Submission to the Education Committee – Call for Evidence on Special School Sector Challenges
By Brenda Mullan, Vice Principal, Clifton School, Bangor

Introduction
I welcome the opportunity to respond to the Education Committee's call for evidence. This submission reflects the lived reality of being part of the strategic leadership within a special school and highlights systemic challenges that threaten the sustainability and quality of provision for children with Special Educational Needs. These issues impact pupils, parents/carers, staff, and leadership teams, and they contravene statutory obligations under the Children's Services Co-operation Act (Northern Ireland) 2015, the Special Educational Needs and Disability (SEND) Act (Northern Ireland) 2016, and associated guidance.

It is important to emphasise that these concerns are not directed at individuals. There are many dedicated and caring professionals within the Education Authority (EA), Health and Social Care Trusts (HSCTs), and the Department of Education (DE). The issues are structural and systemic: the systems intended to support special schools are failing, resulting in schools absorbing additional responsibilities without sufficient resources or clarity.

Increasing Complexity of Need

Recent years have seen pupils presenting with increasingly complex medical, behavioural, and psychological profiles, necessitating multi-disciplinary input and bespoke interventions. Pupils with severe and challenging behaviour, who may have moderate or mainstream needs, are frequently placed in SLD (Severe Learning Difficulties) and PMLD (Profound and Multiple Learning Difficulties) special schools alongside highly vulnerable pupils. The absence of specialist behaviour support settings in Northern Ireland is a significant concern. Furthermore, there appears to be no research by DE or HSCTs into the causes of this rise in complexity. While advances in medical care and increased societal awareness of SEN may contribute to higher reported cases, these factors alone do not fully explain the increase.

Impact:

- Pupils risk unmet needs and compromised educational outcomes.
- Parents experience heightened anxiety and diminished trust.
- Staff face escalating workload without corresponding resources.
- Leadership struggles to balance safety, curriculum delivery, and compliance.

Reduced Allied Health Professional (AHP) Input

The face-to-face, intensive delivery of Speech & Language Therapy, Occupational Therapy, and Physiotherapy has significantly reduced. Instead, strategies are being "passed on" to teaching staff without the necessary training or capacity. This reduction comes at a time when teachers are just emerging from a significant period of industrial action. Teachers are very aware of their time constraints and additional workload.

Concerns:

- There is no clarity on some AHP programmes of offer and referral criteria despite repeated requests from school leadership.
- AHPs are reluctant to outline their programme of offer, which contravenes statutory duties under Section 2 of the Children's Services Co-operation Act (NI) 2015 and the SEND Act (NI) 2016, both of which require collaborative working and transparency in service provision.

Impact:

- Teachers are expected to deliver therapeutic strategies without clinical training, additional time, or the additional workload being reflected in their pay.
- Pupils are denied specialist input, leading to regression in communication, mobility, and sensory regulation.
- There is confusion among parents who believe that when their child has a statement of SEN and attends a special school, they will access their therapies as outlined in their statement of SEN in the special school environment. However, this is not always the case.

Delegated Clinical Tasks to ASEN Classroom Assistants

Guidance on ASEN job descriptions provided by the EA remains ambiguous, leading to differing interpretations by trade unions and the EA. This ambiguity exposes schools to various challenges.

Discrepancies between the EA's List A and clinical interventions recognised by non-teaching unions have created significant uncertainty. Staff are often reluctant to undertake procedures such as tracheostomy changes and administration of blended feeds without explicit union authorisation, resulting in inconsistent care provision and disproportionate responsibility for some staff. Some Classroom Assistants (CAs) refuse to administer rescue medication for epilepsy or anaphylaxis, interpreting the job description as requiring only one of three duties to qualify for pay, rather than meeting the holistic needs of pupils. Classroom Assistant (ASEN) JD.doc

Consequences: The South Eastern Health and Social Care Trust (SEHSCT) faces increased pressure due to repeated training requests, as CAs cycle between willingness to train and opting out of applying their training. A unified understanding between the EA, DE, Trade Unions, and HSCT is essential to clarify roles and ensure effective, consistent provision.

Parents and Guardians: Parents are required to remain on-site during the school day to provide routine care and be available for emergencies. This is unsustainable and negatively impacts families, including loss of respite, inability to maintain employment, and increased stress.

Impact:

- Pupils: Safety is compromised when staff responsibilities are unclear.
- Staff: Anxiety, industrial disputes, and risk of litigation.
- Leadership: Inability to deploy staff confidently.

Environmental and Infrastructure Challenges

Our school lacks specialist rooms for cookery, art, music, adequate meeting spaces, and staff rest areas. Outdoor play areas are in poor repair, with unsafe equipment left fenced off despite repeated requests to EA for removal. While a School Enhancement Programme (SEP) and a minor works scheme are planned, both remain at the planning stage and delays are inevitable due to planning approval issues. Although these plans offer some hope, they will not alleviate the burden for some time. Another issue is that the Education Authority (EA) does not acknowledge that a significant amount of work relating to SEP and minor works input and planning falls to school

leaders, who must manage these tasks while simultaneously running a school, without any additional human resource allocation to ease this burden.

Impact:

- Pupils: Limited access to specialist rooms affects the quality of education and enrichment activities.
- Staff: Inadequate meeting spaces and rest areas contribute to staff dissatisfaction and burnout.
- Leadership: The additional planning responsibilities without extra support strain school leaders, impacting their ability to focus on core educational and administrative duties.

Bursar Required – Leadership Overload

Special schools are not permitted by EA to hire bursars, unlike mainstream schools. This forces leadership teams to manage finance, procurement, and compliance tasks alongside safeguarding, curriculum, and staff wellbeing.

- Leadership: Overstretched, risking errors and reduced strategic capacity.
- Staff: Lack of administrative support affects operational efficiency.
- Pupils: Indirect impact through reduced leadership focus on educational quality.
- Families: Experience delays in school responses and decisions.
- Agencies: Coordination suffers due to leadership being pulled in multiple directions.

Workforce Pressures and Attendance Management

Elevated rates of teacher and classroom assistant absence present a persistent challenge. The Education Authority's (EA) current approach to repeated attendance breaches can impede schools' efforts to uphold established policies, often resulting in ongoing staffing shortages and diminished morale. Complex cases, where staff repeatedly violate the EA attendance policy and neglect to participate in scheduled attendance meetings, further complicate matters. When schools attempt to implement disciplinary measures in line with EA policy, they are frequently advised by the EA not to proceed, fostering an environment where consistent attendance is not adequately incentivised. This dynamic may contribute to increased instances of questionable absences, perpetuating the problem.

Consistent staffing is crucial for pupil outcomes. Regularly training new personnel to cover absences is resource intensive, particularly as schools rely on Health and Social Care Trust (HSCT) professionals to provide medical support training. School staff must also instruct new colleagues in protocols such as moving and handling, Team Teach, intimate care, and supporting pupils with specific needs, including Autism Spectrum Disorder (ASD).

Absences due to workplace injury or burnout, while distinct from other types, have an equally significant impact on students. Staff frequently experience injuries—such as bites, headbutts, hair pulls, fractures, concussions, and joint trauma—while supporting pupils who exhibit challenging behaviours. Working in environments that do not fully accommodate pupil needs increases risks of anxiety, trauma, stress, and low morale among staff. Leadership holds responsibility for safeguarding both pupils and staff, though it is often difficult to eliminate all risks. Despite engaging with EA psychology services, SARS, and special schools services, external support remains limited. While the

school provides protective equipment like bite and chest guards, requests to the EA for additional protective recommendations have not been supported. Although all staff receive Team Teach training—which emphasises de-escalation—incidents involving high-risk behaviour can still occur.

Impact:

- Pupils: Disrupted staffing undermines the consistency and quality of education and care.
- Staff: Those with exemplary attendance may feel demotivated, while the persistence of questionable absences contributes to a cycle of disengagement. Physical and emotional injuries remain prevalent concerns.
- Leadership: Limited enforcement of attendance policies, alongside the continual need to train replacements, places considerable strain on resources and leadership capacity.

The demand for Special Educational Needs (SEN)-trained staff continues to grow across all educational settings. However, recruitment remains sluggish and retention is hindered by factors such as burnout and insufficient incentives. The temporary engagement processes administered by the EA for non-teaching roles further complicates the hiring of classroom assistants for short-term cover, creating operational burdens until the system undergoes review.

- Staff: Frequently report feelings of undervaluation and inadequate support, contributing to turnover.
- Leadership: Faces ongoing challenges in addressing coverage gaps and vacancies.
- Pupils: Suffer disruptions in both care and education.
- Families: May lose trust in the school's capacity to provide stable support.
- Agencies: Struggle to ensure continuity of care and collaboration due to inconsistent staffing and repeated training demands.

Current teacher appointment procedures do not sufficiently account for the specialised staffing requirements of special schools. These processes are often slow and inflexible, failing to reflect the urgency associated with recruiting teachers skilled in severe learning difficulties (SLD), profound and multiple learning disabilities (PMLD), and complex behavioural and medical needs.

Delays in staffing appointments result in:

- Pupils: Interruptions to learning and therapeutic routines.
- Staff: Increased workload and heightened risk of burnout.
- Leadership: Challenges in maintaining safe staffing levels and curriculum delivery.
- Families: Erosion of confidence in the system's ability to deliver reliable care.
- Agencies: Difficulty sustaining effective collaboration due to persistent changes in personnel and communication barriers.

Services Formerly Provided by EA – Now School Responsibilities

Tasks like Taleo recruitment, special diet meetings with parents and EA Catering, Team Teach training and moving & handling training are now delegated to schools. Staff must train others while maintaining their own accreditation.

- Staff: Lose time for their own development and classroom duties.
- Leadership: Must manage training logistics and compliance.
- Pupils: Miss out on staff who are pulled from class for training.
- Families: Notice inconsistencies in care and support.
- Agencies: Expect schools to deliver services without acknowledging capacity limits.

EA SARS and Placement Issues

The process of consultations and placements by the Education Authority (EA) SARS is highly problematic. Information about pupil placements is often drip-fed during school holidays, specifically in late June, July, and August. This timing gives parents and prospective pupils little to no time to prepare and leaves schools unable to plan effectively for the incoming academic year. Schools cannot determine the number of pupils who may be coming, their profiles of need, or the ability to meet with them and their families to support inductions. This lack of information and planning time creates significant challenges.

Parents often request tours of the school as advised by the EA, yet the school may have no space to place the pupils, giving parents false hope. Often, schools are the ones having to explain directly to parents rather than the SARS link officer that there is no space. This can be extremely upsetting for parents.

Pupils sometimes arrive at school unannounced in September, creating safeguarding risks as schools are not prepared to meet their needs immediately. Additionally, SARS officers are often unavailable for complex case meetings, leaving schools unsupported in managing these cases. This situation not only impacts the school's ability to plan and prepare but also compromises the safety and well-being of both pupils and staff.

Impact:

- Pupils: The lack of planning and preparation time affects the quality of education and support they receive. Unannounced arrivals can lead to inadequate safeguarding measures.
- Parents: They experience false hope and uncertainty about their child's placement and support.
- Staff: The inability to plan for the incoming year increases workload and stress, as they must adapt quickly to new pupils with unknown needs.
- Leadership: School leaders struggle to balance the demands of running a school with the additional burden of managing late and incomplete placement information. This strain affects their ability to provide effective leadership and support to their staff and pupils.

Education Other Than At School (EOTAS) – Not Available in South Eastern Area

EOTAS is not offered as an option for pupils in the South Eastern region, despite its potential to support those unable to attend school due to medical or behavioural needs.

- Pupils: Denied access to education tailored to their circumstances.
- Families: Left without alternatives, increasing stress and isolation.
- Schools: Forced to retain pupils they cannot safely or effectively support.
- Agencies: Lack of coordinated planning for pupils with high needs.

Attempted Withdrawal of CCN Team

The attempted withdrawal of the Children's Community Nursing (CCN) team from Clifton School was communicated to school by management within the SEHSCT without any formal consultation with school leadership or staff, and without an Equality Impact Assessment. This lack of due process was particularly concerning given the complexity and volume of delegated medical tasks required to support our pupils, many of whom have profound and multiple learning disabilities (PMLD) and complex interaction of medical need.

School's efforts to highlight these procedural failings, supported by local MLAs, resulted in a review being called by the Health Minister, which has paused the withdrawal and brought attention to the issue. However, the HSCT review did not go far enough in addressing the underlying failures or the dereliction of duty by the Health and Social Care Trust (HSCT). Critically, it also failed to acknowledge or attempt to seek a resolution alongside EA and trade unions of the long-standing ambiguity and inadequacy of the Additional Special Educational Needs (ASEN) Classroom Assistant (CA) job description.

School scoping exercises reveal the extensive range and complexity of nursing tasks now delegated to classroom assistants (CAs), including but not limited to:

- Administration of inhalers (14 pupils)
- Buccal Midazolam for epilepsy (22 pupils)
- Oral medication (6 pupils on educational visits)
- Auto Adrenaline Injectors (5 pupils)
- Blood glucose monitoring and insulin administration for diabetes (1 pupil)
- Oxygen administration and monitoring (4 pupils)
- Enteral feeding via PEG, NG, or jejunostomy tubes (over 20 pupils)
- Care and hygiene of feeding tubes and sites (up to 20 pupils)
- Emergency medication and rescue plans (multiple pupils)
- Supervision of catheter care and stoma management

Many of these tasks require annual or biennial theory and practical training, with the time commitment for training and ongoing care significant—often several hours per week per pupil, depending on need. Training is provided by the CCN team or specialist nurses, but the frequency and depth are often insufficient, especially for staff with variable working hours or those who join mid-year. There is no robust system for tracking course attendance or competency, making it difficult for school leaders to ensure all staff are adequately prepared. Practical training is dependent on CCN or specialist nurse availability, and cover for staff to attend training is not factored into school staffing allocations by EA.

The ASEN CA job description remains unclear, with different interpretations by NIPSA and the Education Authority (EA), leading to operational challenges and industrial relations issues.

Responsibility and accountability for delegated tasks have not been addressed strategically, leaving staff anxious about acting outside their job description and the school burdened with risk assessment and planning without adequate support.

The focus on carrying out nursing protocols often limits the time and capacity for educational engagement, particularly in classes supporting pupils with PMLD. Staff are required to make clinical

judgements at pace, increasing anxiety and risk. The complexity of pupil needs and the volume of delegated tasks place significant pressure on human resources, affecting staff retention and attendance.

While the school's intervention succeeded in pausing the withdrawal and highlighting the issue, the review process failed to address the core problems: lack of consultation, absence of an equality impact assessment, unclear job descriptions, and insufficient support for staff. The data from the scoping exercises underscores the scale and complexity of the delegated tasks, the inadequacy of current training and support structures, and the ongoing risk to both pupil safety and educational provision.

Teacher Training and SEN Incentives

It is deeply disappointing that the recent DE bursary scheme did not include a financial incentive for individuals to specialise in SEN. While STEM and Irish Medium rightly deserve support, SEN is growing at a significant pace. There is no BEd Hons in SEND in any teacher training university in Northern Ireland, which is a stark indicator of limited forward planning. This option exists in England. Early career teachers often lack SEN training and resilience to support pupils with SLD, PMLD, and complex needs. Differentiating the NI Curriculum often requires a complete redesign to meet bespoke needs. CCEA provides no dedicated SLD or PMLD curriculum beyond Quest, leaving schools to create their own frameworks. Assessment tools like Q Skills fail to measure critical life skills and personal, social, and emotional development.

Impact:

- No standardised metrics
- Increased workload for teachers
- Risk to quality assurance and consistency

Annual Reviews, Personal Learning Plans (PLPs), Personal Education Plans (PEPs), and HSCT Paperwork

Annual Reviews:

Under SEND legislation, special schools are required to conduct annual reviews for every pupil, each of whom holds a Statement of Special Educational Needs (SEN). These reviews necessitate the release of teaching staff, requiring schools to arrange substitute cover to ensure the safety and continuity of classroom provision. The recent directive from the Education Authority (EA) to reduce expenditure places this essential process at risk. Should substitute cover be withdrawn, schools may be compelled to close early for a minimum of one week to facilitate the completion of approximately 187 annual reviews. It is evident that the EA does not fully appreciate the constraints of teachers' time budgets. Any reduction in planning and preparation time—such as scheduling annual reviews outside of regular pupil hours—will result in schools needing to compensate staff with time in lieu, which in turn will require substitute cover regardless. Yet, in accordance with EA Guidance, school invites colleagues from HSCTs to annual review meetings, and they are rarely available to attend due to the pressures upon their staff. There seems to be a societal and system wide acceptance of staffing pressures on HSCTs impacting upon service delivery, but the same understanding or

acknowledgement is not given to schools who are equally and at times more pressured due to lack of human resource.

Personal Learning Plans (PLPs):

The current PLP proforma is cumbersome and inefficient. Basic functionality issues persist, such as the absence of a spell check and the inability for health colleagues or Allied Health Professionals (AHPs) to input their own reports. Consequently, school staff are required to transcribe reports from health colleagues, increasing the risk of misrepresentation of clinical information. A streamlined, less bureaucratic format would be equally informative and far easier for all parties to understand and implement.

Personal Education Plans (PEPs):

PEPs for looked after children have recently been added to the workload of school staff, without any corresponding increase in resource e.g. human resource or time. A disproportionate number of pupils in special schools require PEP completion. While the intention behind PEPs—to support the most vulnerable pupils—is commendable, the responsibility for completing these forms falls predominantly on school staff, with minimal support from external agencies such as Social Services. The assumption from EA, DE and HSCTs seems to be that schools can absorb this extra responsibility within existing structures and without any acknowledgement of the need to consult with schools on what is achievable. This professional disregard is unfortunately replicated across multiple aspects of interagency involvement.

HSCT Paperwork:

There is a growing expectation from HSCT colleagues for school staff to complete extensive assessment documentation for pupils undergoing evaluations for ADHD, ASD, and psychiatric needs. While school staff are committed to collaborative working as outlined in the Children's Services Co-operation Act, this additional administrative burden must be recognised by the EA when considering school resourcing. Teacher time budgets are already stretched to capacity.

Stretched System

The Department of Education's (DE) recent proposal for special schools to act as hubs for mainstream capacity building is fundamentally misaligned with the current workforce realities. This proposal asks special schools to hire a hub coordinator and an early career teacher to support up to 10 mainstream schools with SEN in their settings. However, special schools are already struggling to keep classes open due to severe staffing shortages. This initiative stretches an already fragile system instead of addressing the root causes of the issues faced by special schools.

Special schools are currently overwhelmed with the demands of managing their own pupils, many of whom have complex and severe needs. Adding the responsibility of supporting mainstream schools would divert critical resources and attention away from the pupils who need it most. It begs the question why the Education Authority (EA) isn't tasked with setting up this service, rather than the special schools themselves.

Systemic Failures:

- **Lack of Clarity and Accountability:** There is a significant lack of clarity and accountability from both the EA and the Health and Social Care Trust (HSCT). This lack of transparency and responsibility creates confusion and inefficiencies within the system.
- **Failure to Adhere to Statutory Duties:** The EA and HSCT have failed to adhere to their statutory duties under the Children's Services Co-operation Act (NI) 2015, the SEND Act (NI) 2016, and the Equality Act (NI). These failures undermine the legal framework designed to protect and support children with special educational needs.
- **Disproportionate Burden on Schools:** The proposal places a disproportionate burden on special schools without adequate consultation or resource allocation. Schools are expected to take on additional responsibilities without the necessary support or funding, which is unsustainable and unfair.

Impact:

- Pupils: The quality of education and support for pupils with special educational needs would be compromised as resources are diverted to support mainstream schools.
- Staff: The additional workload and responsibilities would exacerbate the existing staffing shortages and increase stress and burnout among staff.
- Leadership: School leaders would be overwhelmed with the additional administrative and operational responsibilities, making it difficult to focus on the core mission of providing high-quality education and support to pupils with special educational needs.

Recommendations

1. Urgent Review of AHP Provision: Reinstate intensive, face-to-face interventions and publish clear referral criteria.
2. Clarify ASEN Job Description: Joint statement from EA, trade unions, and HR to resolve ambiguity.
3. Infrastructure Investment: Fund specialist spaces and staff welfare facilities; provide additional resource for SEP and minor works planning.
4. Behaviour Support Strategy: Develop a regional framework with embedded therapeutic input, including clear guidance and operationally realistic strategies in relation to complex behaviour support.
5. Placement Protocol Reform: Transparent processes with capacity checks and advance notice.
6. Health Service Collaboration: Formal agreements/partnership working protocols to prevent unilateral withdrawal of services.
7. Workforce Strategy: Address burnout through workload review, attendance enforcement, and recruitment incentives.
8. Policy Development: Finalise robust guidance on seclusion/restraint and delegated clinical tasks.
9. Teacher Training Reform: Introduce SEN-focused bursaries, develop BEd Hons in SEND, and create standardised curricula and assessment tools for SLD and PMLD.

Conclusion

The issues discussed are widespread and interconnected. If effective measures are not taken, there is a real danger that the special school sector could reach a critical point where the safety of pupils, the wellbeing of staff, and overall educational achievement may suffer irreversible harm.

Nevertheless, I remain firmly committed to working together with others. Sustainable solutions depend on teamwork among all organisations, agencies, and departments that provide support for children with special educational needs. My aim is to encourage transparent dialogue and genuine partnership with the Education Authority, Health and Social Care Trusts, the Department of Education, and other relevant professionals.

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