

UNIVERSITY OF MASSACHUSETTS

A Study of the Use of Paraprofessionals to Deliver Special Education Services in Vermont Schools

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Applied Research and Program Evaluation

- UMass Donahue Institute (UMDI): Public service and outreach arm of the UMass system
- Under the President's Office
- Broad range of services: research, organizational development, training, and technical assistance
- Applied Research and Program Evaluation (ARPE): applied social science research and program evaluation
- Extensive experience with K-12 education reform and professional development initiatives



Background of the Study

- Co-sponsored by the Vermont Agency of Education (AoE) and the Vermont Legislative Joint Fiscal Office (JFO)
- Competitive request for proposals addressing the role and impact of paraprofessional use and conditions surrounding their use
- UMDI submitted research plan with specific research questions that framed the study design and focus.
- July 2014 – March 2015



Overview of the Brief

- Patterns of Paraprofessional Use
- Density
- Decision Factors
- Interest in Reducing Paraprofessional Use
- Effects of Paraprofessional Use on Student Outcomes
- Reframing the Question: Shifting Responsibility from the Paraprofessional to the Professional
- Culture Change in Process: “Fewer bodies, more expertise”
- The Student Behavior Challenge
- Barriers to Change
- Next Steps for the Work

How Paraprofessionals Are Used

Paraprofessionals play a variety of roles:

- Provide personal care, academic, and behavioral support
- Manage materials
- Collect data
- Provide one-to-one and general classroom support
- Monitor IEPs and 504 plans
- Provide direct instruction
- Sometimes have primary responsibility for instructional planning, behavioral planning, and managing students' behavioral issues

How Paraprofessionals Are Used – 2

“As part of my job, I need to be able to learn and then teach a wide variety of content and work with some very challenging students. My direct supervisor is very supportive, but I feel that the administration views all of us para-educators as interchangeable and easily replaceable. I do not feel that my profession is at all valued even though we have many different strengths, work with students with behavioral and emotional problems, and provide them with access to their educations. Our pay certainly reflects that.”

(Paraprofessional)



Density of Paraprofessionals

Density is the number of paraprofessionals in relation to the total number of students in a school.

- About 25% of schools use less than 3.2 paras per 100 students (low use), and 25% of schools use more than 5.5 paras per 100 students (high use).
- As the size of the school increases, so does the density of paraprofessionals, particularly those who deal with behavioral issues.
- As poverty level increases, the overall density of paraprofessionals increases.
- As the reported consistency of implementation of school-wide behavior programs increases, paraprofessional use decreases.
- Schools that provide consistent supervision of paraprofessionals appear to use fewer paraprofessionals.

Decision Factors: To Use Paraprofessionals

- The most appropriate support
- Flexibility and expediency
- Responding to student behaviors
- Financial considerations, including the influence of Vermont's special education funding formula
- Parental advocacy
- "Culture": Longstanding traditions have normalized paraprofessional use

Decision Factors: To Use Paraprofessionals – 2

“The laws require the delivery of services BUT do not state who needs to provide the service so it is more efficient to hire qualified paras.”

(Administrator)

“It is past practice in the writing of an IEP to write in para instruction. This is a procedure, not a policy.”

(Administrator)



Decision Factors: NOT to Use Paraprofessionals

- Belief that the quality of instruction is best assured by a special education teacher
- Potential negative impact of paraprofessional use on teachers' "ownership" of their classroom and their students' social experience in school
- Parental advocacy (calls for the highest qualified teacher to serve their child)
- Local or district policies and special education laws that discourage the hiring and/or use of paraprofessionals

Interest in Reducing the Use of Paraprofessionals

- There was substantial interest in reducing paraprofessional use among superintendents and special education directors.
- There was somewhat less interest among principals in reducing the number of paraprofessionals in their schools.

Outcomes

UMDI researchers created a typology (specific to Vermont schools) of paraprofessional use. Cluster analysis was used to statistically construct this typology. Three clusters were identified.

- Cluster 1 (Academic) has low overall paraprofessional density but with most of those paraprofessionals focused on academics (37% of schools).
- Cluster 2 (Balanced) is more moderate in terms of paraprofessional density with those paraprofessionals balanced across the range of academics, behavior, and personal care functions (34% of schools).
- Cluster 3 (Behavioral) has high overall paraprofessional density with a high density of behavioral-focused paraprofessionals (29% of schools).

Outcomes Analyses

- Analyses reflect the achievement and behavior of all students, not just those with special needs.
- This reflects limitations of the data (small school-level sample size for student subgroups; lack of student-level academic and behavioral incident data); the reality that paraprofessional use, and assignments to individual students is not known.
- Analysis of academic outcome data relied to a large extent on SY 2012 NECAP data. (SY 2013 data are not complete, due in part to SBAC testing.)
- Included in the analysis were NECAP scores for all students in reading, mathematics, science, and writing at elementary, middle, and high school levels.

Academic Outcomes

- The strongest relationship between paraprofessional density and academic achievement scores is a negative impact in reading achievement.
 - As the density of paraprofessionals increases, reading achievement scores decrease.
 - Effect is greatest at elementary and middle school level.
 - Every paraprofessional added will reduce reading scores on the NECAP by one point.

- Student outcomes are complex phenomena. While paraprofessionals contribute a small amount toward a NECAP score, poverty actually contributes somewhat more.

Behavior Outcomes

- As the density of paraprofessionals increases, reported behavior incidents go down (although not statistically significant).
- Schools that have implemented PBIS have fewer reported behavior incidents than schools that do not participate in PBIS.
- While not statistically significant, there is some evidence that as a PBIS school rises from each level to the next (Basic, Certificate of Recognition, Merit School, Exemplar School), the number of reported incidents decreases.

Reframing the Question

- Some administrators and educators have begun to challenge the long held assumptions and traditions driving paraprofessional use, not only on the basis of efficacy, but also on other, important grounds.
- Instead of asking “In what ways and to what extent are paraprofessionals being used, and with what effects?” ...
- They suggest **“In what ways and with what effects are students with special needs being served in schools across Vermont?”**¹

¹ Giangreco, M. F., Doyle, M. B., & Suter, J. C. (2012). Constructively Responding to Requests for Paraprofessionals: We keep asking the wrong questions. *Remedial and Special Education, 33*(6), 362–373.

Reframing the Question – 2

“Decreasing our reliance on paraprofessionals is far more about how we educate our kids in the system.”

(Administrator)

“To fix the para problem, you have to fix structures.”

(Superintendent)

Cultural Shift: Shifting IEP responsibilities from paraprofessionals to professional educators



Culture Change in Process

Three Cross-cutting Principles

- Responsibility for student progress is shared among administrators, general educators and special educators.
- The role of paraprofessionals, if that role exists, is to implement specific strategies under close supervision of a professional.
- Student progress needs to be closely monitored so that the effectiveness of interventions can be assessed and modified as needed.

Culture Change in Process – 2

Three Strategies

- Putting specific student needs at the center of the decision-making process: From “support” to “service” and from an emphasis on the *student* to an emphasis on the *disability*
- Moving away from overreliance on paraprofessionals and toward the development of multi-tiered systems of support
- Principals and other building-level administrators: special education expertise counts

“We realized that the most deficit children were working with the least trained staff.”

(Principal)

Reflections on the Change Process

- “Fewer bodies, more expertise”
- Cultural change taking hold
- Change in paraprofessional job satisfaction

The Student Behavior Challenge

The study reveals a statewide perception that behavioral incidences are on the rise in schools and that the seriousness of those incidents is increasing. Some responses include:

- Paraprofessional support
- Behavior interventionists (BIs)
- School-wide programs
- Social-emotional supports to students and families
- Other creative, local solutions

“Education pays the price for the decline in the social and family factors that students come to school carrying.”

(Special education director)

Barriers to Change or Progress

- The Vermont special education funding formula
- Lack of social service agencies, service coordination
- Limited capacity to implement effective tiered systems of instruction; insufficient knowledge of alternative models
- Resistance to change

“Vermont special education funding restrictions prevent flexibility in creating MTSS for shared provision of services to students on IEPs.”
(Principal)

Next Steps

- Invest in strengthening the capacity of schools to deliver appropriate and cost-efficient educational services to all of Vermont's students.
- Develop and pursue an ongoing research agenda to inform future policy and practice.

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