HARDINESS AND HUMOUR PREDICTING BURNOUT IN A SAMPLE OF SPECIAL NEEDS ASSISTANTS IN SAPLINGS SCHOOLS

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Submitted in partial fulfilment of the Requirements of the Bachelor of Arts Degree (Psychology Specialisation) at DBS School of Arts, Dublin

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March 2017
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Acknowledgement

I would like to thank all the Saplings SNA staff who graciously gave up their time to complete my questionnaire. Without their support and encouragement, this research would not have been possible. A special thanks to my husband Paul and my two children Ava and Holly who have encouraged me all the way, without their love and support this would not have been possible. There are many friends and neighbors I also like to thank for helping me out with my childcare needs. Again, without them I could never have managed the logistics of working full-time and travelling to college to complete my studies. The library staff, they have been truly amazing, so helpful above and beyond what I had expected, sincere thanks to them.

Finally, huge heartfelt thanks to my supervisor Patricia Orr, for her patience, guidance and her endless encouragement. I just can’t believe I’m nearly there!
Abstract
This study examined the relationships between hardiness and humour in the prediction of burnout within a sample of special needs assistants working with autism, challenging behaviour and complex needs in Saplings Schools. A quantitative, cross-sectional, between-subjects design was used. Copenhagen Burnout Inventory, Dispositional Resilience Scale and Richmond Humour scale self-report questionnaires were distributed to Saplings SNA’s (N=60). Psychological hardiness significantly predicted client burnout but humour was not found to significantly predict client burnout. Gender, age, level of training and years of service were also examined but yielded no significant results. The implications of these findings include a recommendation for hardiness training in the future to increase levels of hardiness among Saplings SNA’s and a review of the current role of a Saplings SNA by the Department of Education and Skills. Findings also suggest a need for the National Council for Special Education to update their duty of care policy.
1. Introduction

Ample evidence indicates that parents of children with Intellectual disability (ID) exhibit elevated levels of psychological stress and the adverse effects on physical and mental wellbeing have recently been addressed (Miodrag & Hodapp, 2010). Parents of children with developmental disabilities (DD) that exhibit challenging behaviour (CB) have been found to experience worse psychological well-being and outcomes than parents of typically developing children (Hauser-Cram, Warfield, Shonkoff, Krauss, Sayer et al., 2001). Mothers of children with ASD have been found to be at a markedly higher risk of suffering from depression and psychological distress (Olsson & Hwang, 2001).

Considering the health of those who are the primary caregivers for individuals with ID and ASD are at risk (McConnell, Savage & Breitkreuz, 2014), there are implications for the front-line staff or foot-soldiers who work closely with this vulnerable population daily. Mothers of children with autism experience levels of chronic stress similar to the profile of battle soldiers, people experiencing post-traumatic stress disorder and parents of children with cancer (Abdulla, Hegde, & Gopakumar, 2014). The chronic effects of stress are not just psychological. HPA activation/Raised salivary cortisol and immunoglobulin A levels have been found in response to stress and as predictors of health complaints in caregivers of children with Autism Spectrum Disorder (ASD) (De Andrés-García, Moya-Albiol & González-Bono, 2012).

1.1 Research

Previous Research into stress and burnout among staff who work with people with CB suggest that stress can have a negative influence on staff and clients (Hastings, 2002). Workplace related variables impact on physical and mental wellbeing (Hatton, Emerson, Rivers, Mason & Swarbrick, et al., 2001), causing occupational stress and leading to

While there is considerable research on parents of children with intellectual disabilities, organisational processes and conditions that contribute to burnout in the working environment, little consideration has been given to this particular sample of SNA’s that perform in a teaching role as an ABA Tutor. This study attempts to examine the influence of personality attributes that contribute to burnout when working with CB as an SNA in a Saplings school, with particular focus directed towards psychological hardiness and humour.

1.2 The Role of a Saplings SNA

As previous research mainly focuses on teachers and nurses in relation to the burnout phenomena (Abenavoli, Jennings, Greenberg, Harris & Katz, 2013; Carson, Baumgartner, Matthews & Tsouloupas, 2010). This study is attempting to examine a population overlooked in previous research, an SNA, specifically, the type of SNA that works as an applied behaviour analysis (ABA) tutor in a Saplings school.

As an SNA in Saplings School, the role differs to that of a typical SNA working in a mainstream setting. SNA in Saplings school is a teaching role and works one on one, following an individual education plan while simultaneously running individual behaviour plan, leading to significant levels of paperwork. An SNA, according to the Department of Education (DOE) circular (see Appendix 1) is to support the care needs of a child and this role is of a non-teaching nature.

During 2008, twelve privately funded Applied Behaviour Analysis schools throughout Ireland were granted admission into a government directive pilot scheme. Government funding diminished due to the economic downturn. In December 2010, Saplings ABA tutors
agreed to sign a contractual agreement to become an employee of the DOE as an SNA while continuing to carry out the duties of an ABA Tutor.

Many pupils at Saplings schools have failed placements in mainstream settings. Saplings SNA’s originally worked one-on-one with children while working in the capacity as ABA Tutors and were subjected to continuous on-the-job training and practice surrounding the theoretical principles of ABA. They were critically evaluated on their teaching effectiveness. Training involved direct instructional teaching, methodology and implementation of individual behaviour and educational support plans. Reactive strategy training on physical interventions during periods of high frequency and magnitude challenging behaviour.

As the principles of ABA are based on empirical evidence, ABA Tutors record frequency and duration of targeted challenging behaviours, while simultaneously taking data and implementing interventions during teaching procedures. Since DOE directive, organisational restructure of all the Saplings Schools who were on the pilot scheme took place to become recognised with Special School status and to continue to receive funding from the DOE. Whole school evaluations were carried out to qualify for status. Further to Saplings receiving special school status, students are no longer entitled to avail of one-on-one tuition due to SNA allocation limits enforced by the DOE. This undoubtedly places the Saplings SNA, who is committed to delivering the same standard of care and teaching while working in a one-on-one capacity, upholding the same duties and attending to more than one student, under additional pressure.

Quality of care consistency and stability are needed when working one-on-one with vulnerable populations (Billingsley 2004). Therefore, an understanding of the relationships
between variables that can lead to burnout are important to protect the population who work with CB.

1.3 Burnout and Work

Feudenberger (1974) and Maslach (1976) independently referred to the concept of professional burnout following research involving volunteers working with underprivileged citizens. Burnout as a concept became a metaphor for numerous psychosocial issues among human service professions. During the 1970’s, most psychological research in occupational health was focused on industrial workers with little attention given to teachers, nurses, social workers and other similar groups within the public sector. More recently, burnout has become a wider known metaphor in many countries among human service workers (Milfont, Denny, Ameratunga, Robinson & Merry, 2008).

In 1997, the union behind Danish public service workers were the driving force behind a longitudinal study called PUMA. The union were concerned by a sharp increase in early retirement and long term sick leave among its members and requested the National Institute of Occupational Health, Copenhagen, conduct an independent study. According to Kristensen, Borritz, Villadsen and Christensen (2005) they reviewed many articles in connection with the PUMA study and they concluded that any available existing instruments to specifically test personal, work and client burnout were unsatisfactory and developed a new scale named the Copenhagen Burnout Inventory of which fatigue and exhaustion were at the core.

Professional burnout has been described as a state of both emotional and mental exhaustion (Shepherd, Tashchian, and Ridnour, 2011). Burnout is an unpleasant and debilitating condition for both individuals and organisations (Beheshtifar & Omidvar, 2013). Not only does burnout have a negative affect on job satisfaction, it has been correlated with
low organisational commitment (Ashil & Rod, 2011). Maslach (1982) defined burnout as a symptom of depersonalisation, emotional exhaustion and abridged personal accomplishment at work due to work related activity. According to Maslach and Golderg (1998) it is not as simple as understanding what burnout is but rather, figure out what needs to be done to combat it.

In a working environment, the ability to deal with stress differs from person to person. Some cope better with stress than others as they are skilled at recognising warning signs when others struggle to do the same. Previous research by Maddi, Kahn and Maddi (1998) examined the need for training, to teach the skills necessary to enable transformational coping by addressing how an individual appraises a stressful situation.

1.4 Effect of Staff Burnout Working with Challenging Behaviour

Working with Challenging behaviour (CB) can be a stressful environment, a mounting body of reasonable evidence supports associations between CB, administrative duties and constrained resources contributing to staff stress (Hensel, Lunsky & Dewa, 2015; Mills & Rose, 2011), high frequency CB was associated with increases in psychological stress and positive work factors and intervention training to help staff deal better with CB was suggested.

Hastings (2002) articulates that limited explicit attention has been given to the potential implications of CB on psychological wellbeing. Staff that are exposed to stressful working environments when working with ID and are at a greater risk for burnout (Mutkins, Brown & Thorsteinsson, 2011). High levels of stress have been previously associated with the teaching role as teaching is considered a highly stressful occupation (Bauer, Unterbrink, Hack, Pfeifer, Buhl-Griebhaber et al., 2007; Naring, Briet & Brouwers, 2006). Roncaglia
(2012), staff working with clients with ASD and CB face daily emotionally stimulating situations exposing them to physical and psychological stress. A review by Hastings (2002) recognised an employer’s duty to ensure the wellbeing of staff and highlighted that staff sickness and turnover are affected by burnout.

### 1.4.1 Specialised Training

Howard and Hegarty (2013) focused on the impact that CB had on staff and findings suggested the need for staff time-out and specialised training to deal with CB. Research examining job searching behaviours of staff working with ID found client strain was directly associated with intended turnover (Hatton et al., 2001). Hensel et al. (2015); Mills and Rose (2011) found high frequency CB to be associated with increases in psychological stress suggesting positive work factors and intervention training to help staff deal better with CB.

### 1.4.2 Age and Gender

While examining job searching behaviours of those who work with ID, Hatton et al. (2001) found, younger staff age, job strain was directly associated with intended turnover. Previous studies have shown variables to be associated with burnout such as, gender (Kowalski, Ommen, Driller, Ernstmann, Wirtz et al., 2010; Ahola Honkonen, Kivimäki, Virtanen, Isometsä et al., 2006), age (Maslach, Schaufeli, & Leiter, 2001) and job specific experience (Chung & Corbett, 1998; Rafferty, Friend & Landsbergis, 2001).

### 1.5 Effects of Challenging Behaviour on SNA’s

The adverse consequences of work burnout are not unescapable. Although stress is an inevitable consequence of life, burnout is not (Talbot, 1996). Not everyone who experiences stress will experience burnout as those that have successfully coped with stress. Coping with
stress can lead to the enjoyment of a more fulfilling satisfying personal and work life balance therefore the examination of burnout related variables that buffer the effects of stress is appropriate (Talbot, 1996).
1.6 Hardiness and its Influence on Burnout

Burnout and hardiness are connected due to the relationship that they have with stress and the stress response (Schimp, 2015). Hardiness is a personality attribute associated with resilience, health and performance during stressful situations (Maddi & Kobasa, 1984; Bartone, 1999; Ramanaiah, Sharp & Byravan, 1999). Azeem (2010) found that personality hardiness was found to predict burnout among teachers. Research examining individual differences and the role they play in the process and development of burnout by Alarcon, Eschleman and Bowling (2009) argued that personal factors may play a role in burnout. Previous literature has supported findings that a hardy personality can buffer the effects of stress and consequently reduce burnout (Henderson, 2015).

During the late 1970s, Suzanne Kobasa and Salvadore Maddi developed a theory building on Lazarus and Folkman’s stress appraisal and coping theory. Investigations surrounding the role of personality arose from the idea that, only some people develop illness following periods of high stress. Kobasa, Maddi and Courington (1981) hypothesised that a hardy personality is better equipped during stressful situations to cope, as stressful situations are embraced and addressed as meaningful challenges and so, (Kobasa, 1979) coined the term ‘hardiness’ outlining a hardy personality and its attributes and research posits, people exhibiting hardy personality attributes, are found to be less affected by stress and report lower incidents of illness.

Commitment, control, and challenge characterise personal hardiness (Kobasa, Maddi & Khan, 1982). These three personality factors, are contributory factors to stress resistance and the ability to maintain a good level of psychological well-being. A committed person’s belief system reduces perceived threats of stressful events. They take active approaches instead of a passive or avoidance type approach when handling stressful situations (Bartone, 2007;
Maddi, 2006). Among these commitments are family, social and employment (Kobasa et. al., 1982). Individuals that are considered as having a hardy personality believe that they are in control and have some influence on events that form around them when managing stressful situations leading to development not debilitation. They also consider that change is a normal antecedent for development (Kobasa and Puccetti, 1983). A challenged person looks for opportunity for personal enhancement and growth during stressful situations and views stressful events as stimulating (Kobasa, 1979). Challenge transports opportunity for the hardy personality (Maddi, 2006). Earlier research focused on the link between stress and illness, hardiness research challenges this idea Schimp (2015) as the hardier the personality the greater the resistance to illness and stress. Judkins and Ingram (2002) designed a training programme for nursing staff surrounding the concept of hardiness and demonstrated hardiness training as an invaluable tool to predict success when assessing and selecting military personnel and argue the merit of personality tests alongside cognitive tests as evidence has been accumulating demonstrating effectiveness (Hystad, Eid, Laberg & Bartone, 2011).

1.7 Humor and its Influence on Burnout

A meta-analysis by Mesmer-Magnus, Glew and Viswesvaran (2012) focused on positive humour within the workplace, results suggested humour to be associated with lower levels of burnout and enhanced levels of work satisfaction, performance, health and coping effectiveness. Although the value of the role of humour in relation to general wellbeing has been recognised by organisational psychologists in the past, there is a lack of evidence exploring the benefits of workplace humour, especially for an employee working in the field of human services (Mesmer-Magnus et al., 2012). As well as enhancing people’s mood, possessing a sense of humour, has previously been thought to decrease symptoms of stress, anxiety and depression.
Kuiper, Martin and Dance (2001) refers to various ways in which humour is described. Booth-Butterfield and Booth-Butterfield (1991, p. 206) describes humour as “intentional verbal and nonverbal messages which elicit laughter, chuckling, and other forms of spontaneous behavior taken to mean pleasure, delight and/or surprise in the targeted receiver”.

Previous research has found positive humour to be important in the workplace, positive associations have been found between workplace humour, employee bonding, socialisation and general morale [Holmes & Marra, 2002; Romero & Cruthirds 2006]. Batool, Zubair, and Batool (2014) found workplace humour to alleviate frustration and improve peer relations. Workplace humour has been suggested to have a buffering potential to the damaging effects of stress for employees who use it as a coping mechanism, as, it is an effective method of emotional regulation (Samson, & Gross, 2012). Humour has an ability to act as a lubricant to stressful social interactions (Markey, Suzuki, & Marino 2014). Interestingly, Maslach, Schaufeli, and Leiter (2001) suggested humour as an extension of the depersonalization process that can accompany burnout. Ho (2015) found High levels of humour were found to buffer stress while low levels of humour were related to depersonalisation in females than in males. Kuiper, Martin, and Dance (1992) offered empirical support for greater humour facilitating more positive orientations toward life and greater levels of psychological wellbeing.

1.8 Rationale

The primary focus of this literature review was to provide a framework for understanding the research history relating to burnout as a phenomenon, while summarising how such a construct can be used to fully understand consequences when working in jobs that are both physically and mentally demanding. This is especially important in the role of an SNA in
Saplings schools. Research has supported the theory that when employed in direct client care services, CB, constrained resources and administrative duties can contribute to the symptoms of burnout. Burnout generates physical, emotional and social consequences for teachers and healthcare workers and can also impact on the client’s quality of care. What is not fully understood is the relationship that hardiness and humour have with burnout in SNA’s working in Saplings School for children with Autism and complex needs. To explore the personality based antecedents to burnout in this sample, the theory of hardiness by Kobasa (1979) was considered and Humour by Richmond, Wrench and Gorham (2001).

The key focus of this study is to examine relationships between hardiness, humour and burnout in special needs assistants working with CB and complex needs in an Autism specific school. For exploratory purposes, I will look at gender and training.

1.9 Research Questions

This current study will attempt to answer the following questions in relation to burnout in a sample of SNA’s working in Saplings school for children with ASD and complex needs. The researcher is interested if psychological hardiness, humour and age influence burnout when working with clients with challenging behaviour, if there are any differences between males and female in relation to feeling burned out from their work and if there will be any differences between Saplings SNA’s who received specific ABA training than those who did not and levels of work burnout.

1.10 Hypotheses

H1: Hardiness and humour scores will significantly predict Client Burnout.

H2: Hardiness, humour scores and age will significantly predict Client Burnout.
**H3:** There will be a statistically significant difference between male and female SNA’s on Work Burnout scores.

**H4:** There will be a statistically significant difference between SNA’s who received specific ABA training and those who did not on Client Burnout scores.
2. Method

2.1. Methodology

Prior to undertaking this study, a research proposal and ethics form was submitted to, Dublin Business School, Department of Psychology Ethics Committee for ethical approval. Both Proposal and Ethics approval were central to proceed with this chosen research study. The hypotheses, predictor and criterion variables including method of analysis and reasoning for this study were duly accepted. To eliminate any time confounding factors, all visits to the schools were arranged at the end of the day ensuring same time-zone.

2.2 Participants

There were 60 participants included in this study (N=60). Of this sample, six were male (N=6) and 54 were female (N=54). Age of participants ranged from 18 to 41 and above years. Seventy three percent of participants were between the ages of 26-40; five percent of participants were under this age and twenty two percent were 41 years of age plus. Participants were sourced using non-probability convenience sampling. Participants were recruited from the researchers place of employment at Saplings School for children with Autism and complex needs. Inclusion criteria in this convenience sample consisted of permanent SNA staff members (N=60). Exclusion criteria for this study included non-SNA staff and contract or substitute SNA’s. The Population of interest are a group of people to whom the researcher would like to generalise results are SNA’S previously ABA tutors that received specific ABA training in a Saplings school. Principals from all five Saplings schools in Ireland; Carlow, Goresbridge, Kildare, Mullingar and Rathfarnham were contacted by email requesting permission to sample on site. Principals authority to conduct this study was agreed/granted by four of the Saplings schools and were, Carlow (See Appendix 2), Kildare,
Participation was voluntary and devoid of incentive or reward.

2.3 Design

This research is between subjects, Correlational descriptive and non-experimental, quantitative cross sectional design research questionnaire. Comparing of gender and specifically ABA trained or not, will also contain a quasi-experimental aspect.

Correlation will be used as the purpose of this research is to examine any relationships between the psychological variables, hardiness, humour and burnout. There were no treatment interventions conducted during this research. Variables used in this correlational research include demographic variables; gender, age, number of years’ service and if specific ABA trained or not. The predictor variables (PV) were Hardiness, Humour and age and the criterion variables (CV) were client burnout. The possible results are positive correlation, negative correlation or no correlation. Independent variables were gender and training and the dependent variable was work burnout.

2.4 Materials

This study relied on participants completing an anonymous survey pack. This survey pack consisted of a cover letter of introduction outlining the study (See Appendix 6); demographic overview of age, gender, specific training and years’ service in Saplings (See Appendix 7); Bartone (1995), 15-item Dispositional Resilience Scale (v.3.2) (DRS-15) (See Appendix 8) and Licence agreement with author (See Appendix 9); Richmond, Wrench and Gorham (2001) 16-item Humour scale (See Appendix 10); Copenhagen Burnout Inventory (CBI) (Kristensen, Borritz, Villadsen & Christensen 2005) (See Appendix 11); debrief sheet containing contact numbers for various available services. (See Appendix 12).
2.4.1 Copenhagen Burnout Inventory

CBI is a 19-item public domain burnout scale, measuring degrees of psychological fatigue within its three subdimensions. Response categories for all three subscales are scored: Always: 100. Often: 75. Sometimes: 50. Seldom: 25. Never/almost never: 0. To a very high degree: 100. To a high degree: 75. Somewhat: 50. To a low degree: 25. To a very low degree: 0. Respondents were classified as non-responders if less than three questions in each subscale were answered. Total score on each subdimension scale is the average of the scores on the items.

Personal burnout (PB) consists of six items (e.g., ‘‘How often do you feel worn out?’’ ‘‘How often do you feel tired?’’), (α = .87) very high Indicating good consistency and internal reliability.

Work-related burnout (WB) consists of seven items (e.g., ‘‘Do you feel worn out at the end of the working day?’’ ‘‘Do you feel burnt out because of your work?’’). Score reversed for question seven. (α = .87) very high Indicating good consistency and internal reliability.

Client based burnout (CB) has six items (e.g., ‘‘Are you tired of working with clients?’’ ‘‘Do you feel that you give more than you get back when working with clients?’’). Score on the scale is the average of the scores on the items: For higher scores to indicate burnout, scale labels should be re-coded to the original format labels of 100 (always), 75, 50, 25, and 0 (never/almost never). (α = .85) very high Indicating good consistency and internal reliability.
2.4.2 Dispositional Resilience Scale (Hardiness)

Bartone (1995), 15-item DRS-15 (See Appendix 7) consists of fifteen statements that measure the concept of hardiness. There are three dimensions to the scale which describe a generalised style of functioning. Control contains five items, (e.g., “by working hard you can nearly always achieve your goals”) commitment, five items (e.g., “life in general is boring for me”) and challenge, five items (e.g., “changes in routine are interesting to me”). Respondents are required to indicate their agreement on a four-point scale: 0 (not at all true); 1 (a little true); 2 (quite true); 3 (completely true). There are six items that are negatively keyed items #3,4,8,11,13,14. Once items are reverse coded, an overall hardiness score is obtained by summing all 15 items. Scores for all three subscales can be calculated individually by summing the relevant questions for each of the subscales within five scoring bands: 39+ (Very high), 34-38 (High), 28-33 (Average), 22-27 (Low), and 22 and below (Very low). (Purchased scale directly from author (See Appendix 8). Cronbach’s (a = .78). Indicating good consistency and reliability.

2.4.3 Humour Scale Measurement

Wrench and Richmond (2004) 16-item Humour scale measurement using statements like “I regularly communicate with others by joking with them”. Five point Likert scale “strongly agree” to “strongly disagree” to measure an individual’s use of humour in communication contexts. Recode items 2, 6, 8, 9, 11, 12, 14, and 16 with the following format: 1=5 2=4 3=3 4=2 5=1. Cronbach’s (a = .96). Indicating very good consistency and reliability.

2.5 Procedure

Following access to schools, a school visit was arranged with the principal. A time was agreed for recruitment where questionnaire packs were administered personally to each
School. Participants selected themselves by agreeing to take part in this study. Informed consent was gained by verbally informing them of procedure and then giving them a participant information cover sheet attached to the front of each questionnaire pack. Participants were informed that the study was voluntary and anonymous and required some demographic information. The cover letter reminded participants of the choice to withdraw from the study at any time. Pen and paper method was used. Of the sixty participants (N=60) none withdrew from this study. The cover letter assured confidentiality and anonymity to participants. There would be no willing participants identified in this study. Participants were informed that once completed questionnaires were submit, they no longer could execute their right to withdraw from the study. Participants were required to read and fully understand the cover letter then complete each component of the survey pack. They were advised to retain the debrief sheet as it provided contact details of professional organisations should any participant need to avail of such services due to the sensitive nature of some of the questions.

2.6 Data Analysis

Data files were stored in sealed white A4 envelopes and stored in a secure fire proof cabinet until data input stage to ensure confidentiality and anonymity. Results were analysed through IBM for SPSS Windows version 24.
3. Results

This chapter gives the results obtained from the analysis of data collected for this research. The data was collected through survey questionnaires and was analysed using the statistical software of SPSS. Both descriptive and inferential statistics were used for the analysis to understand the background of the sample population and then to test the research hypotheses. The chapter presents the results in two sections- descriptive statistics giving the demographic details about the sample population and inferential statistics to find out if the relationships tested between the different variables was statistically significant or not.

3.1 Descriptive Statistics

The survey questionnaire included questions about the demographic details about the sample population. The variables of gender, age, years’ of service and specific ABA training were investigated. Demographic descriptives (Table 1) below, shows that the sample (N=60) consisted of 53 (90%) females and 6 (10%) males with one missing entry. Most of the Saplings SNA (73%) were between the age of 26-40; with only three participants under this age (5%) and (22%) were 41 years of age plus. Regarding the length of the service, the mean length of service among the survey participants was 7.03 years (SD= 4.08), with the data showing a range of 1 to 15 years. The length of service also showed an uneven dispersion in this sample (see Table 1). Table 1: Demographic variable descriptives. Whether Saplings SNA’s received specific ABA training or not was also investigated and the data showed that 63% of the sample population had not received specific ABA training while 35% had received specific ABA training.
Table 1: Demographic variable descriptives

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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>21</td>
<td>35.0</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>No</td>
<td>38</td>
<td>63.3</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Missing</td>
<td>1</td>
<td>1.7</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>60</td>
<td>100</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3.2 Predictor Descriptives

Participant scores (N=60) for predictor variables displayed below in Table 2. Within the DRS-15 scale (Bartone, 1995), participants showed a mean score of 34.85 (SD=5.18), indicating that this sample of SNA’s have moderate levels of hardy personality. Mean scores on the humour scale showed a mean score of 47.12, SD=4.99 with the scores ranging between 29 to 64.

Table 2: Descriptive statistics for predictor variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>SD</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hardiness total</td>
<td>34.85</td>
<td>5.18</td>
<td>22</td>
<td>46</td>
</tr>
<tr>
<td>Humour total</td>
<td>47.12</td>
<td>4.99</td>
<td>29</td>
<td>64</td>
</tr>
</tbody>
</table>

3.3 Criterion Variable Descriptives

Participants’ total mean scores on the DRS-15 (Bartone, 1995) are displayed below in Table 3. The mean scores for client burnout, work burnout and personal burnout were calculated. The mean score for client burnout of 3.56, S.D.=.69, shows that the client
burnout score was above average. The work burnout and personal burnout mean scores showed an average level of burnout.

**Table 3: Descriptive statistics for criterion variables**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>SD</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client burnout</td>
<td>3.56</td>
<td>.69</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Work burnout</td>
<td>2.94</td>
<td>.72</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Personal burnout</td>
<td>3.02</td>
<td>.63</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>

When the criterion variables were compared by gender, the results showed that females had a higher client burnout score than males but males had a higher personal burnout score than females. The work burnout score for both males and females was about the same.

**Table 4: Criterion variables according to gender**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Group</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client burnout</td>
<td>Male</td>
<td>3.42</td>
<td>.535</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>3.60</td>
<td>.723</td>
</tr>
<tr>
<td>Personal burnout</td>
<td>Male</td>
<td>3.28</td>
<td>.544</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>2.89</td>
<td>.546</td>
</tr>
<tr>
<td>Work burnout</td>
<td>Male</td>
<td>3.02</td>
<td>.456</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>3.00</td>
<td>.647</td>
</tr>
</tbody>
</table>

The criterion variables were compared in terms of their mean scores for participants who had received or not received ABA training. For client burnout, personal burnout and work burnout, the participants who had received ABA training showed lower scores for burnout than those who had not received ABA training.
Table 5: Criterion variables according to ABA training

<table>
<thead>
<tr>
<th>Variable</th>
<th>Group</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client burnout</td>
<td>ABA training received</td>
<td>3.42</td>
<td>.712</td>
</tr>
<tr>
<td></td>
<td>ABA training not received</td>
<td>3.67</td>
<td>.693</td>
</tr>
<tr>
<td>Personal burnout</td>
<td>ABA training received</td>
<td>2.76</td>
<td>.68</td>
</tr>
<tr>
<td></td>
<td>ABA training not received</td>
<td>3.03</td>
<td>.744</td>
</tr>
<tr>
<td>Work burnout</td>
<td>ABA training received</td>
<td>2.85</td>
<td>.526</td>
</tr>
<tr>
<td></td>
<td>ABA training not received</td>
<td>3.09</td>
<td>.668</td>
</tr>
</tbody>
</table>

3.4 Inferential Statistics

Prior to running inferential statistics preliminary analyses were performed to ensure no violation of assumption of normality, linearity between the predictor variables and the criterion variable and multicollinearity to ensure predictor variables not too related. The Cronbach’s alpha reliability test was done for the burnout scales for client burnout, work burnout and personal burnout. The client burnout scale indicated a Cronbach’s alpha value of (α = .82) indicating a high reliability. The reliability for personal burnout scale was also very high with Cronbach’s alpha value of (α = .88). The Cronbach’s alpha value for work burnout scale was (α = .89) also indicating a high reliability. Humour indicated (α = .84) considered preferable and psychological hardiness (α = .75).

To examine the research question, a multiple linear regression was conducted for hypotheses one and two to examine relationships between predictor variables, hardiness and humour and their effect on the criterion variable, client and work burnout. Through multiple regression, multiple predictor variables tested with criterion.
For exploratory purposes, Independent Samples t-tests will look at statistically significant differences between, male and females and work burnout scores and if Saplings SNA’s received specific training or not and client scores.

H1: The goal of determining ability of hardiness, humour and age to predict client burnout was explored by performing a multiple regression. A standard Multiple linear regression was used to test whether the psychological hardiness, humour and demographic age, were predictors of client burnout, (table 6) displayed below. The results of the regression indicated that one predictor explained 21% of the variance (R²=.211, f(3, 55)=4.91 p=004). Results established that hardiness significantly predicted client burnout (β=.026, p=.001, 95% CI=.03-.10). Therefore, the research hypothesis cannot be rejected. Humour did not predict client burnout (β=.016, p=.37, 95% CI=.05-.02). The variable age also did not significantly predict client burnout (β=.21, p=.22, 95% CI=.56-.13).

Table 6: Multiple Regression Analysis for client burnout, hardiness, humour and age

<table>
<thead>
<tr>
<th>Variables</th>
<th>B</th>
<th>SE B</th>
<th>β</th>
<th>t</th>
<th>Sig.</th>
<th>ΔR²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client Burnout</td>
<td>.004</td>
<td>.211</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hardiness</td>
<td>.062</td>
<td>.017</td>
<td>.445</td>
<td>3.70</td>
<td></td>
<td>.21</td>
</tr>
<tr>
<td>Humour</td>
<td>-.16</td>
<td>.017</td>
<td>-.112</td>
<td>-.914</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>.214</td>
<td>.174</td>
<td>-.151</td>
<td>-1.235</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

p>0.05.

H2: The goal of determining ability of hardiness and humour to predict client burnout was explored by performing a multiple regression. A standard multiple linear regression was performed to assess the predictive power of psychological hardiness and humour in predicting client burnout. Each predictor variable was evaluated in terms of its predictive power over and above predictive power of other variables through statistical significance and beta values. Multiple regression also identifies any unique variances in the predictor variable that are explained by each of the predictor variables. Multiple regression (table 7) was used to test whether psychological hardiness and humour were predictors of client burnout. The
results of the regression indicated that one predictor explained 19% of the variance \((R^2=.189, f(2, 56)=6.54, p=.003)\). Results established that psychological hardiness statistically significantly predicted client burnout \((\beta=.06, p=.001, 95\% \ CI=-.03-.09)\). Psychological humour did not significantly predict client burnout \((\beta=-.012, p=.50, 95\% \ CI=-.05-.02)\). Therefore, the research hypothesis can be rejected.

Table 7: Multiple Regression Analysis for client burnout, hardiness and humour

<table>
<thead>
<tr>
<th>Variables</th>
<th>B</th>
<th>SE B</th>
<th>(\beta)</th>
<th>t</th>
<th>Sig.</th>
<th>(\Delta R^2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client Burnout</td>
<td>.162</td>
<td>.063</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hardiness</td>
<td>.031</td>
<td>.016</td>
<td>.248</td>
<td>1.917</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Humour</td>
<td>.004</td>
<td>.017</td>
<td>.028</td>
<td>.219</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\(p>0.05\).

H3: There will be a statistically significant difference between male and female SNA’s on Work Burnout scores. An independent samples t-test was planned to test hypothesis three, unfortunately an inferential test would not be appropriate to adequately address this question as the group sizes were so unequal and as a result, will cause skewed data with outliers (Elliot & Woodward, 2007). Figure 1. below displays bar chart due to inability to make any strong inferences by testing hypothesis four.
H4: There will be a statistically significant difference between SNA’s who received specific ABA training and those who did not on work burnout scores. An independent samples t-test was used to test hypotheses four. Those SNA’s that received specific ABA training (Mean = 2.85, SD=.53) were not found to experience higher levels of client burnout than those who did not receive specific ABA training (Mean=3.08, SD=.66). An independent samples t-test found that there was no statistically significant difference between SNA’s that received specific ABA training and those who did not. Therefore, the null hypothesis cannot be rejected.

This chapter showed the results from the statistical analysis of the data collected for the research from primary survey among the sample population. The results were given in terms of both descriptive statistics and inferential statistics. The inferential statistics were able to prove or disprove the hypotheses that were set at the start of this study. The results given in this chapter will now be interpreted and discussed further for the reason why such results were obtained in the next chapter.
4. Discussion

4.1 Key Findings

The aim of this study was to contribute to gaps in current literature by determining if SNA’s in Saplings schools are at risk from suffering from burnout. In doing so, perceived levels of psychological personality attributes hardiness and humor were measured as mediators of burnout among Saplings SNA’s who perform more diverse and hands on role than that of an SNA in a mainstream school in Ireland. It was found that hardiness proved statistically significant as a moderator of burnout as the client burnout score was above average. Work burnout and personal burnout yielded an average level of burnout confirming this sample of SNA’s have moderate levels of hardy personality. Psychological humour was not found to predict client burnout and results showed that females had a higher client burnout score than male but males had a higher personal burnout score than females. The work burnout score for both males and females were about the same. Criterion variables were compared in terms of their mean scores for participants who had received or not received ABA training. For client burnout, personal burnout and work burnout, the participants who had received ABA training showed lower scores for burnout than those who had not received ABA training.

The findings of this current study are consistent with the findings of previous literature reviewed. For example personality hardiness has been shown to be associated with resilience during stressful situations (Maddi & Kobasa, 1984; Bartone, 1999; Ramanaiah, Sharp & Byravan, 1999). In addition, further support for this current study’s’ findings were found in research by Azeem (2010), the data was collected from an Indian sample proving ideographic as its specificity and would not prove nomothetic to the Irish Saplings SNA in Ireland. In Contrast with findings from Henderson (2015), psychological personality
hardiness, significantly predicted burnout. Although, the current study’s sample and culture cannot be directly compared to Henderson (2015) as it did not factor for age and the sample included nurses from the United States of America again proving difficulty with generalisation due to culture differences. Interestingly, Henderson 2015 surveyed a similar size population and mirrored the current study’s unequal gender group sizes, participants were also predominately female 92% perhaps raising further investigation of gender preference and differences when working with CB. Statistical analysis on gender and burnout was not carried out in this current study due to uneven distribution of male and female groups.

Humour has been associated with lower levels of burnout Mesmer-Magnus et al., 2012; Batool, 2014), aid emotional regulation (Samson et al., 2012) and buffer stress (Ho, 2015). This study didn’t show humour to mediate burnout however according to Mesmer-Magnus, 2012 there is a lack of evidence to support benefits of workplace humour especially working in human services professions. To date, no research is available examining effects of humour on the sample used in this current study or on Irish people as a nation. The researchers experience would be that humour is plentiful and used daily by the SNA’s therefore suggests further research needs to focus on this variable. Humour as a variable could be in danger of being misunderstood because people have different perceptions of what humour actually is. Humour is a variable that is hard to quantify people have a subjective view of what humour is and future research needs to consider this.

Upon reflection, the results of this study have shown to be in contrast with findings from Hatton et al. (2001); Hensel, Lunsky and Dewa, (2015); Mills and Rose (2011) who agreed that staff who received intervention training when dealing with CB reported lower levels of stress, this studies result yielded no significant difference in levels of burnout with the SNA’s who received specific ABA training than those who did not received training
however, participants who did received specific ABA training scored lower for burnout than those who did not. A mounting body of evidence is accumulating in favour of hardiness training, studies suggest this training is an invaluable tool predicting success facilitating the resistance to illness and stress (Hystad, Eid, Laberg & Bartone, 2011; Judkins and Ingram, 2002). Previous research by Hatton et al. (2001) found staff age was directly correlated with burnout when working with CB. In contrast with the findings of Azeem (2010) which did not factor for age suggesting the impact of age was not considered to be an issue whereas Maslach et al. (2001) and Kowalski et al., 2010 posit age is variable associated with burnout. Although this current study did not find age to predict burnout, Alarcon et al. (2009) referred to the need to examine the role individual differences play in the process and development of burnout therefore future studies may factor for age. Furthermore, previous research by Chung et al. (1998); Rafferty, Friend et al. (2001) found job experience variables associated with burnout however, this current study showed no significance differences for job experience generalisation posed difficult to compare to the current study as the sample was smaller and of Irish nationality.

4.3 Limitations

A weakness of this current study is the specific population examined therefore results cannot be generalised. It is worth noting the majority of the research sample was tended by female participation (n=54) in comparison to males (n=6) producing an unbalanced gender sample. This current study intended to account for time of day by surveying participants at three o’clock when the students were finished for the day however, the study did not consider allocated break time as a confounding variable as staff are scheduled for a twenty-five minute lunch in the early afternoon and may have been in need of refreshments or movement break. SNA staff had returned from the Christmas break, staff were post-holiday relaxed. The arduous nature of attending college part-time and work commitments which have been found
to generally increase stress and was not accounted for within this current study. The intention to survey participants at same time of day, the fact it was at the end of the day meant participants were caught at a busy time and resulted in participant completion of surveys being restricted due to the administrative duties. This current study utilised a systematic approach to search for previous research on ABA tutors and found no research available therefore, any research carried out on SNA’s in general will not generalize to current study’s population. limited research is noted as a weakness however, this research may begin to fill the in gap in the current field of research. This study included self-report measures, given the theory of the Hawthone effect, raised doubt on the reliability and validity of such measures. A lack of control and randomisation may result in selection bias. The Irish are known to be humorous and interestingly, a common comment from participants upon completion of survey was that they felt hesitant to self-report as funny or being perceived as being humorous. This could be because of the researchers work relationships answers may have been influenced as they feared to be judged even though participants were informed of this current study’s confidentiality.

4.3 Strengths

This current research is considered a very important exploratory study as there is no previous research on SNA’s in Saplings type schools in this country and there is important information coming for the Department of Education and skills that they may need to take into consideration. The current study utilised research tools that are widely applied and validated in psychological research. Strengths include being limited to one school and a specific targeted sample. Participants were targeted at the same time in all four schools to control for the time of day. The researcher is not looking to generalize to a greater population but rather specifically a Sapling SNA. Ease of access to respondents needed to conduct this study was considered a strength was considered advantageous. The strength of this current
study’s design is identified through the variables identified from the literature review where hardiness was found as a significant predictor within various populations proving easy replication. The survey pack was presented in questionnaire format and was short and easy to complete.

4.4 Future direction

A number of factors emerged from the results of this current study which need to be considered regarding future directions, for instance recommendations to replicate this study with a larger sample may enable generalisation to other institutions working with children and adults expressing CB. It is obvious from the results of this study that hardiness plays a major role in mediating burnout among this current sample population surveyed. Therefore, it is paramount that hardiness training is considered for future training and development for all SNA’s who work with CB to increase levels of hardiness. A possible longitudinal study applying hardiness intervention training might be useful as this has been found to be effective in previous research including teachers, nurses and the military.

Most of the existing literature available and reviewed focused on teachers, nurses and military, no research exists for SNA’s or ABA tutors and burnout. Although findings of this study indicated similar patterns seen in previous research its direction toward incompatible populations poses the need for further research to be carried out in this specific area.

According to the National council for Special Education (NCSE) “Schools have a duty of care to ensure the safety of all their students and staff” (National Council for Special Education [NCSE], 2015, p. 96) the findings of this current study implicate that the duty of care policy needs to be updated or implemented to include specific training to deal with CB. Considering the impact psychological hardiness has on burnout it may be useful to
investigate hardiness training effectiveness and review current policies to devise a training programme that improves the psychological wellbeing of those who work closely with CB.

Furthermore, the NCSE refers to the need for positive behaviour support and specific training in school approaches for teachers and other staff members to reduce challenging behaviour. A possible analysis and distinction between the role of an SNA in a mainstream setting and an SNA in a Saplings school could be addressed as ABA tutors appear to be overlooked in previous research and yet carry out a broader range of duties than outlined in the DOE circular the duties of an SNA.

4.5 Conclusion

In summation, burnout is a frequent issue in workplace and prevalent in occupations that work with DD and CB. Although recent research addresses this phenomenon there is a lack of research on the mediating effects of psychological hardiness that focuses on the type of SNA that is employed in a Saplings School. This current study aimed to explore variables that impact on burnout. What interestingly emerged from this study was the possible implications that employee hardiness training could significantly reduce the effect of burnout. There are gaps within the existing literature regarding SNA’s and ABA tutors, workshops designed around hardiness training may prove to be affective as previous research demonstrated hardiness as a mediator of burnout and this current study echoes this view. Personality factors that attribute to a special type of person for his type of work might also be of interest to researchers. Echoing the views of Warfield et al. (2014) and following the findings of this current study, the psychological health of caregivers for individuals with CB are at risk, it is of utmost importance that implications for the people working closely with this population are addressed.
References


Circular 0030/2014

Circular to the Management Authorities of Primary Schools, Special Schools, Secondary, Community and Comprehensive Schools and the Chief Executive Officers of the Educational Training Boards

The Special Needs Assistant (SNA) scheme to support teachers in meeting the care needs of some children with special educational needs, arising from a disability

1. Summary of Circular

The main issues addressed in this Circular are:

- This Circular clarifies and restates the purpose of the SNA scheme, which is to provide schools with additional adult support staff who can assist children with special educational needs who also have additional and significant care needs. Such support is provided in order to facilitate their attendance at school and to minimise disruption to class or teaching time for the pupils concerned, or for their peers, and with a view to developing their independent living skills. (Section 2: Introduction and Section 3: The SNA Scheme)

- It provides details of the primary care needs for which SNA support will usually be provided and details the types of secondary care associated tasks which SNAs may often
perform, but only once they have been allocated on the basis of a requirement to provide for primary care needs: (Section 4: Care Needs)

- The Circular clarifies the role of the Classroom Teacher and Resource/Learning Support Teachers to provide for the education of a child, and the role of an SNA to support those teachers in assisting with care needs (Section 5: The Role of the Classroom Teacher, Resource Teacher and SNA)

- The role that professional reports play in supporting the SNA scheme is set out. While professional reports play a valuable role in identifying the needs of a child, responsibility for deciding on the quantum of educational supports to be provided to schools rests with the NCSE, in accordance with DES policy: (Section 6: The Role of Medical and other Professional Reports)
• The Circular details the circumstances in which SNA support will be provided for behaviour related care needs. SNA support will only be provided for behaviour related care needs where there is a clear diagnosis of EBD/SEBD, or a behavioural disorder in conjunction with another disability, and also where it is clear that behavioural management strategies have not been successful to date, and where it is demonstrated how access to SNA support can assist the child: (Section 7: SNA Support for Pupils with Behavioural Care Needs)

• Details of the particular requirements for SNA support for children with sensory impairment are included: (Section 8: SNA support for Children with Visual or Hearing Impairment.

• The Circular provides details of the NCSE allocation process, which is designed to allocate a quantum of SNA support to schools annually to cater for the care needs of qualifying children. (Section 9: NCSE Allocation process, Section 10: Allocation of Quantum of Support for Schools)

• Pupils should access the support of an SNA based on their level of needs arising during the school day. The responsibility of schools in relation to the management and deployment of SNAs and requirements to ensure that pupils can develop independent living skills are detailed at (Section 11: Access to SNA Support, Section 12: Role of School to Manage SNA Support)

• All SNA allocations are subject to annual review by the NCSE. All allocations will be time bound, made initially for a period of three years, subject to annual review, and subject to a full re-assessment at the end of the three year period. (Section 13: Annual Review and Section 14: Time bound Allocation)

• Schools are required to put in place a Personal Pupil Plan (PPP) including a care plan for all pupils availing of SNA support. Schools who employ SNAs must have a clear policy in place, as part of the school planning process to manage and deploy SNAs: (Section 15: Personal Pupil Plan (PPP)

• The importance of paying cognisance to the viewpoint of the child in reviewing the level of access to SNA required is set out at (Section 16: The View of the Child)

• The policy in relation to SNA deployment at Post Primary school level is detailed: (Section 17: Post Primary SNA Allocation)

• Details of how parents or schools may appeal the level of SNA support allocated for a child (Section 18: Appeal to School and Section 19: NCSE Appeals Process)
2. Introduction

The Special Needs Assistant (SNA) scheme is designed to provide schools with additional adult support staff who can assist children with special educational needs who also have additional and significant care needs. Such support is provided in order to facilitate the attendance of those pupils at school and also to minimise disruption to class or teaching time for the pupils concerned, or for their peers, and with a view to developing their independent living skills.

The Special Needs Assistant scheme has been a key factor in ensuring the successful inclusion of children with special educational needs into mainstream education, and also with providing care support to pupils who are enrolled in special schools and special classes.

Since the criteria for the SNA scheme were last set out in DES Circular 07/02, there have been a number of developments in relation to the provision of special educational supports to schools. This includes; the establishment of the National Council for Special Education (NCSE) and the expansion of National Educational Psychological Service (NEPS); the establishment of the Special Education Support Services (SESS); new school transport and Bus Escort arrangements; and the provision of additional learning support and resource teachers for Primary and Post-Primary schools.

In 2011, the DES published a comprehensive Value for Money and Policy Review of the SNA scheme which made a number of recommendations with regard to the future operation of the SNA scheme. This Review found that the SNA Scheme is supporting schools in meeting the needs of students with disabilities, who also have significant care needs, and that the SNA scheme has assisted in enabling as many students as possible to be included in mainstream schools.

However, the Review also found that the purpose of the scheme and the allocation process is generally not well understood within schools or by parents. It found that the deployment of SNAs in schools had in practice moved away from the objectives originally envisaged, which was to provide for children’s care needs, and had moved towards SNA involvement in behavioural, therapeutic, pedagogical/teaching and administrative duties.

It recommended that the criteria for allocation of support should be restated and clarified for both parents and schools.

The NCSE has also recently published a number of policy advice papers in relation to the provision of services for children with special educational needs, including; ‘The Future Role of Special Schools and Classes’, ‘The Education of Deaf and Hard of Hearing Children’; ‘The Education of Students With Challenging Behaviour Arising from Severe Emotional
Disturbance/ Behaviour’ and; ‘Supporting Students with Special Educational Needs’; which make a number of recommendations in relation to the provision of SNA support.

This Circular replaces DES Circulars 07/02 and 09/2009. It should be read in conjunction with:

- DES Circular 0058/2006 Redundancy Arrangements for SNA and DES Circulars 12/05 and 15/05 on Contract of Employment for SNA
- Guidelines on the Individual Education Plan process
- Special Educational Needs- A Continuum of Support
- A Continuum of Support for Post Primary Schools
- Behaviour, Emotional and Social Difficulties (BESD) – A Continuum of Support
- Sp ED Circular 02/05: Organisation of Teaching resources for Pupils who need Additional Support in Mainstream Primary Schools
- DES Circular 08/02: Applications for full or Part Time Resource Teachers
- Inclusion of Students with Special Educational Needs: Post Primary Guidelines
- Guidelines for Developing School Codes of Behaviour

3. The SNA Scheme

SNA support is provided specifically to assist recognised primary, post primary and special schools to cater for the care needs of pupils with disabilities in an educational context, where the nature of these care needs have been outlined in professional reports as being so significant that a pupil will require adult assistance in order to be able to attend school and to participate in education.

SNA support is provided in recognised primary and post primary schools only. SNA support is not provided in centres which are not recognised schools, but which may be providing services for young people, such as medical facilities, youth detention centres, high support units, hospitals, crèche and pre school settings. Such facilities will generally have a care dimension incorporated into their own staffing arrangements.

SNA support is also not provided for adults attending education centres or to third level education colleges which also have their own arrangements to cater for students with special needs.

Applications from recognised schools under this scheme should be made to the NCSE, as set out in Section 9 of this Circular.

Applications for SNA support will be considered under this scheme where medical or other relevant professional reports set out that a pupil has significant care needs arising from:
(i) a significant medical need, or
(ii) a significant impairment of physical or sensory function.

Section 6 of the Circular provides details on the role that medical and other relevant professional reports and assessments play in assisting to identify the care needs of children and guiding the allocation process.

Section 7 of this Circular sets out the circumstances under which SNA support may be allocated to provide for the care needs of pupils whose disability categorisation is that of Emotional Behaviour Disorder or Severe Emotional Behavioural Disorder, or where the care needs specified relate to behavioural disturbance or behavioural related care needs.

4. Care Needs

All children require care and attention in school. This is particularly true in relation to younger children and infants. All schools have responsibility to provide for the care and wellbeing of all the pupils who attend their schools including children with special educational needs.

It should not be assumed that all children who have special educational needs or who have been diagnosed as having a disability, require access to SNA support.

It should also not be assumed that the allocation of additional adult SNA support is a prerequisite for a student with special educational needs to attend school.

The purpose of the SNA scheme is to provide for the significant additional care needs which some pupils with special educational needs may have.

It is therefore important to set out what constitutes significant care needs under the terms of this scheme, and which will normally qualify for SNA support under the scheme.

For a child to require or qualify for access to SNA support, a child must have an assessed disability. The care needs outlined must be of such significance that they are beyond that which would normally be expected to be provided to a child by the child’s class teacher, support teacher, or other school teachers, or beyond the level of assistance which could be offered to the student by his/ or her fellow pupils in school. The care needs must also be those beyond which could normally be provided for by alternative supportive approaches or modifications of the classroom environment, teaching approaches and/or assistive technology or specialist equipment.

The type of significant care needs that pupils may have can be varied, depending on the nature or level of the disability or sensory impairment that a child may have. Given the variety of medical conditions that children may suffer from, it is not possible to list all of the care needs that may arise here.
However, examples of the primary care needs which would be considered significant – and which might require SNA support are:

- **Assistance with feeding:** where a child with special needs requires adult assistance and where the extent of assistance required would overly disrupt normal teaching time.

- **Administration of medicine:** where a child requires adult assistance to administer medicine and where the extent of assistance required would overly disrupt normal teaching time.

- **Assistance with toileting and general hygiene:** (including catheterisation) where a child with special needs cannot independently self-toilet, and until such time as they are able to do so.

- **Assistance with mobility and orientation:** on an ongoing basis including assisting a child or children to access the school, the classroom, with accessing school transport (where provided, school Bus Escorts should, in the first instance, assist a child to access school transport), or helping a child to avoid hazards in or surrounding the school. (Every effort must be made by the school to provide opportunities for independence e.g. the removal of hazards.)

- **Assisting teachers to provide supervision in the class, playground and school grounds:** at recreation, assembly, and dispersal times including assistance with arriving and departing from school for pupils with special needs where the school has made a robust case that existing teaching resources cannot facilitate such supervision.

- **Non-nursing care needs associated with specific medical conditions:** such as frequent epileptic seizures or for pupils who have fragile health.

- **Care needs requiring frequent interventions including withdrawal of a pupil from a classroom when essential:** This may be for safety or personal care reasons, or where a child may be required to leave the class for medical reasons or due to distress on a frequent basis.

- **Assistance with moving and lifting of children, operation of hoists and equipment.**

- **Assistance with severe communication difficulties** including enabling curriculum access for pupils with physical disabilities or sensory needs (See also section 9) and those with significant, and identified social and emotional difficulties. Under the direction of the teacher, this might include assistance with assistive technology equipment, typing or handwriting, supporting transition, assisting with supervision at recreation, dispersal times etc.

The tasks noted above are the primary care support tasks for which access to SNA support will normally be provided.
The following tasks are the type of secondary care associated tasks which SNAs will often perform, but only once they have been allocated on the basis of the primary care support tasks listed above. The indicative list of secondary associated tasks listed below is not definitive and is reflective of the tasks detailed in Circulars 08/02 and 71/2011.

The associated support tasks which may be carried out, but which would not in themselves normally constitute a reason for the allocation of SNA support include:

- Preparation and tidying of workspaces and classrooms or assisting a child who is not physically able to perform such tasks to prepare and tidy a workspace, to present materials, to display work, or to transition from one lesson activity to another. To assist with cleaning of materials.

- Assistance with the development of Personal Pupil Plans for children with special educational needs, with a particular focus on developing a care plan to meet the care needs of the pupil concerned and the review of such plans.

- Assist teachers and/or Principal in maintaining a journal or care monitoring system for pupils including details of attendance and care needs. Assist in preparation of school files and materials relating to care and assistance required in class by students with special needs.

- Planning for activities and classes where there may be additional care requirements associated with particular activities, liaising with class teachers and other teachers such as the resource teacher and school principal, attending meetings with parents, SENO, NEPS Psychologists, or school staff meetings with the agreement and guidance of class teacher/principal

- Assistance with enabling a pupil to access therapy or psycho-educational programmes such as anger management or social skills classes, under the direction of qualified personnel, including class teachers or support teachers.

- Assistance to attend or participate in out of school activities: walks, or visits, where such assistance cannot be provided by teaching staff.

5. The Role of the Classroom Teacher and Resource/Learning Support Teachers and the Role of an SNA to support those teachers

Students with special educational needs can have very complex learning needs and should be taught by qualified and experienced teachers who are equipped with the necessary skills to meet the needs of these students.

SNAs are recruited specifically to assist in the care needs of pupils with disabilities in an educational context. SNAs therefore do not have a teaching/pedagogical role and it would not be appropriate for pupils with special needs to be taught by unqualified personnel.
Section 22 (1) of the Education Act 1998 states the primacy of the teacher in the education and personal development of students in schools. The classroom teacher is responsible for educating all pupils in his/her class, including any pupil with a special educational need. The class teacher has primary responsibility for the progress and care of all pupils in his/her classroom, including pupils with special educational needs.

It is the responsibility of the classroom teacher to ensure that each pupil is taught in a stimulating and supportive classroom environment where all pupils feel equal and valued. The teacher will have access to all information that is likely to be relevant to teaching or supervising a pupil with special educational needs. The classroom teacher also has a central role in identifying and responding to pupils with additional needs. These responses will be informed and assisted by collaboration with colleagues, parents/guardians and others such as the school’s NEPS psychologist and the local SENO.

The classroom teacher will also make specific accommodations for a pupil within the class as a result of concerns about a pupil’s progress, application, communication, behaviour or interaction with peers.

1 Therapy interventions such as speech and language and physiotherapy services are often provided to students who require such therapy in schools by HSE medical professionals.

The role of the SNA is to support the care needs of a child. Therefore, while it is appropriate for SNAs to assist students to access therapy support in schools, or to assist a therapist in providing support for a child or assist the child to perform therapy tasks directed by a therapist, it is not appropriate for an SNA to be expected to be responsible for the management or provision of therapy services in view of the particular skill-set required to deliver therapeutic interventions. Accordingly, the delivery of therapies is not in itself a reason to warrant the allocation of an SNA post nor can the provision of SNA support be made to compensate for a lack of therapy provision by qualified personnel.

When a pupil with significant and complex care needs has access to support from a SNA the classroom teacher will work closely with the SNA. However the class teacher continues to have primary responsibility for teaching and learning and for the social and emotional development and progress of the pupil.

Though the SNA can provide useful assistance to the teacher in ensuring that the pupil is able to access education, the role of the SNA is not to provide additional tuition, as this is the role of qualified learning support/resource teachers who may assist the teacher to provide additional teaching to pupils with special educational needs.

Additional Teaching Support
Many children with significant special educational needs require additional teaching support in schools\(^1\). In such circumstances, the classroom teacher will be supported by a resource teacher/learning support teacher, who are fully qualified teachers who will have access to additional training in the area of special education, and who will work closely with the class teacher to provide additional teaching support for children with special educational needs (SEN).

The classroom teacher and resource/learning support teacher will consider ways in which the curriculum can be differentiated or adapted to suit the needs of individual pupils so as to make the best use of the additional teaching hours. This may also involve identifying the most appropriate teaching strategies and programmes to meet the child’s needs. Parents are typically consulted as part of this process.

Resource/learning support can be provided in a variety of ways. The support teacher might teamteach by working in the classroom with the class teacher or withdraw students in small groups and/or individually for a period of time (depending upon the nature of pupils needs) for intensive teaching of key skills.

Whereas the SNA may assist to ensure the delivery of both class teaching and additional teaching, the SNA is not the person who is designated to deliver this teaching or instruction.

6. Role of Medical and other Professional Reports/Recommendations by Medical and other Professionals

SNAs are provided specifically to assist schools to cater for pupils with disabilities, who have additional and significant care needs, in an educational context and where the nature of these care needs have been outlined in medical and other professional reports as being so significant that a pupil will require additional adult assistance in order to be able to attend school and to participate in education.

Professional reports and assessments therefore play an important role in the SNA allocation process.

\(^1\) Access to resource teaching/learning support is provided to schools either under the General Allocation Model or through additional resource teaching hours allocated to schools in respect of individual pupils in line with criteria set down by the Department of Education and Skills. The criteria specify the level or number of additional hours to be provided to pupils according to the category or type of need for which they have been assessed. The allocation is made to schools by NCSE SENOs.
Responsibility for deciding on the quantum of educational supports and resources to be allocated to schools to support individual pupils, rests with the NCSE, in accordance with DES policy.

The consideration of professional reports is an integral part of determining the extent of supports to be provided for pupils with special educational needs. However, whereas health reports provide valuable assistance to education providers in identifying a diagnosis or identifying appropriate interventions, health staff have been directed by the HSE not to include references to the specific quantum of educational resources in their reports, but should state the outcome of assessments carried out and the range of needs of the child as clearly as possible.

This is because, while a medical or relevant professional report can indicate the care needs that a child may have, the Health professional will not have knowledge or awareness of the current resources available to a school to cater for these care needs, will not be aware of the layout of the school, or have had an opportunity to observe the child in class or observe their interaction with their teachers and classmates on an ongoing basis.

It is the role of the NCSE to process applications from schools for SNA support, taking into account the frequency and extent of the care needs as referenced in the professional report, the manner in which they arise in a school setting and in this regard, the evidence the school can provide to support the application. The NCSE can also consult with other professional e.g. NEPS and will allocate a level of SNA support to a school to ensure that the school has sufficient resources to cater for the significant care needs of the relevant children who are enrolled in the school for whom it has been indicated that there is a care requirement.

In general, it is therefore expected that all primary school pupils having their first school experience will have been enrolled and have commenced attending school before any application for support will be made.

7. SNA Support for Pupils with Behaviour Related Care Needs

The Value for Money and Policy Review of the SNA scheme found, that in many instances, SNAs were being used, contrary to the intended purpose of the scheme, to contain or manage pupil behaviour as distinct from students receiving appropriate interventions in school through individualised planning, whole-school pupil management strategies (including the promotion of positive relationships between and among staff and students), and additional psycho-educational programmes (such as anger management or social skills classes) and psychiatric/medical interventions, as required.

Students with challenging behaviour need, in the first instance, should be supported by their class teachers, other school staff members, and by whole school polices on the management of behaviour in schools. The responsibility for the overall progress of students with behavioural difficulties lies with the classroom teacher. The emphasis in the school situation should be on the development of well co-ordinated interventions in response to the child's
identified needs. The provision of appropriate teaching and health supports, as required, should result in improved behaviours, leading to improved educational outcomes for children with Emotional Behavioural Disorder (EBD) or Severe Emotional Behavioural Disorder (SEBD).

For children who are experiencing behavioural difficulties or who have received a diagnosis which places them in the EBD disability category, it should not be assumed that all children who have some form of emotional behaviour disturbance require access to SNA support or that SNA support is the appropriate intervention in each instance.

A range of guidelines are available to support schools in meeting the needs of children with behaviour, emotional and social difficulties. These include:

- DES Information Guides for Primary and Post Primary schools on Supporting Students with Behavioural, Emotional and Social Difficulties [www.education.gov.ie/](http://www.education.gov.ie/)
- Guidelines for Developing School Codes of Behaviour [www.newb.ie](http://www.newb.ie)

The Information Guides above indicate that behavioural, emotional and social difficulties can occur on a continuum from mild, transient difficulties to difficulties which are significant and persistent. Thus, responses provided should be incremental, moving from classroom based interventions to more intensive and individualised interventions. The timing and pace of implementation may vary depending on the level of need and the nature of the presenting problems, with interventions tailored to the individual needs of pupils.

Provision of SNA support should therefore not be considered as a first response for management of behaviour. SNA support should only be provided where it is clear that behavioural management strategies have not been successful to date and where it is demonstrated how access to such support can assist with ongoing planning and intervention for the child

Thus, SNA support is not a substitute for the normal behavioural management and disciplinary practices that a school is required to have in place.

Where a professional report has identified care needs as being related to behaviour, access to SNA support will only be considered after the school has set out the specific strategies that have been employed to manage the behaviour and those that have been implemented to minimise the pupil’s difficulties in accordance with the staged approach recommended by the guidelines which recommend a number actions or interventions at different stages; ²

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² At second level the three stages of assessment and intervention are referred to as: 1. Support for All (Whole school Approaches/classroom/Subject Support); 2. School Support (for Some) Individual and/or Group approaches; 3. School Support Plus (for a Few) Individual.
(1) **Classroom Support** when a teacher first becomes aware that a pupil is showing significant behavioural, emotional and social difficulties;

(2) **School Support** which involves more systematic gathering of information relating to the pupil’s behaviour and the development and monitoring of a support plan (in collaboration with the learning support/resource teacher, principal) and finally;

(3) **School Support Plus** which involves a more intensive individualised response for those pupils with more severe and/or persistent needs and will often include liaison with outside agencies and professionals.

Further guidance on the type of classroom and school supports which can be provided are available in the DES Information Guides for Primary and Post Primary schools on Supporting Students with Behavioural, Emotional and Social Difficulties which are available at [www.education.gov.ie/](http://www.education.gov.ie/)

Schools may also seek advice from their local NEPS psychologist as to how children with behavioural needs can best be supported in schools. NEPS supports schools in developing whole school responses, including specific interventions for groups of children and for individual pupils with behavioural, emotional and social difficulties. SENOs provide advice in relation to SNA deployment and support for pupils’ care needs. Further assistance may also be provided to schools by the Special Educational Support Service (SESS), by the National Behavioural Support Service (NBSS) for post primary schools who can be contacted through the Navan Education Support Centre for advice on positive behaviour and learning throughout the school.

Where there is a diagnosis of EBD/SEBD, or a diagnosis of a behavioural disorder in conjunction with another disability categorisation, access to SNA support will only be sanctioned in cases:

- where it is clear that school based interventions have been attempted and have not worked to date (as evidenced in educational and behavioural plans and reviews)
- where there is a clear and documented history of violent behaviour, assault, or self harm, or other safety issues including leaving the school premises.
- where it has been clearly demonstrated that the behaviour of the child is such that it is impossible to teach him/her in a classroom situation without additional adult assistant support on a temporary basis.
- Where the school sets out clearly how access to SNA support will support educational and behavioural planning.

As SNA support will only be sanctioned for behavioural related care needs in the circumstances detailed above, in the case of new applications for SNA support, where a professional report has identified the care needs as being related to behaviour, in general, it will not be possible to consider access to SNA support until there has been a clear assessment of the child’s needs in the classroom setting and other school contexts.
Schools will also be required to detail what interventions have been put in place, including the specific strategies that have been employed to minimise the pupil’s difficulties and to promote more adaptive behaviours.

Where an application relates to the management of a student’s behaviour, there must be clear evidence that sustained efforts have been put in place by the school and that these have not proven to be successful to date in the amelioration of such documented behaviours.

Where access to SNA support is granted overall progress continues to lie with the classroom teacher (supported by learning support or resource teacher) and that the child should not be excluded for extended periods of time from the classroom setting.

The care role of the SNA, in instances where SNA support is sanctioned to assist with behavioural related care needs, is concerned with assisting the teacher to meet the care needs of the child by:

- preserving the safety of the pupil and others with whom the pupil is in contact
- assisting to ensure the prevention of self injurious or destructive behaviour
- reinforcing good behaviour on the child’s part and acting as a positive role model for the child
- Assisting with recording data in relation to pupil behaviour and behavioural development

As set out in section 15 below, the deployment of all additional supports which are provided to support children with special needs should be linked to personalised planning processes for the pupils for whom the applications are being made.

It is important to ensure that the school has a clear plan in place as to how an SNA resource, which is being provided to assist with behavioural difficulties, will be utilised and to set out the timeframe for which this resource is expected to be required. The plan should also demonstrate how the school intends to actively reduce, and, if possible, eliminate dependency on SNA support within a reasonable timeframe and should include time-bound targets for the development of independence skills and for a reduction in behavioural difficulties.

SNA support should not be considered as a permanent solution to behavioural problems but as an assistive support to try to improve and adjust behaviours in a managed way over a period of time.

All SNA allocations for behavioural purposes will therefore be time bound, being made initially for a maximum period of three years, subject to annual review, and a full reassessment of the child’s care needs before the end of the three year period.
8. SNA Support for Children with Visual and Hearing Impairment

Children with acute sensory impairment such as visual or hearing impairment have particular and distinct care needs which are of a non teaching nature, but where the assistance of SNA support is required for those pupils to be able to attend school and to be able to access the curriculum.

SNAs can assist in providing access to peer interaction and curriculum participation for pupils who have a hearing impairment and who communicate through sign language. They may also assist in the care and preparation of audiological and assistive technology equipment.

For pupils with visual impairment they may assist in the preparation of Braille materials, tactical graphics, assistive technology equipment, large print assists, and also assist with orientation and mobility throughout the school day.

Care support may also assist to ensure that such students do not experience social isolation and exclusion due to an inability to communicate with staff members and peers.

Circular 0071/2011, which outlined the revised employment terms and conditions for SNAs, restated the role of the SNA in Ireland to ensure that it includes the necessary duties that are required to support the care needs of Deaf and hard of hearing students.

In addition to the care needs detailed in Section 4 of this Circular there are additional support needs which children with hearing impairment require including the use of Sign Language support in order to assist with communication and socialisation.

- Schools should therefore ensure that SNAs who work with Deaf and hard of hearing children are equipped with the skills necessary to support the particular needs of these pupils, including capacity to use Sign Language where required.
- Where existing SNA staff are required to be trained to provide Sign Language or specialist training (Braille, Lámh, Sign Language, Augmentive/Alternative Interventions) to assist in the provision of support for children with a specific sensory impairment, schools should ensure that the most senior SNA staff in the school are the staff that are trained in order to avoid a situation where staff trained in specialist skills may leave the school due to a reduction in the overall level of SNA support allocated to a school in future years.

9. NCSE Allocation Process

The NCSE is responsible, through its network of local SENOs for allocating SNAs to schools to support children with special educational needs, in accordance with DES criteria, including a requirement to have regard to the overall limit on staffing numbers under the Employment Control Framework.
A key feature of the NCSE allocation process is to provide for an annual allocation of SNA support to eligible schools. The NCSE issues a Circular to schools each year requesting that they submit applications for SNA support to the NCSE in respect of applications for such support for the coming school year.

Having considered all of the applications received, the NCSE will advise schools of their SNA allocation quantum for the coming school year, taking into account the number of valid applications for SNA support and the assessed care needs of the children concerned. This gives schools certainty as to the resources which will be available to them for the coming school year and allows for school planning to commence as soon as possible.

Whereas the NCSE will continue to consider applications throughout the school year in cases where schools have enrolled new pupils with care needs, where new assessments have been forthcoming, or in cases of emergencies, the main allocation of SNA support is now made to schools on an annual allocation basis.

Full details regarding the NCSE allocation process are available at www.ncse.ie or through your SENO.

To ensure the greatest level of transparency and fairness possible the NCSE publish details of all SNA allocations which are made to school each year on their website. These details are also available at www.ncse.ie.

10. Allocation of Quantum of Support to Schools

SNAs are not allocated to individual pupils but to schools, as a school based resource, in the same manner that teachers are allocated to schools.

The NCSE allocates a quantum of SNA support for each school annually, taking into account the care needs of all of the qualifying children enrolled in the school, and on the basis of the assessed care needs of all of the children concerned, rather than solely by reference to a pupils disability categorisation.

The provision of a quantum of support to schools gives schools the autonomy and flexibility to manage their allocation of SNA support in order to utilise this support to the best possible effect. It allows schools to target support to those pupils who have the greatest degree of need at any given time, recognising that the level of need that a child may have may be variable over time. The school is in a position to use their educational experience and expertise to manage the level of support which has been allocated to them to provide for the care needs of identified children as and when those needs arise and to provide access to SNA support for all children who have been granted access to support.
11. Access to SNA support

The SNA scheme is designed to provide schools with additional adult support staff who can assist children with special educational needs who also have additional and significant care needs.

Their role is not to act as a constant personal assistant to individual children, who need to be able to develop independent living skills and to associate independently with their classmates. Neither is the role of an SNA to act as an alternative teacher for children with special educational needs, who are required to be taught by the class teacher with additional support from resource/learning support teachers in schools.

Pupils will access the support of an SNA based upon their level of need, which can range from a requirement for brief periods during the day to most of the school day in some instances.

There are a relatively small number of children, who for medical or sensory reasons associated with their condition, require full time care support throughout the school day. For such children, access to full day support will be provided for and this will be reflected in the school quantum of SNA allocation.

The majority of children who have care needs, however, require attention and assistance at certain times of the school day and require intermittent intervention at particular points.

It is neither efficient nor beneficial for children to have a full time SNA assigned to them throughout the school day in circumstances where they do not require this level of support. A valuable resource may be wasted for much of the school day and pupils who need to develop independent living skills and intermingle independently with their classmates may be prevented from doing so.

Students who have care needs requirements are therefore granted access to SNA support, whereby a quantum of SNA support is allocated to a school, which is reflective of the assessed individual needs of a group of identified children. Those SNAs will then be in a position to cater for the care needs of those designated pupils, as the need arises, and as they require assistance, with the level of support being provided reflecting actual need at any given time.

It is important to ensure that the presence of SNA support does not create over dependency, act as a barrier or intermediary between the student and class teacher or contribute to the social isolation of students by creating a barrier between the students and his/her peers.

A key aspiration for pupils with special educational needs is that they will, on completion of their school-based education, be able to graduate as young independent adults in so far
as this is possible. There is therefore a need to balance the support provided in schools with each pupil’s right to acquire personal independence skills. As such, in order to give those pupils every opportunity possible to develop independent living skills, the assistive SNA support which is given to them should always be at the minimum level required to meet the care needs of the pupil.

The alternative would be the provision of too much SNA support, where a child can be overly shadowed or constantly monitored by an attached adult. As evidenced in the policy review, this can lead to social isolation, frustration, feelings of exclusion and can act as a barrier to a child achieving independent living skills.

Good practice is that SNA’s will be aware of the various configurations of support such as close proximity and distance, as appropriate, with dependency upon a particular SNA being avoided.

Attending to students moving from dependence to independence can be bridged by the strategic use of team-teaching to assist the student in accessing learning in a less dependent classroom environment. The role of fellow students in this regard should also be considered.

12. Role of Schools to Manage SNA Support

SNAs should be deployed by schools in a manner which best meets the care support requirements of the children enrolled in the school for whom SNA support has been allocated. It is a matter for schools to allocate the support as required, and on the basis of individual need, which allows schools flexibility in how the SNA support is utilised.

Once allocated to schools, SNAs are important and valued members of the school community. An SNA is an important whole school resource. SNAs participate fully in the life of the school and may therefore also assist other children is the school, who from time to time need assistance, or who have intermittent care needs, but who may not have been assessed as requiring SNA support on a permanent basis.

SNA duties are assigned at the discretion of the Principal, or another person acting on behalf of the Principal, and/or the Board of Management of a school or VEC in accordance with Circular 0071/2011.

The work of SNAs should, at the principal or teachers direction, be focussed on supporting the particular care needs of the student with special educational needs and should be monitored on an ongoing basis and modified accordingly.

The role and duties of SNAs and the intended purpose of the scheme, as set out in this Circular, should be communicated to parents by school authorities, when discussing the issue of provision of SNA support to qualifying children in the school with parents.
13. Annual Review

All SNA allocations are subject to annual review by the NCSE as each school now receives an annual allocation of support each year.

A key goal of SNA support is to help children to develop their independent living skills. It is important that pupils do not become over dependent on adult SNA support nor unduly isolated from peers. Where care needs diminish and the goal of independence is achieved, the level of SNA support required by the child should be reduced. In some cases, a pupil’s care needs may remain constant, or increase, due to the nature of their condition. All pupils with access to SNA support therefore have their need for this support reviewed on a regular basis, with school and parental feedback being an important and valued part of the review process. The general rule being that the role of support staff should decrease as independence increases. A review of SNA support should include a review of the care support plan for the child concerned.

14. Timebound Allocation

The care needs of pupils are not constant but change as children grow and develop. In many instances, access to SNA care support may have been allocated to a pupil to ameliorate a particular difficulty that a pupil may have at a certain point in time, such as care support to assist with toileting issues, or a particular behaviour.

The care needs that a pupil has may change over time. Many children will naturally have diminishing care needs as they get older and as they develop both physically and socially.

It is neither appropriate nor beneficial for a child to have a permanent allocation of SNA support which would follow them throughout their school career without recourse to a consideration of changing needs. This could impede that child’s development of independent living skills, interaction with peers, or stigmatise the child though association with a permanent allocation of adult support, at a point of their development where this support may no longer be required.

Whereas the NCSE will maintain the minimum SERC recommended ratios of SNA support in special schools and classes, all other SNA allocations which are made, from September 2014, will be time bound, linked to the provision of a personal pupil plan, will be made initially for a maximum period of three years, subject to annual review, and subject to a full reassessment of their care needs at the end of the three year period.

15. Personal Pupil Plan (PPP)

Personalised Pupil Planning should be a feature of provision for all students with special educational needs. A team approach to the development, implementation and review of
Personal Pupil Plans should be adopted. Where relevant, and in any instance where SNA support is provided, a care dimension should be included in the planning.

Schools are currently encouraged to use individualised planning through policy guidance, support, and training and the majority of schools now use some form of personal education planning for children with special needs.

Further assistance to schools in relation to the development of Personal Pupil Plans will be set out in forthcoming Circulars.

In the interim, the following documents from the National Educational Psychological Services, the National Council for Special Education, and the Special Education Support Services, contain information for schools, guidance, and sample Personal Pupil Plan templates which schools may wish to refer to, or use:

- Special Educational Needs - A Continuum of Support
- Guidelines on the Individual Education Plan process
- Special Education Support Service (SESS) - Teaching Methods and Organisation

The deployment of all additional individualised supports, both teaching and non teaching, which are provided to support children with special needs should be linked to a personalised planning process for the pupils for whom the application is being made.

If an application is being made for additional support, such as care support, it is important to ensure that the school has a clear plan in place as to how this resource will be utilised and the timeframe for which this resource is expected to be required.

From the 2015/16 school year onwards, all new applications for SNA support must include a copy of that pupils PPP, must be clearly linked to the individualised planning in place for each student and specifically refer to the student’s identified care needs. The plan must also focus on the proactive development of students’ independence skills and set out the programmes and strategies that are being used to meet the child’s needs.

Schools applying for SNA support from the 2015/16 school year will be required to submit a Personal Pupil Plan for each pupil outlining the pupil’s special care needs and showing how the SNA will be deployed to assist the pupil. The plan should demonstrate how the school intends to actively reduce, and where appropriate, eliminate dependency on SNA support within a reasonable timeframe. The plan should include time-bound targets for the development of independence skills. Only a very small number of pupils with severe special educational needs and very significant care needs will continue to require access to Special Needs Assistant support throughout their education.
Good practice is that the SNA should contribute to the care plan and support the student to voice their views on the Personal Pupil Plan. The SNA will also assist in monitoring the implementation and impact of the plan including documenting, via observation schedules, the progress being made in relation to the child’s care needs on a day-to-day basis.

16. The Views of the Child.

In deciding the level and extent of access to SNA support which should be provided to a child, the best interests of the child should be the paramount consideration.

As far as practicable, the views of a child capable of forming his/her own views should be obtained and given due weight, having regard to the age and maturity of the child.

The views of the child, where possible, should therefore be taken into account in reviewing the extent of access to SNA support required.

17. Post Primary SNA Allocation

Transition to post-primary should be recognised as a critical time for a student with special educational needs.

Personal Pupil Plans for fourth and fifth class students should reflect this and focus on ensuring that student care needs are, in so far as possible, ameliorated before moving to postprimary.

Some pupils, particularly those with physical disabilities or conditions with enduring needs, will continue to have a requirement for some level of access to SNA support. In some instances, there may also be short term care needs for pupils with SEN as they transition to post primary schools.

For some pupils at post primary age, emerging conditions or needs may only manifest as the child or young adult gets older.

However, for the most part, only students with chronic and serious care needs arising from a disability should require SNA support either in sixth class or in primary and in post-primary schools. Care supports freed up as a result should be reinvested in further supplementary teaching supports for this group of students.
SNA support will be provided for Post Primary schools who enrol pupils with special educational care needs and support will be provided in a manner which recognises the distinct requirements of post primary schools, where pupils may attend a range of different classes as opposed to being based primarily in a single classroom.

However, continued and ongoing access to SNA support is generally not desirable for post-primary students, unless absolutely essential, as it can impede their independence and socialisation needs at an important developmental stage of their life.

The most appropriate form of support for post primary aged pupils with special educational needs in mainstream schools will be a combination of differentiated and additional teaching supports from class teachers, from resource/learning support teachers either though team teaching or withdrawal, and from other relevant teaching staff, as opposed to care support from an SNA.

Accordingly, whereas SNA support will be provided to post primary schools when required, in general, only pupils with chronic and serious care needs will normally be allocated SNA support in post primary schools. In considering applications for SNA support from post primary schools the NCSE will take into account the importance of the requirement to allocate necessary care supports with the right of a child to acquire personal independence skills.

18. Appeal to School

In circumstances where a child has qualified for access to SNA support and is so being provided for within the quantum of SNA support which is allocated to a school, and where a parent feels that their child is not receiving sufficient care support in school, the parent should raise this concern in the first instance with the School Principal or the School Board of Management.

School management authorities have responsibility for the management and deployment of SNAs in their school and, therefore, have the potential to adjust or moderate the level of support which is being given to a child in the school.

19. NCSE Appeal process

The NCSE has developed an appeals process in relation to allocations of SNA support.

The appeal process allows schools, or parents, to appeal decisions made by SENOs to allocate Resource Teaching Hours (RTH) or SNAs to schools.
The kind of decisions which may be the subject of appeals are those either in relation to a child not qualifying for an SNA allocation, in accordance with DES criteria, or in relation to the quantum of resources allocated to a school, i.e. the number of SNAs allocated to a school to provide for the care needs of qualifying children.

Significant features of the new appeals process which has been developed by the NCSE are:

- Where a parent/school appeals the decision that a child was not granted access to resource teaching hours and/or SNA support on the grounds that the DES policy was not met

- Where the school considers that the SENO, in applying DES policy, has not allocated the appropriate level of teaching/SNA supports to the school to meet the special educational and/or care needs of the children concerned

Whereas appeals will be considered by Senior SENOs in the first instance there is potential for independent oversight in that schools/parents will have access to an independent Appeals Advisory Committee (AAC), should they consider that the operation of the appeals process was flawed or deficient.

Full details of the appeal process are available at www.ncse.ie

Jim Mulkerrins
Special Education Section

April 2014
Appendix 2

Entry Granted Saplings Carlow

Re: Staff Member - Final year Project

10/11/16

Photos
To: becky Fogarty

Rebecca,

If you would like to distribute questionnaires among staff in Saplings Carlow. we would be more than happy to oblige.

I wish you all the best in your future studies.

Kerrie Wickham
B.Ed PGSEN MSEN
Principal
Saplings Special School
Carlow
Appendix 3

Entry Granted Saplings Kildare

Re: Saplings Staff Member Final Year Project

10/11/16

To: becky Fogarty

Hi Becky,

I have no problem with you asking my staff to help you complete your research. Let me know when you will be dropping in the questionnaires.

Kind regards,

Louise Caraher.

Principal,

Saplings Special School

Appendix 4

Entry Granted Saplings Rathfarnham
Re: Staff member final year thesis

To: Becky Fogarty

No problem!

Maura Collins M.Sc.

Behaviour Analyst.

*Saplings Special School*,

*Ballyroan Crescent*,

*Rathfarnham, Dublin 16*
Appendix 5

Re: Att Sandra/Susan - Staff member Thesis

To: Becky Fogarty

Apologies for delay Becky, that is fine.

Sandra Wickham
Acting Principal

Saplings Special School,
Goresbridge,
Co. Kilkenny
Appendix 6

Letter of Introduction

My name is Rebecca Fogarty and I am conducting research in the Department of Psychology, Dublin Business School that explores predictors of Burnout. This research is being conducted as part of my studies and will be submitted for examination.

You are invited to take part in this study and participation involves completing and returning the attached anonymous survey. While the survey has been used widely in research, some questions might cause some minor negative feelings. If any of the questions do raise negative feelings for you, contact information for support services are included on the final page.

Participation is completely voluntary and so you are not obliged to take part.

Participation is anonymous and confidential. Thus responses cannot be attributed to any one participant. For this reason, it will not be possible to withdraw from participation after the questionnaire has been collected.

The questionnaires will be securely stored and data from the questionnaires will be transferred from the paper record to electronic format and stored on a password protected computer.

It is important that you understand that by completing and submitting the questionnaire that you are consenting to participate in the study.

Should you require any further information about the research, please contact

To be confirmed, xxxxxxx@xxxx or (01) xxxxxx. My supervisor can be contacted at xxxxxxx.

Thank you for taking the time to complete this survey.
Appendix 7

**Demographic**

Male

Female

<table>
<thead>
<tr>
<th>Age Band</th>
<th>18-24</th>
<th>25-34</th>
<th>35-44</th>
<th>55-Over</th>
</tr>
</thead>
</table>

Year’s working in Saplings

Do you have Specific ABA Training consisting of:

- Monthly Chapter reading
- Monthly Essay Style Question Submission
- SAFMEDS
- Observation procedure

Yes  □  No  □
Appendix 8

**DRS-15**

**DRS-15 (v3.2)**

*Below are statements about life that people often feel differently about. Check the box to show how much you think each one is true. Give your own honest opinions . . . There are no right or wrong answers.*

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not at all true</th>
<th>A little true</th>
<th>Quite true</th>
<th>Completely true</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Most of my life gets spent doing things that are meaningful</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. By working hard you can nearly always achieve your goals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. I don’t like to make changes in my regular activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. I feel that my life is somewhat empty of meaning</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Changes in routine are interesting to me</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. How things go in my life depends on my own actions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. I really look forward to my daily activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. I don’t think there is much I can do to influence my own future</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. I enjoy the challenge when I have to do more than one thing at a time</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Most days, life is really interesting and exciting for me</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. It bothers me when my daily routine gets interrupted</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. It is up to me to decide how the rest of my life will be</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Life in general is boring for me</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. I like having a daily schedule that doesn’t change very much</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. My choices make a real difference in how things turn out in the end</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### SCORING KEY FOR DRS-15 DISPOSITIONAL RESILIENCE SCALE (v.3.2)

Below are statements about life that people often feel differently about.  
Please check a box to show how much you think each one is true for you.  
Give your own honest opinions... There are no right or wrong answers!

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Not at all true</th>
<th>A little true</th>
<th>Quite true</th>
<th>Completely true</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Most of my life gets spent doing things that are meaningful</td>
<td>CM</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>By working hard you can nearly always achieve your goals</td>
<td>CO</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>I don't like to make changes in my regular activities</td>
<td>CH(-)</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>I feel that my life is somewhat empty of meaning</td>
<td>CM(-)</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>5</td>
<td>Changes in routine are interesting to me</td>
<td>CH</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>6</td>
<td>How things go in my life depends on my own actions</td>
<td>CO</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>7</td>
<td>I really look forward to my daily activities</td>
<td>CM</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>8</td>
<td>I don’t think there’s much I can do to influence my own future</td>
<td>CO(-)</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>9</td>
<td>I enjoy the challenge when I have to do more than one thing at a time</td>
<td>CH</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>10</td>
<td>Most days, life is really interesting and exciting for me</td>
<td>CM</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>11</td>
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<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>12</td>
<td>It is up to me to decide how the rest of my life will be</td>
<td>CO</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
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<td></td>
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</tr>
<tr>
<td>13</td>
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<td>CM(-)</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>14</td>
<td>I like having a daily schedule that doesn't change very much</td>
<td>CH(-)</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>15</td>
<td>My choices make a real difference in how things turn out in the end</td>
<td>CO</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

SCORES ARE REVERSED ON SIX NEGATIVELY KEYED ITEMS:  3, 4, 8, 11, 13, 14

CM = COMMITMENT = SUM (1+4+7+10+13)

CO=CONTROL = SUM (2+6+8+12+15)

CH=CHALLENGE = SUM (3+5+9+11+14)

TOTAL HARDINESS-RESILIENCE SCORE = SUM (CM+CO+CH)

Copyright © by Paul T. Bartone, 2009; all rights reserved
Understanding your Hardiness score:

This test measures HARDINESS, a set of attitudes that influence how people see the world and make sense of experiences, especially disruptive or stressful ones. Studies show that highly resilient people, those who stay healthy and continue to function well under stress share these three inter-related attitudes:

Control: Belief you can control or influence events

Commitment: Tendency to see life as interesting and meaningful

Challenge: Preference to explore and try new things

Together these attitudes form Hardiness, an important contributor to resilience.

It is useful to group hardiness scores into five categories based upon established norms.

**39 and above**: If your score is 39 or above, you are Very High in hardiness. People in this category nearly always see the world as interesting and meaningful, enjoy their daily activities, and believe they can influence people and things around them. They also adjust and adapt quickly to changing circumstances. Only about 7% of people are in this Very High category.

**34-38**: If your score is between 34 and 38, you are High in hardiness. People in this group generally see the world as interesting and meaningful, enjoy their daily activities, and believe they can influence people and things around them. They easily adjust to changing conditions and situations. About 24% of people fall into this High Hardiness category.

**28-33**: If your score is between 28 and 33, you are Average in hardiness. People in this category often see the world as interesting and meaningful, and enjoy their daily activities for the most part. They generally see themselves as able to influence things, but also see many situations as not under their control. Most people in this group tend to prefer predictability and stability in their daily lives, and do not seek out new experiences. Approximately 38% of people are in the Average category.

**22-27**: If your score is between 22 and 27, you are Low in hardiness. People in this group generally see the world as uninteresting, and their activities as not highly meaningful. They feel relatively powerless to change or influence what is going on around them, or how their lives are unfolding. They strongly prefer an environment of stability and predictability, even if this is somewhat boring. About 24% of adults are in this group.
**21 and under:** If your score is 21 or less, you are Very Low in hardiness. People who score in this category see life as dull and uninteresting, and their own activities as not important or meaningful. They feel quite powerless to influence their own lives and events around them, and seek security above all else. About 7% of people fall into this group.
Appendix 9

Licence agreement with author

Hello Rebecca Fogarty,

Thank you for purchasing DRS-15: 1-Year Academic License.

Your receipt number is: XXXXXXXXXXXXXXXX

You can download DRS-15: 1-Year Academic License for the next 24 hours.

Your personal download link is:
Appendix 10

Humour Scale

Humour Assessment

Directions: The following statements apply to how people communicate humour when relating to others. Indicate the degree to which each of these statements applies to you by filling in the number of your response in the blank before each item:

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

_____1. I regularly communicate with others by joking with them.
_____2. People usually laugh when I make a humorous remark.
_____3. I am not funny or humorous.
_____4. I can be amusing or humorous without having to tell a joke.
_____5. Being humorous is a natural communication orientation for me.
_____6. I cannot relate an amusing idea well.
_____7. My friends would say that I am a humorous or funny person.
_____8. People don't seem to pay close attention when I am being funny.
_____9. Even funny ideas and stories seem dull when I tell them.
_____10. I can easily relate funny or humorous ideas to the class.
_____11. I would say that I am not a humorous person
_____12. I cannot be funny, even when asked to do so.
_____13. I relate amusing stories, jokes, and funny things very well to others.
_____14. Of all the people I know, I am one of the "least" amusing or funny persons.
_____15. I use humor to communicate in a variety of situations.
_____16. On a regular basis, I do not communicate with others by being humorous or entertaining.

SCORING: To compute your scores follow the instructions below:

1. How to Score: Step One: Add scores for items 1, 2, 4, 5, 7, 10, 13, & 15. Step Two: Add scores for items 3, 6, 8, 9, 11, 12, 14 & 16. Step Three: Add 48 to Step 1. Step Four: Subtract the score for Step two from the score for Step Three.

Source:
Appendix 11

CBI Scale

Copenhagen Burnout Inventory (English version) used in the PUMA study

NB: The questions of the CBI are not being printed in the questionnaire in the same order as shown here. In fact, the questions are mixed with questions on other topics. This is recommended in order to avoid stereotyped response patterns.

Part one: Personal burnout

Definition: Personal burnout is a state of prolonged physical and psychological exhaustion.

Questions:

1. How often do you feel tired?
2. How often are you physically exhausted?
3. How often are you emotionally exhausted?
4. How often do you think: "I can’t take it anymore"?
5. How often do you feel worn out?
6. How often do you feel weak and susceptible to illness?

Response categories: Always, Often, Sometimes, Seldom, Never/almost never.


If less than three questions have been answered, the respondent is classified as non-responder.

Part two: Work-related burnout

Definition: Work-related burnout is a state of prolonged physical and psychological exhaustion, which is perceived as related to the person’s work.

Questions:
1. Is your work emotionally exhausting?
2. Do you feel burnt out because of your work?
3. Does your work frustrate you?
4. Do you feel worn out at the end of the working day?
5. Are you exhausted in the morning at the thought of another day at work?
6. Do you feel that every working hour is tiring for you?
7. Do you have enough energy for family and friends during leisure time?

Response categories:

Three first questions: To a very high degree, To a high degree, Somewhat, To a low degree, To a very low degree.

Last four questions: Always, Often, Sometimes, Seldom, Never/almost never. Reversed score for last question.

Scoring as for the first scale. If less than four questions have been answered, the respondent is classified as non-responder.

Part three: Client-related burnout

Definition: Client-related burnout is a state of prolonged physical and psychological exhaustion, which is perceived as related to the person’s work with clients*.

*Clients, patients, social service recipients, elderly citizens, or inmates.

Questions:
1. Do you find it hard to work with clients?
2. Do you find it frustrating to work with clients?
3. Does it drain your energy to work with clients?
4. Do you feel that you give more than you get back when you work with clients?
5. Are you tired of working with clients?
6. Do you sometimes wonder how long you will be able to continue working with clients?

Response categories:

The four first questions: To a very high degree, To a high degree, Somewhat, To a low degree, To a very low degree.

The two last questions: Always, Often, Sometimes, Seldom, Never/almost never.

Scoring as for the first two scales. If less than three questions have been answered, the respondent is classified as non-responder.
Appendix 12

Debrief Sheet

I have attached contact details of some organisations that may be able to help should you feel that stress has become a problem for you:

Free SNA service provided by Department of Education - Carecall Counselling Services: www.INTO.ie  Ph: 0808 800 0002

AWARE: www.aware.ie  Ph: 1890 303 302

SAMARITANS: jo@samaritans.ie  Ph: 1850 60 90 90

MENTAL HEALTH IRELAND: www.mentalhealthireland.ie

REACHOUT: www.reachout.com