Implementing the Special Educational Needs Initiative: Guidelines for SENI centres

Introduction

The principal mechanism of learner support used in the SEN Initiative is *WebWheel mentoring*. This provides a systematic process for engaging with learners and identifying how the centre can best support them.

The implementation of the SENI model involves the following key elements:
1. General overview assessment of learner difficulties
2. Implementation of the WebWheel mentoring process
3. Addressing needs through targeted interventions
4. Building staff capacity
5. Measuring and recording learner outcomes
6. Reviewing and planning

1. General overview assessment of learner difficulties

While each learner will have their own individual issues and circumstances, common difficulties can be identified across a centre cohort. These are lively to include issues under the following three headings:
i) Education and training
ii) Personal and social development
iii) Barriers to participation and progress in the programme

a) Education and training
Education and training difficulties are those which **impact on the academic and vocational training aspects** of the programme and are usually related to learning problems of one kind or another.

b) Personal and social development
Personal and social development problems are to do with **emotional, social, mental or physical wellbeing issues** and usually pertain to individual experiences or circumstances.

c) Barriers to participation and progress in the programme
Barriers to participation and progress are those **factors relating to life outside the centre** which have the effect of creating barriers to good attendance and participation or to successful learning and progression. These factors can be community-based – and affect a group of learners – or arise from individual circumstances.

2. Implementation of the WebWheel mentoring process

For each learner the following measures are put in place:
i) Assignment of a mentor
ii) Provision of regular mentoring sessions using the WebWheel process (at least once a fortnight)
iii) Development of an individual action plan with the learner

It is expected that **all learners**, unless they leave soon after arriving in the centre, will be assigned a mentor and will engage in regular mentoring sessions using the Wheel, resulting in the drawing up of an individual action plan. Some learners will require additional supports not available in the centre and in these cases their mentor will locate relevant agencies in the community and help them to access their services.

Coordinators decide how many members of their staff will act as mentors and how many learners each one will mentor.

Only suitable staff should act as mentors. These are people who see the value of mentoring and feel comfortable in the role. They may be either part-time or full-time members of staff. Before beginning mentoring staff must have done the initial one-day introductory training. Matching mentors to learners should take into account the quality of the relationship between them. If a pairing is not working well it should be open to either party to request a change.

Sufficient time is allocated to mentoring each week to allow for the formal timetabling of sessions and any related follow-on work. Sessions need to occur at least once every two weeks and to be timetabled for a minimum of 20 minutes if once a week and 30 minutes if once a fortnight.

Centres are free to choose how they can best timetable their mentoring sessions taking into account such factors as staff availability, location of suitable mentoring spaces, learners' attendance patterns and their teaching and work experience programmes. If learners tend to miss their mentoring sessions because of regular absences the times of their sessions may need to be changed or a more flexible system put in place.
The follow-on work that may need to be done includes the writing up of an IAP, liaison with other staff in the centre and contact with outside services or parents.

3. Addressing needs through targeted interventions

The centre introduces specific *teaching interventions* (one-to-one or in small groups) to respond to the learning issues that are identified in mentoring sessions as these become apparent.

Possible specific teaching interventions include:
o literacy and numeracy taught in a one-to-one or small group context

- life skills programmes (e.g. money management, communication, dealing with bureaucracies and services, self-awareness and hygiene, interpersonal skills, decision-making, assertiveness, anger and conflict management)
- SPHE programmes (e.g. nutrition, physical health and well-being, substance misuse, self-protection, mental health, suicide prevention, sexuality, identity, self-esteem, diversity, crime awareness, citizenship)
- other subjects to accommodate individual learners (e.g. guitar lessons, language learning, typing skills)

The centre introduces specific ***support interventions*** (one-to-one or in small groups) to respond to the emotional, social or health issues that are identified in mentoring sessions as these become apparent.

Examples of possible support interventions, in addition to the mentoring, are
- one-to-one counselling for general or specific purposes (e.g. bereavement, addiction)
- group counselling
- peer support groups
- guidance or advocacy
- alternative therapies
- implementing a support intervention drawn up in collaboration with an outside service (e.g. medical, psychiatric, probationary)

The centre identifies all the ***local services and agencies*** with whom centre staff can liaise for information and advice and/or with whom they can put collaborative actions in place for particular learners

Service providers in the region of the centre may include:
- education providers (including educational agencies e.g. NEWB, school-based services e.g. school completion programme, home school community liaison personnel)
- youth services (including neighbourhood youth projects and information centres)
- general health and specific health services (e.g. health centres, health promotion projects, services for STIs, crisis pregnancy, etc.)
- clinical / psychiatric services (including HSE child and family centres and local counselling services)
- addiction services (including local Drug Task Force projects)
- social services (including social workers and local projects such as Springboard)
- family support services (e.g. HSE family assistance, Barnardo's projects, Vincent de Paul)
- probation and welfare services (e.g. JLOs, garda diversion projects)
- local employment services (including job centres)
- community development initiatives (e.g. area based partnership projects, Traveller development organisations, border area Peace and Reconciliation projects).

As far as possible, *work experience* preparation, practice and reviews takes into account the vocational goals identified by learners during their mentoring sessions.

Mentoring provides an opportunity for learners to explore future progression options and these should inform the placements that are arranged so that work experience is as meaningful and relevant as possible. While unsuccessful work experiences can help a learner to rule out particular vocational career goals, successful placements build confidence as well as helping to clarify in a positive way future progression goals.

4. Building staff capacity

Staff engage in training courses and sessions each year in order to build the capacity of the centre team. This training can be for
i) the whole team
ii) a sub-group of the staff (e.g. the mentors)
iii) individual members of staff

After the initial training introducing the WebWheel model mentors can avail of further mentoring training and review sessions. The centre can arrange for training in any aspects of learner support work, provided that the training is relevant and responding to identified skill gaps within the team.

i) All mentors attend support sessions at least once a month during the working year. These sessions are for the purpose of providing:
>*i) case supervision (i.e. to discuss students' needs or difficulties)*
>**and**
>*ii) staff support (i.e. with a specific focus on staff members' needs or difficulties)*

Professionals providing case supervision and staff support have suitable qualifications and are members of an appropriate professional body.

The **function of *case supervision*** is to provide a protective mechanism for learners in a context where mentors are not required to have any formal training in special educational needs. Case supervision creates an opportunity for increasing mentors' professional understanding and expertise in relation to learner difficulties and support processes. It can be particularly effective for building the centre team's capacity if it is done as a group exercise. Case supervision also defines the limits of the mentors' role and places clear boundaries around their responsibilities, identifying when cases should be referred to professional services outside the centre.

The **function of *staff support*** is to provide staff with the care they need to be able to work closely with young people and not be overwhelmed by what may be very serious issues. Staff support recognises that mentors are drawing on their own

personal resources when they engage in this kind of work and may have difficulties in their own lives which impact on their ability to be comfortable listening to and dealing with particular issues.

Both case supervision and staff support may be provided through group or individual sessions, or through a combination of both, perhaps with individual sessions being available to staff on a needs basis. Although they have different emphases they are linked processes and so both can be done together within the one session if preferred.

Professional supervision (i.e. both the case supervision and staff support elements) **must be provided by suitably qualified personnel**. This means a psychotherapist or psychologist with the relevant qualifications and experience. In addition, they need to be a member of their appropriate professional body (e.g. the Psychological Society of Ireland or British Psychological Society, the Irish Council for Psychotherapy, the Irish Association for Counselling and Psychotherapy, the Irish Association of Humanistic and Integrative Psychotherapy).   Ideally supervisors would also have had a minimum of three years supervised clinical practice themselves, have experience of supervising others, have a relevant third level qualification in health, education or social care (e.g. psychology, social studies, youth work, teaching) and have a reasonable knowledge and understanding of the youth and community sectors.

In addition to professional support for mentors, SENI centres may use part of their SENI funding for the purpose of building and maintaining the whole staff team (i.e. with a focus on centre organisational development) and to support the coordinator in their role as centre manager.

5. Measuring and recording learner outcomes

Accreditation outcomes
The centre keeps a record of all the formal accreditation and other awards and that were achieved by learners during the year.

Full and partial awards in relation to formal exams (Junior Cert, Leaving Cert, FETAC, etc) should be recorded, along with awards achieved in other aspects of the programme (e.g. sporting, artistic, Gaisce, safepass, ECDL, etc).

Progression outcomes
The centre keeps a record of the current whereabouts of all learners who have attended the centre for any period.

Possible progression outcomes include:
o   Have returned to the centre for another year
o   Progressed successfully to further training
o   Progressed successfully to employment

- o Completed the programme but have not yet progressed to further training or employment
- o Left the centre for a practical reason like moving away, having a baby, going to prison
- o Dropped out of the centre by their own choice
- o Left as a result of being asked to leave by the board of management or ETB

Inter-agency working
The centre keeps note of all contacts made with outside agencies or services

Contact might include the organisation by the centre of a referral to a local service, liaison with a service already involved with the learner or the putting in place of a new collaborative arrangement or joint initiative.

Progress made in non-formal learning
All significant progress made by learners in less formal and soft skill areas is qualitatively assessed and recorded.

Because of the wider social and personal development focus of the Youthreach programme the centre needs to develop a way for staff to assess genuine progress made by learners across a wide range of soft skill areas. This kind of assessment requires the use of a range of methodologies, including **direct evidence** such as formal accreditation, test results and portfolios; observed actions, behaviours and performances; knowledge from consultation with the learners themselves; knowledge obtained from consultation with reliable others; evaluative judgements by staff teams in consultation with each other.

6. Reviewing and planning

Each year the staff team discusses its experience of implementing the SEN Initiative in the centre and evaluates its effectiveness.

Time is laid aside at a suitable point in the calendar (towards the end of an academic year) for the full staff team to meet and to **evaluate** the implementation of the SEN Initiative over the year and to determine how well the SEN resources were used to meet the needs of their learners. Stakeholders such as learners, ETB management, learner support practitioners (e.g. counsellors, psychologists, Advocates, guidance counsellors) and staff support practitioners (e.g. supervisors) and parents are consulted in advance and their input is reviewed as part of the evaluation process. Mentors and other staff also review any impact of the work on their personal lives and their own comfort with it. The evaluation process is enabled by a suitably qualified facilitator.

The staff team identifies the changes they will make to the plan for the coming year in consultation with their ETB.

Staff are clear, when preparing their plan, about what decisions are a matter for the ETB or need to be made in consultation with the ETB, what decisions are a matter for the coordinator and what decisions are to be made by the staff team. The plan should also be informed by the learners and their parents through a process of information-sharing and consultation.

Planning benefits from the use by the staff team of a variety of processes, including reflecting, estimating, brainstorming, imagining, goal-setting, planning, timetabling and budgeting. Arriving at a good plan requires the centre to be sensitive and responsive to the presenting needs of its learners, the skills and competencies of its staff team, the support provided by the ETB and the social and physical context of the centre. The task of drawing up a centre implementation plan involves a number of steps: listing the resources that are available to the centre; thinking about how they might be best deployed to benefit the learners; identifying the needs of staff in terms of both training and support; deciding on the specific practices that will be engaged in; organising and timetabling interventions and administrative functions; and clarifying the outcomes for learners that the centre will be consciously working towards.

All work done under the SEN Initiative should accord with Department, ETB and centre policies and procedures. If necessary these should be amended or augmented in order to provide an appropriate backdrop and context for Initiative interventions (e.g. in relation to child protection, to parental involvement for learners under 18 years or to staff health and safety). Signed parental consent should be obtained for learners under 18 years for interventions such as mentoring that involve one-to-one working. It is important that the centre SEN support measures be fully explained to the learners and that they contract to their plan formally by signing and dating it. This is to ensure both that the learners are giving their informed consent and that they are committing themselves to the processes involved.

Specifically with regard to child protection, it is essential that the centre follow Department and ETB guidelines on this issue and be clear about its responsibilities in relation to the reporting of neglect and of emotional, physical or sexual abuse. These include knowing when and how such reports will be made, the limits to confidentiality that will apply in such cases and the appointment of a designated liaison person. In addition, staff should be monitoring children they consider to be at risk, be providing suitable curricular interventions to aid in the prevention of abuse and have procedures for liaison with relevant agencies such as the local duty social worker service and gardaí. In developing child protection procedures to apply specifically under the SEN provision, staff will need to define clearly the roles and responsibilities of the coordinator, designated liaison person, mentors, tutors and counsellor. Because of the possibility of disclosures being made during mentoring sessions it is advisable for the staff to discuss as a team the kinds of issues that may arise and to rehearse how they will deal with them.