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Meeting the professional needs of learning support assistants for pupils with complex needs

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Abstract

Learning Support Assistants (LSAs) in mainstream and special schools are increasingly required to assist teachers with pupils who have complex special needs. This study examined through a questionnaire the perceptions of LSAs (N=154) working in a range of schools as to their training needs and, through interviews, sought the views of the senior school staff and nurses (N=6) on how best pupils with complex needs can be assisted by LSAs. A process model is proposed to enable LSAs to fully support inclusion on schools and to tread a clear pathway towards their professional development.

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1. Introduction

Internationally more children with disabilities are enrolling in mainstream as well as special schools. A favoured strategy for facilitating their inclusion within education is through the provision of learning support assistants (LSAs) - also called classroom assistants, teaching aides or paraprofessionals (Farrell et al. 2000). They assist teachers and often provide individual support for pupils and attend to their particular physical, social as well as educational needs. In recent years pupils with more complex needs are found in many classrooms arising from conditions such as Autism and additional medical or health conditions that require significant assistance (McConkey and Kelly 2001; Moore et al. 2004).

The presence of LSAs’ in classrooms is thought by many parents and teachers to be a critical factor for successful inclusion (Giangreco et al. 1998; Wood 1998). Moreover the importance of their support for both teachers and pupils is now widely recognised (Moran and Abbott 2002). However Blatchford et al. (2007b: 19) found ‘little evidence that the presence of teaching assistants or any characteristic of teaching assistants such as training … had a measurable effect on pupil attainment’, but it was recognised that they made teachers’ jobs more productive and gave invaluable support to the less able children. More challengingly, Blatchford et al. (2009) reported a negative impact on the academic progress of pupils receiving most support from teaching assistants although this was not attributable to the support given, rather that the pupils could ‘become separated from the teacher and curriculum’ (Webster, 2010: 28).
To date there has been sparse research into the role of LSAs in schools and classrooms and how they can be best prepared and supported in their work. In the United Kingdom there are variety of training opportunities and qualifications available but these tend to focus on children in general whereas LSAs often have to perform more specialised functions. Butt and Lance (2005) recently suggested that, to allow them to operate most effectively there must be ‘more involvement of teaching assistants in … planning; and more training for [them] in their expanding roles’. In Australia, Broadbent and Burgess (2003: 1) underlined the need for teaching assistants to ‘receive adequate and appropriate professional development’ to work effectively ‘for the betterment of all concerned’ and, in Finland, Takala (2007: 51) describes them as ‘a primary mechanism to implement more inclusive schooling practices’.

2. Research Methodology

The two main aims of this study were to investigate, firstly, how LSAs were coping with the greater complexity of their work, how confident they felt in meeting these demands and to assess the training they had and that they wanted. Secondly, it sought to determine their roles within classrooms and how these fitted in with those of other professionals.

First, three focus groups were conducted with LSAs on the basis of the research aims and objectives across three types of schools (18 in primary (p), post-primary (pp) and special (s) schools). The findings confirmed the need to ascertain LSAs’ perceptions of their role within classrooms and across different types of schools, as the work seemed to have changed in recent years due to the increased complexity of the pupils attending mainstream and special schools. Equally, LSAs appeared to have limited opportunities for training and sparse information was available on the common topics and issues that needed to feature in their training.

Second, based on these focus group interviews, key questions were identified to form a questionnaire sent with prepaid envelopes to 400 LSAs through the Principals of 100 randomly selected Northern Ireland schools, 20 from the five administrative areas in Northern Ireland. A copy of the questionnaire is available from the authors. There was a returns rate of 39% (154 cases) (no reminder possible).

Third, to triangulate and also add a qualitative dimension, six semi-structured interviews were conducted with three Special Educational Needs Coordinators who have responsibility within their schools for all pupils with special educational needs (SENCOs) and three School Nurses (SNs) who advise and support pupils with medical conditions. Whilst sample groups were representative of their membership, the findings from this small-scale study should be tentatively interpreted.

The LSAs who responded to the questionnaire were predominantly female (98%) and represented 43% special, 37% primary and 20% post-primary schools. Time in post ranged from one to 32 years. The SENCO/SN sample was female apart from one male SENCO. Two SENCOs were in post for seven and one for five years. The nurses had been employed in schools for, respectively, two, three and 10 years. Verbatim quotes are used throughout the analysis to illuminate findings, with gender and sector indicated for LSAs and, in the case of SENCOs and SNs, position and sector.

Ethical approval was obtained from the University’s Research Governance Filter Committee for Education, with all issues such as voluntary informed consent and confidentiality considered. Collective and individual anonymity was assured in any publication arising from the research ‘so that identities cannot be uncovered’ (Kelly 2009: 433).

3. Findings

The findings are presented within two broad domains that reflected the main aims of the study: first, the work undertaken by LSAs with pupils who had complex needs and the training they had received or required, and second, the role and responsibilities of LSAs within schools and the wider educational system.

3.1 The work of LSAs and their training
3.1.1 Pupil needs and nature of support provided

LSAs supported pupils with wide-ranging and complex medical and health needs, together with learning difficulties and disabilities, most frequently cited by three-quarters or more of respondents in each case, were emotional and behavioural difficulties (EBD), aspects of autism, and learning difficulties such as dyslexia and dyspraxia. Pupils also had physical difficulties (cerebral palsy, multiple sclerosis and spina bifida), hearing and visual impairment, and chronic illnesses such as diabetes.

Around one-third of LSAs administered medicine to certain pupils (including intravenously) (31%), 12% carried out glucometer checks, 11%, in each case, were responsible for peg feeding and for mouth care, 8% for catheterisation and 7% for suction.

3.1.2 LSAs’ qualifications

The complexity of the pupils whom the LSAs were assisting raises issues as to how well they are qualified to undertake this work. In this sample, most held an NVQ (65%) (NVQ Level 3 with Special Needs or NVQ Level 3), a small number held the NNEB (16%), and a few had a degree in childcare (4%) or a nursing qualification (see Table 2).

However, the SENCOs did not consider that the LSAs’ most commonly held qualifications fitted them fully for their responsibilities - ‘Totally inadequate’ (SENCO, pp) - because of the extensive range of pupil needs and the age-related requirements of older pupils.

For the complexity of the children that we’re now getting ... you need quite highly qualified staff. ... don’t think there’s enough covered that would be specific for what we need. (SENCO, s)

3.1.3 LSAs’ demand for further training and courses requested

Given these views, it was not surprising to find that overwhelmingly, LSAs wanted further training (97%). First, most wanted to deepen their understanding of the conditions and syndromes they encountered. Hence, most wanted courses on Autistic Spectrum Disorders (75%) and Asperger’s Syndrome (67%). Various respondents requested further information on other syndromes/conditions such as Down’s syndrome, Attention Deficit Hyperactivity Disorder (ADHD), Muscular Dystrophy and Prader-Willi syndrome while those in special schools mentioned Angelman syndrome, West’s syndrome, Crie de chat, Rett’s syndrome and cerebral palsy.

Second, the LSAs were also keen to acquire practical skills that would assist them to manage the pupils’ behaviours and assist their learning. Mention was made of behaviour management, dyspraxia, hearing impairment, sign language (Makaton), counselling for children epilepsy and ICT.

A third theme related to the skills around the physical wellbeing of the children. Around half wanted training in First Aid, on allergies and the use of the Epipen with a third wanting instruction on moving and handling, and in the administration of medication.

For their part, the SENCOs and SNs emphasised the unmet training needs of LSAs

We now have to focus on the extremes of autism, the extremes of behaviour, or the extremes of medical conditions. ... initiatives in approaches to learning and individualised programmes for children that [LSAs] could be missing out on because of those extremes. (SENCO, s)

3.1.4 Access to training courses

The opportunities that LSAs had to access in-service training were also explored. Almost three-fifths of LSAs had asked to attend courses outside school (59%), of whom over half were ‘sometimes’ allowed to do so (56%), 33% ‘always’ and a minority ‘never’ (11%). The SENCOs and SNs confirmed LSAs’ interest in courses, explaining that attendance raised their profile and improved motivation and self-esteem. A number of reasons were given as to whether LSAs were permitted to attend courses they had requested. Often, financial constraints concerning substitute cover prevented this. A further reason was that some courses were solely for teachers.
In sum, increasingly, LSAs are deployed with pupils who have ever more complex needs both in mainstream as well as special schools. There was ample evidence that most were ill-qualified for this work when recruited and, despite the detailed listing of training needs, most had insufficient opportunities to develop their understanding of the children’s conditions or to acquire the specialist skills that would assist their pupils.

3.2 The roles of LSAs

The second domain covered by the study was the perceived role of LSAs within classrooms and schools. The LSAs identified three overarching roles to their work: helping with pupils’ learning needs (96%), assisting the teacher with the running of the class (85%), helping pupils with medical and health needs (70%). Specific responsibilities were numerous and varied, and included setting up the classroom on a daily basis, organising pupils’ individual timetables, initiating and maintaining contact with parents.

3.2.1. Challenges, adequacy of qualifications and prospects for LSAs

The major challenges in the classroom reported by LSAs were behaviour management (84%), followed by coping with role reversal when substitute teachers were untrained in particular medical or health conditions (62%) which prevailed to a lesser extent when the class teacher was not trained (40%). Almost half referred to their lack of knowledge of the Northern Ireland Revised Curriculum (47%), 44% had concerns about meeting the complex needs of high risk children, and a few about working with parents.

Overall, just over half felt qualified ‘up to a point’ to undertake their responsibilities (52%), 42% ‘definitely’ did, 4% were ‘unsure’ and 2% did not. A SENCO felt that new LSAs were not being properly prepared for their role.

That structure is not there … Any LSA coming into school would have an induction programme supported by the SENCO, and the class teacher would be involved as would the Head of Department. We set up a mentor for the last LSA who started here … important in terms of staff development … don’t think anyone goes in ready to hit the ground running, but sometimes they have to.

3.2.2 Planning

Just 16% of LSAs were involved in planning at whole-school level, one-fifth at departmental level, with a markedly different picture at classroom level, where some 70% were included in planning for special needs but surprisingly, some 30% were not included in classroom planning.

Involvement at whole school level meant attending staff meetings, regular reviews, in-service training discussions and Staff Development Days. It required drawing up monthly planners for pupils, helping with risk assessment and policies, and organising special examination conditions. At departmental level, most LSA involvement was in the post-primary sector and concerned planning literacy support, differentiation, lesson plans for core subjects and resources, as well as participation in the behaviour support team: ‘Making suggestions with opinions taken into consideration’; ‘We discuss how [problems] can be resolved as a team’. There were inter-departmental meetings to plan early responses, and transition meetings with outside agencies for post-16 pupils.

At classroom level, planning included liaising with the teacher and SENCO as a team, setting up programmes for pupils’ individual needs, discussing their plans and routines based on progress and ability (including behaviour management), assisting with toileting programmes, organizing visual aids and displays, setting up withdrawal sessions, providing ICT support, and liaising with outside professionals and parents.

3.2.3 What are the prospects for LSAs?

Without exception, those interviewed believed the LSAs’ role should be a profession in its own right. There was agreement that they provided an excellent service and it was up to each school to make the role professional. In an increasingly demanding job, it was thought essential to give them the recognition they deserved, and to integrate them fully as valuable staff members. Moreover, a re-evaluation of what they did would increase awareness of the difficulty of managing without LSAs’ services.
In sum, this study highlights the essential role of LSAs in supporting the needs of pupils with complex needs and yet their contribution within schools and the wider educational system seems to be under-valued, at least in Northern Ireland. A review of their role is essential in order adequately to address their training needs and further professional development.

4. Discussion

Learning support staff in schools want and deserve the help necessary to fulfil what Dyer (1996: 191) calls their ‘gluing, quilting and genuinely cementing role’, one that has become increasingly vital to put into practice the philosophy of inclusion. This was demonstrated here by both sets of data. The range of duties, skills and responsibilities expected of them is quite vast, and spans pedagogical, health and medical needs of a much more complex kind now that inclusive schooling is more prevalent across a wide range of special educational needs.

Blatchford et al. (2007a: 22) found that teachers overwhelmingly believe that delegating the ‘neediest’ pupils to learning support staff allows them to focus more attention on the rest of the class, thereby satisfying ‘the ideal of meeting the needs of all pupils’, and providing for difference. This forms the essence of inclusive practices, and demonstrates beyond doubt the contribution made by learning support staff in this regard. Moreover, Ofsted (2002), evaluating the quality and impact teaching assistants’ work, underlined the need to meet their training requirements; and continue to develop a structure of qualifications ... [focusing on their] roles and responsibilities’ (p.6). However, training is going to have to address much more specific topics and must be in response not just to the child, but to the role the LSA plays in school rendering it more professionalised.

In order to allow learning support staff to be the key players in inclusion that they are perceived to be (Moran & Abbott, 2002), there is a need to understand some of the needs with which pupils present as a result of impairment or diagnosis, and to provide practical advice on tailored approaches to meet these. Within schools this would mean organised induction, assigning a mentor, and planning good management of LSAs’ time and effective deployment within and across classes. Opportunities should be created for them to acquire understanding and skills related to the necessary curriculum knowledge and good working partnerships with teachers should be established. At policy level, continuing professional development specific to LSAs’ requirements should be assured. They should be helped to liaise with health and social services as well as education personnel, and encouraged to share their knowledge with parents while also drawing on the expertise that parents have of their child (Wolfendale, 2002). Professional standards set out for support staff (Blatchford et al. 2007a) should be monitored by school management and the inspectorate.

Suggestion in the data was the addition of a specialist module on pupils’ complex needs to the most commonly held qualifications and the opportunity for LSAs working in mainstream schools to undertake placements in a special school. Further, as part of continuing professional development for LSAs, Groom (2006) recommended the sharing of school information, school policies and procedures; work shadowing; observation of lessons and attendance at staff briefings and team meetings. He advocates a collaborative approach with ‘a strong emphasis on working together … to share good practice and to develop problem-solving strategies to improve teaching and learning.

Nonetheless, LSAs are not teachers and most do not aspire to be. There are currently no professional development routes within their sphere of practice, yet they are often the best placed workers in schools to have insight into the pastoral and emotional needs of pupils, able to integrate the specialist advice for individual pupils provided by various healthcare professionals, like therapists and nurses. As such, the capacity should be developed to feed their professional knowledge into school organisation and planning, enabling senior management and teachers to use this expertise. LSAs could thus become professionals in their own right.

LSAs do a different job, but remain central to inclusive schooling in all its aspects, and provide an important coordinating function with healthcare professionals and families. There should, therefore, be the strongest commitment to supporting their professional needs, in harmony with the highest respect for their role if inclusive education is to be attained for pupils with more complex needs.
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References


