Epilepsy Ireland
Parents’ Information Evening

Identifying and Responding to Educational and Psychosocial Issues for Students with Epilepsy

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Overview

• Contributing factors to educational and associated social/mental health difficulties

• Overview of school and community support systems
Background

Higher incidence of intellectual, academic and behavioural difficulties than their peers

Greater risk of academic & behaviour difficulties than other chronic conditions (Austin et al., 1989).

Studies attempted to identify specific factors – complex interdependence among a number of factors and isolating their individual impact extremely difficult
(Austin et al., 1992; Hermann, Whitman, & Dell, 1989)

<table>
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<tr>
<th>Biological</th>
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<tr>
<td>genetic brain abnormality</td>
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<td>(idiopathic; cryptogenic; symptomatic)</td>
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<tr>
<th>Cognitive</th>
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<td>cognitive ability; speech and language; verbal comprehension; information processing; visual &amp; auditory perception; ST/LT &amp; working memory;</td>
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<th>Behavioural</th>
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<td>executive functioning/concentration, processing speed; attention, hyperactivity; SEBD, gross &amp; fine motor difficulties; psycho-social functioning</td>
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Comorbidity/Differential Diagnoses

- ADHD/ADD
  - WM deficits/
  - executive functioning
- ASD
  - Stereotypical
  - movements/
  - social interaction/
  - gaze aversion
- West Syndrome:
  - ASD symptomatology:
  - Deterioration of
  - Responsiveness/
  - sensory abilities/poor
  - social interaction
- DCD/
  - Dyspraxia
- Genetic Conditions:
  - FXS/
  - Sturge-Weber/TS
- EBD
- ID

Medical/Seizure-Related Factors

- Presence of underlying brain pathology
- Type of epilepsy
- Age at seizure onset
- Duration & severity of seizures
- Treatment and potential side-effects of AEDs
- Subclinical epileptic activity
### Familial Factors

#### Parents
- Family functioning (demographics/socio-economic factors)
- Parenting Style: over-protection/indulgent
- Social stigma concerns
- Family stress & anxiety
- Family coping mechanisms

#### Siblings
- Restriction on family activities
- Arguments
- Rivalry/jealousy
- Guilt
- Impact on sibling attainments

### Communication Factors

- **Language:** expressive and receptive pragmatics and semantics

- **Specific difficulties:** e.g. phoneme blending, following instructions,
Emotional & Behavioural Factors

- Increased risk for internalising and externalising psychopathology and mental health difficulties

- Comorbidity: e.g. Anxiety, ADHD, Conduct Disorder, ASD

- Diagnostic Overshadowing: referral issues

- Additional Factors: Self-regulation - impulsive/aggressive, Motivation, Social skills, Esteem, Stigma

Physical & Sensory Factors

- Specific difficulties with perceptual skills, visual memory & visual sequential memory, visual motor integration and body co-ordination
  (playing football, cycling, PE, poor pencil grip, formation of letters & numbers, balance, sequential memory, processing speed, physical difficulties result in restrictions swimming, climbing frames)

- Screening for DCD: motor skill /sensory processing difficulties may be necessary
**Cognitive/Learning Factors**

- Need to know the nature and degree of cognitive difficulties – cognitive profile (e.g. average, borderline, mgld, moderate, severe & profound)
- Need to comprehend particular neuropsychological deficits: (e.g. executive functioning, working memory, attention skills)
- Need to know if there are specific learning difficulties (e.g. spelling difficulty, maths, dyslexia)

**Cognitive/Learning Factors**

- Long-term impact on attainment: deficits can emerge over time
- Record-keeping/analysis of school test scores
- Additional Support: SLD criteria not suitable (low-achievement v under-achievement)
Cognitive/Learning Factors

• Absenteeism

• Social factors: Attitudes/perceptions – peers and staff (inclusion v integration?!

• Teacher attitude, knowledge/expectations

• Access to appropriate intervention

• School environment/school-based interventions (academic & social)

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Cognitive/Learning Factors

• Adaptive Living/Life Skills:
  personal safety, social skills, independent living skills/community use, functional literacy/numeracy

• Leisure Activities: school and home, extra curricular activities, local clubs/support groups
The approach outlined in the *Continuum of Support* identifies different levels of support for pupils with SEN that build on each other:

### Supports - School Level

- Classroom Support
- Learning Support (High Incidence)
- Resource Teaching (Low Incidence)
- Team Teaching
- Individual Pupil Learning Profiles (IPLPs)
- Individual Education Plans (IEPs) – agreed targets
- Planning for Transfer
Resource Allocation
[DES Circular 07/02 NCSE]

- Resource Teaching
- Assistive Technology
- Special Needs Assistant Support
- School Transport

Summary of Resource Allocation - DES Circulars 08/02, 09/04

- DES Circular 08/02 identifies 14 categories of disabilities which are divided into two groups

![Diagram showing categories of resource allocation]

- Additional Supports
  - Low Incidence (11)
    - NCSE via SENO
  - High Incidence (3)
    - Primary/Post Primary (DES to School via GAM)
High Incidence Disabilities

• Borderline Mild General Learning Disability
• Mild General Learning Disability
• Specific Learning Disability
• Additional Teaching Support (LS) allocated via Weighted General Allocation Model (GAM) by DES in primary schools/post primary schools - 5,500 posts in schools

Low Incidence Disabilities

- Physical Disability
- Hearing Impairment
- Visual Impairment
- Emotional Disturbance
- Severe Emotional Disturbance
- Moderate General Learning Disability
- Severe/Profound General Learning Disability
- Autism/Autistic Spectrum Disorders
- Specific Speech and Language Disorder
- Assessed Syndrome in conjunction with one of the above low incidence disabilities
- Multiple Disabilities
Eligibility for Resource Teaching

Assessed Syndromes

• An assessed syndrome alone does not trigger resource hours. The level of additional support to be provided for pupils who present with a particular syndrome (e.g. Down’s syndrome, FXS, Sturge-Weber, Tourettes etc) will be determined following consideration of psychological or other specialist reports which describe the nature and degree of pupil’s special educational needs.

• Where a pupil with an assessed syndrome has a general learning disability, resource teaching support will be allocated to schools in line with hours allocated to pupils assessed as being within the same IQ ban (moderate/severe/profound GLD). Where a pupil with an assessed syndrome has any of the other low incidence disabilities, resource teaching will be allocated on that basis (Circ SpEd 02/05)

Resource Allocation: SNA

Type of care needs considered include:

• Significant impairment of physical functioning
• Assistance with feeding, dressing, toileting & personal hygiene
• Behaviour dangerous to self or others
• Assistance required with assistive technology
• Assistance required boarding and alighting buses
• Classroom withdrawal for safety or medical reasons
Eligibility for SNA

Existence of a disability or syndrome does not necessarily mean the pupil has a special care need or will get resources.

Application must be accompanied by:

- Recommendation from the professional who assessed the child and diagnosed the care needs
- Evidence that describes the child’s care need and the reasons why the support is necessary and the benefits derived from such care support in the school
- Signed certification of the professional who diagnosed the child’s care needs

Role of the SNA (Circular 07/02)

- Preparation and tidying up of classrooms in which pupil is taught
- Assisting children to board and alight from school buses. Where necessary travel as escort on school bus
- Special assistance as necessary for pupils with particular difficulties i.e. writing or typing for pupils physical disabilities
- Assistance with clothing, feeding, toileting, general hygiene
- Assisting on out of school visits, walks etc.
- Assisting teachers in supervision of pupils with SEN during assembly, recreation and dispersal periods.
- Accompany individual who may have to withdrawn temporarily from the classroom
- General assistance to the class teachers under the direction of the principal with duties of a non teaching nature.
**Application Process for SNA**

- There must be a professional recommendation for SNA support.
- There must be an outline by the professional of the child’s care needs and why SNA support is recommended.
- SENO will observe child in the school context and consult with staff and parents.
- SENO will review care needs of children already supported and determine the overall level of support.

**SNA support – points to consider**

- Is the pupil being disadvantaged by SNA support?
- Is assisting the child interfering with opportunities for independence?
- Is the presence of an SNA in the classroom developing teacher dependence?
- Is there clarity about what the SNA will do with/for the child?
- In your school is there an explicit plan for balance - supporting the child but allowing independence?
NCSE Application Process

• All allocations are made on the basis that they meet criteria set out in DES policy.

• DES policy is set out in Circular letters – in particular SP ED 02/05; 07/02; 0010/2013 for RTH and SNA

• Currently there are two allocation times: June & October.

Application Process

• Dedicated NCSE application forms

• Signed parental consent required, PPSNs

• Declaration to be signed by school principal

• Relevant professional reports to underpin the application

• 20,000 applications per annum

• SENO enters application on SEAS database system.
**Application Process**

SENO reviews ‘evidence’ provided in the application - may involve clarification from professionals, parents etc.

Resource Teaching Hours involves specific quantum of hours per disability category.

For SNA applications, a School Care Needs Profile is required.

SNA applications may involve a school visit.

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**Professional Reports**

**What is the purpose of a professional report?**

- A detailed description of a child’s current needs to inform those working with the child?

- A source of information when developing an IEP?

- A means of acquiring additional resources for a school?
Professional Reports – problems

- A clear diagnosis is not always provided.
- Terms such as ‘Autistic tendencies’ ‘At risk of ADHD’ do not facilitate decision making and frustrate the process.
- Clear description of the child’s needs not always provided - particularly care needs.
- There are no critical phrases that turn the key to resources.

Supports: Community Level

HSE
- Child and Adolescent Mental Health Services (CAMHS)/Lucena
- Disability Services
  - Occupational Therapy
  - Speech and Language Therapy
  - Sensory Programmes
  - Social Skills Training

Assessment of Need (full range of needs associated with disability)

If child born after 1st June 2002 may be eligible for an AON under the Disability Act, 2005
- Contact Assessment Officer in Local Health Office
NCSE Publications

- Children with SEN Information Booklet for Parents (September 2011)

- Choosing a School – A Guide for Parents and Guardians of Young People with SEN (June 2013)

- Information leaflets series – Deaf and Hard of Hearing children and Young People.
  Available to download at: www.ncse.ie/forparents/Information/
### Conclusion

1. Shared language between professionals and schools
2. Shared language between professionals, parents and schools
3. Agreed aim of shared language: supporting the child in the most inclusive environment