

1/1/2017

# Assistant Support & Pupils with Intellectual Disabilities

Research Team: Dr Una O'Connor-Bones, Dr  
Christine McKeever & Dr Felicity Hasson  
ULSTER UNIVERSITY

## CONTENTS

	FUNDING	ii
	ACKNOWLEDGEMENTS	ii
	LIST OF ABBREVIATIONS	ii
	EXECUTIVE SUMMARY	iii
1.0	INTRODUCTION	1
2.0	RESEARCH AIM AND OBJECTIVES	2
3.0	CONTEXT	2
4.0	METHODOLOGY	4
5.0	FINDINGS	4
	5.1 <i>Assistant Profile</i>	4
	5.2 <i>Roles and Responsibilities</i>	5
	5.3 <i>Relationships with Teachers</i>	6
	5.4 <i>Relationships between Assistants</i>	7
	5.5 <i>Strengths and Challenges</i>	9
6.0	CONCLUSION	10
7.0	REFERENCES	13

## FUNDING

This Report was commissioned by the Baily Thomas Charitable Fund.

## ACKNOWLEDGEMENTS

The authors wish to convey their sincere gratitude to those who participated in this study: the teaching and health care representatives, who gave so generously of their time to share their experiences in focus groups.

*The views expressed in this report are those of the authors and do not necessarily reflect the views or policies of the funders.*

## LIST OF ABBREVIATIONS

CAs	Classroom Assistants
DfE	Department for Education
DE	Department of Education
EA	Education Authority
HNC	Higher National Certificate
ID	Intellectual Disabilities
NAHT	National Association of Head Teachers
NVQs	National Vocational Qualifications
OTs	Occupational Therapists
UK	United Kingdom

## EXECUTIVE SUMMARY

**Background:** In the United Kingdom (UK), there are over 1,200 special schools who cater for children and young people with intellectual disabilities, physical disabilities or behavioural problems. In the special school environment, pupils are supported through the deployment of assistants such as classroom assistants, assistants in physiotherapy, speech and language theory and occupational theory. Although the classroom assistant (CA) role is well established in the education system, nationally there has been a dearth of research exploring their role in supporting pupils with ID or the support given to pupils by other assistants.

**Aim:** The study aims to explore the professional relationships between assistants working with pupils with ID in the special school sector in Northern Ireland.

**Method:** The methodology employed a qualitative approach to address the study aim, comprising of two strands of work, namely a literature review (Strand 1) and focus group with assistants (Strand 2) working in special schools. Data was collected during January – April 2017.

**Key Findings:** In total 48 assistants took part in the study, the majority were female and most had over ten or more years work experience. Whilst findings show the diversity of the assistant's role in special schools there was an awareness that it was becoming heavily individualised focusing on pupil behaviour and medical needs. Whilst relationships with teachers was considered positive, a blurring of professional roles, and greater reliance on the assistant role was reported. The myriad of assistant role in special schools was viewed as positive and a strong sense of team work was a recurrent theme. However, a lack of clarity of roles and responsibilities, ambiguity of their location within the educational structure and limited opportunities to interact hampered collaboration and created a blurring of professional and nonprofessional identities.

**Conclusion:** Overall, the findings from this project provide new insight to the relationships between assistants working in special schools in Northern Ireland. This is an area which has remained relatively unexplored not only in the UK, but also internationally. The insights provided through the study confirm the need for a larger research programme to fully explore the deployment of this workforce in Northern Ireland.

## 1.0 INTRODUCTION

There are over 1,200 special schools in the United Kingdom<sup>1</sup>. Here, children with intellectual disabilities (ID) are supported in the classroom environment through the deployment of assistants working alongside or in proximity to the teacher, and this assistant workforce is recognised as a cornerstone of special education provision in both policy and literature (UNISON, NAHT, 2016; Bosanquet et. al., 2016; Webster et al., 2016; DE, 2011). Northern Ireland has a total of thirty-nine special schools, with a pupil population of 5,063 and an overall enrolment pattern that has remained fairly static over the past ten years. In a recent review of special school provision, the Department of Education (2015) indicated a move towards a common regional area plan for the special school sector that included a more consistent approach in the support of pupil needs. Within this revised framework, the skills and expertise of all staff and their on-going professional development are acknowledged as integral to effective support.

Approximately 2012 Classroom Assistants<sup>2</sup> (CA) are employed in an educational capacity in the special school sector in Northern Ireland<sup>3</sup>. To date, there has been little national research on the role of the CA to support pupils with intellectual disabilities. In educational terms, even less is known about the support given to these pupils by other assistants (for example, assistants in physiotherapy, speech and language therapy and occupational therapy) or on their working relationship with the CA. Although some indication of pupil need (including assistant support) can be provided from a range of sources, including health and social services, the annual audit undertaken across the five regions of the Education Authority (EA) cannot offer an accurate estimate of numbers due to prevailing variances in the referral and transfer of pupils to the special school sector. This project, therefore, has a timely and relevant focus on a significant yet under-researched population working with pupils with ID.

---

<sup>1</sup> <https://www.gov.uk/government/statistics/schools-pupils-and-their-characteristics-january-2016>; <http://www.gov.scot/Publications/2016/12/9271/336277>; <https://www.education-ni.gov.uk/sites/default/files/publications/education/enrolments%20201617.pdf>

<sup>2</sup> The term Teaching Assistant is commonly used in the UK. For the purposes of this study, Classroom Assistant is used to reflect the terminology in Northern Ireland.

<sup>3</sup> Communication with Education Authority, May 2017. Figures are based on 'head count' ie number of classroom assistants employed by EA.

## 2.0 RESEARCH AIM AND OBJECTIVES

The study aims to explore the professional relationships between assistants working with pupils with ID in the special school sector in Northern Ireland. In particular, it will seek to establish:

1. How are assistants currently deployed in special schools?
2. What professional interaction takes place between assistants?
3. What contribution do they make to classroom practice and pupils' learning?
4. Is there is a need for a model of collaborative practice for assistants supporting pupils with intellectual disabilities?

## 3.0 CONTEXT

Classroom Assistants (CAs) have become a highly visible presence in schools over the past three decades, reflecting changes in inclusive educational policy, and their roles have evolved in this time (Devecchi & Rouse, 2010). It is difficult to estimate the number of assistants across the UK as there is no standardised job title across all regions. A recent Department for Education (DfE) census reported approximately 263,000 Teaching Assistants were employed across school types in England (DfE, 2016). In Northern Ireland, approximately 12,175<sup>4</sup> CAs are employed across all school types. There is, however, no accurate information on the number of school health assistants; this is due to the employer led nature of the role and variations in job titles across areas and schools.

Research has indicated an enduring ambiguity surrounding the role of CAs in schools (Blatchford et al., 2008). Generally, assistants are employed to support students with Intellectual Difficulties (ID), assisting teachers and collaborating with other professionals (Keating & O'Connor, 2012; Radford, et al., 2015; Butt, 2016; Douglas et al., 2016). It is largely a non-instructional role, although in some countries assistants with additional training can deliver instruction under the guidance of the teacher (Harris & Aprile, 2015). Although CAs have been the focus of many research studies nationally and internationally, much of the literature tends to be descriptive, prescriptive and concerned with management issues relating to their deployment, roles, responsibilities and training needs (Devecchi & Rouse, 2010). In

---

<sup>4</sup> Communication from Education Authority, June 2017. Figures are based on 'head count' ie number of classroom assistants employed by EA.

particular, there is a significant lack of research on the interaction and collaboration between CAs and other assistants.

In the Northern Irish context, the Department of Education (DE) (2009) noted that CAs can make a meaningful difference to the inclusion and progress of children and young people with ID when used effectively, and recommended that they should have access to relevant professional development alongside teachers and that they should be part of the inclusion team within the school. This included working alongside others in the school and with outside agencies.

Defining the exact roles and responsibilities of CAs is a complex task due to the wide-ranging nature of their work, the nature of the management and support they receive and the ways in which they are expected to function (Sharma and Salend, 2016). Lacey (2001) suggested that the 'best' CAs were those who were good at judging how much support to offer pupils, worked with several pupils, were given time to plan with teachers, were clear about their role in the classroom and who felt supported by the teacher. Nonetheless, research evidence confirming CAs often assume a pedagogical function has represented a pivotal shift in the evolution of the role to one that resembles that of classroom teacher (Devecchi et al. 2012; Keating & O'Connor, 2012; Giangreco et al., 2013; Webster & Blatchford, 2015).

Collaboration in education is viewed as beneficial to teachers and other professionals in supporting students with ID and is generally considered a model of best practice (Brownell et al., 2006; Ritzman, et al., 2006). The benefits of collaboration include consistency, transferable knowledge and skills between professionals and inter-disciplinary partnerships that meet the dual demands of curriculum and therapeutic intervention (Kersner, 1996; Tollerfield, 2003; Wright & Kersner, 2004). However, collaboration has proved difficult to define and to fully achieve in practice. A significant obstacle is limited training at teacher education level which, exacerbated by a lack of policy guidance, means teachers are often unprepared in the management of another adult in the classroom (Radford et al., 2015; Sharma & Loreman, 2014). Other barriers have been identified, including lack of dedicated planning, limited professional development opportunities and lack of communication (Mulholland and O'Connor, 2016). These challenges span the interface of education and health, where collaboration can be difficult due to systemic (e.g. different employers, professional priorities and location of services) as well as operational differences (e.g. attitudes towards practice, methods of training and methods of assessment/evaluation) (Glover et al., 2015; O'Toole,

2007). Any change, therefore, needs to be considered at individual, inter-personal and organisational level, to ensure knowledge development, shared understanding and improved communication (ibid).

## **4.0 METHODOLOGY**

The methodology employed a qualitative approach to address the study aim and objectives, comprising of two strands of work, namely a literature review (Strand 1) and focus group interviews (Strand 2) with assistants working in special schools, thereby offering a systematic means to collate relevant existing documentation and present new information and data. Given the limited research on the topic, this approach allowed the researchers to begin to explore the perspective and experiences of assistants. Ethical approval was obtained from Ulster University School of Education Ethics Filter Committee before the start of the project. Using the DE special schools list, a purposive sampling approach was used to identify eight special schools with a mixed assistant workforce located across Northern Ireland. From these schools, a total of 48 assistants agreed to participate in the focus group discussions. These took place between January – April 2017. Each discussion lasted between 40 and 60 minutes; they were digitally-recorded and supplemented with field notes. Demographic (age, gender) and workplace characteristics (training, experience) were also recorded from each participant at the end of the group discussion. The focus groups were transcribed in full and the content was analysed thematically. These findings are presented below.

## **5.0 FINDINGS**

### **5.1 Assistant Profile**

Forty-eight assistants participated in the focus groups: this comprised 38 Classroom Assistants (CA), two speech and language therapy assistants, two physiotherapy assistants, two behavioural outreach assistants, two sensory assistants, one health and learning assistant and one former CA who was now employed as a teacher. This composition broadly reflects the assistant profile in schools: the larger CA workforce is employed by the Education Authority and is an established daily presence, whereas other assistants employed by the Health Trust(s) often attend the school(s) at allocated times.

Forty (88.3%) of the assistants were female and eight (16.7%) were male. Six had 1-5 years' experience; six had 6-10 years' experience, ten had 11-14 years' experience and 18 had 15 or more years' experience. The majority of assistants who participated (n=10) held NVQ Level 3 Early Years Child Care; a smaller proportion (n=2) held NVQ Level 3 Child Development, NVQ Level 3 Early Years Care and Education or NVQ Level 2 Early Years Child Care. A wide range of other qualifications were individually reported, including Diplomas in Nursery Nursing and Childcare, under-graduate degrees in a range of disciplines, NVQ Level 3 Health and Social Care, HNC in Working with Children and Families and a Preliminary Certificate in Social Care.

## **5.2 Roles and Responsibilities**

There was general agreement that the role of the assistant has changed substantially in recent years; this was largely attributed to the changing needs of individual children, particularly those with complex needs, autism and challenging behaviour. Overall, assistants reported a positive relationship with each other and recognised the importance of mutual support:

'It's just changed because you need each other a wee bit more ... you need it and they'll need it too at some point' (A2, FG2)

The pivotal role of the assistant was a recurrent observation, with many participants describing it as invaluable: *I think CAs are vital, they (the teachers) couldn't do without them.* (A1, FG1)

The assistants identified a wide variety of responsibilities when describing their daily work, most commonly describing duties relating to managing challenging behaviour, implementing the curriculum, supporting learning, tending to the children's medical and/or physical needs and providing different kinds of therapy. There was general agreement that the role had changed in recent years and, notwithstanding the various duties identified, there was a common observation that the role had become heavily individualised, focusing on pupil behaviour and the medical needs of children:

*'I feel it has changed a lot as well, like if you had have asked this question years ago whenever it was, the children had different needs and it wasn't really more behavioural, it was more you were a CA and you supported their learning, you, you know, got to spend time with all the children and really make sure they understood what they were doing. Now a lot of the time you're spending time with 1 or 2 particular children to*

*keep all the children safe so it's not so much, sometimes I don't feel like I'm doing what my job role is'. (A3, FG2)*

In describing the broad remit of the role, one participant argued that Teaching Assistant was a more accurate title:

*'I feel that the role of a CA is very much, it should really be called you know teaching assistant as opposed to CA because they're delivering the curriculum just as much as what the teachers are. You know, we [teachers] might be setting the agenda, writing the targets and things but when it comes to actually implementing it, it's very much teamwork within the school'. (Teacher, FG4)*

Whilst the job description for CAs remains broadly standardised, covering a range of duties, health assistants had some options for dedicated responsibilities and career progression:

*'... you can go up in bands and that denotes how much responsibility you get .. whatever promotion or whatever you get ... you move to a different band that then holds a different field of responsibility, so we're slightly different in that we can nearly choose what level we want to work at'. (A5, FG3)*

### **5.3 Relationships with Teachers**

Most assistants described their relationship with teachers in terms of teamwork, with many agreeing there was little in the nature, of their classroom practice to differentiate them:

*'I think our role's pretty much, if you walked into a classroom you wouldn't know what the difference between a teacher and an assistant was, because we all muck in together'. (A2, FG4)*

Generally, assistants described working under the guidance of the teacher; although there was agreement that a team approach operated in the classroom, the leadership of the teacher was clearly recognised:

*'They respect that we have as much input and are as important to the class as an assistant as them. There is a line, they are the teacher you know, but I would say it's very friendly'. (A5, FG6).*

Several assistants stated they felt supported by the teachers they work with, and described this in terms of feeling valued, encouraged, consulted and treated fairly:

*'Like if we notice anything with the child that we think might work better it doesn't matter if it's CA or teacher we all say try that idea out, it's an equal thing...Like in our room the teacher wouldn't ask us to do anything that she's not willing to do, so we're all very much equal in that sense'. (A4, FG1)*

Most assistants agreed there was a continuous process of collaboration with teachers. For some, this was an organised system, involving daily or weekly planning sessions, whilst for others it was a more informal process:

*'It's not like sitting down in the morning 'oh this is what we're doing today' because the kids come in from 8.30am and we're in at 8.25am so really, you're having a chat sort over the 5-minute time, as and when you get it.'* (A1, FG2)

Nonetheless, there was general consensus that teachers were very dependent on the assistants in the classroom:

*'There's so much preparation for so many individual children it couldn't be physically done'. (A2, FG6)*

Some assistants stated that their relationship with teachers was dependent on the individual: some were not as supportive as others and, in a few instances, a hierarchy prevailed:

*'I'm not a teacher ... and fair enough, they went and done whatever it is to become a teacher, but it's whenever they do it in the way of, I don't know, nearly dismissing you, like you're not as good, like I sometimes feel they kinda need us you know!'* (A1, FG2)

#### **5.4 Relationships between Assistants**

Overall, assistants reported good working relationships with each other and there were frequent references to collegiality, collaborative teamwork and shared expertise on best practice, particularly in relation to children's needs:

*'You would get sometimes if a child is in one class one year and they're moved to a different class the next year you would go down to their old assistant and ask for a wee bit of advice or for them to steer you in the best way because you don't really know the child that well'. (A3, FG4)*

The most active collaboration often was premised on the needs of individual children, with assistants involving themselves in supporting each other, but also asking questions and observing each other's practice to inform their own work, as one CA observed:

*'Working with the speech and language therapists and physios and OTs, we would go in quite a lot with the children who are more challenging ... likewise, they would come into the class and maybe observe what's going on in the classroom to see the different things that are being run there'. (A1, FG3)*

In particular, the varied health and education background of assistants was viewed as a collective strength in supporting pupils with ID:

*'Yes, okay, we're coming from the speech end and they're education but we're still partners, like, we're still involving each other ... there's no hierarchy, everybody's working for the same goal and that's to meet that child's individual needs and try to progress them as far as they can go and give them the confidence through school'. (A1, FG3)*

However, it was also acknowledged that the expansion of special schools has meant that the size and geography of the building can limit assistant interaction:

*'... we're sort of segmented into corridors ... I'm in the blue corridor miles away from X who's in with the seniors, so I wouldn't see X on a day-to-day basis'. (A2, FG3)*

Similarly, for many of these assistants, a lack of time was a major barrier to effective collaboration:

*'On a day to day basis though you don't really get a chance to sit and talk to anybody though, any other members of staff because you're so busy.' (A5, FG5)*

It was also acknowledged that the different employment authorities of education and health could affect the dynamic of the assistant relationship – for example, rota systems and placement of health assistants across several schools:

*'... the physio rota has changed and the OT has changed so none of us have a real relationship with them ... and because they're not based here all the time, then they're going out and it's not their fault, it's just the way'. (A5, FG5).*

In this regard, a minority of health assistants reported tendencies towards territoriality by CAs alongside the need to recognise the particular expertise that they can provide:

*'Sometimes, it's a case of we're coming in and I think they resent sometimes that you are somebody with a greater knowledge and they know the child inside out, but sometimes they can be blind to the obvious ... until there's trust built up'. (A2, FG6)*

## **5.5 Strengths and Challenges**

Assistants described a number of strengths and challenges relating to their jobs. The most common positive aspect was the progress made by children and milestones achieved:

*'You see wee tiny, tiny steps and they may not be any great goals but to us they are important. Very rewarding and it might have taken a long time to get there but when you see the reward it makes you stand back and think it is really worthwhile'. (A1, FG1)*

It was clear that assistants were very close to the children in their care, with some stating that pupils knew them better and/or would approach them before the teacher:

*'Nine times out of ten, if the kids have a problem, they'll come to us...Because the teacher obviously has other responsibilities in the class, running the class, the learning, whatever else, but you know, you're in the nitty gritty'. (A5, FG2)*

A strong sense of team work and collegiate support between the assistants was a recurrent observation:

*'Because sometimes you don't even need to leave your classroom, sometimes it's just a wee look sometimes if you're out...you can kinda see 'oh she looks like she's struggling a wee bit'. And you might not be, but it's just a wee nod to show you're ok or 'yes that would be helpful'. (A1, FG2)*

In identifying negative aspects of the role, dealing with pupils' challenging behaviour was the most common observation.

*'I think most challenging would be sometimes maybe if children present with difficult behaviour and you're sometimes, not on your own, but because the teacher has responsibility for the rest of the class to teach them...you sort of feel more like 'oh I*

*should be dealing with this' because you should be letting the teacher take their class rather than the teacher being out in the corridor with the kids'. (A1, FG2)*

For some assistants, a lack of clarity over role identities and responsibilities was problematic, particularly in instances where education tasks were assigned to health assistants:

*'They're really only there for a medical need, not there for their education and it's very hard for the teacher to understand that they don't actually have to do anything else with any other child when it comes to education.'* (A10, FG7)

Conversely, some CAs reported duties of a medical/nursing nature. Specific training has been provided, for example, in tube feeds and suction, yet these assistants recognised the responsibility involved, the dependency mindset it cultivated and were reluctant to let each other down:

*'It's an awful lot of responsibility. Say if there's two people trained in the room but one person is off sick that day and you sort of think, if anything goes wrong, it's all on you. You're always sort of, hyper aware of that child then and never walk too far away from them'. (A5, FG4)*

In relation to teacher management, there was particular mention of new teachers and substitute teachers with the former unprepared to manage another adult in the classroom and the latter relying on taking direction from the assistant:

*'And they're not trained properly and then they don't always want to listen because it sounds as if you're telling them what to do and you're not – you're trying to give them a heads up, I probably would find sometimes that is hard to deal with'. (A6, FG6)*

## **6.0 CONCLUSION**

Overall, the findings from this project provide new insight to the relationships between assistants working in special schools in Northern Ireland. This is an area which has remained relatively unexplored not only in the UK, but also internationally.

The findings indicate that the role of the assistant is wide-ranging, but the nature and extent of deployment varies between education and health. Whilst the leadership position of the teacher was recognised, prevailing perceptions of an overlap between the two roles was reinforced by teachers' dependence on another adult in the classroom. Such blurring of professional identities

has reinforced uncertainty about roles and responsibilities, not just between assistants and teachers, but amongst assistants themselves.

The findings of this study corroborate many of the outcomes reported in other studies on Classroom Assistants. By focusing on the wider assistant workforce, this study has uniquely explored broader issues relating to identities, roles, responsibilities and collaboration through the interface of education and health. The insights provided through the study confirm the need for a larger research programme to fully explore the deployment of this workforce in Northern Ireland.

In summary, the study findings raise a number of significant issues. First, whilst there has been a growth in the number of CAs in schools, their title, role and deployment are diverse. They often work with a number of students within and across different classrooms, and may assist physically with mobility, health or personal care needs. They play a unique role in facilitating the integration of children with intellectual disabilities into the education system. Yet they are somewhat ambiguously situated within the school structure. For the sake of inclusive practice, a comprehensive review of these posts should be implemented in order to increase and standardise the assistants' role.

Second, recognition and harnessing of the in-depth-knowledge and experience assistants (health and teaching) possess and the benefits of this for pupils, parents and teachers needs to be fully accepted. One step towards this is to radically address collaborative practice between teachers and the assistant workforce. A review of existing provision and greater dedicated training on classroom management within initial teacher education and as part of in-service training is warranted.

Finally, our understanding of the assistant role in the classroom is in its infancy, further research exploring the interactions, utilisation and influence on pupils and teachers is called for.

## 7.0 REFERENCES

- Blatchford, P., Bassett, P., Brown, P., Martin, C., Russell, A. and Webster, R., with Babayigit, S. and Haywood, N. (2008) *Deployment and impact of support staff in schools and the impact of the national agreement. Results from Strand 2 Wave 1 – 2005/06*. Research Report No DCSF-RR027. London, Department for Children, Schools and Families.
- Bosanquet, P., Radford, J. and Webster, R. (2016) *A teaching assistant's guide to effective interaction: How to maximise your impact*. Oxon, Routledge.
- Brownell, M.T., Adams, A., Sindler, P., Waldron, N. and Vanhoverritzman, S. (2006) Learning From Collaboration: The Role of Teacher Qualities. *Exceptional Children*, 72(2), 169-185.
- Butt, R. (2016). Teacher assistant support and deployment in mainstream schools. *International Journal of Inclusive Education*, 20(9), 995-1007.
- Department for Education (DfE). (2016) *School workforce in England: November, 2016*. SFR 25/2017. London, Department for Education.
- Department of Education, (DE). (2009) *Every school a good school. The way forward for special educational needs and inclusion. Consultation document*. Bangor, DE.
- Department of Education (DE). (2011) *A resource file for schools to support children with special educational needs*. Bangor, DE.
- Department of Education (DE). (2015) *Review of Special School Provision in Northern Ireland: A Ministerial Working Group Report*. Northern Ireland, DE.
- Devecchi, C. and Rouse, M. (2010) An exploration of the features of effective collaboration between teachers and teaching assistants in secondary schools. *Support for Learning*, 25(2), 91-99.
- Devecchi, C., Dettori, F., Doveston, M., Sedgwick, P. and Jament, J. (2012). Inclusive classroom in Italy and England: the role of support teachers and teaching assistants. *European Journal of Special Needs Education*, 27(2), 171-184.
- Douglas, S. N., Chapin, S. E. and Nolan, J. F. (2016). Special education teachers' experiences supporting and supervising para-educators: Implications for special and general education settings. *Teacher Education and Special Education*, 39(1), 60-74.

Giangureco, M. F., Suter, J. C. and Hurley, S. M. (2013). Revisiting personnel utilization in inclusion-oriented schools. *Journal of Special Education*, 47, 121-132.

Glover, A., McCormack, J. and Smith-Tamaray, M. (2015) Collaboration between teachers and speech and language therapists: Services for primary school children with speech, language and communication needs. *Child Language Teaching and Therapy*, 31(3), 363-382.

Harris, L. R. and Aprile, K. T. (2015). 'I can sort of slot into many different roles': Examining teacher aide roles and their implications for practice. *School Leadership & Management*, 35(2), 140-162.

Keating, S. and O'Connor, U. (2012) The shifting role of the special needs assistant in Irish classrooms: a time for change? *European Journal of Special Needs Education*

Kersner, M. (1996) Working together for children with severe learning disabilities. *Child Language Teaching and Therapy*, 12(1), 17-28.

Lacey, P. (2001) The Role of Learning Support Assistants in the Inclusive Learning of Pupils with Severe and Profound Learning Difficulties. *Educational Review*, 53(2), 157-167.

Mulholland, M. and O'Connor, U. (2016) Collaborative classroom practice for inclusion: perspectives of classroom teachers and learning support/ resource teachers. *International Journal of Inclusive Education*, 20(10), 1070-1083

O'Toole, C. and Kirkpatrick, V. (2007) Building collaboration between professionals in health and education through interdisciplinary training. *Child Language Teaching and Therapy*, 23(3), 325-352.

Radford, J., Bosanquet, P., Webster, R. and Blatchford, P. (2015) Scaffolding learning for independence: Clarifying teacher and teaching assistant roles for children with special educational needs. *Learning and Instruction*, 36, 1-10.

Ritzman, M. J., Sanger, D., & Coufal, K. L. (2006). A case study of a collaborative speech—Language pathologist. *Communication Disorders Quarterly*, 27, 221-231.

Sharma, U. and Loreman, T. (2014) Teacher educator perspectives on systemic barriers to inclusive education. An international conversation, In (P. Jones, Ed) *Bringing insider*

*perspectives into inclusive teacher learning. Potentials and challenges for educational professionals.* UK, Routledge, pp. 168-177.

Sharma, U. and Salend, S. J. (2016) Teaching Assistants in Inclusive Classrooms: A Systematic Analysis of the International Research. *Australian Journal of Teacher Education*, 41(8), 118-134.

Tollerfield, I. (2003) The process of collaboration within a special school setting: An exploration of the ways in which skills and knowledge are shared and barriers are overcome when a teacher and speech and language therapist collaborate. *Child Language Teaching and Therapy*, 19(1), 67-84.

Webster, R. and Blatchford, P. (2015). Worlds apart? The nature and quality of the educational experiences of pupils with a statement for special educational needs in mainstream primary schools. *British Educational Research Journal*, 41(2), 324–342.

Webster, R., Russell, A. and Blatchford, P. (2016) *Maximising the impact of teaching assistants: Guidance for school leaders and teachers.* Second Edition. Oxon, Routledge.

Wright, J. and Kersner, M. (2004) Short-term projects: The Standards Fund and collaboration between speech and language therapists and teachers. *Support for Learning*, 19, 19-23.

UNISON, National Association of Head Teachers (NAHT), the National Education Trust (NET) and Maximising Teaching Assistants. (2016) *Professional standards for teaching assistants. Advice for head teachers, teachers, teaching assistants, governing boards and employers.* West Sussex, NAHT.