health and welfare service entitlements. It should be sufficiently detailed to inform teaching and learning plans for the student concerned. The NCSE therefore recommended that the relevant State Departments (health, education, children and social protection) and agencies should develop and implement one national system of assessment which can be used to access services across all areas.

⁵¹ Health Services Executive (2009) Report of the National Reference Group on Multidisciplinary Disability Services for Children aged 5-18. Available on the HSE website at: <http://www.hse.ie/eng/services/list/4/disability/progressingservices/reportsguidancedocs/refgroupmultidisciplinarydeiservchildren.pdf>

Other Education Funded Schemes

A series of further recommendations related to schemes and services that support students with special educational needs.

In relation to the Extended School Year Scheme the NCSE advised that it was not aware of any evidential basis under which the scheme was extended to include students with ASD and no other categories of students with special educational needs. The NCSE considered that the principle should be that access to available supports for children with special education needs should be equitable and based on their level of need rather than their disability category. The NCSE recommended that the DES should clarify the purpose of the extended school year scheme and revisit its eligibility criteria.

The DES should consider extending the enhanced level of capitation grant to post-primary schools with special classes for students with special educational needs, including ASD, on the same basis as primary schools to assist with the increased running costs associated with these classes.

Transition of Students with Special Educational Needs

The NCSE has previously advised that structured links should be established between pre-school and primary and between primary and post-primary schools to facilitate the smooth transfer of information between levels.

The primary school should be responsible for ensuring the necessary information is passed to post-primary.

In relation to students with challenging behaviours arising from EBD⁵², the NCSE advised that a transition plan should be drawn up, in a timely manner for students with EBD who are making the transition from a specialist to a mainstream setting or to another special school. This transition plan should clearly outline the arrangements to be put in place to facilitate a smooth and efficient transition for the student concerned, including those arrangements in place for a review of the new placement. The roles of relevant personnel should be clearly agreed and stipulated as part of this plan.

Education of Students with Challenging Behaviour Arising from Severe EBD (NCSE, 2012)

The following recommendations, taken from NCSE's policy advice on the Education of Students with Challenging Behaviour Arising from Severe EBD (NCSE, 2012), also have application for students with exceptionally challenging behaviour arising from ASD.

⁵² NCSE (2012) The Education of Students with Challenging Behaviour arising from Severe Emotional Disturbance/Behavioural Disorders. Trim: NCSE.

Staffing Levels for Children with Exceptionally Challenging Behaviour Arising from Severe EBD

When considering the education of students with challenging behaviour arising from a severe emotional and/or behavioural disorder (NCSE, 2012), the NCSE advised that staffing levels in special schools and classes for children exhibiting such behaviour 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 regularly and on an 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.

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, special schools with children with exceptionally challenging behaviour arising from severe EBD should be allowed to set up one class with a reduced pupil-teacher ratio of 4:1. 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.

Management of Challenging Behaviour

The NCSE advised that the DES should issue clear guidelines to schools on 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/or the use of a time-out room.

The NCSE further advised that 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.

Appendix 2: Historical Context and Current Provision

Historical Context

The Report of the Special Education Review Committee (SERC)⁵³, published in 1993, identified childhood autism as one of the most severe developmental disorders affecting children. It stated that these children required early identification and intervention during the pre-school period as a first priority. At that time the prevalence rate for childhood autism was considered to be 2.5 to four children per 10,000 or 14-22 cases per year⁵⁴. On the basis of these figures 112 to 176 children with autism could be expected in the eight-year primary school system and 70 to 110 in the five-year post-primary school system.

The SERC report made clear that a continuum of educational provision was required to meet the needs of all students with ASD as their needs range along a continuum from mild to severe levels. Where such enrolment was considered most appropriate, students with ASDs should continue to be enrolled in special schools for those with emotional and behavioural disorders and in special schools for those with general learning disabilities. By 1993, 64 special schools existed in Ireland. Factors such as the pervasiveness and degree of severity of autistic symptoms and the level of intelligence and of language development should be taken into account when considering the question of the most suitable school enrolment in individual cases.

The SERC report further recommended that a teacher be sanctioned for every six students enrolled in a special school or class who had been diagnosed with autism in accordance with accepted criteria⁵⁵. Additional teaching support (minimum five hours a week) should also be made available for each student with ASD enrolled in ordinary schools. Special needs assistants (on the basis of one per class group) should be appointed to special schools and special classes that had enrolled students with autism.

The distinct educational needs of students with autism spectrum disorder were first formally recognised in 1998, by the then Minister for Education and Science, Mícheál Martin TD. In a press release issued in November of that year, he announced that separate provision would be made for students with ASD by means of a class student-teacher ratio of 6:1 and with the support of a childcare assistant. Up until that time, students with ASD were predominantly supported through placement in special schools and classes for children with emotional and behavioural disorders.

Following the Ministerial announcement in 1998, the SERC recommended level of support was put in place for students with ASD in special schools, special classes and mainstream classes.

⁵³ Department of Education and Science (1993). Report of the Special Education Review Committee. Dublin: Stationery Office.

⁵⁴ Department of Health Psychiatric Services – Planning for the Future, as cited in the SERC report.

⁵⁵ The report recommended that a classification system such as DSM-IV or ICD-10 should be used in referrals of children with autism for enrolment in schools.

As part of its ongoing examination of how best to meet the educational needs of students with ASD, the DES funded an ABA Pilot Scheme from 1999 to 2011, through which educational provision was made for a number of students with ASD. These centres were granted recognition to become special schools for children with autism and complex needs in 2011.

The DES established a Task Force on Autism in October 2000 to review existing provision and to make the recommendations necessary to ensure delivery of an appropriate, effective and efficient educational service to children with autism.

The task force published its report in 2001 and made wide-ranging recommendations for the development of services for children with ASD in Ireland. It found current provision was unable to meet the needs of all children with ASD in Ireland and that extensive strategic and practical changes were necessary. These included: national structures to enable the implementation of task force proposals; constitutional and legislative change; establishment of a range of educational provision to meet the diverse needs of children with ASD; training of relevant professionals; and appropriate arrangements to guarantee the effective delivery of services to children and students with ASDs⁵⁶.

In response, the Department prioritised key areas before detailed individual recommendations could be addressed. These involved implementation of the core legislative and structural measures required to underpin service development and delivery. This approach was critical to the implementation of many of the individual recommendations of the task force, including those about assessment, parental involvement, service delivery, information dissemination, promotion of inclusion and co-ordination between health and education authorities⁵⁷.

The Special Education Support Service (SESS) was established in 2003 as a national support service working under the auspices of the Teacher Education Section (TES) of the Department of Education and Skills. Its aim was to enhance the quality of learning and teaching for students with special educational needs. In relation to ASD, the SESS developed a programme of CPD and support for teachers working in mainstream and special settings and roles. Its overall objective was to enable teachers working with students with ASD to provide best practice in meeting student needs by adopting a combined skills/student centred approach that is situated within an understanding of special educational needs and ASD.

In 2006, the Department's Inspectorate evaluated the educational provision for students with autism in different educational settings and published its report⁵⁸. It was informed by elements of good practice identified through the literature review and during the evaluation process. It concluded that considerable progress had been made in establishing a range of services for students with ASD and that in general parents were pleased with educational provision. It outlined the elements that comprise a coherent policy on ASD which included the need for: a research basis to inform educational

⁵⁶ Department of Education and Science (2001). *Educational Provision and Support for Persons with Autistic Spectrum Disorder: Report of the Task Force on Autism*. Dublin: Stationery Office.

⁵⁷ Response to parliamentary question, December 7th, 2004.

⁵⁸ Department of Education and Science (2006). *An Evaluation of Educational Provision for Children with Autistic Spectrum Disorders*. Dublin: Stationery Office.

interventions, a focus on individualised needs, early intervention, parental involvement, access to an appropriate curriculum, highly structured and systematic record-keeping and assessment, multidisciplinary support structures and professional training and development for staff. One recommendation was that those involved in implementing learning and teaching programmes for children with ASD should have a recognised teaching qualification and that all teachers who work full-time with such students should attend autism-specific courses and have access to courses on various approaches used in teaching students with ASD.

The Middletown Centre for Autism was established in 2007 to support the promotion of excellence in the development and co-ordination of education services to children and young people with ASD. It is a jointly funded initiative between the Department of Education, Northern Ireland and the Department of Education and Skills, Ireland. The centre is funded to provide training and information for families and for professionals; advice and guidance for children and young people, parents and professionals; learning support for children and young people who despite specialist input continue to experience difficulties in their educational setting; and it publishes a research bulletin developed to meet the needs of professionals working in education with children and young people with ASD. In addition, the centre is currently rolling out a pilot of provision of direct outreach assessment and learning support to an initial group of six children in Ireland. Its website provides comprehensive information about the online materials and services it offers to parents and professionals at www.middletownautism.com/.

Timeline for Developments in Educational Provision for Students with ASD

In summary the following table outlines a timeline of the main developments in educational provision for students with ASD between 1993 and 2014.

Table 6: Timeline of Developments in Educational Provision for ASD

1993	Report of the Special Education Review Committee (SERC)
1998	Education Act
1998	Ministerial announcement of automatic entitlement to support and formal recognition of the needs of students with ASD
1999	Establishment of ABA pilot project
2001	Report of the Task Force on Autism published
2003	Establishment of the Special Education Support Service
2004	Education for Persons with Special Educational Needs (EPSEN) Act passed
2006	Publication of the Inspectorate evaluation of educational provision for children with ASD
2007	Middletown Centre for Autism established as a jointly funded initiative between the Department of Education, Northern Ireland and the Department of Education and Skills, Ireland, to support the promotion of excellence in the development and co-ordination of education services to children and young people with ASD

2009	Publication of the NCSE commissioned international review of the literature of evidence of best practice provision in the education of persons with ASD
2011	Recognition of ABA centres as special schools for students with autism on the basis that they would operate in line with Department policy on the education of students with ASD.
2013	Publication of NCSE policy advice on supporting students with special educational needs in schools

Current Provision for Students with ASD

Early Intervention

Assessment, diagnostic and health services for young children with ASD are provided through local health teams which may comprise health professionals such as paediatricians, clinical psychologists, occupational therapists and speech and language therapists. Historically, disability health services have been delivered differently around the State and this has brought about a situation where access can be inconsistent, limited and with long waiting lists in operation in certain areas.

The HSE is introducing the Progressing Disability Services for Children and Young People programme aimed at achieving a national unified approach to delivering disability health services. This means families will have a clear pathway to services for all children regardless of where they live, what school they go to or the nature of their disability or developmental delay.

Parents of any child born after June 1st, 2002 may apply to the HSE for an assessment of need under the Disability Act, if they think their child may have a disability. Following the assessment, parents will receive an assessment report stating their child's needs, if any, and the services they require. Where such a need is identified, a service statement is prepared which specifies the health services for the child, with reference to available resources.

There are different ways that children with ASD may access early childhood care and education, as described below. Arrangements vary across these settings regarding staffing ratios, staffing qualifications, hours provided, funding and so on.

Department of Children and Youth Affairs' Funded Provision: The Early Childhood Care and Education (ECCE) Scheme

This scheme allows eligible children, aged between three years three months and four years six months on September 1st each year, to avail of a free pre-school place in the year before they start school. Children with special educational needs, including ASD, 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 is developmentally delayed. A detailed guide to this programme and its procedures is available on the website of the Department of Children and Youth Affairs (www.dcy.gov.ie).

About 68,000 children took up the free pre-school year in the 2013-14 school year at a cost of about €175 million.

Participating service providers must provide a pre-school service for three hours per day, five days per week for 38 weeks (a total of 183 days) per year, in return for a weekly capitation fee of €62.50 per eligible child enrolled. The capitation fee is paid directly to the service provider. A higher capitation fee of €73 per week is payable to certain services with higher-qualified staff.

Source: Department of Children and Youth Affairs August, 2014

DES Funded Early Education Schemes for Children with ASD

The DES has developed a strategy to provide early care and education for children with ASD.

The DES funds early intervention (EI) classes for children with ASD from age three. Currently 95 EI classes are in mainstream primary schools and 32 in special schools.

Source: NCSE, February 2015

When a child with ASD reaches age four they may be accommodated in a number of settings, including:

- An early intervention class for children with ASD
- A mainstream class in a mainstream school, with additional teaching and care resources if necessary
- A special class for children with ASD in a mainstream school
- A special school which enrolls children with ASD.

Children aged 2.5 to three years who have been assessed as having ASD (based on the DSM 5 or ICD 10 criteria) qualify for 10 hours' home tuition per week under the terms of the home tuition scheme (DES Circular 0038/2015), should the parent wish to avail of it. This is because these children are not eligible for enrolment in an early intervention class until they reach age three.

Where there is no suitable educational placement available for children with a diagnosis of ASD, the Department will consider applications under the home tuition scheme, where the child can receive 20 hours. It is generally the case that home tuition is provided at the child's home. Following requests from some parents of young children with ASD the DES has facilitated arrangements with a small number of private pre-school providers for tuition to be delivered in group settings, subject to specific terms and conditions.

Home tuition was approved for 725 children with ASD aged 2.5 to five years during the 2014-15 school year.

Table 7 below details the numbers of children with ASD, aged 2.5 to five years who were approved home tuition between 2010-11 and 2014-15.

Table 7: Home Tuition for Children with ASD 2010-2014

Year	Age 2.5 to 5
2010-11	402
2011-12	501
2012-13	625
2013-14	646
2014-15	725*

Source: DES August 2014 and *September 2015

The DES annual spend on the ASD early intervention component of the scheme is estimated at €7 million. Excluding capital and transport costs, the estimated cost of 95 EI classes is €12.64 million (includes costs in relation to teachers, SNAs and capitation).

Other State-funded Early Childhood Settings

Children with special educational needs may also attend other State-funded early childhood settings attached to HSE-funded service providers for children with disabilities and other private pre-school settings supported by HSE grant aid or HSE funded pre-school assistants.

School-based Supports

Children generally start school at about age four to five but must attend school once they reach six years. Students with ASD are served by a continuum of provision ranging from full-time enrolment in classes in mainstream schools with or without additional resource teaching supports, to a special class in a mainstream school to full-time enrolment in special schools.

Additional supports are available to assist in the education of students with ASD such as: access to care support for students with significant care needs arising from their disability; assistive technology; specialist equipment; special school transport arrangements; school building adaptations where necessary; enhanced levels of capitation grants for special schools and mainstream schools with special classes and the extended school year scheme (July provision) for students with ASD and severe/profound general learning disabilities.

Continuum of Provision

Mainstream Schools

Table 8 below summarises provision for students with ASD in the mainstream education system, along with the estimated total number of such students availing of this provision for the 2014-15 school year. Provision includes early intervention classes in primary schools; special classes for ASD in mainstream primary and post-primary schools; and the total number of students allocated additional resource teaching hours in primary and post-primary schools.

Table 8: Summary of Provision for Students with ASD in the Mainstream Education System – 2014/15

Type	No of Classes	Students with ASD Attending	Teachers*
Early intervention classes in primary	95	522 (570 places)	95
ASD classes in primary	380	1,974 (2,280 places)	380
ASD classes in post-primary	152	733 (912 places)	228**
Number of students with ASD with resource hours – primary classes		5,784	983 WTE
Number of students with ASD with resource hours – post-primary classes		2,941	568 WTE
Total	627 classes	11,954 students	2,254 teachers

Source: NCSE December 2014

* This column refers to class teachers only; it does not take into account principal and ex quota posts

** 1.5 teachers at post primary level

1. Additional Teaching Supports for Students with ASD in Mainstream Primary and Post-Primary Schools: 2014-15

A total of 8,725 students with ASD were supported by 1,551 WTE resource teaching posts (25 per cent of the total number of resource teaching posts available) in 2014-15. This approximates to one full-time teaching post for every 5.6 students with ASD in mainstream primary and post-primary schools. Of these posts, 983 WTE posts were at primary level and 568 WTE posts were in post-primary.

Source: NCSE, November 2014.

The number of students with ASD being supported with resource teaching hours in mainstream schools increased from 5,990 in 2011-12 to 8,725 in 2014-15 – representing an increase of about 46 per cent across these years.

Source: NCSE December 2014

2. Supports for students with ASD in special classes in mainstream schools

In December 2014, 857 special classes were approved under all the disability categories in mainstream schools. Of these, 627 special classes (73 per cent) were approved for students with ASD in mainstream schools.

- 380 of these ASD special classes were in mainstream primary schools with an estimated enrolment of 1,974 students, giving an average enrolment of 5.2 students per ASD class.
- 152 were in mainstream post-primary schools with an estimated enrolment of 733 students, giving an average enrolment of 4.8 students per class.
- 95 were early intervention classes in mainstream primary schools with an estimated enrolment of 522, giving an average enrolment of 5.5 students per class.

Details of the ASD special classes in mainstream primary and post-primary schools are included below in Table 9 below. For a full list of the ASD classes in mainstream schools please see the NCSE website at: <http://ncse.ie/special-classes>.

Table 9: Special Classes in Mainstream Schools: 2014-15

Type of special class	Primary classes	Post-Primary classes	Early intervention mainstream primary	Total
ASD	380	152	95	627
Other categories of SEN	176	53	1	230
Total	556	205	96	857

Source: NCSE, December 2014

3. Special Schools for Students with Disabilities

About 7,300 students with complex special educational needs attended 118 special schools for students with disabilities supported by about 1,100 teaching posts and over 2,100 SNA posts (Source: NCSE, October 2014).

Twenty of these special schools are designated for students with ASD. In November 2014, 578 students (including children in EI classes) were enrolled in these schools supported by 106 teachers and about 375 SNAs.

The other 98 special schools, also resourced to educate students with ASD, between them had 1,341 students (including children in EI classes) with ASD enrolled (Oct 2014) – equivalent to about 223 classes.

In the 2014-15 school year there were 32 early intervention classes for children with ASD in special schools, catering for 177 children.

A full list of special schools is available in Appendix 3.

Ratio of Students with ASD in Relation to Overall Figures: 2014-15

In the 2014-15 school year 883,903 students were enrolled in DES aided primary, post-primary and special schools, of whom 13,873 were students with ASD supported through placement in a special school or class (including early intervention) or through the allocation of additional teaching supports in mainstream primary and post-primary schools. It is estimated that there are in the region of 170 3 year olds in early intervention classes in the 2014-2015 school year, indicating a prevalence rate for ASD of 1.55 percent.

ASD prevalence: $(13,873 - 170 \text{ three year olds in EI classes}) / (883,903 - 170) \times 100 = 1.55 \text{ percent}$

This figure is above the prevalence rate for ASD put forward by recent Irish studies which suggest a figure of about 1 per cent⁵⁹.

Access to SNA Support

It is estimated that up to 9,637 students with ASD (about 40 per cent of those with SNA support) have access to SNA support.

These figures can be broken down as follows;

- In mainstream classes (excluding EI): 4,489
- In EI classes in mainstream schools: 522
- In special classes in mainstream excluding EI classes: 2,707
- Enrolled in special schools including EI classes: 1,919

Source: NCSE, November 2014

⁵⁹ Irish epidemiological research at Dublin City University (DCU) reported a preliminary finding of a prevalence rate of 1 per cent based on a study of over 9,000 children in Dublin, Galway, Waterford and Cork (DCU, 2013).

Current Placement of Students with ASD

Currently 8,725 (63 per cent) of students with ASD receive additional resource teaching supports in mainstream classes, 3,229 (23 per cent) are in special classes in mainstream and 1,919 (14 per cent) in special schools.

Increase in Educational Provision for Students with ASD Since 2001

There has been an extensive increase in educational provision for students with ASD since the publication of the Task Force Report as shown in table 10 below:

Table 10: Increase in Educational Provision for Students with ASD

Provision	2001		2014	
	Classes	No. of Students	Classes	No. of Students
Students with ASD with RTHs ⁶⁰ – Primary	–	Not known	–	5,784 students
Students with ASD with RTHs – PP	–	Not known	–	2,941 students
Home tuition for pre-school children	N/A	N/A ⁶¹	N/A	725 children (aged 2.5 to 5 years)
Total				9450 students
Type of Class	Classes	No. of places	Classes	No. of places
EI – primary and special schools	3	18 places	127	762 places (enrolment 699 children)
ASD classes – primary schools	39	234 places	380	2,280 places (enrolment 1,974 students)
ASD classes – PP schools	0	0	152	912 places (enrolment 733 students)
Classes in special schools (less EI)	35	210 places	estimated 290 ⁶²	1,742 places (enrolment 1,742 students) ⁶³
Estimated total special classes	77	462 places	949 (est)	Places: 5,696 (Enrolment: 5,148)

Sources: Task Force Report, 2001; NCSE January 2015

⁶⁰ Resource teaching hours.

⁶¹ 403 children with ASD availed of the home tuition scheme in the 2003-04 school year (Source: DES).

⁶² The NCSE maintains a record of the number of students with autism enrolled in special schools. We do not record whether these students are educated in separate ASD class groupings or in class groupings with other students within different categories of special educational needs. This enables special schools to create flexible class settings for students with ASD.

⁶³ In Dec 2014, there were 1,742 places (excluding children in EI classes) in special schools taken by students with ASD but this number can fluctuate depending on applications to special schools.

Extended School Year (ESY) Scheme

The DES provides funding for an extended school year for students with a severe or profound general learning disability or with ASD. The extended year is more commonly known as July provision.

School-based July provision is available to students with ASD and/or those with severe/profound learning disability in special schools and special classes in mainstream primary schools. Schools may choose not to opt into the scheme and in such cases eligible students may apply for home based July provision.

Students with a diagnosis of ASD in mainstream classes and special classes in post-primary schools are eligible for home-based tuition for July. In certain circumstances the school may facilitate these students in the school based scheme as an alternative to the home based option.

Students who have neither of these diagnosed conditions are not eligible. Decisions may be appealed directly to the July Provision unit in the special education section of the DES.

In 2014, a total of 6,792 students were supported through the ESY scheme (2,966 participated in the school-based scheme and 3,826 in the home-based scheme). Of the former, 2,200 students were diagnosed with ASD while 766 had a severe and profound learning disability. The DES is not in a position to identify the number of children with ASD availing of home-based provision. The scheme's overall cost in 2014 was €10.3 million (Source: DES 2014).

Details of the ESY scheme, exclusive of transport and employers' PRSI costs, for the years 2011-14 are provided in Table 11 below:

Table 11: Summary Details of Extended School Year Scheme 2011-14

Date	No of schools	School-based participants	ASD	S/P	Cost School (m)	Home-based participants	Total No	Total Cost
2011	149	2,461	1,778	683	€5.509	3,033	5,494	€10.6m
2012	151	2,521	1,924	597	€5.115	3,462	5,983	€9.86m
2013	167	2,791	2,128	663	€4.956	3,470	6,261	€8.91m
2014	181	2,966	2,200	766	€5.227	3,826	6,792	€10.3m

Source: DES December 2014

Assistive Technology

Assistive technology refers to any item of equipment that can be used to improve the functional capability of a student with special educational needs and is of direct educational benefit to them. Schools are grant aided by the DES to purchase the type of equipment essential for particular students with special educational needs to access the curriculum (DES, Circular No. 10/2013).

In the 2014-15 school year, the NCSE received 2,921 applications for assistive technology, 414 of which (14%) were for children with ASD. These applications were subsequently forwarded to the Department for processing.

The cost of providing assistive technology for new applicants (in all the disability categories) for the year ending December 2014 is in the region of €1.6m while the cost in December 2013 is estimated at €1.45 million and €1.4 million for the year ending December 2012.

(Source: DES, September 2015)

Specialist Equipment

Grant aid is available to all schools to fund the purchase of special items of furniture and equipment for educational purposes for students with special educational needs who require them. Schools must apply directly to the DES with an accompanying report from a professional who has assessed the student. Only DES approved furniture/equipment will be funded.

A start-up grant of €6,500 per class is available for teaching aids and classroom equipment for NCSE sanctioned newly established special classes for any disability category. A once-off grant of €7,000 for equipment is provided where a multi-sensory room is included in the overall schedule of accommodation. Further grants include €5,000 per primary classroom for ICT and €2,500 per classroom for loose furniture and equipment such as student table and chairs, teachers' desk and chair, filing cabinet and so on.

For the year ending December 2014, just over €3.3 million was approved for specialist equipment in primary (€2.729 million) and post-primary (€0.605 million) schools for all disability categories.

(Source: DES, September 2015)

Minor Work Grants

Under the revised scheme, funding was made available to all primary schools with permanent recognition for the school year 2014-15 on the following basis:

- (a) A basic grant of €5,500 plus €18.50 per mainstream pupil and €74 per special needs pupil (the latter applies to a special needs pupil attending a special school or attending a special class in a mainstream school)
- (b) The grant will only be paid in future years as funding permits.

Funds transferred to schools must be spent on physical infrastructure or on items of furniture and equipment for educational use including IT-related equipment. Works covered include:

- Improvements to school buildings and grounds (window replacement, roof repairs, school yard resurfacing, repainting and redecorating, improving insulation standards and improving access for all qualify under this heading).
- Improvement or replacement of mechanical and electrical services.
- Purchase of standard furniture and PE equipment.
- Purchase of floor coverings and window blinds.
- Purchase of IT-related equipment (computers, printers, overhead projectors and photocopiers qualify under this heading).

Schools need not apply to the Department for approval to carry out works or to buy items covered by the scheme.

Enhanced Capitation Grants

Capitation grants are paid towards a school's day-to-day running costs, for example heating, cleaning, lighting, maintenance of premises and grounds and provision of teaching materials and resources. The rate of payment for a student in a primary mainstream class for the 2014-15 school year was €170 per student while the post-primary rate was €301 per student in a mainstream class (DES, December 2014).

In primary schools children enrolled in an ASD class will receive one enhanced capitation rate of about €840. These children will not receive the mainstream capitation rate as well.

When calculating the pupil teacher ratio for the mainstream school (number of teachers allocated) the number of special class enrolments is included in the calculation. For example, for 100 children enrolled in the mainstream school and six enrolled in a special class, mainstream teacher allocation is based on the total enrolment of 106. The school will also receive a special class teacher.

In post-primary schools, an enhanced capitation of (€191) is payable only for students enrolled in classes for mild/moderate general learning disability, no enhanced capitation is paid to children attending classes in the other disability categories. Students enrolled in classes for mild/moderate general learning disability will also receive the mainstream capitation rate of €301, a combined allocation of €492. Pupil teacher ratio in mainstream post-primary schools is calculated in the same way as for primary.

Source: DES, January 2015

Special Transport Scheme

The special transport scheme provides transport to and from school of students with special educational needs, including those with ASD, while taking account of available resources. Students are eligible 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 DES Circular 02/05.
- Attend the nearest available recognised mainstream school, special class/school that is or can be resourced to meet their special educational needs.

Scheme details are set out in the DES circular, School Transport Scheme for Children with Special Needs (DES, 2011), available at www.education.ie.

During the 2014-15 school year, the DES provided transport to approximately 1,420 students with ASD – 43.2 per cent of the total transported. These figures include special needs transport to special schools/classes that may be outside the child's local area; taxis and grants for the transport of individual or small groups of children with special educational needs, where necessary.

The scheme's overall cost in 2014 exceeded €172 million with over €68 million spent on special needs transport (Source: DES Transport Section, May 2015). This includes all students with special educational needs using transport under the School Transport Scheme for Children with Special Educational Needs.

Special Needs Accommodation

It is now general practice to provide specialist accommodation for students with special educational needs in new school buildings.

Schools may also avail of grant aid to reconfigure existing accommodation to provide a special class or a number of special classes. The extent of such accommodation is informed by building configuration and site conditions.

The Department has produced a technical guidance document⁶⁴ to provide information on space planning and design for school authorities and designers in providing permanent accommodation for students with special educational needs.

The DES could not provide details of grant expenditure on special needs accommodation in recent years as this area forms part of the overall schedule of accommodation for a school building project.

⁶⁴ http://www.education.ie/en/School-Design/Technical-Guidance-Documents/pbu_tgd_026.pdf

Services of the Department of Education and Skills Supporting Students with ASD

Different sections of the DES are involved in providing for and supporting students with ASD in schools. They include the special education section; transport; teacher education section; building unit and so on.

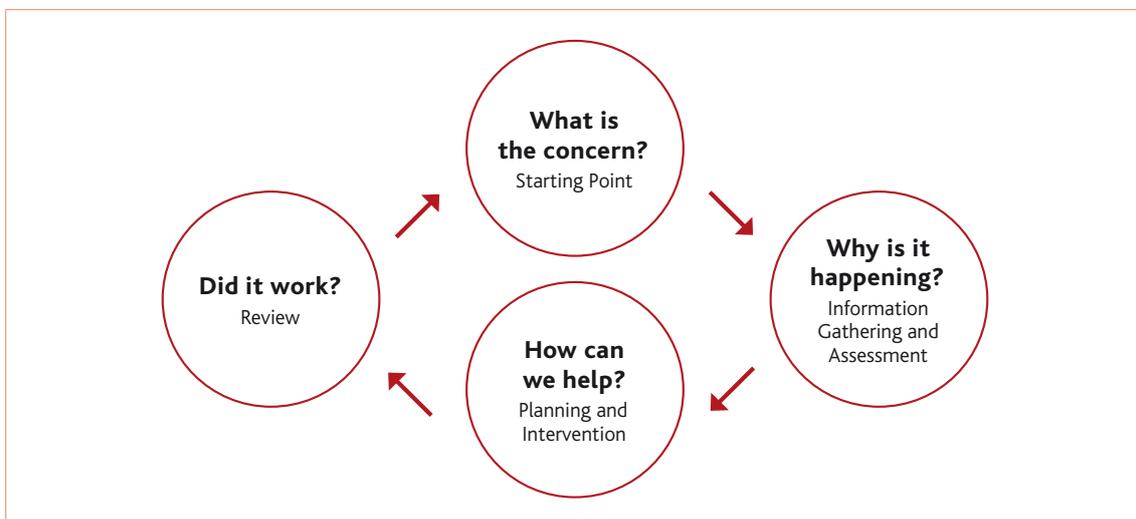
Students with ASD may require a broad spectrum of educational and health services so their educational needs can be met. Within the DES, several sections focus on supporting schools in their work with this group of students by developing whole school approaches to the identification and assessment of need; formulation, implementation and monitoring of appropriate interventions; promotion of positive behaviours and management of challenging behaviours and providing ongoing advice and continuous professional development for teachers and parents.

Groups consulted saw the work of these services as valuable in helping to include students with ASD in education. The services are outlined below.

National Educational Psychological Service (NEPS)

The work of NEPS psychologists carried out in mainstream and specialist school settings is guided by the NEPS model of service. This model provides for a balance between casework and support and development work. NEPS psychologists engage in an ongoing planning and review process with schools where they jointly explore the needs of students and broader school needs. This may then lead to a plan which incorporates both individual and systemic approaches to meeting identified needs.

Casework focuses on the needs of individual pupils and is carried out through the process set out in the NEPS Continuum of Support Guidelines for Teachers. This work is progressed through a consultation and problem-solving framework and seeks to operate in partnership with teachers, parents and students. The NEPS consultation and problem-solving framework model is guided by the following questions:



While NEPS psychologists may be consulted on the needs of children/young people at each level of the continuum of support, they are typically involved in more in-depth consultation for those with more complex needs. The work of NEPS psychologists in supporting children/young people with an autism spectrum disorder includes supporting the identification/assessment of their learning and behavioural needs, advising and guiding teachers on intervention strategies, supporting educational/behavioural planning and review. It may also involve liaison or joint working with other service providers (e.g. HSE services).

Support and development involves work of a more preventative nature where the psychologist may be involved in projects, provision of training based on school priorities, or advising on relevant school policies and procedures at whole-school level. In this regard the psychologist may be involved in building the capacity of schools to promote positive behaviour, plan for transition and support and promote inclusion. The provision of group consultation is another approach used by NEPS to support teachers working with children/young people with an autism spectrum disorder.

Continuing Professional Development (CPD) for Teachers: Teacher Education Section

The Special Education Support Service (SESS) is a national support service working under the auspices of Teacher Education Section (TES) of the DES⁶⁵.

In relation to ASD, the SESS provides CPD and support for teachers and principals working in mainstream and special settings and roles. The programme's overall objective is to enable teachers working with students with ASD to provide best practice in meeting their needs by adopting a combined skills/student centred approach situated within an understanding of special educational needs and ASD. In the four-year period 2011-14, the overall SESS expenditure on ASD-related training was €3.7m which included almost 22,000 teachers taking CPD in ASD at a cost of about €2.8m.

The core support offered by the SESS, in relation to ASD, to principals and teachers includes the following seminars:

For schools with newly designated ASD classes:

- Principals' one-day seminar
- Whole staff seminar on ASD
- SESS four-day Introductory course on ASD for teachers in newly designated ASD classes (574 teachers in total availed of this course from 2007 to date).

⁶⁵ On February 10th, 2015, Minister for Education and Skills Jan O'Sullivan announced the establishment, with immediate effect, of a new Inclusion Support Service within the National Council for Special Education, to assist schools in supporting students with special educational needs. This includes the Special Education Support Service (SESS), the National Behaviour Support Service (NBSS) and the Visiting Teacher Service for students who are deaf/hard of hearing and for students who are blind/visually impaired (VTSVHI). Transitional arrangements have been put in place to facilitate the continuing operation of the services during the transition phase.

For mainstream class teachers:

- One-day seminar as an introduction to ASD.

In addition, the SESS advisers provide support by telephone, email contact and school visits which usually take place in September or October.

Behaviour Management

The SESS provides courses nationally each year in contemporary applied behaviour analysis (C-ABA). These five-day courses focus on teaching the necessary skills for the design, implementation and evaluation of behaviour management programmes for use with individual students with mild, moderate or intensive needs in a variety of settings.

Up to 638 teachers took this training from 2011-14 at an estimated cost of €0.3m.

Post-Graduate Certificate/Diploma in ASD

Postgraduate programmes in ASD are offered in St Patrick's College, Drumcondra and St Angela's College Sligo; 169 teachers took these programmes during 2011-14.

The SESS cooperates with the Middletown Centre for Autism to ensure that opportunities for teachers to access ASD-related CPD are optimised while also ensuring the effective and efficient use of resources and avoiding duplication in CPD provision.

National Behaviour Support Service (NBSS)

The NBSS promotes and supports positive behaviour through a systematic continuum of support to post-primary school communities. It assists partner post-primary schools in addressing behavioural concerns on three levels:

Level 1: Whole school support

Level 2: Targeted intervention support

Level 3: Intensive, individualised support.

This three-tiered approach draws extensively from Positive Behavioural Interventions and Supports – PBIS, Response to Intervention – Rti and the Comprehensive, Integrated, Three-Tiered Model of Prevention – CI3T frameworks. Integration of these three frameworks offers opportunities to effectively address the behavioural needs as well as the social, emotional, academic and well-being needs of students in NBSS partner schools, with interventions at different levels of intensity and support. The three levels of support are customised to the specific requirements of each partner school on an ongoing basis and focus on developing:

- Behaviour for learning skills;
- Social and emotional literacy skills;
- Academic literacy, learning and study skills;
- Well-being skills.

At Level 3 further support is available to those partner schools with a high intake of students who continue to experience difficulty and demonstrate challenging behaviours even though they have received support with their peers at whole school level 1 and targeted interventions at level 2.

In the academic year 2014-15, 53 schools were allocated Behaviour for Learning Programme support (20 schools were allocated two such teachers and 33 schools were allocated one). Schools with Behaviour for Learning Programmes are also supported in their work by an NBSS regional development officer, literacy development officer, speech and language therapist and occupational therapist. All other partner schools are supported at level 3 by direct work between students, teachers, parents and NBSS regional development officer and literacy development officer.

Source: NBSS, 2014

Appendix 3: List of Special Schools

Category	Roll No	Name	Enrolment
Mild General Learning Disability (30 schools)			
Carlow	19315G	St Laserian's	153
Clare	19414I	St Anne's	94
Cork	19759T	St Mary's	64
Cork	18458A	St Bernadettes	117
Cork	18586J	Scoil Eanna	52
Donegal	19592J	St Bernadette	75
Dublin	17971H	St Michael's	153
Dublin	18499O	St Augustine's	174
Dublin	19325J	St Ciaran's	139
Dublin	19382V	Scoil Eoin	129
Dublin	19520H	St Joseph's	84
Galway	19201O	Lake View	43
Kerry	19376D	St Ita's & St Joseph's	73
Kildare	19455W	St Mark's	67
Kilkenny	19210P	Mother of Fair Love	56
Laois	19337Q	St Francis	104
Limerick	18692I	Catherine McAuley	212
Louth	18772G	St Brigid's	120
Louth	18936K	St Ita's	109
Mayo	19248R	St Anthony's	54
Mayo	19387I	St Dympna's	35
Meath	19216E	St Ultan's	116
Sligo	19340F	St Joseph's	40
Tipperary	19230V	Scoil Cormaic	190
Waterford	19244J	St Joseph's	91
Waterford	19282R	St John's	50
Westmeath	18534N	Naomh Mhuire	16
Westmeath	19792R	St Brigid's	83
Wexford	19266T	Our Lady Of Fatima	104
Wicklow	18408I	Newcourt	95
			2,892 students

Appendix 3: List of Special Schools

Category	Roll No	Name	Enrolment
Moderate General Learning Disabilities (33)			
Cavan	19439B	Holy Family	153
Clare	19233E	St Clare's	55
Cork	18208A	Our Lady Of Good Counsel	68
Cork	19203S	Naomh Pol	95
Cork	19433M	Holy Family	81
Donegal	19724A	Little Angels	87
Dublin	18671A	St Michael's House Grosvenor Road	65
Dublin	18763F	St Michael's House Ballymun	58
Dublin	19373U	St Michael's House Raheny	50
Dublin	19757P	St Michael's House Skerries	29
Dublin	19151C	St John of God	93
Dublin	19039I	St Vincent's Home	70
Dublin	19032R	Stewarts Hospital	130
Galway	19047H	St Joseph's	72
Kerry	19547E	St Francis	52
Kerry	19548G	Nano Nagle	75
Kildare	18988G	St Raphael's	64
Kildare	19277B	St Anne's	73
Kilkenny	19383A	St Patrick's	74
Louth	19214A	St Mary's	73
Limerick	19200M	St Vincent's	85
Longford	19429V	St Christopher's	28
Mayo	19375B	St Brid's	21
Mayo	19773N	St Nicholas's	22
Meath	19560T	St Mary's	89
Roscommon	19789F	Scoil Micheal Naofa	40
Sligo	19206B	St Cecilia's Sligo	36
Tipperary	19615S	Scoil Aonghusa	76
Tipperary	19370O	St Anne's	47
Waterford	19108B	St Martin's	75
Wexford	19240B	St Patrick's	125
Westmeath	19261J	St Hilda's	34

Appendix 3: List of Special Schools

Category	Roll No	Name	Enrolment
Wicklow	19522L	St Catherine's	136
			2,331 students

Category	Roll No	Name	Enrolment
Severe/Profound Learning Disability (10 schools)			
Cork	20074R	St Gabriel's	37
Dublin	20053J	Cheeverstown	24
Dublin	20121A	Carmona	35
Galway	20070J	Rosedale	67
Galway	20328W	St Teresa's	20
Galway	20329B	Tigh Nan Dooley Child Education and Development Centre	10
Galway	20330J	St. Oliver's	21
Dublin	18210K	St Michael's House	57
Laois	20100P	The Kolbe	19
Offaly	20099K	Offaly School of Special Education	21
			311 students

Category	Roll No	Name	Enrolment
Schools for Emotionally Disturbed (1)			
Dublin	18569J	St Declan's SS	48 students
			48 students

Category	Roll No	Name	Enrolment
Schools for Severe EBD (10)			
Dublin	18863J	Benincasa SS	48
Dublin	18904U	St Peter's SS	60
Dublin	19281P	Mater Hospital SS	6
Dublin	19316I	St Paul's Hospital SS	54
Dublin	19217G	St Frances Clinic	Population varies
Dublin	19500B	Phoenix Park SS	18
Dublin	19409P	Casa Caterina SS	31

Appendix 3: List of Special Schools

Category	Roll No	Name	Enrolment
Kilkenny	19523N	School of the Holy Spirit SS	78
Galway	19567K	Scoil Aine	24
Dublin	20153N	St Joseph's Adolescent & Family Service	20
			339 students

Category	Roll No	Name	Enrolment
Schools for Physically Disabled (6)			
Cork	18483W	School Of The Divine Child	21
Dublin	18370J	Enable Ireland Sandymount	60
Dublin	19590F	Scoil Mochua	58
Limerick	19603L	St Gabriel's	48
Wicklow	18281K	Marino	27
Dublin	18317F	Central Remedial Clinic	110
			324 students

Category	Roll No	Name	Enrolment
Schools for Deaf/Hard of Hearing (3)			
Dublin	16864B	St Joseph's School for Deaf Boys	56
Dublin	17944E	St Mary's School for Deaf Girls	62
Limerick	19719H	Mid-West School for Deaf/Hard of Hearing	18
			136 students

Category	Roll No	Name	Enrolment
Schools for Visually Impaired (1)			
Dublin	18417J	St Joseph's for Blind NS	46
			46 students

Appendix 3: List of Special Schools

Category	Roll No	Name	Enrolment
Schools for Children with a Specific Learning Disability (4)			
Cork	19410A	St Killian's	69
Dublin	19499T	St Oliver Punkett	63
Dublin	19705T	Catherine McAuley	99
Dublin	20010O	St Rose's SS	63
			294 students

Category	Roll No	Name	Enrolment
Schools for Children with ASD (20)			
*Cork	19760E	Scoil Triest	72
Cork	20162O	Sonas Special JNS	24
Dublin	19355S	Ballyowen Meadows	45
Dublin	20028K	Setanta	41
Dublin	20279M	St Michael's House	33
Limerick	20311F	Red Hill School	68
Cork	20354A	Cara Special JNS	30
Carlow	20370V	Saplings Carlow	12
Cork	20331L	Scoil Aislinn	35
Dublin	20375I	Abacas Kilbarrack	36
Dublin	20378O	Abacas Kilnamanagh	18
Dublin	20381D	Red Door Monkstown	12
Dublin	20372C	Saplings Rathfarnham	24
Galway	20371A	Abalta Galway	18
Kildare	20376K	Saplings Kill	24
Kilkenny	20380B	Jonah Kilkenny	8
Kilkenny	20377M	Saplings Goresbridge	12
Louth	20374G	ABACAS Drogheda	18
Meath	20379Q	Steppings Stones Meath	30
Westmeath	20373E	Saplings Mullingar	18
			578 students

* Scoil Triest is a school for children with ASD and mild/moderate GLD

Appendix 4: The Consultation Process

The NCSE consulted widely with the education partners and other stakeholders in preparing this policy advice. Parents, teachers and academics knowledgeable in ASD were invited to make presentations to our Council and Council members and officials visited a range of school settings where students with ASD were educated.

Presentations to Council on the education of students with ASD included:

1. March 2015:

Provision of Health Supports for Students with Special Educational Needs: Kieron Smyth and Marion Meaney, HSE.

2. October 2014:

Use of Time Out and Young People with ASD and Special Educational Needs: Stuart Lynch, Specialist Nurse Practitioner, CAMHS, UK.

Developing Guidance on Use of Restrictive Practices/Physical Interventions: Siobhan Allen, Principal of Special School.

Seclusion in Schools Supporting Children with ASD: Davida Hartman, Senior Educational Psychologist, Disability Services, Carlow/Kilkenny.

3. January 2014:

- a. Special Educational Needs Coordinator, Colaiste Choilm, Ballincollig, Co Cork
- b. Parent of a mainstream student with ASD
- c. Principal and Director of Education in Scoil Aislinn – Special school for students with ASD.

Council member visits to Cork schools: Cara Junior School, Sonas Junior Primary School, Scoil Triest, St Columba's BNS/Douglas BNS, St Gabriel's Special School, Coláiste Choilm, Scoil Aislinn, Deerpark CBS Post-Primary School.

4. December 2013:

Presentation to Council by parents of students with ASD.

5. September 2013:

Session 1: Dr Emer Ring, Head of Department of Reflective Pedagogy and Early Childhood Studies, Mary Immaculate College, Limerick.

Session 2: Professor Mickey Keenan BCBA-D, Professor of Behaviour Analysis, School of Psychology, University of Ulster, and Dr Neil Martin, Applied Science Representative of the European Association for Behaviour Analysis and the International Representative of the Behaviour Analyst Certification Board.

6. June 2013:

Session 1: Aisling Curley, Assistant Principal Officer, Special Education Section, Department of Education and Skills.

Session 2: Emir Duffy, Principal, Scoil Cara.

In May 2014, we consulted the NCSE Consultative Forum to ascertain their views on developing the policy advice and, throughout 2014, we held a series of consultation meetings with the education partners. Groups invited to take part in the consultation process were:

Teacher representatives
Parent representatives
Students
<p>School management bodies:</p> <p>National Association of Boards of Management in Special Education (NAMBSE)</p> <p>Catholic Primary Schools Management Association (CPSMA)</p> <p>An Foras Pátrúnachta</p> <p>Educate Together</p> <p>Church of Ireland</p> <p>Joint Managerial Board (JMB)</p> <p>Education and Training Boards Ireland (ETBI)</p> <p>Association of Community and Comprehensive Schools (ACCS)</p>
<p>Principal representatives:</p> <p>National Association of Principals and Deputy Principals (NAPD)</p> <p>Irish Primary Principals Network (IPPN)</p> <p>Teachers' Union of Ireland (TUI)</p> <p>Association of Secondary Teachers in Ireland (ASTI)</p> <p>Irish National Teachers' Organisation (INTO)</p>

<p>Advocacy groups:</p> <p>The Asperger Syndrome Association of Ireland (ASPIRE)</p> <p>Inclusion Ireland</p> <p>Irish Autism Action (IAA)</p> <p>Irish Society for Autism</p> <p>Special Needs Parents' Association (SNPA)</p>
<p>Private providers of early intervention:</p> <p>Irish Centre of Behavioural Support and Research (ICBSR)</p> <p>Jonix</p> <p>HOPE Montessori Autism Care Centre</p> <p>Play and Language Support Pre-school (PALS)</p> <p>The Shine Centre for Autism</p> <p>Early Intervention Support Services</p> <p>Little Stars Pre-school</p>
<p>Special educational needs organisers</p>
<p>Patron bodies of special schools for autism</p>
<p>Principals of primary schools with special classes</p>
<p>Principals of schools for moderate/severe/profound general learning disabilities</p>
<p>Psychological Society of Ireland</p>
<p>Teaching Council</p>
<p>Trade union officials</p>
<p>Voluntary bodies</p>
<p>Special needs assistants</p>
<p>Health professionals, HSE</p>
<p>Department of Education and Skills:</p> <p>National Educational Psychological Service</p> <p>Inspectorate</p> <p>Special Education Section</p> <p>School Transport Section</p> <p>Building and Planning Unit</p> <p>Early Years Policy Unit</p> <p>Teacher Education Section</p>
<p>Department of Children and Youth Affairs</p>
<p>Department of Health/HSE officials</p>

All group participants received discussion questions in advance and were invited to discuss these, and any issues they raised, with their colleagues. Questions were based on terms of reference for the policy advice. At the conclusion of each consultation, participants were invited to discuss with their colleagues any further issues raised during the discussion and to submit any written proposals to the NCSE for consideration.

The questions for discussion at each consultation meeting were:

1. What, in your view, works well in current State-funded educational provision for students with autism spectrum disorder (ASD) with specific reference to:

- Early intervention
- Extended school year scheme
- Continuum of educational provision (special schools, special classes, mainstream classes)
- Education supports provided to children of school-going age (teaching, care, transport, assistive technology and so on)
- Health supports
- Roles of the various agencies and State
- Wider framework of supports that significantly impact on the education of children with ASD.

What requires to be reviewed?

2. In your view, what educational intervention/s, teaching practices and other supports should be provided to enable students with ASD achieve educational outcomes appropriate to their needs and abilities?
3. Should there be time-out rooms in schools for students with ASD? If you consider that there should be time-out rooms, what guidance should be given to schools concerning their use?
4. What, if any, educational supports should be provided to the families of students with ASD?
5. What transitional arrangements are required for students with ASD to assist them at critical transition points, (pre-school to primary, primary to post-primary, special to mainstream or vice versa, school to post-school)?

Following the consultation process the NCSE received written submissions from:

- Association of Community and Comprehensive Schools (ACCS)
- Autism Ireland
- Inclusion Ireland
- Irish Centre of Behavioural Support and Research (ICBSR)
- Irish National Teachers Organisation (INTO)
- Mark Reddy, SENO
- Miriam Dowdall, Principal, St Helen's Primary School Portmarnock
- National Educational Psychological Service (NEPS)
- Miriam Nelligan, teacher
- Psychological Society Ireland, (PSI) – behavioural analysis division
- Special Education Support Service (SESS).

Appendix 5: List of Interventions

Below are listed interventions* shown across a number of reviews to be effective for some children and young people with ASD. The descriptions are based on descriptions and intervention categories provided in these various reviews.

Antecedent-based interventions include a variety of modifications made to the environment/context in an attempt to change or shape a student's behaviour. They are typically implemented after conducting a functional behaviour assessment to assist in identifying the function of an interfering behaviour, along with environmental conditions linked to it over time. Interventions in this category reflect research representing the fields of applied behaviour analysis (ABA), behavioural psychology and positive behaviour supports.

Behavioural packages are intervention packages for school-aged children designed to reduce problem behaviour and teach functional alternative behaviours or skills through the applications of the principles of behaviour change.

Cognitive behavioural intervention (CBI) is based on the belief that behaviour is mediated by cognitive processes. Learners are taught to examine their own thoughts and emotions, recognise when negative thoughts and emotions are escalating in intensity, and then use strategies to change their thinking and behaviour. These interventions tend to be used with learners with anxiety, with some reviews identifying them as effective with older children who are higher functioning.

Comprehensive pre-school or early interventions/programmes offer a comprehensive educational experience for the child, with interventions targeting areas of development such as behaviour, social skills, communication, life skills and learning. Most of the interventions in this group were informed by or based on behavioural principles.

Differential reinforcement of alternative, incompatible, or other behaviour (DRA/I/O) involves the provision of positive/desirable consequences for behaviours or their absence that reduce the occurrence of an undesirable behaviour. Reinforcement provided: a) when the learner is engaging in a specific desired behaviour other than the inappropriate behaviour; b) when the learner is engaging in a behaviour that is physically impossible to do while exhibiting the inappropriate behaviour; or c) when the learner is not engaging in the interfering behaviour.

Discrete trial teaching is an instructional process usually involving one teacher/service provider and one student/client to teach appropriate behaviour or skills. Instruction usually involves massed trials. Each trial consists of the teacher's instruction/presentation, the child's response, a carefully planned consequence, and a pause before presenting the next instruction.

Early intensive behavioural interventions are designed to help very young children with ASD. They are based on the principles of applied behaviour analysis and involve frequent use of high-intensity (many hours per week, one-on-one) and highly structured instruction using ABA techniques.

Exercise: increase in physical exertion as a way to reduce problem behaviour or increasing appropriate behaviour.

Extinction involves withdrawing or removing reinforcers of interfering behaviour to reduce the occurrence of that behaviour. Although sometimes used as a single intervention practice, extinction often occurs in combination with functional behaviour assessment, functional communication training and differential reinforcement.

Functional behaviour assessment involves the systematic collection of information about an interfering behaviour designed to identify functional contingencies that support the behaviour. FBA consists of describing the interfering or problem behaviour, identifying antecedent or consequent events that control the behaviour, developing a hypothesis of the function of the behaviour, and/or testing the hypothesis.

Functional communication training involves teaching students communication skills to take the place of a problem behaviour arising from frustration at their inability to communicate their needs/wants.

Joint attention often involves play-based turn-taking by a teacher or parent and involves teaching a child to respond to the nonverbal social bids of others or to initiate joint attention or joint engagement. Examples include pointing to objects, showing items/activities to another person and following eye gaze.

Language training (production) includes modelling, verbalisation, prompting, reinforcement of verbal response and so on.

Modelling involves demonstrating a desired target behaviour that results in the learner imitating that behaviour, leading to its acquisition. Examples include live modelling and video modelling. Video modelling provides a visual model of the targeted behaviour or skill (typically in the behaviour, communication, play or social domains) via video recording and display equipment.

Multi-component social interventions include several elements such as social skills training or peer support in school or involvement of peers in supporting social skills in addition to a child-focused programme.

Naturalistic intervention or naturalistic teaching strategies involve using primarily student directed interactions to teach functional skills within the typical setting/activities/routines in which the student participates. Teachers/service providers establish the student's interest in a learning event through arrangement of the setting/activity/routine, provide necessary support for the student to engage in the targeted behaviour, elaborate on the behaviour when it occurs and/or arrange natural consequences for the targeted behaviour or skills.

Parent-implemented interventions involve parents providing individualised intervention to their child to improve/increase a wide variety of skills and/or to reduce interfering behaviours. Parents learn to deliver interventions in their home and/or community through a structured parent training programme.

Peer-mediated instruction and intervention involves typically developing peers interacting with and/or helping children and young people with ASD to acquire new behaviour, communication, and social skills by increasing social and learning opportunities within natural environments. Teachers/service providers systematically teach peers strategies for engaging children and young people with ASD in positive and extended social interactions in both teacher-directed and learner-initiated activities.

Picture Exchange Communication System (PECS): students are initially taught to give a picture of a desired item to a communicative partner in exchange for the desired item. PECS consists of six phases which are: (1) 'how' to communicate; (2) distance and persistence; (3) picture discrimination; (4) sentence structure; (5) responsive requesting; and (6) commenting.

Pivotal response training focuses on targeting 'pivotal' behavioural areas – such as motivation to engage in social communication, self-initiation, self-management, and responsiveness to multiple cues. The goal of developing these areas is widespread improvements. Key aspects of PRT also focus on parent involvement in the intervention delivery, and on intervention in the natural environment such as homes and schools with the goal of producing naturalised behavioural improvements.

Prompting involves verbal, gestural or physical assistance being given to students to assist them in acquiring or engaging in a targeted behaviour or skill. Prompts are generally given by an adult or peer before or as a student attempts to use a skill.

Reinforcement is an event, activity or other circumstance occurring after a student engages in a desired behaviour that leads to the behaviour's increased occurrence.

Response interruption/redirection is the introduction of a prompt, comment or other distracters when an interfering behaviour is occurring that is designed to divert the student's attention away from the interfering behaviour and results in its reduction.

Schedules involve presenting a task list that communicates a series of activities or steps required to complete a specific activity. Schedules are often supplemented by other interventions such as reinforcement. They can take several forms including written words, pictures or photographs or work stations.

Scripting is where a verbal and/or written description about a specific skill or situation is used and serves as a model for the student. Scripts are usually practised repeatedly before the skill is used in the actual situation.

Self-management instruction focuses on students discriminating between appropriate and inappropriate behaviours, accurately monitoring and recording their own behaviours, and rewarding themselves for behaving appropriately.

Social narratives or stories are used which describe social situations in some detail by highlighting relevant cues and offering examples of appropriate responding. Social narratives are individualised according to student needs and typically are quite short, perhaps including pictures or other visual aids. They also seek to answer the who, what, when, where and why to improve perspective taking.

Social skills training involves group or individual instruction designed to teach students with autism spectrum disorders (ASD) ways to interact appropriately with peers, adults and other individuals. Most social skill meetings include instruction on basic concepts, role-playing or practice and feedback to help students with ASD acquire and practise communication, play, or social skills to promote positive interactions with peers.

Social communication training is also noted as effective and these psychosocial interventions involve targeting some combination of impairments such as pragmatic communication skills and the inability to read social situations.

Structured play groups involve small group activities characterised by their occurrences in a defined area and with a defined activity, the specific selection of typically developing peers to be in the group, a clear delineation of theme and roles by adult leading, prompting, or scaffolding as needed to support student performance related to the activity's goals.

Task analysis is a process in which an activity or behaviour is divided into small, manageable steps to assess and teach the skill. Other practices, such as reinforcement, video modelling, or time delay, are often used to facilitate acquisition of the smaller steps.

Technology-aided instruction and intervention involves interventions in which technology is the central feature for supporting the acquisition of a goal. This includes for instance computer aided instruction and speech generating devices.

Time delay in a setting or activity in which a student should engage in a behaviour or skill, a brief delay occurs between the opportunity to use the skill and any additional instructions or prompts. Its purpose is to allow the student to respond without having to receive a prompt. It thus focuses on fading use of prompts during instructional activities.

Visual support is any visual display that supports the student engaging in a desired behaviour or skills independent of prompts. Examples of visual supports include pictures, written words, objects within the environment, arrangement of the environment or visual boundaries, schedules, maps, labels, organisation systems, and timelines.

* Some of these interventions have been collated into packages which are available as branded models, such as Early Start Denver Model, Picture Exchange Communication System, TEACCH and so on.

Appendix 6: List of Recommendations

Recommendation 1: Prevalence Rate

The DES should adopt an ASD prevalence rate of 1.55 per cent for planning purposes.

Recommendation 2: Pre-school

The Government should bring clarity to the system by having one appropriately supported national pathway up to, and including, pre-school so that parents understand the support that is available for their children with special educational needs, including ASD, from what point this support is provided and where it is delivered.

To bring this about:

- 2.1 The Government should specify the lead Department with responsibility for providing for the pre-school system for all children, including those with ASD, and clearly identify and set out the governance arrangements to be in place.
- 2.2 Collaborative multidisciplinary assessment must be provided on a timely basis and lead to individualised planning and early intervention. Staff trained in ASD specific interventions, and therapeutic/clinical services and supports, must be made available where needed and tailored to the child's assessed needs. Parents and pre-school staff must have access to specialist information, training and guidance on appropriate interventions based on the individual needs of the child.
- 2.3 Quality and standards must apply in pre-school settings and when these are in place, children with complex special educational needs (including many children with ASD) should be allowed, as appropriate, to spend two years in that setting to ensure they have every opportunity to be as independent as possible by the time they start primary school.

Recommendation 3: School-Aged Provision

While acknowledging the extensive progress in school-aged provision for students with ASD, further improvement can be brought to the system in the following ways:

3.1 Inclusive admissions policies:

The NCSE should be equipped with the necessary authority to instruct a school to open a special class when it deems necessary.

NEPS staffing allocation should allow for a psychologist to allocate an appropriate number of days each year to provide a quality service to special classes and to provide advice on educational placements. The DES should quantify the appropriate number of days based on the needs of the students in the special class.

3.2 Developing post-primary provision:

Post-primary models of support should be age appropriate and reflect organisational structures. More able students with ASD should be supported through resourced mainstream provision while only those with complex needs should be placed in a special class.

The DES should consider making provision in post-primary schools, in line with educational need, to enable a teacher to have overall responsibility for the organisation and co-ordination of educational programmes for students with special educational needs, including ASD.

The DES should reframe its policy on the use of over quota hours for resource teaching to ensure that only teachers with appropriate skills, knowledge and competencies are allocated resource teaching hours. The practice of spreading resource teaching hours over an excessive number of post-primary teachers' timetables should be discontinued.

3.3 Staffing matters

The DES should allocate additional administrative days to primary schools with teaching principals to allow for the additional workload involved in setting up and maintaining special ASD classes. The DES should quantify the appropriate number of days based on the needs of the school.

The DES should also consider providing additional administrative support to primary schools with special ASD classes where a fulltime secretary is not in place.

3.4 Redeployment panel

The DES should ensure that the operation of the redeployment panel enables special schools and special classes to recruit teachers with the requisite levels of experience and qualifications to work with the cohort of students enrolled. If no such teacher is available on the panel, the school should be allowed to make other recruitment arrangements.

The DES should further ensure that teachers recruited from the special panel for appointment in special schools and classes receive any necessary training before taking up this position or as soon as possible thereafter.

3.5 Substitution register

The Teaching Council should compile and maintain a register of teachers with experience and qualifications in special educational needs who have indicated their interest and availability for substitution work in schools.

Recommendation 4: Developing Teacher Knowledge, Skills, Understandings and Competency

The DES should request the Teaching Council to develop, as a matter of priority, standards in relation to the knowledge, skills, understandings and competencies that teachers require to enable students with complex special educational need, including ASD, to receive an education appropriate to their needs and abilities in mainstream and special settings and a framework for teacher education to meet these standards.

- 4.1 The Teaching Council should publish detailed information on what constitutes the mandatory ITE module on inclusive education and following this exercise should, in conjunction with the NCSE, engage with the higher education institutions to ensure standards and consistency across programmes.
- 4.2 Pending development of standards and a framework for teacher education in ASD, the DES should ensure that:
 - Sufficient comprehensive programmes of professional learning in ASD are funded, developed and made available for mainstream primary and post-primary teachers and teachers in specialist roles and settings which are tailored to the particular needs of each cohort of teachers.
 - Teachers should continue to engage in ongoing CPD following this programme.
 - Teachers should have a minimum of three years' teaching experience (post-probation) before taking up a position in a special class for students with ASD to allow time for development and upskilling.
 - A training programme and mentoring system should be available for school leaders to provide up-to-date knowledge of, understanding in and information on the education of students with ASD.
- 4.3 The Inclusion Support Service should be sufficiently resourced to develop the capacity of schools to promote positive behaviour, to anticipate and reduce the incidence of challenging behaviours and to manage such behaviours if/when they arise.

Recommendation 5: Educational Interventions for Students with ASD

School development of educational programmes and identification of appropriate evidence-informed interventions for students with ASD should be informed by HSE multidisciplinary assessment.

- 5.1 The Inclusion Support Service should be sufficiently resourced to provide a comprehensive, national programme to ensure that teachers are trained and upskilled in choosing evidence informed⁶⁶ educational interventions that fit student needs.
- 5.2 The DES should assign responsibility to the Middletown Centre for Autism⁶⁷ for regularly and formally updating the list of evidence informed educational interventions for ASD.
- 5.3 School management should ensure that educational interventions used are evidence-informed.

Recommendation 6: Other Educational Supports

6.1 Special needs assistants

Further to previous clarifications of the SNA role (Circular 30/2014), it would be helpful for the DES to remind schools that under their contracts, SNAs can be assigned duties appropriate to their job description and tailored to the needs of the students they support.

The DES should regularly review the SNA role in supporting the care needs of students with ASD to ensure the service effectively addresses their needs.

The NCSE should be permitted to allocate additional SNA support where this is clearly required to assist students transitioning, within a school, from a special to a mainstream class on a full-time basis. This support should be for a time-bound period and should focus on ensuring the student is independently able to complete this transition as soon as possible.

6.2 Continuing professional development (CPD) for school-related staff

The DES should arrange for the development of a generic training programme for SNAs to address the core skills to be acquired by all SNAs and should be cognisant of the need for such training when funding boards of management. The boards should have responsibility for ensuring SNAs have taken the generic training programme.

Other personnel working with students with ASD, including bus escorts, drivers and caretakers should also receive training to promote and develop a common basic understanding of ASD and how it may affect students.

⁶⁶ An evidence-informed practice in the education sphere has been defined in the literature as an instructional strategy, intervention or teaching programme that has resulted in consistent positive results when experimentally tested (Mesibov & Shea, 2011).

⁶⁷ The Middletown Centre for Autism was established in 2007 to support the promotion of excellence in the development and co-ordination of education services to children and young people with autistic spectrum disorders (ASDs). It is a jointly funded initiative between the Department of Education, Northern Ireland and the Department of Education and Skills, Ireland.

6.3 Special transport scheme

The Departments of Health and Education, through the cross sectoral team, should jointly consider and put in place appropriate practical arrangements to enable students with complex special educational needs, including ASD, to be transported:

- To and from respite care settings to school, on the same basis they are transported from their homes; and
- Pending full roll-out of the progressing disabilities policy – to alternative special schools and classes where the HSE is unable to provide necessary therapy supports for a student in his/her local school.

The HSE should ensure that times for respite care cover are synchronised with school start and finish times so there are no gaps in service for the child/family.

6.4 Technology-aided instruction

As part of their overall training programme in ASD, teachers in specialist roles and positions should receive training in technology aided instruction for use with students with ASD.

The Middletown Centre for Autism should be funded to research, compile, maintain and update a list of technology (including software) shown to be effective in teaching students with ASD.

6.5 Capitation grants

The DES should consider extending the enhanced level of capitation grant for ASD to post-primary schools with special classes on the same basis as primary schools to assist them with the increased running costs associated with these classes.

The DES should ensure that all post-primary schools (voluntary secondary, community/comprehensive and ETB schools) receive the equivalent level of capitation grant for students with ASD in special classes.

6.6 Furniture and equipment

The DES should review whether the special education element of the minor works grant (€5,500 basic grant plus €18.50 per mainstream student and €74 per student with special educational needs) is sufficient to cover the additional wear and tear that can be caused to furniture and equipment through incidents of challenging behaviours.

The DES should put in place an alternative funding mechanism for the maintenance and replacement of essential equipment (for example laminators, hoists, photocopiers, software and consumables), for schools with ASD classes where it ever necessary to withdraw funding for the minor works grant in the future.

The DES should issue specifications on furniture and equipment to be installed in a special class and should then review the adequacy of the start-up grant in the context of these specifications.

6.7 Post-school provision

The relevant Departments and associated agencies should jointly review their respective policies for post-school options for students with special educational needs, including ASD, to ensure these students have access to a full range of meaningful post-school work, educational and other placement opportunities.

Recommendation 7: Extended School Year Scheme

Discussions are urgently required between the Departments with responsibility for education, health, social protection and others as relevant, about how an equitable, national, day activity scheme can be developed that provides a structured, safe, social environment for students with complex special educational needs, including some students with ASD, for one month of the summer holidays and how such a scheme would be quality assured.

In the meantime:

- 7.1 Boards of management should be satisfied that schools which continue to provide school-based July provision have adequate supervision arrangements in place to ensure the welfare and safety of participating students. Parents should satisfy themselves that their children are in a safe environment whether in a school or home based programme.

Recommendation 8: Multidisciplinary Supports

The Government should provide for sufficient ring-fenced resources to ensure the HSE is in a position to provide adequate multidisciplinary supports to students with complex special educational need, including ASD, who require such supports to access education.

In addition:

- 8.1 The HSE should ensure there is a ring-fenced and adequate level of speech and language therapy available to meet the needs of students with complex special educational needs, including children with ASD. Where appropriate, this service should be delivered onsite in the student's pre-school or primary or post-primary school.

Given the clear relationship between speech and language development and cognitive development and given that speech and language therapy services in some other countries are attached to the relevant educational authority, the DES, in conjunction with the Department of Health should consider how best speech and language therapy can be delivered to students with complex needs, including the possibility of the DES assuming responsibility for its delivery to school-aged children.

- 8.2 The HSE should provide clear information to parents on the level of service their child requires and can expect to receive, how it will be delivered and how parents can support their children's development.

Recommendation 9: Transition

Schools should draw up a post-school transition plan for students with ASD as part of their individualised education planning. This should refer to the necessary links to post school specialist services or further and higher education institutions, as appropriate.

Recommendation 10: Crisis Situations

The DES should request the National Educational Psychological Service to prepare and issue clear guidelines to schools on: realistic and appropriate emergency procedures for crisis situations, involving episodes of extremely challenging or violent behaviour, causing serious risk to the student him/herself, other students or staff members; and the supports available to students, teachers, and parents following such incidents. In addition to other legal requirements referenced in the text of this paper, the DES should seek legal advice to ensure the guidelines are lawful.

In addition:

- 10.1 Schools should provide a 'quiet space' for students with ASD to meet their sensory needs but time-out rooms⁶⁸ should not be available specifically for them as there is no evidence basis to support their use with this group.
- 10.2 Where clearly necessary, special schools should be funded and supported to create an alternative and tailored environment for the few students with ASD who regularly demonstrate extremely and unpredictable violent behaviour, with a focus on re-integrating them with their peers as soon as is feasible. We would recommend that where possible, these spaces are not used exclusively for this purpose.

Recommendation 11: Support for Families

The relevant Government Departments recognise the importance of adopting a child-centred approach, within the family context, to supporting parents and families and in equipping them with the relevant knowledge and understanding of the ongoing impact that a diagnosis of ASD may have on their lives.

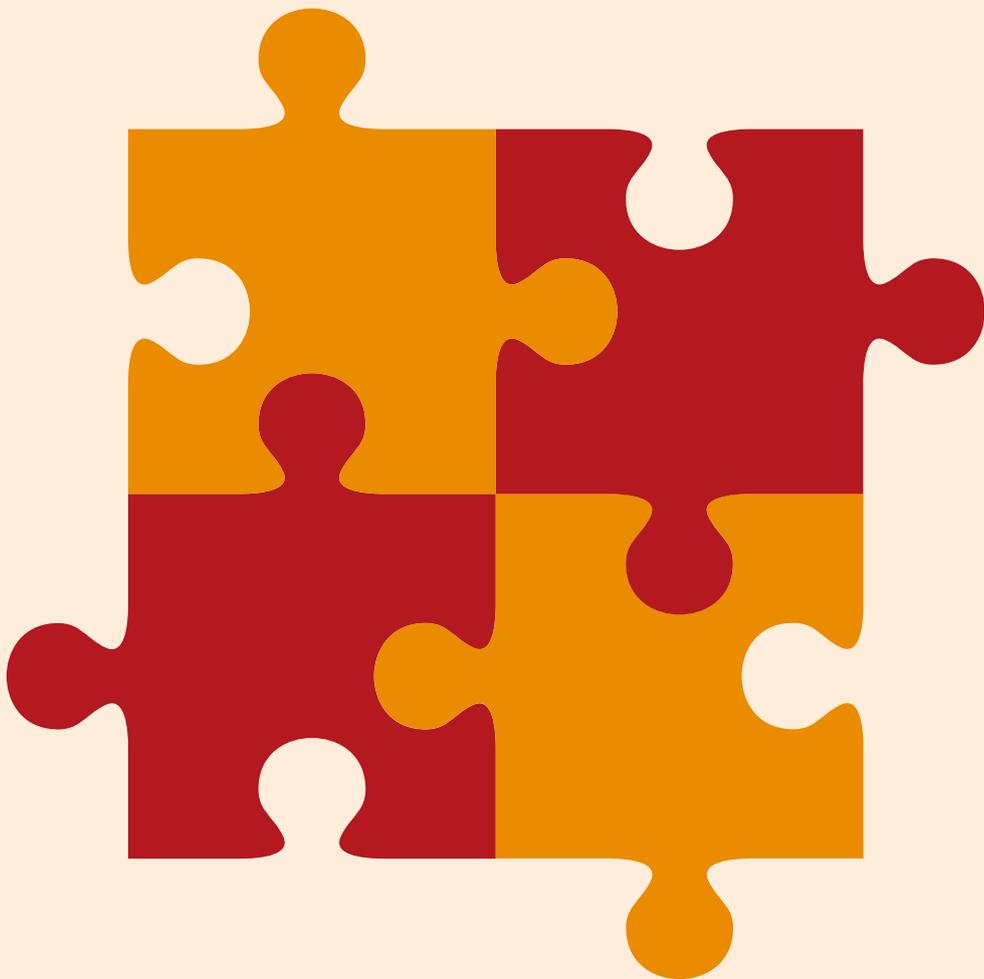
To assist this:

- 11.1 Timely, consistent and ongoing access to HSE multidisciplinary therapy teams should be available, as necessary, to advise parents as their child grows and matures, with regular appointments to assess progress.

⁶⁸ Time-out rooms, in this context, refer to spaces which are used to involuntarily confine a child alone in a room or area which the child is physically prevented from leaving. This includes situations where a door is locked as well as where the door is blocked by other objects or held closed by staff – regardless of the intended purpose or the names applied to this procedure and the place where the child is secluded.

- 11.2 Training for parents by HSE and Middletown Centre for Autism, based on such programmes as the Early Bird and Early Bird Plus programmes, and the Incredible Years programme should be available to parents and families of children with ASD on a consistent basis nationally. Sibling workshops should also be consistently available, where indicated, to support siblings in understanding the nature of ASD.
- 11.3 Schools should use the student planning process to inform parents about and involve parents in, educational approaches used with their children with ASD in school.

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