



**UNISON Scotland response:  
Consultation on Excellence and Equity for All: Guidance on  
the Presumption of Mainstreaming**

**February 2018**

**Introduction**

UNISON is Scotland's largest trade union with members across the public, private and third sectors. UNISON members work in a range of settings in nurseries, schools, health services and across local government delivering education and care services for children including those with additional support needs. UNISON therefore welcomes the opportunity to take part in this consultation on Excellence and Equity for All: Guidance on the Presumption of Mainstreaming: a code of practice.

**General comments**

UNISON members are clear that currently we are not getting it right for children with additional support needs (ASN). Children with additional support needs are now physically in mainstream schools but many are far from mainstreamed into school life. The policy has not been supported with adequate funding for the learning support, healthcare needs and behavioural support that children need. The bulk of their support is provided by classroom assistants and there has not been adequate training, support or appropriate pay for those staff. This guidance will be nothing but kind words without appropriate funding for both the day-to-day delivery of those services and for training and professional development for all the staff working with those children.

The Education and Skills Committee report<sup>1</sup> into Additional Support Needs (ASN) supports UNISON's belief that Scotland is a long way from meeting its aspirations for children with additional support needs. There are some great strategic and policy papers around supporting children with additional support needs but these have not been matched with adequate funding to enable their implementation or recruitment, training and support for the staff in order to ensure they can deliver the correct support. The draft guidance offers little to help us move from lofty ambition statements to the delivery of a service that meets the needs of children with additional support needs.

Parents often have to fight to get the additional support their child needs. When parents (who are able to fight) "win" that fight there is no additional funding attached to implement the decision. Schools have to provide support from their existing budget. This has an impact on provision of services for other children relying on that budget. So a child with ASN may get a classroom assistant working directly with them but the other pupils in the group now cannot access to the support she could provide.

Schools are struggling to meet the needs of pupils because of budget cuts. On top of cuts to resources demand is rising, adding additional pressure. Since 2010 the number of pupils with additional support needs has doubled but there are 1841 fewer support staff in local authorities. UNISON's survey of support staff in schools and the Scottish Government's own report into behaviour in schools indicate that these cuts are affecting all pupils. It is also clear that cuts also mean that remaining staff do not get the training and support they need to deal with the needs of pupils.

---

<sup>1</sup> [http://www.parliament.scot/S5\\_Education/Reports/ASN\\_6th\\_Report\\_2017.pdf](http://www.parliament.scot/S5_Education/Reports/ASN_6th_Report_2017.pdf)

The government's latest research in to behaviour in schools<sup>2</sup> indicates that the cuts in support staff are affecting behaviour in schools. While this is not the only reason cited it is clear that cuts to support staff in schools and to "expert advice" like educational psychologists to both support staff and pupils directly is having an impact on the whole school not just children with identified support needs.

The behaviour report states that:

*1.31 Nonetheless, there are challenges. While the most common problems might be classed as 'low-level' (e.g. talking out of turn, hindering other pupils and work avoidance), this kind of disruption impacts on the learning of all pupils. Moreover, low-level disruptive behaviour in primary schools increased between 2012 and 2016.*

and

*1.11 The biggest change relates to low-level disruptive behaviour in the primary classroom (e.g. hindering other pupils, work avoidance and making unnecessary noise). Reports of this have increased between 2012 and 2016. 1.12 Primary staff were asked what they thought the reasons for this increase might be. They suggested reasons relating to societal changes (including the increased use of digital technologies), their perception of some approaches to parenting, and **a reduction in the availability of ASN resources (support staff, on- and off-site provision, and expert advice).***

And that

*1.29 The experiences of support staff were mixed in relation to their role and the support they receive. Primary support staff tended to be more positive than secondary support staff.*

The report highlights the role of support staff

*1.33 Headteachers, teachers, support staff and pupils commented on the link between positive behaviour and having sufficient numbers of support staff in class. **Staff felt that a reduction in numbers of support staff, alongside an increased number of pupils with ASN (as a result of inclusion policies), had resulted in a lack of one-to-one support for pupils who need it and a wider negative impact on behaviour.***

There needs to be much more investment in training and support for the staff who work directly with children with ASN. Classroom assistants are very concerned about the lack of training they receive for the complex work they are undertaking. UNISON has also called on employers to ensure school staff have the time in their work day to fully participate in school planning and discussions round support for the children as it is they who spend the bulk of time in school with those children and know those individuals' best. As the report states:

*1.34 The research with support staff also indicated a need to allow them more time for discussions with class teachers about individual pupils and classroom planning, and time for involvement in whole-school discussions about approaches to behaviour and relationships. There is also scope for improvement in relation to: ensuring support staff feel valued, communication and training.*

---

<sup>2</sup> Behaviour in Scottish School Research 2016 Dec 2017 <http://www.gov.scot/Resource/0052/00526338.pdf>

Cuts to school budgets were also highlighted

*1.35 Headteachers and teachers talked about the problems of reduced external support for pupils with additional support needs. They identified a need for additional support staff as well as more specialist input and advice.*

*1.36 They also indicated that, more generally, resources within schools have been stretched – and this has had a knock-on impact on aspects which help promote positive relationships and behaviour such as SMT visibility around the school; time for class planning; and time for peer observations and sharing experiences with colleagues.*

These findings are similar to the feedback that UNISON has been getting from members. The difficulties experienced by members in trying to provide quality support for pupils with ASN has been the key issue for education staff for a number of years. UNISON conducted a survey of school staff early<sup>3</sup> last year and while the survey was about the impact of cuts on schools, members working with children with ASN consistently reported that they were not getting adequate training and support to deal with the complex needs of the children they were supposed to be supporting. They also report that they experience violence and abuse during their working day. Members in nurseries also report similar experiences.

The following are quotes for members who responded to our survey highlighting the problems they experience due to staff shortages, budget cuts and insufficient/non-existent training. These roles have changed beyond all recognition and even those who took posts to work with children with ASN struggle with the heavy workload and the complex healthcare tasks that have now become part of their working day.

Comments from members to the survey include:

- *Working in one class in the morning up until my lunch with a child with additional needs then with another class after my lunch with one child with medical needs and another two children with ASN*
- *My remit bears no comparison to what it was initially. I have greater responsibility, working directly with children in either groups situations or individually . There is an increased number of children with ASN and there are not enough PSAs to give adequate support.*
- *More personal care, more manual handling. Less classroom time with pupils who have learning difficulties not of a physical nature*
- *More complex additional needs pupils so more time spent on personal care, physio, hoisting and so on*
- *More children are having complex difficulties, not enough support staff to help*
- *Certainly different. Still classroom based as much as possible but more involved with behavioural issues and working one to one with pupils unable to cope. Often spend long periods of time out of the room, wandering corridors, entertaining children who refuse to join the class.*
- *The job seemed to start of as a general supportive role to pupils in the classroom especially for pupils who found the curriculum extremely challenging. Now ASNs in our school seem to be sent into classes, back to back, to provide support in extremely challenging classes both in behavioural terms as well as learning support needs.*

---

<sup>3</sup> <http://www.unison-scotland.org/2017/01/16/hard-lessons-support-staff-struggling-to-maintain-standards-for-pupils-because-of-cuts/>

- *Dealing with more behaviour issues than learning*
- *Instead of working with children with learning difficulties we are being used to manage abusive and physical children. I have been kicked, spat at, punched and bit quite a few times in the last 6 months.*
- *The job has become more physical because of the children's needs, they are more profound both mentally and physically. PSAs have more physical abuse than ever.*
- *Being a first aider it can be a bit overpowering on what we are expected to do. We have 4 kids who have type 1 diabetes, at least 5 kids with allergies who require epi pens on them at all times. More than 10 who are asthmatic, 3 kids who are in wheelchairs who need special equipment for handling and moving and medication in case they fit or any other problems and over and above this medication that gets handed by parents for children to have throughout the day. One child has just had surgery and requires physio 3 times a day. All PSA's are totally stressed with what we have to do. And on edge if we get a decision wrong. We are not nurses, dentist doctors etc like people think!*
- *My workload now includes children with special medical and health needs eg toileting more frequently which includes stoma bag emptying three times a day. Also changing oxygen canisters when necessary. One day a week administering peg feeding*
- *Due to the staff cuts in our department the workload has definitely increased and we are being asked to do more and more i.e. personal care, (splint checks, hoisting, standing frame, liaise with physiotherapy and OT, epileptic pupils, wheelchair pupils: toileting, getting ready for PE and swimming, moving a bambach chair from room to room, fire drill: evac chair • We have more children to support in classes and our jobs involve toileting children and other personal care needs • Expected to supervise medication.*
- *epilepsy training was rushed through in less than an hour after school. As a result I felt unprepared and untrained to deal with the pupil's medical issues. Playground supervision is understaffed (ratio pupils to staff out of balance ) and borderline dangerous.*
- *Catheterisation of a pupil on a daily basis! Left to deal with lots of problems which are in fact guidance issues!*
- *Very much so. Peg feeding, insulin injections, dealing with children with complex needs not properly trained for.*
- *Yes. First aid ( including injections, ripped, catheterisation, self harm), counselling,*
- *last August I've been put in the position of working (unofficially) as a one-one with an autistic child with little support & no training given or offered*
- *I feel my job has changed to take into account the behavioural issues of some children and I'm no longer able to enjoy working with groups of children, in class, as before. The pressure is more having to deal with the verbal and physical abuse that now comes from these aggressive children.*
- *Yes most definitely. We have to deal with a lot of verbal and physical violence from the children rather than help children with their education. Also, we are expected to give children their insulin injections if they are diabetic, which is a massive responsibility and quite frankly, we are not nurses*

The Scottish government needs to develop much more detail on the demand for support services for children with ASN. There then needs to be funding to meet those needs. It is also clear that there is a risk that those from better-off backgrounds have higher chances of winning those battles and so further increasing the attainment gap. The Scottish government needs to urgently review the finances available to deliver on the widely supported aims of the original Act and Getting It Right For Every Child.

The new guidance on healthcare needs in schools acknowledges that it is support staff not teachers that provide the bulk of support for children with ASN. This guidance should also be clearer about this. Support staff find themselves dealing with children with complex ranges of disabilities, behavioural and healthcare needs which they have had little training or ongoing support to enable them to undertake to a high and safe standard. Currently school staff are stressed overworked and underpaid for the work they are doing. The guidance will not help without adequate resources.

The case studies in the guidance are only snippets a couple of hundred words long and like the guidance itself stating “nice things” about support children with ASN. They are little “good news” stories. Case studies should be detailed studies laying out what the problems were and how they arrived at the strategy to tackle them and an analysis of the success of the strategies. They should also contain details of the resources used, what they cost to enable others to see if and how they could change their own activities. Therefore it would be helpful if the guidance contained proper case studies to help share good practice and improve collaboration.

The current system is not working and this guidance offers warm words and kind sentiments but it offers nothing that will lead to improvements in support for children with ASN. All children in our schools need a properly funded service and they shouldn't be competing for a share of schools scarce resource. The Scottish government needs to ensure that schools are properly funded. This quote is from a member who was supportive of the vision in the paper. The member not only works in this area but also has a child with additional support needs. It sums up the problem well.

*“however visions and goals are one thing, funding them in this climate is another.”*

## **Conclusion**

UNISON members work in a range of roles supporting children with additional support needs in education, health and the third sector. UNISON therefore welcomes the opportunity to take part in this consultation. Our members are clear that currently we are not getting it right for children with additional support needs. Visions and principles are easy to publish. Delivering a high quality service to match that vision is the hard part. Delivering the change we all support needs to be appropriate funding for both the day to day delivery of those services and for training and professional development for all the staff working with those children.

**UNISON Scotland**  
**February 2018**

### **For further Information contact:**

Kay Sillars

[k.sillars@unison.co.uk](mailto:k.sillars@unison.co.uk)

0141 342 2819

Dave Watson

Head of Policy and Public Affairs

[d.watson@unison.co.uk](mailto:d.watson@unison.co.uk) 0141 342 2840