



**Written submission from the Anne Sullivan Centre to the Department of Education and Skills regarding the proposal for the provision of nursing supports in schools for children with complex needs**

The Anne Sullivan Centre consulted with its Deafblind Services Outreach Worker in the development of this document. The views of a parent of a child with deafblindness and the difficulty she has had with transitioning her child into school are also captured in the body of the document.

The Anne Sullivan Centre provides residential, day, respite, information, training and outreach services for individuals who are deafblind. Deafblindness is experienced as a combination of hearing and vision impairments.

The Anne Sullivan Centre understands that the Cross Departmental Working Group is developing a proposal for a new model for the SNA scheme and extends gratitude toward the Group for the opportunity to make this submission.

The Anne Sullivan Centre has reviewed the themes for consideration and has developed a response relating to:

- a) Care needs, including the intimate care needs of children in schools which can reasonably be met by SNAs, or other non-nursing personnel (subject to appropriate training if necessary)
- b) Risks with the existing model and proposals for how these risks might be addressed.
- c) Training and Qualifications for persons working with children with significant medical conditions.
- d) Proposals for improvements in the current model or an alternative model, including the manner in which the model should be funded and governed

Many children who are deafblind have rare and varied causes of their sight and hearing loss. They may experience other disabilities and health conditions, which requires them to take regular or prescribed medication. It may also be the case that children need help with feeding and suctioning throughout the day. It is vital that school policies are supportive of pupils with medical conditions so that children can attend school and achieve their academic potential. Teachers, SNA's and Resource Teachers are currently not trained to administer medication and meet complex health needs in the same way that nurses are.

In the same way as the new Resource Teaching Allocation Model aims to link teaching resources to learning needs, any new model of nursing supports in schools should link medical supports to health needs. Children with complex needs cannot always separate their educational and medical needs- quite often they require both. Planning for health care in education is therefore a necessity.

Currently, children with complex needs can receive in-school learning supports from a teacher, an SNA and a resource teacher. The current model does not provide children who are deafblind with complex needs with a holistic support system. Providing nursing supports is a step in the right direction as nurses can play a leading role in the development of health plans and intimate care plans for children who need these supports. There is also the potential for nurses to train SNA's in the implementation of specific actions relating to health and intimate care plans.

As mentioned earlier, the provision of nursing support in schools is likely to result in higher numbers of children with complex disabilities enrolling in schools. To boast a fully holistic service, schools must now consider how the current model can be improved to support children with complex needs in the areas of access and inclusion as well as individualised communication. The child's parents and family are often the only people who can communicate effectively with their child with complex needs and therefore schools should consider the role of an intervenor to provide increased home/school links for children with intensive support needs so that the communication methods a child learns in early childhood education can be maintained and developed in school. Consistent supports are particularly important during transitional periods such as starting school and changing classes. The role of the intervenor could also include training school personnel including SNA's, teachers, resource teachers and nurses in specific communication methods including lamh, ISL, PECS and more.

A systems approach is called for which should begin with a comprehensive evaluation of the experiences of children with complex disabilities in schools and result in a clear plan that will lead to implantation of actions that will meet the learning, access and inclusion, communication and medical needs of each child in their school environment.

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