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The Rise And Rise Of Paraprofessionals In Education: An Unsustainable Approach To Disability Adjustments In Schools

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About the Author

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Abstract

The changes in education policy and pedagogy concerning the provision of education to students with disabilities have led to an increasing reliance on paraprofessionals in schools. This use of Education Assistants, rather than qualified teachers, to provide the required adjustments is examined and found to have little empirical support in the case of most disability categories. This has significant ethical implications for education departments and calls in to question the basis of recent court decisions.

The Death of Special Education and the Rise of the Inclusion Movement

Special education as a phenomenon really got started in Australia during the early 1900’s with the development of hospital schools for the physically disabled. Then in the 1920’s there was the development of schools for those with sensory disabilities, such as schools for the blind. Before the Second World War it was estimated that only about a tenth of the school aged children with disabilities were actually attending some form of education (de Lemos, 1994), but the next five decades saw the development of many special facilities for the education of the disabled student. The expansion of special schools and centers reached its peak during the early 1970’s when there were over 1800 such schools across Australia. However, even at this early stage the concept of “special education” was starting to be challenged. A number of commentators were concerned that not only was the learning of those with disabilities the same as those without, but the “special” pedagogy was effective for all students (Lieberman, 2001). The decline of special education, and the closure of special education departments in government education departments and university schools, followed the inclusion movement of the early 1980’s. This movement, part of the deinstitutionalization revolution in mental health and human rights movements in western societies, led to the steady move away from segregated settings to the point that special schools and centers were being closed at a regular rate throughout the 1990’s and in the beginning of this century. Interestingly, the exception to this was the rise in special facilities for those with behavioural problems (Dempsey, 2007).

While the move towards inclusion was not without its problems and worries for teachers (Bourke & Carrington, 2007), the larger issue was perhaps what accommodations or adjustments would be required to be made to meet the educational needs of the student with a disability in non-specialized settings. The main problem being, if there was nothing particularly special anymore about how these students learned or the way they should be taught, why would they need special teachers? The issue became what sort of “adjustments” or “accommodations” (as they are referred to in the United States) these students required to be educated in regular settings- for those with physical disabilities it was relatively simple to put in new toilets, ramps etc. and perhaps some help getting around the school or facility’s. However, it was more difficult with those from other disability categories to actually design and implement educational plans. One solution was that what was required was “teaching support”, but what sort of support?

There have been many changes in our society concerning the acceptance of disability and illness. The closure of segregated institutions that effectively “warehoused” such individuals has now led to a system of increased integration and inclusion in our society. As was the case with racial integration in the United
States, schools became the battlefield where this change was played out on a daily basis. For example, in Australia the school attendance among all 5–20 year olds with disability rose from 72% in 1981 to 80% in 2003 and the proportion of 5–20 year olds with severe or profound limitations attending school rose from 81% in 1981 to 89% in 2003 (Australian Government, 2011).

Taking Western Australia as an example, the Department of Education Annual Report for the financial year 2002-03 indicated that there were 7,658 students with disabilities in government schools (4,191 in “mainstream” schooling). In the most recent annual report (2009-10) there were 7,479 students “with a disability eligible to receive targeted supplementary resource allocations” (p. 9), and the vast majority of these students are educated in mainstream settings rather than in segregated units or schools. This trend is common across the country, with growing numbers of students recognized as having a disability and a greater proportion of these in mainstream settings.

Without the benefit of nationally recognized disability categories, the states have independently determined which of the disabling conditions (or their educational implications?) they will recognize and therefore fund. For example, a severe language disorder is recognized by the state education system in Queensland and in Victoria, but not in Western Australia - whereas Western Australian and Tasmania recognize significant psychiatric conditions.

Additionally the range of conditions recognized varies over time, with the example of Western Australia, shown in table 1, reflecting the relative stability of some categories (e.g., intellectual disability) and the significant growth in Autism Spectrum Disorder and the recently added Severe Mental Disorder category (percentage in bold).

One of the implications of these trends in disability categories and placement has been the focus on the teachers’ ability to deal with the management of students with disabilities in mainstream schools. Teachers surveyed in regard to students with disabilities regularly highlight the disruptive nature of students with some disabilities (e.g., autism, intellectual disability and psychiatric problems) in contrast to their concerns about students with health conditions (e.g., concerns over ability to cope with medical crisis, time required to manage students’ health condition etc.) (Ford, 2007).

A study completed by the authors, essentially a replication of Olson’s investigation of school staff’s attitudes (Olson, Seidler, Goodman, Gaelic, & Nordgren, 2004), found that, unsurprisingly, disabilities were not

### Table 1: Changes in Disability Categories over past 8 years in WA

<table>
<thead>
<tr>
<th>Category of Disability</th>
<th>2002—3</th>
<th>2009-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual*</td>
<td>4852 (53%)</td>
<td>3747 (50.10%)</td>
</tr>
<tr>
<td>Language</td>
<td>1279 (14%)</td>
<td>NA</td>
</tr>
<tr>
<td>Physical</td>
<td>1121 (12%)</td>
<td>479 (6.40%)</td>
</tr>
<tr>
<td>Autism Spectrum Disorders</td>
<td>842 (9%)</td>
<td>1959 (26.20%)</td>
</tr>
<tr>
<td>Hearing</td>
<td>671 (7%)</td>
<td>329 (4.40%)</td>
</tr>
<tr>
<td>Visual</td>
<td>441 (5%)</td>
<td>97 (1.30%)</td>
</tr>
<tr>
<td>Severe Medical or health condition</td>
<td>NA</td>
<td>509 (6.80%)</td>
</tr>
<tr>
<td>Severe Mental Health Disorder</td>
<td>NA</td>
<td>359 (4.80%)</td>
</tr>
<tr>
<td>Total</td>
<td>9206</td>
<td>7479</td>
</tr>
</tbody>
</table>

* The 2009-10 data includes “Global developmental delay (up to six years of age)” of 3.4%
NA – Category was not reported in the annual report for that year.
equal in their perceived impact on the classroom by teachers. For example, students with Acquired Brain Injury were viewed as having far more impact concerning behaviour management and teacher attention than either those with cystic fibrosis or an eating disorder.

Rise in Use of Paraprofessionals

The use of paraprofessionals in education, known as Education Assistants in Western Australia, to assist with the education of students with disabilities has been a strategy for well over forty years (Charles, 1973). The use of these minimally trained assistants to the classroom teacher was initially seen as a way of successfully, at least in terms of proximity, integrating students with physical, intellectual impairments (Wadsworth & Knight, 1996). However, this strategy was continued as the main “adjustment” made for students with a disability as the number and type of disabilities recognized changed over the years. In recent years there has been growing concerns that the use of paraprofessionals has become a panacea in providing for students with special needs (Giangercoco, Yuan, McKenzie, Cameron, & Fialka, 2005), with little evidence to support its educational efficacy and economic worth to the community.

With the number of teacher graduates expected to increase only marginally in the next decade and student numbers expected to grow by approximately 2.5 % per year, there is an anticipated shortfall of qualified teachers in Western Australian (“WA teacher demand and supply projections,” 2008). Meanwhile increasing numbers of educational assistants being employed – with these being “mainly for special needs children” (“Annual Report 2009–10,” 2010, p. 31). The growth of education assistants is indicated in the reporting of “support staff” in schools over the past five financial years, as show in the figure below (“Annual Report 2009–10,” 2010):

![Figure 1: WA Education Employees over past 5 years](image)

Cases

Rebekah Turner was a young lady who had a history of severe language delay and associated learning disabilities (e.g. reading problems) and mental health concerns (e.g., Attention Deficit Disorder and episodes of Depression) with what was given to be an “underlying brain dysfunction” though the exact nature of that dysfunction is not provided in her complaint to the Victorian Equal Opportunity Commission and eventual referral to the tribunal.¹ In that complaint Ms Turner claimed, inter alia, that she was discriminated against because the education department had imposed a requirement or condition that she be educated without an education assistant; and was seeking a remedy that in part included an “order requiring the [State] to provide a full time adequately trained teacher’s [aide] for the balance of her education by the [State]”.² While the state proposed that given Ms Turner’s condition was not “severe”,

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¹ It is not clear from the text whether Rebekah Turner was specifically referring to ADHD or an unspecified brain dysfunction.
² The text typically uses the term “special needs” children, which may be a modern terminology at the time compared to the term used by Giangercoco et al. (2005), “special needs children.”
there was no need to make the adjustment involving the education assistant. The case did get to the Supreme Court of Victoria, on appeal by the State on other grounds, and made headlines and created a strong impression that the provision of an educational assistant early in her schooling would have led to a different outcome – however there is little empirical evidence to base such a conclusion on.

In contrast to the outcome of the Turner case, there is the case of Helen Phu, a 13-year-old girl with autism, intellectual deficit and a medical condition, with associated language problems and unfortunately self-injurious behaviour that included hitting her head and biting herself – a behaviour that had waxed and waned over the past years. Her father lodged a complaint of disability discrimination in the provision of education on behalf of his daughter, on the grounds of indirect discrimination in that Mr. Phu contended that the respondent indirectly discriminated against his daughter by imposing a requirement or condition that Ms Phu access her education without one to one care and support. (P. 9).

In regard to the use of full-time EAs the court found “[O]n the evidence before us it was clear that it was a very rare exception for any student to have a one to one care and support from a teacher’s aide or any form of ongoing one to one care and support in the classroom or at school” (p. 83). One critical difference between the Turner case and that of Phu was the use of expert evidence from a special education expert. While the evidence from the medical experts was similar for both cases, recommending that additional support in the nature of an aide was required, the education expert (a Dr Kemp from Macquarie University Special Education Centre) in the Phu case was clear that while an aide was not an effective treatment in the long term. In fact, Dr Kemp was not able to find research literature to support the use of aides in segregated settings, but did suggest that there might be some for mainstream setting use.

These two cases highlight our concern in whether the provision of an educational aide is a “reasonable adjustment” for a student with a disability, and if so which disabilities. What constitutes a “reasonable” adjustment is contained in the standards - there is a predictable positive effect “on the student’s: (i) ability to achieve learning outcomes; and (ii) ability to participate in courses or programs; and (iii) independence; (Section 3.5 (ii) c, Disability Standards for Education, 2005 plus Guidance Notes). The answer would, hopefully, lie in the research literature and, given the widespread use of educational assistants in OECD countries, we would be able to have definitive answer as to which disabilities are most benefitted and how.

In order to answer the question the authors examined the literature, hoping to find an empirical answer, optimistically in the form of a meta-analysis of the empirical studies performed evaluating this educational evaluation. This type of research synthesis, (an analysis that quantitatively combines separate studies, giving due regard to their sample sizes, the bias for publishing positive result studies and accuracy of their measurement instruments, to determine an aggregate estimate of the effect size) is commonly used to determine the efficacy of medical and psychological treatments. Unfortunately, there were insufficient empirical studies of sufficient methodological rigor for inclusion – in fact, there were not even two studies that met the basic criteria for inclusion.

A review of the literature found an astonishing scarcity of any empirical studies looking at the effectiveness of educational assistants that would meet the criteria for inclusion in a meta-analysis; in fact, there was a paucity of any actual studies that compared that intervention to either a control group or another intervention. There were however, a small number of uncontrolled studies that tried to evaluate the impact that the use of an education assistant might have on the education of student with a disability.

While one might think that a paraprofessional may be of great assistance to students with significant vision impairment there are concerns that again there may be negative effects on the educational and social independence of the student (Conroy, 2007). One possible negative effect is actually less instruction from a trained teacher, with a survey done in Florida suggested that over a third of the assigned paraprofessionals were actually providing the direct instruction, with more than 10% doing the bulk of the instruction for the student (McKenzie & Lewis, 2008).

There is, however, some evidence to support the use of educational assistants where there are precise skills that can be applied, such as autism - where parents and others can be trained to implement one-on-one trial training and be effective in providing intervention in social skills. Again, though there are concerns that they are often being asked to provide for the educational and behavioural goals for children without the required training or experience (Mazurik-Charles & Stefanou, 2010). While there is limited evidence to support the use of paraprofessionals in using behavioural strategies to assist in the classroom.
and playground (Hall, Grundon, Pope, & Romero, 2010), there is some evidence to support educational assistants implementing specific intervention techniques such as social stories (Quilty, 2007) and discrete trial training (Bolton & Mayer, 2008).

Other studies have suggested that appropriately trained educational assistants can have significant impact on the reading ability of students with a reading disorder (Lane, Fletcher, Carter, Dejud, & DeLorenzo, 2007). In a large scale study that looked at the general effect of education assistants in classrooms, not focused on disability students outcomes, found that the most noticeable benefit was in the early grades (i.e. one and two) but this impact had dissipated by grade three (Gerber, Finn, Achilles, & Boyd-Zaharias, 2001) and in general smaller class sizes were more effective than the use of teacher aides.

In summary, there is little empirical evidence to support the use of educational assistants to improve the educational outcomes of students with disabilities. This lack of evidence applies not only to the use with such students when in regular school settings, but also in the segregated settings. Currently there is a real danger that in Australia we will, if not have already, become over reliant on the educational assistant as a panacea for students with disabilities (Giangreco, 2010).

Conclusion

The point of this discussion has not to demonize the use of paraprofessionals in education but to suggest that before the various disability advocacy groups start the ‘keep up with Jones’s’ approach to educational accommodations’ there should be some thought put in to the other options available. At present, there is the real danger that education departments, and perhaps the legal system, will see the educational assistant as the only response to the additional needs relating to the education of students with a disability.

Keywords: paraprofessionals; education; disability; reasonable adjustments.

Endnotes

2 Ibid, para 16.

References


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20TH ANNUAL CONFERENCE

Sustainable Education, Schools, Families and Communities ~ Education Law and Policy Perspectives

2–4 October 2011
Darwin Convention Centre, Darwin NT

Proceedings

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The contributions to the refereed section were reviewed anonymously by two invited reviewers. Our thanks are given to the following:

Professor Joy Cumming
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