



**NUI MAYNOOTH**  
Ollscoil na hÉireann Má Nuad

**ACCESS TO MAINSTREAM PRIMARY EDUCATION  
ENVIRONMENTS: THE CASE FOR PUPILS WITH  
AN INTELLECTUAL AND/OR A PERVASIVE  
DEVELOPMENTAL DISABILITY**

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## **ABSTRACT**

This thesis is concerned with access to mainstream primary education environments and the differentiated geographies of children diagnosed with an intellectual and/or pervasive developmental disability prior to seeking enrolment. Historically, an ethos of care in segregated environments dominated service provision for this population. Through the first half of the 20<sup>th</sup> century a transition toward the inclusion of education in these segregated settings evolved and in the latter half of the century access to education in mainstream environments dominated policy development. The Education Act 1998 endorsed these developments and legislates for the right of all citizens to equality of access to mainstream educational environments. It lays down the right to supports for pupils with special education needs and affords parents the right of choice of placement for their child. In this thesis, Pierre Bourdieu's Theory of Practice is adapted and used to examine the capacity of the primary education system to meet these objectives through the provision of appropriate capitals at multiple levels. The research argues that appropriate cultural capital is not widely available to educators toward the provision of equal citizenship rights for these pupils and that inadequate investment in multiple forms of capital creates and maintains barriers to universal enrolment practices. It argues that appropriate capitals are not available to parents and their children to facilitate informed choice and positive enrolment practices to secure equality of access to placements. The thesis concludes that access to primary education spaces is resource sensitive and that a lack of pertinent capitals in the education system is a barrier to universal mainstream enrolment. The State and/or its agencies cater poorly for children with an intellectual and/or a pervasive developmental disability and their parents, which results in the continuing differentiated geographies of this population.

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## ACRONYMS

ABA	Applied Behavioural Analysis
AD(H)D	Attention Deficit (Hyperactive) Disorder
AS	Asperger Syndrome
ASD	Autistic Spectrum Disorder(s)
ASPIRE	The Asperger Syndrome Association of Ireland
BMGLD	Borderline Mild General Learning Disability
BoM	Board of Management
CA	Classroom Assistant(s)
CABAS	Comprehensive Applied Behavioural Analysis System
CCMA	Catholic Clerical Managers Association
CDD	Childhood Degenerative Disorder(s)
CEDE	Centre for Early Childhood Development and Education
CGC	Child Guidance Clinic(s)
CICE	Church of Ireland College of Education
CM	CoMorbidity
CPI	Community Playgroup Initiative
CP-ID	Cerebral Palsy-Intellectual Disability
CPMSA	Catholic Primary School Managers Association
CPS	Child Psychiatric Service(s)
CT	Class Teacher(s)
DCA	Domiciliary Care Allowance
DCBN	Dublin County Borough North
DCBS	Dublin County Borough South
DDC	Day Development Centre
DEC	Development Education Centre
DEIS	Delivering Education of Opportunity in Schools
DES	Department of Education and Science
DHC	Department of Health and Children
DLR	Dun Laoghaire Rathdown
DoE	Department of Education (name changed in October 1997)
DoH	Department of Health (name changed October 1997)
DS(I)	Down Syndrome (Ireland)
DSM-IV	Diagnostic and Statistical Manual of the American Psychiatric Association
DSth	Dublin South
EBD	Emotional and Behavioural Disturbance/Disorder/Disability
EL	Expressive Language Disorder
EPSEN	Education for Persons with Special Education Needs
ESAI	Educational Studies Association of Ireland
EU	European Union
FC	Fingal County
GLD	General Learning Disability-changed to Intellectual Disability in the 1990s
HSCL	Home School Community Liaison (Scheme)

HSE	Health Services Executive
IAA	Irish Autism Action
IASSID	International Association for Scientific Study of Intellectual Disability
IATSE	Irish Association of Teachers in Special Education
ICD-10	International Classification of Diseases, 10th revision WHO Geneva 1989
ICIDH	International Classification of Impairments, Disabilities and Handicaps 1980
ID	Intellectual Disability
IDEA	Individuals with Disabilities Education Act (1975) USA
IEG	Integrated Education Group (National Parent Council)
IEP	Individualised Educational Programme/Plan(s)
II	Inclusion Ireland
ILSA	Irish Learning Support Association (teacher organisation)
INTO	Irish National Teachers Organisation
IQ	Intelligence Quotient
KE	Kildare East
KW	Kildare West
LD	Learning Disability
LEA	Local Education Authority (United Kingdom)
LST	Learning Support Teacher(s) (changed from remedial)
MGLD	Mild General Learning Disability
MH	Mental Handicap
MO	Medical Officer
ModGLD	Moderate General Learning Disability
NABMSE	National Association Boards of Management in Special Education
NAMHI	National Association for the Mentally Handicapped in Ireland (changed to Inclusion Ireland January 2007)
NASBE	National Association of State Boards of Education
NCCA	National Council for Curriculum and Assessment
NCSE	National Council for Special Education
NDA	National Disability Authority
NEB	National Education Board
NESC	National Economic and Social Council
NEWB	National Educational Welfare Board
NIDD	National Intellectual Disability Database
NIID	Nation Institute for Intellectual Disability
NPC	National Parent Council (NPCp indicates primary and NPCpp is post primary section)
NPSA	National Parents and Sibling Alliance
NS	National School
PDD	Pervasive Developmental Disorder(s)/Disability
PDD-NOS	Pervasive Developmental Disorder-Not Otherwise Specified
PT	Peripatetic Teacher(s)
RD	Rhetts Disorder
RT	Resource Teacher(s)

S&L	Speech and Language Therapy
SEG	Special Education Group (National Parent Council)
SEN	Special Education Needs
SEN(C)O	Special Educational Needs (Co-Ordinator) Organizer(s)
SERC	Special Educational Review Committee
SESS	Special Education Support Services
SNA	Special Needs Assistant(s)
SNS	Special National School (System)
SPED	Special Education (also written Sp.Ed.)
SPLD	Severe [and] Profound Learning Disability
SPMH	Severe [and] Profound Mental Handicap
SRV	Social Role Valorization
TEACCH	Treatment and Education of Autistic and related Communication-handicapped <b>CH</b> ildren (as written by Founder)
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organisation

## CHAPTER 1: INTRODUCTION

*'Educate - give intellectual, moral, and social instruction to, ...as a formal and prolonged process, ...train or instruct for a particular purpose' (Allen, 1990)*

Education is the cornerstone of civil society. From birth, each individual is learning how to be in the world. The infant will explore environments through their senses and their interactions with significant others. Parents typically engage their child's attention and encourage learning through many and varied interactions enhancing development of the physical, intellectual, emotional and social abilities of the child. Infants and young children are naturally receptive and responsive to this stimulation. Development through informal play relationships and varied educational methodologies is usually progressive and cumulative. Circa age three, the majority of children will be engaged in more formalised education with peers to help shape their learning beyond the home. This is availed of typically in preschool playgroups and/or Montessori settings. At about age five (mandatory from age six), the majority of children will transition to prescribed primary education placements. The well established education programmes available in mainstream placements aim to support the pupil in reaching his/her potential and to become productive members of society. Access to these placements for the able-bodied/able-minded typically developing child, of four years and upwards, is automatic on application. For the majority of children, home and school communities are synonymous at primary level unless parents choose otherwise. School placements are generally an extension of the home locale alongside other facilities of a community such as churches, shops and recreational and leisure spaces where the community live and interact.

Parental experiences for a child with an intellectual and/or a pervasive development disability (ID/PDD) may follow a very different educational trajectory. Responses to parent stimulation may differ or be virtually non-existent. Developmental milestones may not be achieved. Behavioural issues may arise that do not improve with normal parental interventions. On recognition of difference, the family may get swept up in a succession of medical, physical, intellectual, sensory, neurological and developmental assessments, in an effort to ascertain the causal factors. Parents typically have to learn to accommodate and/or facilitate new and often challenging ways of managing their child's growth and education. Disability services are normally a new area of negotiation for families. New accommodations may be

required to facilitate utilisation of local communal spaces. Personnel serving in the community may require education and support in meeting the needs of these children and their families due to lack of familiarity with the differences presented. Similarly, schools' personnel may require education and support to accommodate the pupils' potential special education needs. Participation and inclusion in the community may be more difficult and/or contested particularly in societies that are not accustomed to accommodating difference, where,

*'The historical policy response to disability has been largely one of social compensation through charity, separate provision outside the mainstream of society and the development of specialist caring services. However needed and well intentioned, these policy responses have arguably compounded the problem of exclusion and under-participation' (European Union, 1996).*

Ten percent of the total population of Europe, approximately 37 million, are deemed to have a disability at any given time (European Union, 1996:6). Children with ID/PDD are subsumed in this figure. Of particular note,

*'Many children are still excluded from mainstream schools merely on the grounds of...learning difficulties, and because those in authority are not adequately aware of, nor sensitive to, their abilities and potential. All too often, children with disabilities are confined during their school years...to institutions, which whilst providing special care, nonetheless isolate them and give them drastically reduced or no opportunities for mainstream social engagement' (European Union, 1996:4).*

Irish contemporary policy and the commencement of the 1998 Education Act provides a legislative framework for inclusion of all children in mainstream education. The Act is,

*'An act to make provision in the interests of the common good for the education of every person in the State, including any person with a disability or who has other special educational needs, and to provide generally for primary...education...to ensure that the educational system is accountable to students, their parents and the State for the education provided...' [23<sup>rd</sup> December, 1998] (Government of Ireland, 1998)*

The Act is further noted as an instrument,

*'to promote equality of access to and participation in education and to promote the means whereby students may benefit from education' (Government of Ireland, 1998:Pt.1S6 (c))*

and also,

*'to promote the right of parents to send their children to a school of the parents' choice having regard to the rights of patrons and the effective and efficient use of resources' (Government of Ireland, 1999:Pt1S6 (e))*

The Act provides a directive for the transition of education services from segregated spaces to inclusion in the mainstream National School system, with a right to access pertinent supports.

Transitioning populations typically challenge the status quo and the structures of societal institutions (World Health Organisation, 2006). New pathways are forged and are rarely smooth. At the commencement of data collection for this research, in November 2003, five years after the enactment of the Act, access to the Irish education system was purported to be free with placement choice being that of the parent (Eurydice, 2004). However, the system was and is in a continual state of restructuring. The geographies of pupils with an ID/PDD are no longer confined to the Special School system of care/education. Local mainstream communities and institutions are learning to accommodate the differences presented by this population. Borrowing from Wolpert (1976) the ‘opening of closed spaces’ is becoming a reality, albeit gradually. This thesis is a baseline study of the effectiveness of the Education Act (1998) in the facilitation of the provision of inclusive mainstream primary educational environments. Specifically, it explores the progress of the geographies of desegregation of pupils with ID/PDD. An examination of access to mainstream spaces and the resources available to support transitioning is undertaken, highlighting the level of capacity in the system to give effect to the principles of the Act.

## **1.1 Definitions of Intellectual and Pervasive Developmental Disability**

### ***1.1.1 Intellectual Disability***

The definition of intellectual disability currently recognised globally is the International Classification of Disorders - 10 (ICD – 10), which states,

*‘A condition of arrested or incomplete development of the mind, which is especially characterized by impairment of skills manifested during the developmental period, skills which contribute to the overall level of intelligence, i.e. cognitive, language, motor, and social abilities. Retardation can occur with or without any other mental or physical condition’ (World Health Organisation, 2006)*

A further definition commonly recognised and utilised, is the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) which states,



*'This disorder is characterized by significantly subaverage intellectual functioning (an IQ of approximately 70 or below) with onset before age 18 years and concurrent deficits or impairments in adaptive functioning....'* (American Psychiatric Association, 2000:39).

Typically, a person with ID will experience a pervasive delay in development generalised across aspects of cognitive growth through infant and childhood years. Development will typically arrest at a level of attainment related to the degree of impairment diagnosed. The degree of difficulty experienced is conventionally equated with intelligence quotient (IQ) across four categories, namely,

- mild general learning disability (MGLD), IQ range 50-69
- moderate general learning disability (ModGLD), IQ range 35-49, achieving a mental age in adulthood of approximately six to nine years
- severe learning disability, IQ range 20-34, achieving a mental age in adulthood of approximately three to six years
- profound learning disability, IQ under 20, with an adult mental age ability of less than three years

Severe and profound ranges are typically amalgamated in the literature and referred to as SPLD. Diagnosis is sometimes not definitive and the term 'unspecified' may be used (World Health Organisation, 2006).

Difficulties experienced by the children may include delayed receptive and expressive language development and/or delayed development of gross and fine motor skills. These difficulties manifest as failure to acquire age appropriate abilities within the recognised time frame for typically developing children. Support, encouragement and interventionist methodologies will be required to assist and enhance the development of thought processes, communication, memory development and the development of appropriate practices in self-care, home living, social skills, use of community facilities, self direction, health and safety management, and leisure and work activities (Alessandri et al., 1996). Many individuals with ID may also experience comorbid physical, sensory and/or medical difficulties requiring recognition and attention. Various genetic disorders such as Down Syndrome (DS) or Fragile X will involve a degree of ID. Persons with Cerebral Palsy, a condition caused by brain damage, pre or post natal, which manifestly affects muscle control, may have a comorbid ID, but many do not. The

causal factors are varied and each individual will present with a combination of difficulties and abilities unique to him/herself.

### ***1.1.2 Pervasive Developmental Disability***

The ICD-10 definition of pervasive developmental disability is,

*‘A group of disorders characterized by qualitative abnormalities in reciprocal social interactions and in patterns of communication, and by a restricted, stereotyped, repetitive repertoire of interests and activities. These qualitative abnormalities are a pervasive feature of the individual’s functioning in all situations’ (World Health Organisation, 2006)*

Pervasive developmental disability (PDD) is a generic term for a group of related neurological disorders including Asperger Disorder (AS), Autism Disorder (ASD), Pervasive Developmental Disorder-not otherwise specified (PDD-NOS), Childhood Disintegrative Disorder (CDD) and Rhetts Disorder (RD) (Barstow, 1999; American Psychiatric Association, 2000; World Health Organisation, 2006). PDDs are neurological (nervous system) disorders. Developmental delay (AS/ASD/PDD-NOS) and/or developmental regression (CDD/RD) are characteristic. Typically, persons diagnosed with a PDD will have difficulty in the areas of communication, motor skills and social skills (Wing, 1996). They may also have receptive and expressive language disorder. Other characteristics may include repetitive activities, stereotyped movements, resistance to environmental change or change in daily routines and unusual responses to sensory experiences. Wing (1996) describes the difficulties ascribed to ASDs as a ‘triad of impairments’ namely, ‘absence or impairments of social interaction, communication and development of imagination’. Attwood (2006), speaking of the pattern of abilities and behaviours of persons with AS described by Hans Asperger, lists, ‘a lack of empathy, little ability to form friendships, one-sided conversations, intense absorption in a special interest and clumsy movements’. Many children with AS are described as having average or above average IQ. Their level of academic ability may mask hidden pervasive difficulties that create many and varied problems for these pupils in accessing the curriculum and in participating in age appropriate activities with age appropriate behaviour management skills. It is recognised that these impairments ‘adversely affect a child’s education performance’ (World Health Organisation, 2006). Difficulty in social interaction may severely reduce a child’s ability to play and relate to others. Prevalence studies suggest that circa 25-30% of persons with PDDs,

excluding AS, may also experience a degree of ID (Chakrabarti and Fombonne, 2001; Chakrabarti and Fombonne, 2005). In a study carried out in America the prevalence rate of a comorbid ID was 58% for females and 42% for males (Centers for Disease Control and Prevention, 2007:23). Figures for Europe do not as yet exist. However, a pan European initiative, established in 2006, is in process of setting up information systems to record prevalence data on ASD in Europe (see [www.eais.eu](http://www.eais.eu)).

## **1.2 Rationale for the Study**

Mainstream educational placements in the network of Irish National Schools (NS) have largely been structured as ableist spaces for the typically developing pupil. They have been funded mainly by the Department of Education (DoE) (changed to Department of Education and Science (DES) in 1997) supplemented by local parish funds, typically through the parish patronage of denominational schools. The majority of children in a community would be accommodated in their local parish primary school unless they or their parents choose otherwise. Alternative disability specific spaces have been established for pupils with a disability, including those with physical, sensorial, behavioural and cognitive differences. These placements, especially those for pupils with ID/PDD, were organised around a mainly ‘care’ ethos and manned with nursing and other care support staff alongside volunteers and only more latterly with teachers. Funding for these placements evolved from a mix of philanthropic, charity and local taxes (Robins, 1992), to a more stable capitation funding from both the Department of Health (DoH) (name changed to the Department of Health and Children (DHC) in 1997) and the DoE in the second half of the twentieth century. The geographies of the majority of children with disabilities have been outside their local community, segregated from family and neighbours.

Historically, persons with any form of mental ‘defect’, cognitive or psychiatric, were stigmatised as deviant (Hunt, 1966; Goffman, 1990). Institutional care, in residential or day services, was deemed most appropriate. It was believed that such persons were best cared for in a protected nurturing environment with education centred on social and living skills. Children with SPLD were not normally provided with formal education programmes. Children with PDDs were subsumed as a subgroup of children with ID. Minimal PDD specific education placements have emerged and then only since the late 1980s, typically for diagnoses on the mild end of the

spectrum. People diagnosed with moderate severe or profound PDDs continue to be assigned to ID services or where such exist, to centres for the Emotionally Behaviourally Disturbed (EBD). Through the latter half of the twentieth century, as the Irish education system evolved, various special 'care' spaces were enhanced with the introduction of academic education programmes. Adaptive methodologies were explored and advanced. The educability of persons with cognitive difficulties began to be recognised. Teachers were gradually introduced into the special system from mid-1950s, some of whom travelled abroad to access pertinent training. These spaces evolved as the Special National Schools (SNS) system. Access to these emergent spaces, typically run by voluntary bodies, was arbitrary. Placements were negotiated between parent, disability service provider and school principal.

Parents, from approximately the mid-twentieth century began to seek formal education for their children, and many became involved in the development of special education services. When insufficient places were available in the SNS, infiltration into mainstream spaces, mainly with the provision of special classes attached to mainstream schools, began through the 1970s. This was initially designed as a stopgap while new segregated spaces to meet increasing demand were being built. However, having experienced accommodation in the mainstream, parents sought to continue this trend. Old ideologies were challenged. New ideologies were being formed. In recognition of the right of all children in a community to be educated together, it has been official government policy not to create any further special schools for children with ID or general learning difficulties as it was then termed, since 1990 (Gash, 1996). Mainstreaming became official policy and the physical and social geographies of pupils with an ID/PDD infiltrated mainstream spaces. Many parents seek mainstream placements for their child with ID/PDD alongside siblings and typically developing peers. Individual education programmes (IEP) to meet assessed needs have been evolving from the mid-1990s and will become compulsory with the commencement of the pertinent sections of the Education for Persons with Special Education Needs Act 2004 (EPSEN).

Today it is recognised that all children are educable and have the right to an education. The Irish education system is transitioning from the virtual total exclusion of children with ID/PDD to varying levels of integration and inclusion in the mainstream system, particularly at primary level. However, the development of

an integrated structure of service provision was afforded little systematic management. Therefore, adhoc and reactive forms of practice prevail, directed by local principals. Spatial variations in the provision, uptake and availability of mainstream education placements have ensued. The effects of these practices had not been audited or documented prior to this research study. Further, although choice of placement is a given in the Education Act, availability of choice has been a very limited area of investigation in Ireland and abroad, most particularly from the perspective of parents.

The needs of pupils with ID/PDD have been subsumed under the umbrella of special educational needs (SEN). SEN includes all forms and levels of educational difference, difficulty and disability. Equality of opportunity, inclusion, and support programmes for pupils, parents and teachers are primarily directed toward the economically and/or ethnically disadvantaged minority groups and students with specific learning difficulties, most particularly dyslexia and dyscalculia. Pupils with a physical, sensory, intellectual or neurological disability and resultant SEN are not afforded pertinent generic support programmes throughout the system. Similarly, generic policy and support structures for the parents and teachers of this cohort have not been systemically developed. However, resource hours are allocated with respect to diagnoses but formal structures of service provision by suitably trained personnel are not typically available. Various schools, on an ad hoc basis, have put systems in place and are transitioning gradually toward better education provision for the higher numbers of students with ID/PDD seeking inclusion in mainstream placements.

Historically ID/PDD was viewed as a tragic medical disposition imposing varied restrictions related to the diagnoses attributed. This ideology legitimised segregation and has affected the individual in their personal lives and in their capacity to participate as full members of an inclusive community. Today however it is widely recognised that history and societal constructs have created disabling barriers and environments (Oliver, 1996; Kitchin, 1998). Negative stereotyping of and attitudes toward people with a disability (Thunem, 1966) and their exclusion from mainstream spaces challenged the medicalisation of disability (Thunem, 1966; Oliver, 1986, 1996; Drake, 1999), typically referred to as the medical model. This model was replaced from the 1980s with the introduction of the social model of disability (UPIAS, 1976), challenging the status quo. The organisation of civil society and its

institutions and the built environment were exposed as creating disabling barriers that shaped a ‘social construction of difference’ (Wolch and Philo, 2000:138). Wendell (1996:35) argues, ‘that social arrangements can make a biological condition more or less relevant to almost any situation’. She further notes that expectations of a society may create unattainable goals for many who are disabled unless ‘compensating help is provided’ (ibid). This paradigm shift necessitated a rethink of the shape of the social structures, particularly education systems, and the supports required for some individuals in the operation, development and maintenance of its institutions. However, as Wendell points out,

*‘the cultural habit of regarding the condition of the person, not the built environment or the social organization of activities, as the source of the problem, runs deep’ (Wendell, 1996).*

It is widely recognised that people with disabilities have lived at the margins of society. Historical and many contemporary societal practices proscribe or contest inclusion in mainstream places and access to and the use of mainstream services. Rapley (2004) using discursive psychology and the ‘notion of social construction’ and speaking of the ‘professionalised (and essentialised) understandings of persons described as ‘intellectually disabled’ argues that;

*‘taken for granted’ social, administrative/bureaucratic and professionalized category of personhood can, rather be understood not as some fixed object in an unchanging social world but instead as a status of being-in-the-world which is actively negotiated – if not always from positions of equality’.*

However, challenging these ‘taken for granted’ readings of the social spaces created is not likely to be a straightforward task. Places acquire meanings and meanings dictate who is ‘in place’ or ‘out of place’ (Cresswell, 1996; Kitchin, 1998; Hillier and Rooksby, 2002) or one’s ‘sense of place’ (Hillier and Rooksby, 2002) and for whom such spaces are designed (Kitchin, 1998). The meanings of places are socially constructed in a given time and culture. These spaces are continuously moulded to the shape of the values given and the practices incurred by the dominant players in a particular space. Societal institutions and spaces are mostly organised for the ‘average’ citizen (European Union, 1996:1). Historically contextualised ideology shapes processes that underpin place meanings and the production of space. Normative judgements of value attached to mainstream educational spaces as places of learning for the academically able may prohibit or curtail acceptance of ‘outsiders’ or ‘transgressors’ (Cresswell, 1996). Inclusion of pupils with ID/PDD may be

assumed inappropriate and challenge the assumptions of who does and does not belong in a particular space. The status of the pupil with ID/PDD, whose citizenship and participation in community life, on an equal and/or equitable footing with peers, may be read as questioned here. Practices of segregation being the socialised dominant ideology thus need to be challenged with respect to the performance of social justice and the distribution of services in the mainstream system. New desegregation geographies of this cohort transitioning to mainstream may be read as encroaching on ableist spaces and challenging the status quo. Dominant normative geographies and prevailing cultural values, defined by those with power, (Cresswell, 1996) may resist change in the accommodation of different and new spatial ideologies.

However, shifts of perception are occurring in the mindset of persons in communities, institutions and organisation of civil society toward inclusion of people with disabilities in mainstream spaces. That said disability is not a generic concept where one size fits all. While many of the disability discourses are relevant to the marginalisation of disparate minority groups, issues of access to education is of particular concern for pupils with ID/PDD with respect to attitudinal and educational barriers (Kitchin and Mulcahy, 1999) and denial of access. Within geography little recognition has been given to the lived experiences of persons with an ID (Wolpert, 1976; Hall and Kearns, 2001). Persons with PDDs and children with ID/PDD have had even less visibility in the discipline and in disability discourses. The experiences of parents/carers of children with ID/PDD, in accessing services and education, are not examined to date. Pertinent inclusive education is an important prerequisite to gainful employment in general (Oliver and Barnes, 1998) and to living as an adult in the community (McConkey and Conliffe, 1989), but access and supports in primary education have not been critically or academically appraised and documented. The processes and institutional organisation and practices with potential to create or maintain barriers to access and inclusion in education are not identified. The provision of a baseline study addressing each of these areas identified will provide a valuable source of knowledge toward the development of future strategies and operating guidelines.

The realisation of inclusive mainstream provision, as outlined in the Education Act 1998, requires the provision or redeployment of pertinent structures and resources.

Transition from segregated to mainstream education is also a transition of responsibility for provision of ‘special’ education by the health department to the education department. It challenges the health system agencies to recognise and accommodate health oriented support services, beyond their historic remit, required in a diversity of educational environments. It challenges the education system to recognise and facilitate the role that the social organisation of educational activities plays in the construction of inclusive, enabling and equitable educational environments. It challenges personnel and communities to confront the inequitable historically socialised beliefs and practices of ‘legitimised’ segregated practices. Society is challenged to adopt new beliefs and adapt to inclusive practices in mainstream settings, historically structured as ableist spaces. Mainstream teaching personnel are challenged to identify and meet the educational needs of a broader continuum of abilities and difficulties than they would typically have trained for or have experience of teaching. Institutions and communities use the resources at their disposal to achieve their goals. Capacity within a system to facilitate change is therefore resource sensitive. It is pivotal to successful outcomes in the accommodation and acculturation of new inclusive practices that may destabilise existing hegemonies and systems. Capacity may enhance facilitation of change. Alternatively a lack of capacity may impede progress. An exploration of available resources, prevailing practices and service outcomes will provide valuable insights on both positive and negative transitional trajectories. Identification of the obstacles to access encountered and a measure of the capacity within the system to effect change will provide guidelines on structural developments required to enhance universal enrolment outcomes for all.

### **1.3 Theoretical Framework**

Pierre Bourdieu’s ‘Theory of Practice and Symbolic Power’ (Bourdieu, 1977) is employed and adapted in the analyses of the data. It provides a highly nuanced multi-level approach to the processes and negotiations of power relations exposing the socio-spatial processes that are resource sensitive. Feminist approaches which challenge the portrayal and treatment of women as inferior to men and whose focus is the gendered dichotomy of power relations seek to expose these injustices toward the emancipation of women. A feminist approach which engages mainly concepts of patriarchy and capitalism would not provide sufficient scope to examine the multiple



power relations and processes involved in the negotiation of access to education spaces given as a right from an ableist perspective. Although postmodernist approaches recognise the concept of ‘Othering’ (Said, 1985) and difference and the validity of inclusion of all voices in a pluralistic approach to knowledge accrual, it focuses on interpretation and relationships of cultural spaces of consumption and economic capital. Minority groups are portrayed as fixed and disempowered within normative essentialist hegemonic systems of space production, thus rendering it inappropriate for examining the power relationships within transitioning processes that shape the capacity of social structures to facilitate or circumvent the rights of a fluid minority population. Similarly, although poststructuralist approaches recognise difference and challenge taken for granted definitions of identity and the classification of groups within society being governed by capitalism, it focuses on the use of language and practice in the formation of such social constructions. Universal accessibility to and the social construction of inclusive spaces has not been achieved through the rhetoric and language of rights and of legislation. Marxist approaches that rely on the vagaries of economic capital to explain societal power relations and resultant injustices, most typically those of class relations, would not explain why during the economically buoyant ‘celtic tiger’ years of the Irish State that pupils with ID/PDD may not be able to access their rights to inclusion in mainstream spaces. A Bourdieusian approach that engages with multiple forms of capital that empower and socialise communities at multiple levels provides pertinent tools to analyse the relational structures engaged with in an education system.

Although Bourdieu, an eminent French sociologist, developed his theories and empirical research to explain *habitus* (see section 2.3) and practices of class relations and reproduction through the accumulation of various capitals, his Theory of Practice and Symbolic Power and the related practices of symbolic violence, has significant transferability to the examination of resource sensitive power relationships and practices in the hierarchical social construction, maintenance or reproduction of ableist spaces. Resource accruals are placed at the core of power relationships to elucidate socio spatial struggles, processes and practices that legitimate, drive and/or moderate attitudes and behaviours and in turn socialise communities. The relationship of culture and capital in the production of the interplay of multiple levels and sources of power that shape social spaces of minority populations is exposed to examination. It extends complements and subsumes the more unilateral structural

and materialist modes of understanding space that more typically reflects the experience of majority populations. For Bourdieu, power stands at the heart of all social life (Swartz, 1997). Adapting the use of Bourdieu's concepts of *habitus* and capitals provides valuable tools to explore the culture of education provision and practices pertaining with respect to marginalised communities at multiple levels.

Cresswell (1996:13) set out to explain the 'how and why place is a powerful force in the ongoing hegemonic and counterhegemonic struggles' in cultural geography. Culture, which is the patterns of human activity at a particular time and place, provides spaces of interaction for human communications and interactive relationships. It is guided by the knowledge and values shared by the given society that foster particular attitudes and behaviours which become characteristic of that community or organisation. Spaces of domination can be sourced back to culture and cultural practices. Symbolic systems within a particular culture both establish and maintain hierarchical structures and 'culture embodied power relations' (Swartz, 1997). Bourdieu's framework is therefore apt for use in the examination of the practices encountered by families in accessing places of education and resources to expose the social construction of difference of pupils with ID/PDD. It is particularly relevant toward uncovering the forces at play that may impede the effective implementation of legislation. It may depict embodied and structural inequalities within the macro spaces of the education system and the micro spaces of the individual schools and their individual classrooms.

Power relations are analysed using Bourdieu's concepts (see section 2.3) of capital, *habitus* and—symbolic power and violence to elucidate the capacities within the education system to support the ethos of the Education Act. The concepts of *doxa*, field and fields of force are utilised to expose the reach of historical and/or contemporary practices pertaining in the system that may affect progress. Bourdieu's framework is particularly apt in the examination of the effects of resource sensitivities in the transition of the education system to inclusive provision. It has the potential to reveal how attitudes and behaviours are influenced by the provision of resources and how these affect the acculturation and evolution of new practices. In this thesis, the effectiveness of the Education Act (1998) and the restructuring of the system are viewed utilising Bourdieu's framework to examine the forces at play in the progression of the transition to inclusive education for pupils with ID/PDD. It

provides an overview of the new and continuing geographies of education for this population. A critical study of access to mainstream education is undertaken exposing 'the socio-spatial processes that reproduce inequalities' (Hubbard et al., 2002) in the management of primary education. It will aim to promote social justice philosophies mirroring that explained as,

*'...commitment to social justice and transformative politics. Critical human geographers typically espouse political commitments with and beyond the academy that emphasize resistance to the unequal power relations...seek to contribute to the political struggles and social movements that aim to promote social justice and transform the social structures and practices that reproduce dominations' (Johnson et al., 2000).*

#### **1.4 Aims and Objectives of the Study**

The main aim of the research in this thesis is to ascertain the level of emancipation from segregation practices and empowerment toward inclusion afforded by the Education Act (1998) to children with ID/PDD. Freedom of choice and, more specifically, the accessibility of mainstream placements, are central. The level of resources available to parents, pupils and the professionals involved in their education is core foci. The transition of education services for these pupils from the SNS to the NS, similar to post asylum geographies of the mid to late 20<sup>th</sup> century (Hall and Kearns, 2001) is uncharted territory. The key objectives of the study are to:

- analyse the resources available to and availed of by schools' personnel in the provision and management of the SEN micro-spaces within primary schools. The research sought to analyse the preparedness of the system to understand and to meet the needs of the pupils with ID/PDD and to ascertain the admission and enrolment practices of schools' principals with respect to these pupils. Particular note was taken of the practices pertaining in mainstream spaces.
- examine the resources available to and availed of by parents seeking information, support services and education placements for their child. It queried the preferred settings sought by parents from both the schools and child centred attributes that formed the basis of decision-making on placement choice. Parent experiences of accessing their choice of placement

and the resultant consequences, both positive and negative, is analysed to ascertain the level of choice of placement available.

- evaluate the differentiated negotiation of space and place required as a result of the organisation and control structures of SEN resources. Examples of practices that are resource sensitive are analysed and the experiential consequences of resource shortages documented.

Fulfilling these objectives provides a baseline study of accessibility and choice of primary placements and enables the identification of models of best practice. It foregrounds the degree and type of resources required to afford the system the capacity to effect change in meeting the requirements of the Act.

## **1.5 Thesis Structure**

The thesis is presented in ten chapters. Chapter Two details a cross-disciplinary review of the disability literature. It traces the conceptualisation and theorisation of disability that has evolved. This area of study is relatively young and an evolving interdisciplinary research field. The historical maltreatment of persons with a disability who have lived at the margins of society is challenged through issues of oppression, inequity and citizenship. The recognition by society of the rights of the individual, regardless of ability, is sought in the pursuance of social justice and inclusion in the mainstream spaces of the community. Geographers challenge the segregation of services for people with disabilities and seek to identify and contest the societal and structural barriers of the built environment and the social organisation of communities. It provides an overview of literature on Bourdieu's Outline of a Theory of Practice and Symbolic Power and his concepts which are adapted for use in the research. Further, it details an outline of the research undertaken.

Chapter Three details the research methodologies used in the generation and analyses of the empirical data. Networking with both teaching and parent communities was utilised to gain a sense of the (dis)positions of each population with regard to service provision and the topical issues pertaining. This engagement enhanced the development of pertinent quantitative data sets examining the resources in the system and the demands being made on those resources by both professionals and parents. Profiles of the respondent populations and the children involved are outlined. Open

questions were included to gain a sense of lived practices in the system and their causal factors. A qualitative approach was also undertaken with a stratified sample of the parents to examine their *habitus* in negotiating the system and barriers experienced and challenged.

Chapter Four explores the historical development of Irish education policy and practice in three main phases culminating in the enactment of the Education Act 1998. Phase one examines the inherited legacy of colonialism where the educational ethos was one of cultural assimilation of Irish students in the unification of Great Britain and Ireland. This is followed by the post-independence phase dominated by an ethos of cultural nationalism up to 1957. The accumulation of cultural capital in the form of credentials became the dominant educational ethos from the late 1950s. The evolution of education settings, for pupils with an ID/PDD, though sparse, is interwoven through these phases from its beginnings in segregation in the workhouse system through the development of the SNS to inclusive provision in the mainstream system of primary schools. It examines the evolution of discourse and aspirations through Government reports and green and white papers leading up to the passing of the Act with particular attention to primary and special education. The aspiration of the Act is outlined with particular note of issues of special interest to parents of children with ID/PDD as they relate to the research.

Chapter Five examines the level of resources available to parents in accessing information and support in decision-making on placement choices for their children with a diagnosis of ID/PDD. Parent opinions and attitudes in seeking admission to a primary placement are analysed.

Chapter Six analyses the levels of economic, cultural and social capitals accrued by schools' personnel and available to principals for the provision of universal enrolments and equality of opportunity for all pupils, as outlined in the Act.

Chapter Seven details the practices employed by principals in the provision of inclusive education and as gatekeepers of individual schools. The experiences they encounter as mediators of resources from the DES and to the parents and pupils are analysed. Enrolment practices for pupils with ID/PDD are exposed and the explanations provided by principals for these incidences of symbolic violence are analysed.

In Chapter Eight, the ‘othering’ of children with ID/PDD is portrayed through the differentiated and unsupported enrolment processes endured. Denial of access to placements is explored from the parents’ perspective. Power relations are exposed within the macro spaces of the education system and the micro spaces of individual schools in the process of securing pertinent assessments and resources to support the pupils’ needs.

Chapter Nine details how the organisation of the education system and the multiple deficits exposed in the preceding chapters impact on the enrolment outcomes for the pupils. It further provides an overview of the resultant differentiated geographies with respect to the daily travel commitments required of pupils and their families in order to access appropriate education. It concludes with an overview of the education provision and inclusive practices experienced in the educational environments attained.

The final chapter presents the conclusions of the research, providing a synthesis of the overall position of the education system in respect of provision of education for pupils with ID/PDD. It outlines the factors that need to be addressed to empower parents in their placement of choice and the supports required to meet the needs of their children. The resources required by schools’ personnel in order to provide pertinent services are similarly documented. In addition, it makes recommendations toward pertinent structuring of an equitable system and identifies further areas of study with the potential to provide valuable knowledge of the practices of the system to inform policy development and the potential for positive outcomes.

## CHAPTER 2: DISABILITY, GEOGRAPHY AND EDUCATIONAL ENVIRONMENTS

### INTRODUCTION

Disability is a broad and evolving contested term that encompasses multiple definitions. These definitions relate to different policies and their function and application (Mabbett, 2002). In outlining the rights of persons with a disability the UN Convention on the Rights of Persons with Disabilities recognises that,

*'...disability results from the interaction between persons with impairments and the attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others...'*

It further states that,

*'persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others' (United Nations, 2006)*

However, disability was understood historically as a personal tragedy centred on the individual. Unquestioned cultural practices, value norms and status hierarchies left these minorities vulnerable to domination (Young, 1990). Definitions and models of disability shape how people with disabilities, researchers and society interact and meet challenges. Disability Studies is a relatively young and evolving interdisciplinary research area. It has evolved from the 1970s as a 'systematized political and theoretical reflection on impairment and disability by disabled people and scholars' (Terzi, 2004). It examines pertinent approaches to the development of understanding, awareness, accommodation, respect, best practice models and inclusion in the community, of all persons regardless of ability and degree or type of impairment (physical, sensory, intellectual, developmental, emotional/behavioural or mental health) and challenges historical cultural practices.

This chapter details how disability has been conceptualised and theorised in the literature. In particular, the influence of medical, social and rights based models of disability are examined, with specific focus on the treatment of intellectual disability. The geographies of persons/children with ID/PDD have nominally been subsumed within mental health geographies and/or children's geographies. Therefore, an overview of how disability has been conceptualised and researched in geography is

documented, focusing in particular on mental health geographies and children's geographies. The review of the relevant literature provides an historical perspective on the subject matter of this thesis and, in particular, the conceptualisation of disability and education is documented with respect to a rights based model drawing on ideas of citizenship, social justice and the right to inclusion. Further, it includes an outline of Pierre Bourdieu's 'Theory of Practice and Symbolic Power'. Bourdieu's in-depth theoretical framework provides the tools to examine power relations that are resource sensitive and it is adapted and applied in this thesis to explain the progress or otherwise in the trajectories of inclusive enrolment practices and/or on-going incidences of exclusion.

## **2.1 Conceptualising and Theorising Disability**

Studies, critiquing and rejecting the essentialist medical model, have concluded that the potential of people with disabilities have been variously restricted through societal domination and oppression, alienation, discrimination, marginalisation and segregation from mainstream flows and communities (Oliver, 1990:13; Alcock, 1993; Oliver, 1996; Corker, 1998; Imrie, 1998; Kitchin, 1998; Vernon, 1998; Gleeson, 1999a; Zappone, 2001:25). These studies confronted biomedical, rehabilitative, welfare and services approaches to understanding disability, challenging the *habitus* (internalised/socialised perception of self and other) and practices of both professionals and persons with a disability. While the introduction of the International Classification of Impairments, Disabilities, and Handicaps (ICIDH) by the World Health Organisation in 1980 was heralded by clinicians and early social scientists as a progressive step which incorporated some elements of the social, its retention of impairment categorisation at the forefront was not welcomed by disability activists. As noted by Williams (2001:128), 'it was argued that the differences between the impairments arising...were less important than what [is] shared in terms of their psychological, social, and economic consequences' and the 'broad impact of living with such symptoms on global areas of social life: work, education, family, sex, identity, self-esteem...'. The introduction of the social model of disability which argues that it is society that disables and not impairments, provided political empowerment to redress unacceptable disableist relationships (Oliver, 1996).



However, oppression has also been theorised from a joint essentialist and social constructivist perspective where for Williams (2001) the (individual) body coping with an impairment and ‘the hostile environments and disabling barriers that society erects’ such that the body cannot be excluded from definitions of oppression and disability, are incorporated. Reiterating a joint essentialist and social constructivist perspective, Terzi (2004:152) notes that impairments which lead to an individual’s inability to function in the social realm on an equal basis, such as a person with ASDs who has difficulty in reading non-verbal cues and communications, are not explained by the social model of disability. For Terzi, models of disability need to include an understanding of the impairment, the consequent disability, society and their reciprocal implications, which requires a social model of impairment alongside a social model of disability. That said, Williams further argued that the concept of a ‘norm’ is a social construct and that if disability is defined as abnormal then disability is a social construct.

A social constructivist approach pertaining to the economist pathways of materialist and cultural perspectives elucidated by way of feminist, postmodernist and poststructuralist critiques, has followed (Williams, 2001). Of note,

*‘The social practices of each community are seen as transforming the basic materials - both physical and biological – received from previous societies’ (Bottomore et al, 1983 cited in Gleeson, 1999a:36)*

Societies differ in practices related to the cultural status of people with impairments (Park and Radford, 1999). Foucault’s investigations of social embodiment in different epochs were intended to show that human corporeality is an historically and socially specific phenomenon (Gleeson, 1999a:43). Quoting Gallagher and Laqueur (1987:vii) Gleeson notes,

*‘Not only has [the body] been perceived, interpreted, and represented differently in different epochs, but it has also been lived differently, brought into being within widely dissimilar material cultures, subjected to various technologies and means of control, and incorporated into different rhythms of production and consumption, pleasure and pain’*

Behaviours have been conceptualised across various histories and cultures as being due to fear, deeply held prejudices and societal negative perception of difference (Sibley, 1995; Davis, 1997:15; Philo, 1997; Kitchin, 2000:15), power structures and unequal relationships in social organisation (UPIAS, 1976), and the belief that people with disabilities lack potential for productivity in capitalist societies (Oliver, 1996).

Also, a belief in the need for benevolence and moral treatment in humanitarian systems is proffered (Wolpert, 1976; Oliver, 1990; Dear, 1992; Davis, 1997; Philo, 1997; Kitchin and Mulcahy, 1999; National Disability Authority, 2002; Special Olympics, 2003). People with a disability have been conceptualised as dependent and deviant (Corker, 1998), attributes that have historically constructed and legitimised stigma, difference and ultimately segregation.

The personal and collective experiences of disability, as categorised in both the welfare and medical/individual models of disability, belong to the “historical materialism” approach to disability (Williams, 2001:124) and the political economy of disability (Radley 1993 cited in Williams, 2001:132; Moss and Dyck, 2003). They are typically analysed from a positivist quantitative perception. These approaches do not take account of the lived experience of the individuals and their environments (Moss and Dyck, 2003). Societal structures that create and maintain disabling barriers are ignored. With the introduction of the social model, analyses shifted to an interpretative account of lived experiences. Theoretical perspectives, derived from symbolic interactionism and phenomenology have been used in medical sociological and anthropological writings to view impairment and disability from the perspective of the person with the disability and their experiences of the social (Edgerton, 1971; Blaxter, 1976; Williams 1998 cited in Williams, 2001). However, causal explanations were sidelined in the interest of ‘exploring the situation specific interpretation of social action’ (Mercer, 2002) in pursuit of understanding the phenomena.

Critical social theorists further challenged medically informed approaches, particularly for its lack of acknowledgement of ‘entrenched power relations’ and the consequences for disabled populations. They highlight how dominant interests and social relations are linked to ‘successful knowledge claims...in specific social and historical contexts’ (Mercer, 2002:231). Similarly, researchers have been challenged to partisan involvement in social movements to facilitate critical self awareness and an understanding of power relations by the cohort through active ‘dialogic’ engagement utilising ‘conscious partiality’ (Maria Mies 1983 cited in Mercer, 2002) in the production of research. Critical theory feeds into the discourse of oppression and power relations, for example that explained by Gramsci’s theory of hegemony, foregrounding the powers of persuasion by the dominant in gaining willing consent

of the subordinated. Disability movement perspectives sought to challenge these hegemonies with the introduction of new ways of examining disability issues, providing political discourses (Oliver, 1990:130). A further example is that of the Foucauldian understandings of power/knowledge relations leading to a 'reformulation of research into emancipation/empowerment' (Mercer, 2002) as a protracted process.

Following the social model, for Oliver (1992) emancipatory research became the main focus of disability research. It is the job of the skilled researcher to facilitate empowerment in participant led dialectic engagements toward mutual understanding of the self and other, seeking positive political outcomes. Feminist, Marxist and postmodernist approaches have also been utilised to explain ways of understanding the relationship between the body and power and how this influences the practice of disability studies (see Davis, 1997). These approaches have argued that all encompassing theories of disability and oppression can never encompass the diversity of lived experiences (Crow 1996, Hughes and Paterson 1997 cited in Williams, 2001; Thomas, 2002).

### ***2.1.1 Intellectual and Pervasive Developmental Disability***

Much Disability Studies writing is indicative of the issues relating to physical or sensory impairment and less explicitly inclusive of persons with ID/PDD. That is not to say that there is no social scientific literature on the social production of ID (see Watson 1996 cited in Goodley, 2001) just that little of it is included by disability studies scholars. However, for Chappell (1998:211), people with an ID are typically not catered for within a social model of disability. With the developing importance of literacy, persons with an ID were deemed less able. Intelligence testing was utilised widely to identify pupils with ID and to place them in segregated settings, which was portrayed as being in their best interest (Braddock and Parish, 2001; Parmenter, 2001; Ravaud and Stiker, 2001). Categorisations of levels of ID are arbitrary and administratively fixed. Today, persons with ID continue to be medically/psychologically labelled and treated accordingly. For Goodley, 'too often there is a tendency to view people with 'learning difficulties' (LD) in terms of their 'deficits'...when [they are] allowed into community, perfection is demanded'. For example, negative behaviours common to all populations are typically undifferentiated from behaviours consequent to the impairment. The behaviours are

located in the individual and the diagnosis rather than in negative environmental or interpersonal encounters. Lack of respect for the ability of the person with LD/ID is conceptualised as a factor in creating negative reactions to the behaviours of the person with LD/ID. Behaviours require a social approach to issues that arise rather than the assumption of incapacity due to label.

For Barton (1998) negative labelling and terminology such as ‘deformed’, ‘cripple’, ‘mentally handicapped’ portrays a hierarchy of impairment, with ID placed typically on the bottom rung. Quoting Safilios-Rothchild (1981), Goodley notes that ‘supporters who view incompetence in others, help to enhance their own rewards of ‘helping’ and ‘caring’..’, thus shifting the power relationship in favour of the carer. Assuming incompetence is oppressive and is indicative of the use of individual pathology or an essentialist model. Such attitudes play a role in the construction of impairment and disability. Parmenter (2001:268) further argues;

*‘Historically, society’s continued denial of humanity toward persons with intellectual disability, as well as society’s seeing such persons as a disposable commodity, challenges us’.*

Infanticide, a practice dating back to antiquity, and the practice of indifference at the time of the eugenics movement, from circa 1880 – 1925, where infants born with defects were medically neglected thus allowing them to die (Braddock and Parish, 2001:38; Ravaud and Stiker, 2001), is noteworthy. These practices are replaced today with the provision of elective abortions. Up to ‘95% of Spanish Down’s [sic] Syndrome children are aborted after prenatal testing and 80-90% of Canadian Down’s [sic] children are also aborted’ (White, 2008). Negative societal attitudes and constructs of ID continue to exist and to operationalise negative consequences for this population.

For Barton (1998:61) part of the process of the social construction of disability is how disability is defined. ID requires greater understanding from the social model perspective as a ‘fundamentally social, cultural, political, historical, discursive and relational phenomenon, rather than sensitively recognising the existence of an individual’s naturalised impairment’ (Goodley, 2001). The term ‘reculturising impairment’ introduced by Goodley proposed that a fresh view of negative assumptions that underpin educational support programmes for people with LD (ID) is required. The interactions of supporters and supported require deconstruction and adaptation toward recognition of ability. Recognition of the rich variety of social

spaces successfully negotiated both individually and inter-group is proposed. Extolling the virtues of self-advocacy, Goodley engages the social model to portray the ‘resilience over adversity’ achieved by people with an ID recounting levels of ‘activity, intention and direction’ and ability to shape and analyse their own lives. For Walmsley (2001) without the inclusion of narrative accounts, the voice of people with LD is silenced in the literature. Accounts that illuminate abilities and perceptions of self may be hidden or lost particularly in societal structures whose focus is the alleviation of deficits. Respect for the humanity, individuality and autonomy of the person must be central to the social model of disability. Observance of a social model approach must be exemplified as offering choice rather than control, ‘walking alongside’ and being ‘available to support’ rather than ‘aggressive benevolence’, in other words ‘sharing experiences rather than doing things’ (Coles, 2001). Being respected and sharing experiences however requires access to and inclusion in the mainstream of society. That said, historic and prevailing *doxa* (see 2.3) on the efficacy of segregation of people with ID/PDD, and the socialised *habitus* (see section 2.3) of societies in what are now recognised as discriminatory practices challenge the ethos of change and the transition to new ways of organising societal structures. The disability movement, similar to other minority groups, engage concepts of citizenship and social justice in support of the emerging reconceptualisation of disability and social inclusion as a rights based issue.

### ***2.1.2 Disability, Citizenship and Social Justice***

Concepts of citizenship, social justice and the right to belong in the mainstream of society are utilised to address the legacy of historical social construction of impairment, disability and exclusion and bring a political/human rights approach alongside the social model and are mutually reinforcing (Bickenbach, 2001). A human rights approach, defined as ‘a socially constructed complex of relationships, some intrinsic to the individual and some part of the physical and social world’ (Bickenbach, 2001:567) is central. Rights and equality of opportunity have evolved as core attributes of a just and enabling emancipatory society that foregrounds social citizenship and social justice as pivotal concepts in the provision of equal access to mainstream spaces.

Social citizenship, first recognised in the mid-twentieth century, involves the right of persons to an appropriate standard of living and full membership of a community

regardless of class, status, gender, religion, sexual orientation and physical, sensory, intellectual ability or mental capacity. The practices that affect the lives of all people and issues of equity, critiquing cognisance of cultural and ability differences, are central. Power relations, representation and equitable participation in the pursuit of liberal emancipated life chances and lifestyles are core foci. Contestations reflect citizenship's roots in two very different political traditions. On the one hand are liberal/social rights, where citizenship is portrayed as status and citizens have universal civil, political and social rights. On the other hand the civic republican traditions, where active citizenship incorporates participation and practice of rights and responsibilities, such as participation in decision-making in all aspects of one's life (Lister, 1998). This combination, utilised by Lister, allows human agency to combine rights with practice to effect enabling positive personal outcomes. These concepts underpin the examination of enrolment practices pertaining for pupils with ID/PDD and their parents' access to information in the formulation of decisions on placement choice in this thesis.

Exclusionary practices, experienced by people with a disability in ableist spaces, afford different degrees of substantive citizenship. These practices may limit a person's capacity to meet the duties of citizenship and therefore 'difference' requires acknowledgement in the definition of citizenship (Lister, 1998). Assimilation, where practice is structured on dominant group norms without accommodation for difference, is proven problematic (Young, 1990). It limits the potential of minority groups for success in an integrated society and denies the positivity of difference. Similarly, the idea of the norm which evolved from statistics was extended to many facets of life, including the body (Davis, 1997:11). In the late 1960s, following the era of institutionalisation of people with disabilities, Scandinavia and later the United States engaged in what is termed 'a paternalistic reform'. Social education for persons with a disability was provided toward attainment of 'normalisation', that is, to fit them into a 'preordained place in an existing hierarchy, unchallenged and unchallenging...disabled people were to be taught to play roles which would be acceptable to others who might fear or reject them' (Meekosha and Jakubowicz, 1996:81) (see also Ravaud and Stiker, 2001). This ideology, drawing on the medical model of disability, provided a 'false promise of normalization' (Christensen and Rizvi, 1996; Ravaud and Stiker, 2001:495; Turner, 2001:258). For persons with an ID however, the 'normalisation' principle, proffered by Nirje in the early 1960s

(Parmenter, 2001), though conceptualised differently, was to have a major impact on their lived experiences in Scandinavia. While the segregation ethos remained dominant, the daily lived experiences was to resemble as closely as possible that of the local community (Nirje, 1969 1994). Nirje recognised that people with ID were poorly treated in society. Following from the work of Bank-Mikkelsen and Grunewald it was believed that leading a more 'normal' life would lead to a more 'normal' outcome than living an institutionalised existence. Age appropriate activities and accessibility to facilities of a similar standard and composition to mainstream spaces were to be provided.

In North America, normalisation was depicted from the normative perspective by Wolfenberger (Parmenter, 2001), similar to assimilation portrayed by Young (1990). Normative conformity and the achievement of 'passing' (Edgerton, 1971; Goffman 1963 cited in Parmenter, 2001) minimised difference toward non-detection of disability/deviance by society, equated to normalisation. Wolfenberger later moved to portraying normalization as Social Role Valorization (SRV) which gained popularity from the 1980s onwards. This theory retained the ethos of deviance while seeking to enunciate the valued role in society for the cohort. For Wolfenberger, it was the 'growth of the human services industries' (Shakespeare, 2006) that devalued the lives of persons with an ID. SRV theory evolved to include challenges to the social devaluation of certain persons, particularly persons with an ID. The idea proffered by SRV engages in the promotion and development of 'valued social roles' for the cohort by enabling the attainment and maintenance of roles such as, pupil, employee, friend, family and community member. Access to mainstream services was deemed imperative to counteract negative phenomenon, including people with disabilities as neighbour, classmate, able, etc. SRV rejects and removes identities such as the ill, object of charity, other, disabled, with low expectation, etc. Similar to assimilation and the various evolving ideals of normalisation, SRV and the evolution of societal involvement and community living that followed, were not sufficient to achieve full citizenship.

Integration, it is argued, focuses on the physical integration where the person with a disability is 'integrated into mainstream society placing responsibility on the individual rather than on society' (Northway, 1997). For van de Ven et al. (2005)

integration is defined (for persons with a physical or sensory disability) as consisting of five elements, namely,

*'functioning ordinarily without receiving special attention, mixing with others that are not disabled, taking part in society, trying to realise one's potential and directing one's own life'.*

Integration ideology is strengthened with the incorporation of inclusive ideology as portrayed above by Ravaud et al. Inclusion, defined as 'an effort toward adjustment, acceptability and acceptance, and social participation' without which inclusion would be 'weak, a synonym for simple presence, simple admittance, and simple tolerance' (Ravaud and Stiker, 2001:501), is required, engaging the 'social dimension of citizenship' (ibid :511). For Northway (1997), similar to Ravaud, inclusion requires a civil rights and just society approach that views all persons as equally valorised in societal accommodations. Autonomy would thus be afforded to all, allowing responsibility for inclusion to be mutually shared by the individual and society.

More specifically, Young (1990) argued for recognition of a 'politics of difference' (see also Ravaud and Stiker, 2001:508-511). By accommodating difference an 'equal opportunities model' is employed. A 'politics of difference' seeks the appropriate adjustment to provision of service or goods on an unequal basis to enhance equity. Recognition of difference supports an ethos where society accommodates the fact that 'oppressed groups have distinct cultures, experiences, and perspectives on social life with humanly positive meaning' (ibid). Abberly (1991, cited by Gleeson, 1999b:115) argues that people with disabilities reject assimilation in place of acceptance and respect. 'An egalitarian politics of difference...defines difference more fluidly and relationally as the product of social processes'. This allows that 'equality as participation and inclusion of all groups sometimes require[ing] different treatment for oppressed...groups' (Young, 1990:157), termed 'differentiated citizenship'. Lister (1998) however, argues for a 'differentiated universalism' in the understanding of citizenship as both a 'status and a practice'. Following from David Taylor (1989), she argues 'that both needs and rights require understanding as tiered, embracing both the universal and the differentiated standing in a dynamic relationship to each other through the 'politics of needs interpretation' (Lister, 1998:33). For Ravaud and Stikar (2001:508), there are tensions between the 'differentialist and universalist' approaches. The 'former



carries the latent risk of segregation, the latter of inequalities'. Definitions remain contested.

Effectively, both definitions portray citizenship positioned where reactive and/or proactive measures are taken to level the playing field. To accommodate difference, it is argued that a pluralist understanding of community is required where difference is placed 'centre stage' (Lister, 1998). This understanding of community differs conceptually from previous understandings where belonging to a community was shaped by a sense of common goals and homogeneity of interest. Division and difference were obscured, favouring the more powerful and the majority. Similarly, this thesis argues that transitioning from exclusion to inclusion requires a pluralist understanding of education provision for a diverse schools' population. This concept underpins the examination of the level of training and experience attained by schools' personnel and, in particular, training to meet the needs of pupils with ID/PDD. Accommodation of difference alongside rights enhances equality of opportunity and engages an ethos of social justice.

### ***2.1.3 Justice and Equality of Opportunity***

Justice is the concern of virtually all areas of study that involves the everyday lives of peoples, nations, their interrelations and interactions, how these are conducted and their outcomes. Primary issues of procedural justice involve equality, openness and fairness in the structures of decision-making, representation, interpretation, communication and inclusion for all citizens in a society's major institutions. The supported substantive opportunity for all to develop and exercise their capacity and realise their choices is involved (Young, 1990; Zappone, 2001; Young, 2006). Distributive justice requires that fundamental rights, duties and the benefits of a society, in its economic and social arrangements, are universally accessible. However these concepts raise the question, 'how can society be organised in such a way that all people will be treated equally' (Zappone, 2001). Rawls (1972) in his Theory of Justice states that,

*'All social values - liberty and opportunity, income and wealth, and the basis of self-respect – are to be distributed equally unless an unequal distribution of any, or all, of these values is to everyone's advantage. Injustice, then, is simply inequalities that are not to the benefit of all' (cited in Zappone, 2001)*

Again this is a contested concept. Arguments range from the justice of unequal distribution based on ‘greater or lesser contribution to the common good’ to the contrasting position of the greater or lesser need to support and services, attesting to equity (Smith, 2000:229, 409, 754). These potentially contradictory philosophical ideals have brought about much critique and discourse in the study of social justice and the position of minority groups. Harvey (1996:342), decries equal treatment stating that egalitarian views, for example, immediately run into the problem that ‘there is nothing more unequal than the equal treatment of unequals’. For Harvey, the universalism of social justice is read as a heterogeneous set of concepts requiring adaptation to the particular situatedness of those involved.

All citizens need autonomy to achieve a level of equality. Positive discriminations may be required where one’s autonomy, or that of their parents in the case of younger people, is restricted by an impairment/disability. Enabling autonomy may require the support of professionals, for example to gain access to information and professional support in decision-making on placement suitability and choice. Access to educational opportunity and healthcare, are ‘some of the freedoms required for people to develop their capacities in and through their differences’ (Zappone, 2001:25). Equality for Zappone is inclusive and incorporates ‘equal worth, needs, rights and perspectives of all the different members of a society’ in respect of ‘different human beings’ and the ‘recognition of social group differences’ as necessary accommodations for achieving equality. She concludes that,

*‘...inclusive equality points to a way of thinking about and strategising for social and economic outcomes that result from systemic changes in the conditions of people’s lives...pushing beyond a formal equality of opportunity...it also challenges the adequacy of equality of outcome if it is conceived simply as redistributing the benefits between excluded and non-excluded social groupings’ (Zappone, 2001:29).*

Equality of opportunity remains a contemporary challenge to the historical and evolutionary social and cultural constructs of society (Leach, 1999). Social justice, similar to attainment of full citizenship, requires the employment of a ‘politics of difference’ challenging exclusive practices toward development of an inclusive mindset in societies.

For Lynch and Lodge (2002), further to the arguments above on accommodation of difference, access to rights and full citizenship, the practice of inclusive mainstream education provision requires a ‘recognition model of social justice’ as an extension to

distributive justice. Respect for identities, values and lifestyles of minority groups are pivotal. Recognition requires portrayal in the curriculum provision, in the approaches to learning provided, in peer interaction opportunities and in the general organisation of the processes and support practices within schools. Personnel need to understand the supports required to enhance attainment of potential for students with disabilities, mirroring the general definition of inclusion portrayed by Ravaud above. Further, it is argued that funding provided on a per capita basis with the assumption of a heterogeneous population of students inclusive of all ability levels would portray an open inclusive system and would negate the need for labels in order to attain benefits. The focus instead is placed on ‘support services to teachers and all children with special needs’ (ibid:301). Inclusive environments require universal local and regional organisational structures across the complexity of issues engaged with in the provision of effective schools for all. Such an inclusive non-labelling system is operational in parts of Canada (see Porter, 1995). These concepts underpin the examination, in this thesis, of supports to pupils, parents and teachers and the support networks available to each toward a transition to accessible inclusive educational environments that moves beyond the medical model of provision of supports and the ‘othering’ of pupils with ID/PDD in the enrolment process. Rights and equality of opportunity have evolved as core attributes of a just and enabling emancipatory society that foregrounds social citizenship and social justice, pivotal concepts in the provision of equal access to mainstream spaces and more particularly to inclusive mainstream educational spaces for pupils with a disability (Christensen and Rizvi, 1996; Vlachou, 1997; Kitchin and Mulcahy, 1999). Social citizenship and autonomy for the individual, independent of family, typically begins with primary education environments.

#### ***2.1.4 Exclusion, Inclusion, Choice and Educational Environments***

Discourses of social citizenship and social justice, foregrounding the rights based approach to education provision, challenges the efficacy of special segregated spaces in favour of inclusive mainstream environments. The Salamanca Statement (United Nations Educational Scientific and Cultural Organisation, 1994), which is recognised globally, endorsed the rights based approach to inclusive education provision for all. Inclusion, it was argued, would correct discriminatory attitudes and re-socialise communities to acceptance of difference and provide better education for pupils with

SEN. Exclusion, inclusion and choice, experiences shaped by the ability and freedom to access places and traverse spaces, are at the core of much of the disability literature from the 1980s.

As far back as 1968, L.M.Dunn questioned the justification of the segregated education system, noting that it was ‘morally and educationally wrong...[and that] general educators referred their problem children to us’ (cited in Thomas and Vaughan, 2004). Segregated schooling, critics contend, fosters prejudiced attitudes around the abilities or ‘expectations of pupils, teachers and parents’ and leaves the students ill prepared for ‘life beyond the school’ (Kitchin and Mulcahy, 1999; Lewin, 1997 cited in Dorries and Haller, 2001). Inclusive environments on the other hand ‘would highlight similarities and promote understanding and interaction’ (Kitchin and Mulcahy, 1999). Poor quality services in segregated educational settings are deemed to have historically devalued, marginalised and stigmatised pupils with learning disabilities (Chappell, 1997). Physical, emotional and psychological abuse and strict regimes of discipline and order were common concerns of segregated spaces. In a study by Cook et al (2001:297), a visually impaired respondent noted, ‘they [special school personnel] didn’t understand children at all, never mind their sight’. A sense of isolation from family and neighbours are further negatives reported by service users in both residential and day special school/unit. For Thomas and Vaughan (2004:188) there is no justification for a segregated system on either principled or practical grounds. Citing Erving Goffman’s *Asylums* and speaking of special schools, they note that similar to asylums, they

*‘may exist primarily for the convenience of the mainstream system rather than for the purpose of helping or improving the lives of those who are directed to the special system’ (2004:31).*

Of note, the ‘benevolent disability industry’ proponents are exposed as having a powerful and vested interest in the continuation of segregation which has been shown to damage the interests of the pupils being served (Dyson, 2001). Rustemier (2002) suggests that continuing ‘philosophical, financial and legislative support of segregated schooling’ is a major causal factor in the lack of progress of inclusion in mainstream.

However, segregated schooling may also be experienced as welcoming and nurturing. For example, a Malaysian woman with a visual impairment fared much better in a special residential school than her siblings in mainstream due to the

quality education and health care experienced (Swain & French 2000 cited in Cook et al., 2001:296). Being removed from a 'poor and neglectful family' she gained the opportunity to go to university and qualified as a teacher. Escape from poverty and abuse, the nurturing of positive self esteem and access to a social network of friends with a similar disability may provide positive affirmations of experience (Heumann, 1992, French, 1993 and Willmot & Saul, 1998, cited in Cook et al., 2001). Clearly, cultural and contextual issues and the attitudinal and behavioural patterns of personnel affect the efficacy and value of service provision in segregated spaces, as elsewhere. Further, degree and/or type of disability may play a role in the value of mainstreaming for all. Therefore choice is a significant component of the debate.

It is generally accepted that children with disabilities benefit through access to broader educational opportunities and the social connectedness within the communities of their locale. Mainstream education is the governing policy in much of the developed world and the preferred option for the majority of people with a disability. Further, typically developing children also benefit by gaining an understanding of difference and the practical ability to participate in education with a greater diversity of differently-able people. In the United States of America, the enactment of the Individuals with Disabilities Education Act (1975) (IDEA), which prompted a move to the provision of education for pupils with developmental disabilities in inclusive environments, has resulted in 'three times the number of people with disabilities attend[ing] college and double the number of 20 year olds with disabilities are working, when compared to pre-IDEA figures' (Dorries and Haller, 2001:872). A report published by OFSTED (UK) on the provision and outcomes of education programmes in different settings for pupils with learning difficulties and disabilities confirmed the efficacy of mainstreaming practices stating that '...mainstream schools with additionally resourced provision were particularly successful in achieving high outcomes for pupils academically, socially and personally' (OFSTED, 2006).

Inclusive education has proved itself on an individual basis also. Applegate & Lu (1998 cited in Dorries and Haller, 2001) recounted the story of a child with autism who in the space of four years progressed from being unable to walk near a classroom to taking tests in 'courses such as algebra and honours history and later went on to postgraduate studies'. Inclusion with 'a full-time aide and much patient

coaxing' was central to his successful outcome. The capacity of the system to meet his needs was highly significant. Similarly the capacity of teachers to understand and meet the needs of children with autism is also noteworthy. Benning (1997 cited in Dorries and Haller, 2001:883) recounts the story of a child with autism who was mainstreamed successfully. However, when he was transferred to another mainstream school on moving house the new school was unable to accommodate his needs. Following a short period he was transferred to a special school against the wishes of the parents but with the sanction of the State Supreme Court. Benning recounted,

*'...The only place he could not be successfully included was Loudoun County and that's clearly because the school system did not have the commitment to do it'.*

The child's parents 'blamed the school system for not providing enough training to Mark's teacher and full-time instructional aide' (Pae, 1994, C1 cited in Dorries and Haller, 2001). However, it was reported that the same child 'blossomed in a very nurturing environment...with people who are dedicated and understand him and his disability...' in a mainstream school that promoted inclusion which was later sourced by the parents (Lu, 1998, p.A1 cited in Dorries and Haller, 2001). Clearly teachers' attitudes and capacity to support the pupil was paramount. Parasuram (2006:231), citing Roberts & Smith, (1999), notes that 'attitudes toward disabilities reflect beliefs about people with disabilities and as such guide behaviour...'. Higher levels of education (context specific, B. Ed. rather than more basic diploma), being acquainted with a person or persons with a disability and age were significant factors in the enhancement of positive teacher attitudes toward inclusion (ibid). Of note, 'the most positive attitudes are to be found in the new and youngest and the more experienced and oldest teachers'. It is further stated that 'actual experience of practising inclusive education develops educators' abilities and hence their belief in educating a heterogeneous class of students', (Villa et. al., (1996) cited in Parasuram, 2006:240).

Although all children have the same rights and should therefore be provided with the same opportunities, regardless of ability, attitudes may influence 'the quality and availability of services' (Rees et al., 1991 cited in Schwartz and Armony-Sivan, 2001:403). Negative attitudes towards inclusion may exist amongst parents of typically developing children. Pupils with a disability who have behavioural problems are often perceived as being continuously disruptive and diminishing the

educational opportunities of their peers (Holladay 1998 cited in Dorries and Haller, 2001). It is further argued that behavioural issues may be traumatic for sensitive pupils to witness. However, ‘there is also much anecdotal evidence of disruptive non-disabled children, which is rarely mentioned in anti-inclusion narratives’ (ibid). That said, attitudes are changing with the experience of inclusive practices. The younger generation, who have experienced inclusive environments, people familiar with people with ID and educated persons have a greater tendency toward inclusion (Yazbeck et al., 2004). Attitudes of students to peers with a disability are more positive with greater contact (Shevlin and Rose, 2003). However, relationships are marred by insufficient supports causing dependent rather than reciprocal social relations, foregrounding a deficit model of provision (ibid). A study in Israel (Schwartz and Armony-Sivan, 2001) of 21-24 year old first year university students’ attitudes to people with ‘mental retardation [sic] and mental illness’ reported that attitudes were generally positive toward empowerment and inclusion and a sense of similarity of life goals for the cohort. Of note, social work students in particular and female students more generally showed higher levels of inclusive attitudes than law students in particular and males more generally. A growing acceptance of the ‘inclusion paradigm’ was evident in this study.

However, transition to inclusive practices is geographically diverse. Further, continuing differentiation may be disability type and degree specific. For example, as part of a general restructuring toward an inclusive national system, one Local Education Authority (LEA) in England undertaking the reorganisation of special educational needs provision (1999) closed a special school that was primarily for pupils with a physical disability. The majority of pupils was provided with accommodation in mainstream schools with ‘additionally resourced centres’ whilst at the same time a special school for pupils who also had a learning difficulty (ID) was opened (Cook et al., 2001). One such pupil noted,

*‘well most of the kids here have to go to mainstream. I’m going to Daleview [special school]. That’s the only school I can go to’ (ibid:307).*

This pupil was refused inclusion in mainstream, due to a comorbid learning disability, clearly a portrayal of Barton’s (1998) hierarchy of impairments, noted above. Where and how a child receives education may have a profound effect on their inclusion, or otherwise, in their locale and later throughout their lives. Inclusive ideology is evolving, albeit gradually, and opening up new geographies for people

with a disability. Issues of social justice and equal citizenship as a right have been placed firmly on the agenda of many and varied organisations, institutions and in academia. This challenges the construction of social spaces and spatialities bringing the study of disability issues into the practice and literature of geographers and geography.

## 2.2 Geography and Disability

*‘...space is a social artefact that is shaped by the interplay of structures, institutions and people in real historical setting. The historical production of space is a contested process where the exercise of power largely determines who benefits and who loses from the creations of new places and landscapes. Knowledge about how space is produced, and for whom, is of course, a vital element in this constant power struggle’ (Gleeson, 1999a:2).*

‘The production of geographical knowledge has always involved claims to know “space” in particular ways’ (Johnson et al., 2000:767). This knowledge is produced through structures of power that ‘carried within them highly particular conceptions of space that were always more than purely technological constructions’ (ibid). ‘Space is a powerful medium that regulates human life’ (Kitchin, 1999). Spatiality, the relationship between peoples and the spaces they shape and occupy through behaviours and practices, is central to social and cultural geography. It is described as ‘constellations of relations and meaning which we encounter in our everyday activities’ (Pickles 1985, cited in Johnson et al., 2000:780). Space and society are mutually constitutive forces (Gleeson, 1999a:45). How places and spaces are conceptualised, created, maintained and manipulated through various ideologies, planning practices and differential power structures, to serve the needs of the members of a community are pivotal to human geographies.

Society and spaces are socially constructed and critical geographies expose exclusionary practices (Kitchin, 1999). Understanding the landscape and who it is intended to serve is portrayed through the design, management and maintenance of buildings, transport systems, educational institutions and accessible employment opportunities. Values and attitudes are implicated in the organisation of space. The social valuation and devaluation of body types is crucial to the production of distinctive spaces of experience (Gleeson, 1999a:35) Exclusionary practices, critiqued by geographers, emphasise how ‘place and space are central...to notions of identity and difference’ (Vanderbeck and Morse Dunkley, 2004). The development



of geographies of identity, the body and meanings within the social constructs of communities are addressed (Hall and Kearns, 2001). This is particularly relevant for people with a disability.

Geographies of disability, which have evolved from the 1970s, have recently become 'an established sub-field within social and cultural geography' (Hall, 2004). For Gleeson, the production of space with respect to disability is,

*'...a fundamental quality of nature and human society within which disability is shaped by the ascription of roles and representations to body types that varies in time and space...socialisation of human embodiment...part of larger process...societies transform their natural bases...into real physical and cultural environments' (Gleeson, 1999a:34).*

For Kitchin,

*'New critical geographies recognise that while capital and class do play a significant role in shaping social relations, social organisation is more complex' (1999)*

Having a disability may restrict choice of one's spatialities and activities in a 'society which takes insufficient account of people who have physical, sensory or mental impairments' (Kitchin, 2000).

The social constructedness of disability portrayed in the built environment with respect to access to and mobility within places (Imrie, 1996b), and across spaces (Golledge, 1993; Imrie, 1996b; Kitchin et al., 1998), transport (Kitchin et al., 1998; Freund, 2001) and employment (Hall, 1999) have dominated geographies of disability. Interpretive geographies, mirroring the ethos of the disabilities movements, saw geographers begin to take cognisance of persons' rights to access and mobility and provision of pertinent services. For Kitchin,

*'...the built environment is rarely 'natural' but is the product of people's values and actions...the fact that many environments are not accessible for all is itself a statement on how we as a society view and value disabled people' (2000:13).*

'Design apartheid' a term coined by Rob Imrie, defines the inaccessible environment as locking disabled people out. He notes,

*'Western cities are characterized by design apartheid where building form and design are inscribed with the values of an 'able-bodied' society. Thus, from steps into shops to the absence of induction loops in the public and civic buildings, disabled people have to confront built environments which were never designed to cater for a range of bodily differences' (1998).*

For Imrie,

*'...a geography with the disabled must be derived from a critique of the socio-political and institutional structures of ableism, in which spatial relations are conceived of as both disabling and disabling' (1996a).*

Social exclusion and service dependency experienced by many disabled people is documented by Dear and Wolch (1987), Pinch (1985) and Hahn (1986) outlining the 'inaccessibility of urban areas' (cited in Hall and Kearns, 2001). Further, Kitchin (1999), quoting Napolitano (1995:33) relays,

*'Good inclusive design will send positive messages to disabled people, messages which tell them "you are important", "we want you here"; and "welcome"...Often the way that disabled people are expected to get into a building is round the back, past the bins and through the kitchens, what does that message communicate: How will it make a disabled person feel?'*

A positive attitude to inclusion through inclusive designs would provide a positive message for all people toward the alleviation of negative values and actions. 'How we operate as a society has spatial consequences' (Kitchin, 2000). Similar to the literature in disability studies much of the literature of disability geography is not specific to persons with an ID/PDD. People with ID/PDD have for the most part been implicitly included with mental health geographies and on occasion more explicitly. The meanings, identities and embodied geographies of disability, that are portrayed as discriminatory and oppressive, are mainly applied to physical and sensory disabilities where accessibility to the built environment is a prerequisite for all people in order to enhance their ability to make individual choices and control their own lives. However, similar to inclusive design of the built environment, this thesis examines the need for universal design in the structuring and resourcing of the mainstream education system to enhance an inclusive *habitus* for all persons in such environments.

### ***2.2.1 Mental Health Geographies***

Mental health geographies include epidemiological studies, utilization rates and spatial distribution of the cohort (see Timms 1963, cited in Park et al., 1998 for earliest writing). Location analyses (Philo, 1997; Wolch and Philo, 2000) were documented. The history of mental health care is described generally as one of isolation and exclusion (Dear and Taylor 1982:37 cited by Philo, 1997). Justification for segregation was presented as the pursuit of therapeutic spaces based on the qualities of the rural landscape, the paternalistic qualities of care for the individual and protection for the community (Park and Radford, 1999; Smith, 2006). Similarly,

the ‘idiot’ asylums across the United States of America, Canada and the United Kingdom have been described as having an ethos of providing education in therapeutic spaces in preparation for independent living. However, this ethos gave way over time to one of custodial care as a form of protection. Philo (1987 cited in Park and Radford, 1999), though accepting the original ethos as genuine, argued that later readings of the asylum, which was typically at distant locations from cities, showed a motive of ‘out of sight out of mind’. The use of segregation and sterilization to contain, control and care for these populations and the constructed environments within these places of residence is read arguably as part of the eugenics movement (Edgerton, 1971; Park et al., 1998:223).

Wolpert (1976), in a seminal paper on inclusive societies, challenged communities to ‘open closed spaces’ to the ‘deviant’ and ‘handicapped’ and stated,

*‘...thousands are waiting to be released from warehouse conditions in custodial institutions until community facilities can be found’*

Both private and public sectors were deemed inefficient and ‘openness’ was defined as ‘reabsorption’. The development of support systems through volunteerism and donerism was conceptualised by Wolpert as the way forward and geographers were challenged to provide their skills in the organisation of a workable system. Philo, however, cites ‘deinstitutionalization before deinstitutionalization’ in the ‘boarding out of lunatics in ordinary families’ and other inclusive practices as a further segment of the geographical histories of this population (see Philo, 1997). Persons with an ID were nominally included as a sub-group of the ‘deviant’, alongside the physically disabled and the imprisoned. Geographers (Philo, 1997; Dear and Wolch 1987 cited in Park et al., 1998) have documented and theorised the socio-spatial transitioning of service provision from confinement within the ‘asylum’ to ‘reabsorption’. More recently the study of ‘post asylum community care’ has become more central to the discipline, for ‘deviant’ persons who never experienced the asylum or institutionalisation (Hall and Kearns, 2001).

For Hall and Kearns, the spatial distribution of ‘deviant’ populations formed a ‘first wave’ of research that took little account of the ‘human subject’. A ‘second wave’, from the late 1980s examined the ‘social construction of difference’ (Wolch and Philo, 2000) in keeping with the developments in Disability Studies and the ‘cultural’ turn in geography. With the introduction of interpretative studies, geographies of mental health began to focus on the person with respect to gender, marital status and

social class, in examining 'socio-spatial practices behind the distributions of admissions to psychiatric hospitals' (Park et al., 1998).

As a distinct group, people with ID have largely been ignored by geographers (Park et al., 1998; Gleeson, 1999a) and even more particularly people with PDD have not been recognised by geographers. Hall and Kearns (2001), following Wolpert (1976), argued for 'opening space' in geography for intellectual disability'. Using the asylum as a 'container' for the 'mentally deficient', Hall and Kearns conclude that 'they had no place in society'. Unlike other disability geographies, a 'second wave' recognising the lived experiences of persons with an ID was not forthcoming except for Laws and Radford (1998) 'in their discussion of the experience of place amongst a group of people with ID in Toronto' (Hall and Kearns, 2001). This influential work placed these persons at the centre of the research telling 'their' story. Interviews were facilitated by people experienced in communicating with the cohort. This was a relatively innovative practice in disability research and new to this community, providing a voice to the heretofore voiceless. It exposed the similarities and differences of the lived experiences of disabled and non-disabled and the importance of understanding diversity (ibid).

Further, people with an ID were included in a study of spatial cognition alongside persons who were blind/vision impaired (Golledge, 1993). With respect to spatial cognition the study concluded that people with an ID had lesser abilities in spatial cognition than populations without ID. However, the individuals' ability to reproduce maps was the tool used for assessment, a rather questionable approach for persons with ID. One could as readily assume a deficit in mapping ability rather than a lack of spatial cognition (see Goodley above).

For Hall and Kearns, the absence of recognition of persons with ID in the geography literature is conceptualised as a continuance of non-recognition in society. Continuing institutional forms of accommodation, paternalistic ideologies and absence from mainstream spaces due to a strong 'sense of difference is the explanation proffered' (see Butler and Parr, 1999:14). An exclusion of disability geographies, as outlined by Sibley (1995), exemplifies the history of exclusion of geographies of persons with ID, children's geographies and more specifically the geographies of children with an ID/PDD from the literature. However, some recent work has begun to address these lacunae.

### ***2.2.2 Children's Geographies, Disability and Educational Environments***

The 1990s have seen increasing interest being taken in all aspects of children's lives (Holloway and Valentine 2000 cited in Children's Geographies Inaugural Editorial, 2003) across varied disciplines and within geography. However, a journal on Children's Environments, published from 1984 to 1995 within Psychology, gave voice to the issues of environmental planning with respect to the healthy psychological development of mainly urban children and the quality of their physical environments. The development of inclusive participatory strategies in open space planning in the city was the foci. An agenda for the inclusion of children, 'a neglected social grouping undergoing various forms of sociospatial marginalization' in geography was proffered by Matthews and Limb (1999). Somewhat similar to the above, the main focus was how children perceive, use and experience the 'outdoor places beyond the home, school and playground' differently to the adult. This paper sought to transition children's geographies from its roots in environmental psychology into mainstream social and cultural geography. Processes of exclusion and sociospatial marginalization were highlighted as areas requiring attention toward the development of research that would encourage age/ability appropriate empowerment and self-determination. The introduction of a new journal, Children's Geographies, in March 2003, has brought a growing body of work on issues of contemporary childhood together, enhancing the development of the geographies of children as a sub-field within the discipline. Research relating to the education of children with special needs has also begun to enter the literature.

Educational environments play a major role in the socialization of children in modern societies (Neuman, 1997:55). For Barton,

*'Schools are characterized by intense social interactions within confined geographical spaces. They are significant socializing institutions attempting to instil in young people appropriate ways of thinking and behaving' (1998:59).*

Educational environments are central to the development of positive social constructs of personhood and, more particularly, of disability. However, in spite of the protestations of the disabilities movements and the literature, education spaces continue to be organised on the basis of the medical model (Kitchin and Mulcahy, 1999; Goodley, 2001; Holt, 2003). Labelling children as cognitively and/or behaviourally different, using an 'educational-psychological model', and the

provision of therapies in the pursuit of normalisation are problematised in their underpinning of educational policy and support provisions. Further, power relationships are played out within the system where teachers may impose their view of disability on practice emphasising ‘that schools are precarious geographical accomplishments’ (Philo and Parr, 2000:518 cited in Holt, 2003). Attitudes, values and practices of inclusion and exclusion are significantly diverse (Holt, 2003).

Primary education environments are spatially and environmentally ‘fluid spaces’ with a diversity of practices in their spatial and educational organisation where inclusion is interpreted differently in different schools and by teachers within the same school (Holt, 2003). Reporting on the results of a study of two schools in England, Holt notes that equality and sameness of treatment and an expectation of participation with access to all areas of the curriculum, in so far as possible, was practiced in one school whilst segregation within the same place for the majority of subjects was the norm in the second school. Differentiation of curriculum and an ethos of ‘othering’ (Kitchin, 1999) dominated practice in the second school and inclusion was available only in specified areas of the curriculum. Holt noted that teachers in some classes provided for children with ‘mind-body differences’ in a positive inclusive manner whilst other teachers created classroom environments that were hostile and disabling. For example, ability graded segregated seating arrangements, lack of positive reinforcement or even ‘high levels of punishment’ were reported. An emphasis on dependency models of care was also evident in some spaces. In spite of ‘stated school practice’ individual teachers can ‘differentially interpret, reproduce or contest practices encouraged by the education institution and enshrined in formal policy’ (Holt, 2003:126).

Holt further notes that ‘...teachers...considered inclusion to involve various exclusions’. Exclusionary ideologies centred mainly on the individual characteristics of children. These were justified by a discourse of ‘meeting children’s needs’ (ibid: 122). Issues of protection from bullying, access to curriculum content and the achievement of goals, the comfort of the child with a disability and/or those without a disability, pace and expectation of educability and teacher competencies were variously proffered as legitimising exclusion. Clearly, attitudinal and educational barriers existed that prohibited access to inclusive practices and universal enrolments. For Kitchin and Mulcahy, (1999), who undertook an assessment of the

viability of mainstreaming education for children with a disability living in County Kildare in Ireland, 'the vast majority of schools are inaccessible, physically, socially and educationally'. Many principals were reported as being 'receptive to the idea' of inclusion. However, enrolments for some were tainted with the proviso that parents accept that the education available would not be optimum. Some schools admitted that they would deny access due to their lack of suitable resources. Further it was noted by a principal that,

*'...without teaching support, access to appropriate resources and specialist teaching knowledge, a strategy of coping is adopted which does not serve the disabled child well' (Kitchin and Mulcahy, 1999:24).*

Kitchin and Mulcahy, speaking of the Irish Education Act 1998, concluded,

*'The analysis we present suggests that without significant investment in school infrastructure, teaching resources, teacher retraining, and a commitment to enforce legislation, the Act will fail to deliver the inclusive education system sought by the disability movement' (1999:4).*

For Butler and Shevlin (2001:133-4), 'in contrast to many previous studies (Bender et al., 1995; Garnett, 1996)' teacher access to 'specialist training' was not found to be influential with respect to teacher attitudes to inclusion. However, it was further noted that the sample covered was 'extremely small' (12% of responses) and that 84% of teachers surveyed 'stated that they could benefit from more training'. Further, Colgan (1998), in a report undertaken for Disability Federation Ireland, concluded that there was no infrastructure for supporting inclusion in the Irish education system and that the DES was void of published schemes for support services. Although it was acknowledged that significant resources have been invested in the system, Colgan noted that it was never enough. Some principals argued against inclusion believing that it was 'unreasonable of the DES to expect schools' (ibid) to provide inclusive practices without providing the financial resources required to provide teacher support and equipment. Existing expertise and inclusive practice models needed to be 'disseminated now to a wider audience' (ibid). The translation of policy into reality was not supported by the administrative processes pertaining and both the level and practice of resource allocation were lacking. Little planning was taking place in schools to provide access and inclusive settings (Kitchin and Mulcahy, 1999). For Kitchin and Mulcahy, this was due in part to 'a belief that the current hegemony will continue, but also due to issues of cost and perceived lack of need'. And further that,

*'...it requires a significant change in mind-sets (government, managements and teachers) to move beyond rhetoric, as well as significant, new resource allocation to ensure success' (ibid:30).*

Maintaining academic standards was noted as an implicit prerequisite for inclusion in one school in Holt's study which gave rise to denial of access. This rendered 'mainstream schools hostile environments for disabled children' (Holt, 2003). Conversely, maintaining school numbers was a dominant feature for the other school, thus enhancing accessibility to enrolment. Clearly recognition and respect for social justice and the social citizenship rights of the individual with a disability in respect to equal access to enrolments and to inclusive practices within and between educational spaces were found to be context and school ethos specific rather than led by government policy and legislation.

Access to rights, choice and participation in society for people with an impairment demanded anti-discrimination legislation (Barton, 1998:58). Positive responses through the provision of legislative and policy frameworks toward the development of inclusive societies have evolved (United Nations, 1993; United Nations Educational Scientific and Cultural Organisation, 1994; Government of Ireland, 1998, 2000, 2004). Governments are challenged to provide and foster inclusive mainstream educational environments respecting full citizenship, social justice and equality of opportunity for all. The UN set of guidelines suggest positive development in awareness raising, support services, and specific targets for equal participation. Access to information and communications, to the physical environment, public transport, education, employment, income maintenance, family life, culture, recreation and sports and religion, are central. The legislative framework of positive discrimination that recognises difference whilst respecting sameness is portrayed in the Irish Education Act 1998. Its basis in law and policy removes the provision of education services from the realm of medical management of problems, where the individual was viewed as an object of charity, to one of subjectivity in equality and participation as full citizens (Quinn, not dated). For Quinn the disability revolution in the field of law and policy rests on one, 'deceptively simple proposition; namely, people with disabilities are not problems, they have rights and equally legitimate hopes and aspirations for their lives'. The 'equal opportunities model' which gives recognition for the need to accommodate difference is central (Armstrong et al., 2000; Quinn, not dated). Legislation gives



entitlement. Birkenback (2001:566) notes that legislation ‘has actual, practical value; it is a key to resources or opportunities’. However, according to Birkenback,

*‘...disability advocates...have long insisted that the recognition of human rights for persons with disability is empty and meaningless, if not insulting, without explicit mechanisms for enforcing these values’ (2001:568).*

Clearly, the provision of legislation alone is insufficient to ensure universal enrolment and equality of opportunity.

Geographies of education specific to children with an ID/PDD and accessibility of choice to enrolment in inclusive educational environments do not appear to exist in the literature. This thesis addresses this lacuna at the level of access to the Irish primary education system for this cohort with respect to the Education Act 1998. The Act provides a framework for the right of all children, regardless of ability level, to access their choice of school with supports as required. Whilst recognising that the medical model continues to operate in Irish schools for the provision of supports, a rights based approach underlies this research which foregrounds recognition of equal citizenship and social justice, key principles of a human rights approach. The capacity of the system, at multiple levels, to respect and cater for the equal citizenship of pupils with ID/PDD is examined using the framework of Pierre Bourdieu’s Theory of Practice.

### **2.3 Pierre Bourdieu’s Theory of Practice**

Bourdieu began his academic career in philosophy and transitioned to anthropology and later to sociology. Much of his work theorises the (re)production of inequalities, most particularly of class, which was based on detailed empirical studies of social spaces. A central theme in Bourdieu’s work is the complex relationship between culture and power. Sociology for Bourdieu is a mode of political intervention and it is his assertion that individuals become dominant or will be dominated based on their accrual of or the distribution of various forms of capital or resources (Swartz, 2003). Concepts such as *doxa*, field, *habitus*, along with various forms of capital are employed to analyse uses and abuses of power in the provision of a theory of practice. Capital is defined as any valued resource worth fighting for (Bourdieu, 1986). Four main forms of capital are described, namely economic, cultural, symbolic and social. Economic capital includes income, assets, property and personnel. Cultural capital is accrued through formal education, specialist training,

access to information and socialised *habitus*. Symbolic capital is a given in many societies by way of prestige, honour, or status typically linked to one's accrual of cultural capital. The position of Principal, for example, gives the person a status above that of teacher or parent and, thus, a position of power is ascribed. Social capital is accrued by membership of social networks that act to support the agent in their role as members of a particular community which may empower one to act in the field.

The concept of field is defined as a social arena in which people manoeuvre and struggle in pursuit of resources. The field may be any setting in which agents and their social positions are located. It involves power relationships in social spaces that may be structured vertically or horizontally. Spaces are socially constructed by way of relational differences in the disposition or *habitus* of the social agents. Underlying norms of experienced practices are taken as a given. These are referred to as *doxa*, deep-founded, un-questioned beliefs, taken as a norm, such as only 'able' pupils belong in mainstream education spaces. The concept of 'fields of force' is utilised to describe areas of contention over the desired resources.

*Habitus*, as noted above, is a core concept of Bourdieu's Theory of Practice. It is ascribed by the internalisation of one's disposition or beliefs of a system or structure. Agents are socialised by their experiences of the structure, such as the education system, or a particular school. Prevailing *doxa* inform the *habitus*. It is the sense a person has of themselves and others within particular social spaces and structures, which informs '...principles which generate and organise practices and representations' (Bourdieu, 1990:53 cited in Hillier and Rooksby, 2002). It is defined as, 'a system of dispositions...structures of perception, conception and action' (Bourdieu, 2002:27). It is the product of history and the histories of both group and individual experiences (Bourdieu, 1977). One's *habitus* is constructed through social experiences and education temporally and spatially within a community on a micro scale and across nations on the macro level. Individuals and societies internalise what is acceptable or possible in various spaces relative to their social position, such as class or category of person, defined by age, ability gender etc., in social arenas or 'fields', to use Bourdieu's terminology.

Government policies change with the stroke of the pen but adaptation to change by a society and a system is far less definitive. The durability of the socialised *habitus*

prevailing within systemic practice structures of primary educational spaces is threatened and challenged by new inclusive policies and understandings of who belongs within various spaces. The evolving social system requires all persons to adopt a new *habitus* beyond their lived experiences. Established *doxa*, the taken for granted underlying norms of experienced practices and understanding of educational spaces are renegotiated through the dialectical relationship of *habitus* and field. New ways of thinking about and organising mainstream educational spaces are required. However, the hysteresis effect of experientially constructed *habitus*, in the evolving organisational transformation of ‘special’ education provision from historical segregated spaces to a dispersion of provision across a continuum of settings, and more particularly in mainstream environments, is problematic. A child’s potential SEN requires society to encompass a broader understanding of the educational spaces of their community, beyond previous engagements with the system, potentially destabilizing family and community *habitus*. Educators and families are potentially situated in a precarious pioneering position, particularly in mainstream spaces. It constitutes a change from service provision in majority disability specific ‘special’ spaces to varying degrees of specific and/or generic inclusive spaces as a minority group/individual, subsumed within a broader minority of pupils with diverse SEN in ableist spaces. Socialised understandings of the functioning of the system, that provided a secure *habitus*, are challenged or invalidated. For Hillier and Rooksby (2002:13), ‘*habitus* is constructed through, and in turn constructs, capital’. Therefore the accrual of economic, cultural, social and symbolic forms of capital all contribute to the *habitus* of ‘players in the field’, both the educators and families and are central concepts in Bourdieu’s Theory of Practice.

For Bourdieu, symbolic violence occurs when the holder of symbolic capital inappropriately uses the power conferred by their position or status against an agent with lesser status. It may be implicit or explicit. Due to the legitimate positioning of the holder of symbolic power, the agent may be complicit in their subordination. Being dominated may be accepted as legitimate social order. Symbolic violence is read as very powerful, as it is embedded in the socialisation and *habitus* of the dominated agent, thus appearing legitimate. Bourdieu seeks to expose the socially conditioned structures of beliefs and practices that underpin perceptions of the normality of the social world through reflexivity of all players in the field, examining the power relations that control practices in social spaces.

This framework highlights the transferability of the various forms of capital in the negotiation of dominance in the fields of social interaction. People employ their capital assets or the resources available to them to achieve their optimum positioning. This creates hierarchical structures of power and unequal power relations. In this manner, *doxa* and *habitus* may form barriers to the freedoms of agency. The capacities of the individuals engaged in the field are at play. Reflexive inquiry, uncovering the ‘unacknowledged interests and an unequal power relations in social life’ suggested by Bourdieu and Wacquant (1992) is deemed to have ‘emancipatory potential from which we may envision public policies that can increase democratic principles of equality and justice’ (Murray and Ozanne, 1991; Lee et al., 1999). Bourdieu focuses on the relationship between agency and structure, using the concept of *habitus* to confront the debates around whether people respond to external structures or are able to act freely. For Lee et al (1999), the concept of *habitus* links agency and structure in a dialectical relationship that has important implications for public policy. Social life is treated as a constituting interaction of structures, dispositions, and actions whereby social structures and embodied knowledge (therefore situated) of those structures produce enduring orientations to action which, in turn are constitutive of social structures. Hence, these orientations are at once “structuring structures” and “structured structures”; they shape and are shaped by social practice (Murray and Ozanne, 1991). With this theoretical framework, Bourdieu sought to expose the unthought structures that underlie the somatic and cognitive practices of social agents, most particularly with respect to the power relations within class distinctions.

Bourdieu’s writings ‘have been most influential in the fields of anthropology, educational research, and lately, in cultural studies’(Painter, 2000:239). Painter notes that few geographers have engaged with the work of Bourdieu at any depth but that his ideas ‘can, in principle, be applied much more widely than has been the case to date in Anglophone research’ (p241). Edwards and Imrie (2003) engaged with Bourdieu’s concept of *habitus* to consider its value toward an ‘understanding of the social inequalities which are core to the lives of disabled people’. This work draws on Bourdieu’s concept of the body as a ‘bearer of value in society’ which ‘can be understood in and through the *habitus*’. It argues that ‘disabled people’s bodies are subjected to the values of a society that renders them ‘less than valuable’ and inferior to those considered to be the embodiment of ‘normality’. The paper offers

Bourdieu's concept of *habitus* as valuable in the development of disability theory and notes that 'for Bourdieu, social location and inequalities are understood, in part, in relation to bodily dispositions ...and to bodies as bearers of value'. For Painter (2000), 'If the spatio-temporal embedding of practice is as important as the concept of *habitus* suggests, then a critical appropriation of Bourdieu's approach by geographers and other spatial theorists can both enrich Bourdieu's concept of capital in its various forms and offer the prospect of improved understanding of contemporary social life.

Bourdieu's in-depth theoretical framework, engaging with multiple forms of capital and the *habitus* is adapted and applied in this thesis to examine the resource accruals of the various players within the hierarchical structures of the Irish education system. These accruals mediate the power relationships of the principals with the DES and with the parents in the negotiation of access to enrolments of children with ID/PDD. Models of best practice for transitioning to mainstream and barriers to progress are illuminated. The capacity of the education system to effect change is analysed to uncover the degree of autonomy and equality provided by the Act for parents and their children with ID/PDD, who are arguably one of the more vulnerable and excluded minority groups in society.

## **2.4 Conclusion**

The capacity of and practices within historically segregated education systems to accommodate a transition to universal enrolment in mainstream schools, honouring the ethos and requirements of national and international statutory instruments, have had very little attention. Successful transition requires that the system and its personnel have the competence and mindset to adapt to inclusive practices in the accommodation of pupils with a greater diversity of educational ability levels and/or behavioural challenges, potentially requiring additional supports. The Irish education system, through the enactment of the Education Act 1998, recognises the social citizenship of all persons resident in the State and their right to equality of access to mainstream education environments. A 'politics of difference' and an ethos of equitable distributive justice are nominally employed in the provision of supports to enhance access to the curriculum and to equality of outcomes in reaching one's potential. In this thesis, the practices within the Irish primary education system, with respect to meeting the legislative aspirations of the Education Act for

pupils with an ID/PDD, are examined. The historical and contemporary evolution of the education system from the perspective of the DES and both the principals and the parents' perspectives on their experiences of the system are documented. It examines the level of emancipation afforded by the provisions of Act. It seeks to measure and to understand the practices of inclusion and continuing practices of denial of access, segregation and exclusion of pupils with an ID/PDD from mainstream educational spaces as they exist in the system. It is grounded in the philosophies of social citizenship, social justice, ideologies of equity, equality of opportunity and social inclusion. Access, being a necessary prerequisite to inclusion, is central. However, as noted in chapter one, the transition from the historical structures of service provision in segregated settings to inclusive mainstream environments is resource sensitive. Pierre Bourdieu's Theory of Practice has utility in uncovering the resource sensitivities of the system and the *habitus* of participants. It has utility in exposing the power relationships that mediate or control the progress of transition to universal enrolment in mainstream spaces through the examination of symbolic power and practices of symbolic violence at multiple levels of the system. Bourdieu's theory is adapted to analyse and explain the maintenance and reproduction of ableist spaces.

The thesis argues that the rhetoric of government reports and investigation backed up by the enactment of statutory instruments is diminished by the tokenistic provision of supports and services at the expense of the individual with an ID/PDD. It argues that normalisation theories and processes, contrary to common belief, still plague progress toward inclusion and absorption of this cohort into the community, as a norm. Barriers to inclusion are explained in the literature as physical and attitudinal. This thesis argues that capacitational barriers may further explain exclusionary practices. An in-depth analysis of the resources available in the education system and its capacity to support the ethos of choice and inclusion contained in the Act is undertaken. It is argued that varying resource accruals at multiple levels may give rise to inequitable power relations, the analysis of which elucidates how and why the circumvention of legislation is accomplished. Specifically, this thesis,

- examines the resources available to and availed of by schools' personnel with responsibility for the provision and management of the micro spaces of

individual schools, with respect to the cohort and the realisation of the practices extolled in the Education Act.

- identifies and documents the resources available to and availed of by the parents seeking educational placement for their children with ID/PDD
- explores and documents the differentiated negotiation of space and place imposed on this population as a result of the organisation and control of resources in the primary education sector
- identifies examples of practice that are resource sensitive and the experiential consequences for pupils with ID/PDD and their parents
- provides a baseline study of accessibility and choice of primary placements. It identifies best practice models of placement provision. It outlines the experience of unmet needs of pupils and their parents with a view to informing policy development toward inclusive educational communities.

The methodology employed to carry out this research, which examines the evolution of the education system, the development of special education and the gathering of the primary data is addressed in Chapter Three.

## **CHAPTER 3: METHODOLOGY**

### **INTRODUCTION**

The primary focus of the study was to conduct a baseline analysis of access to Irish primary education for pupils diagnosed with an ID/PDD, with particular emphasis on access to mainstream placements. A multi-layered project utilizing mixed methods was undertaken providing ‘extensive’ research across three discrete but inter-related structural layers, namely the DES, schools’ personnel and parents of children diagnosed with an ID/PDD prior to school-going age, with more ‘intensive’ research undertaken with the parents (Sayer 1984 cited in Graham, 1999 ). A critical social science approach (Neuman, 1997; Denzin and Lincoln, 1998; Robson, 2002) is adopted in the examination of enrolment practices within the Irish education system for pupils with an ID/PDD and the ideology and policy portrayed in the Education Act 1998. The effectiveness of the Act toward the autonomy and empowerment afforded parents in accessing placement choice for their child is central. The practices and experiences of schools’ personnel in the provision of enrolment is analysed with particular reference to the availability of resources to support inclusion. The progress of transition toward the emancipation of pupils with ID/PDD from segregated settings to inclusive settings is evaluated. In this chapter, the methodology utilized to examine the question of access to primary education for pupils with an ID/PDD is outlined.

### **3.1 Methodological Strategy**

There is a dearth of information on the provision of primary education specific to pupils with a diagnosis of an ID/PDD at all levels of the education system. Typically, this cohort of pupils is either subsumed within the population of pupils with SEN under the remit of the DES in National Primary Schools and/or within the population of pupils with a disability attending the Special National School System under the remit of the Health Services Executive (HSE). No statistics on the numbers of pupils with an ID/PDD in receipt of individually sanctioned resource hours and/or SNA support, each of whom will have made individual applications, are available. Similarly, there are no statistics available on the numbers of teachers active in the education system who have a qualification in SEN. This was confirmed



through telephone queries to the DES, the Special Education Section in Athlone and the Statistics office in Dublin, in September 2003. Although a National Intellectual Disability Database (NIDD) was established by the HSE in 1995, persons with a diagnosis of ID are not routinely recorded unless they are in receipt of services within the HSE. Similarly, persons with PDD may not be recorded unless they are in receipt of ID services, more typically when there is a diagnosis of a comorbid ID. There is no database specific to persons with PDD. Further, many parents of children with a primary diagnosis of PDD and/or those with a comorbid diagnosis of ID refuse to enter their child on the NIDD, believing it to be inappropriate.

In light of the above, a multi-layered mixed methods approach was undertaken in order to provide a ‘breadth of understanding’ (McKendrick, 1999:42), to contextualize the Irish education system, and more particularly reveal how it is organized in respect of pupils with an ID/PDD. Mixed methods social inquiry offers a distinctive methodology (Greene, 2008). It proffers an alternative paradigm stance to quantitative or qualitative methods (Howe, 2003:Johnson & Onwuegbuzie 2004: Mertens, 2003: Teddie & Tashakkori, 2003: others cited in Greene, 2008) which reconciles historical ‘incommensurabilities’ through a new paradigm from a ‘transformative – emancipation perspective’ (Mertens, 2003). This distinctive methodology ‘actively promotes the mixing of methods, along with context and theory’ (Greene, 2008). For Greene, ‘a diversity of methods’ (Datta, 1994 cited in Greene, 2008) was used by practitioners who sought both ‘generality and particularity’ prior to the ‘current groundswell of conceptual interest in mixed methods’ (p.7). A variety of outcomes were sought including,

*‘defensible patterns of recurring regularity...insight into variation and difference...magnitude and dimensionality...results that portrayed contextual stories about lived experiences...dispassionate neutrality as well as engaged advocacy for such democratic ideals as equity and justice’ (ibid).*

Purposes for which mixed methods are noted include, ‘triangulation, complementarity, development, initiation, and expansion. In order to understand the very complex structure of the education system and the relational experiences of agents, each of these purposes are at play at varying levels. In this research, more specifically, both data and method triangulation is utilized to give a complementary, expansive and a ‘more complete insight’ into the experiences and interrelations of schools’ personnel and parents and to ‘enhance the rigour of the research’ (Robson,

2002:174; de Chernatony et al., 2005:5). Initiation is employed through document analyses and less formally through networking practices.

Bourdieu's theoretical framework of the Theory of Practice and symbolic power (see Chapter Two), which frames this research is a relational framework of inquiry that interweaves the structural with the development of the individual *habitus* in the production of practices. It is not dissimilar to Structuration theory, which 'favours use of a diversity of methods to investigate the recursive relationship between structure and agency' (Findlay and Li, 1999). For Bourdieu (1977)

*'the structures constitutive of a particular type of environment produce habitus' (p.72), '...the habitus...produces practices...as defined by the cognitive and motivating structures making up the habitus'... '...these practices can be accounted for only by relating the objective structure defining the social conditions of the production of the habitus which engendered them to the conditions in which this habitus is operating...the particular state of this structure' (p.78).*

Further, Bourdieu quotes, "in each of us, in varying proportions, there is part of yesterday man...he makes up the unconscious part of ourselves..." (Durkheim 1938 cited in Bourdieu, 1977) which he refers to as *habitus*. For Bourdieu,

*'...it is because subjects do not, strictly speaking, know what they are doing that what they do has more meaning than they know' (p78)... 'The habitus, the product of history, produces individual and collective practices, and hence history, in accordance with the schemes engendered by history' (P82).*

For Bourdieu, it is important that research recognises the principles that drive practice thus revealing the often implicit yet inculcated rules of practice that shape the *habitus*, objectifying the subjectivities of lived experience. Practices must be compatible with 'objective conditions' and practical. Detailed descriptions of the functionality of hierarchical structures in the 'spatio-temporal organisation which assigns each category its place and time' (p.163) naturalizes and conceals 'the dialectic of the objective chances and the agents' aspirations, out of which arises the *sense of limits*, commonly called the *sense of reality*' (original emphases, p164), reproducing 'legitimate' power relations, experienced as *doxa*. Bourdieu outlines how the 'misrecognition of limits' and acceptance of the *doxic* mode, overshadows the possibility of choice which allows the political function of classifications to operate in the maintenance of symbolic order which 'therefore goes unquestioned, the agents' aspirations have the same limits as the objective conditions of which they are the product' (p.166). For Bourdieu therefore, the 'misrecognition of limits' in

hierarchical symbolic structures obscures the ‘interested’ nature of practices and thus contributes to the acceptance of practices as ‘disinterested’ and legitimate. The economic, political and functionalist interests at play in a set of symbolic practices are therefore not recognised and thus provide the individual or group who can benefit from the conversion of ‘self interest’ into disinterest’ (Swartz, 1997:43) with symbolic capital, a form of unrecognised power that appears legitimate and thus informs the *habitus*. The construction and maintenance of the *habitus* which mediates structure and agency is the core object of his analyses. In using this framework to shape the research an understanding of the history and the inculcated hierarchical power relations within the structures of the education system, the prevailing *doxa* and the *habitus* of agents in their relational contexts are examined in order to answer the question of access to placements and to explain the outcomes for stated policy and the lived practices within the system. In the absence of statistics and a body of literature specific to the educational trajectories of primary aged pupils with an ID/PDD a multi-layered mixed-methods approach allows for the historical and contemporary contextualization of the research, the quantification of the accumulation of economic, cultural and social capitals available within the primary education system relevant to this cohort, and the qualification of symbolic power and/or violence as practiced and/or experienced in the system with respect to the provision of access.

In Chapter Four, the evolution of Irish primary education provision is examined through the historical literature drawing out information on the education of pupils with SEN, and more particularly pupils with ID/PDD, in so far as material is available. The deconstruction of relevant policy documents, particularly those guiding the practice of care and education for people with an ID/PDD leading up to and including the Education Act is examined. This detailed contextualization of the research project is constructed to enhance the readers’ appreciation of the history, evolving ethos and transitioning nature of the Irish education system with respect to the provision of education and supports for these pupils and the potential challenges to a *doxic* reading of the system.

Having identified the Irish Association of Teachers in Special Education (IATSE) as the primary support group for teachers involved specifically in the education of students with ID/PDD, membership was sought by and granted to the researcher.

The nature and objectives of the research being undertaken was explained in detail and membership of the researcher was welcomed. Membership facilitated networking with the many and varied teacher groups and individuals working and researching in special education across Ireland in both primary and second level education, mainstream and special systems, through attendance at organised meetings and annual research conferences. Valuable insights and information on issues of importance and relevance to teachers in the provision of education for pupils with ID/PDD was gained and access to distinctive vocabularies utilized in SEN discourses by schools' personnel was learned, all of which fed into the formation of pertinent questions for phase one of the primary research, the schools' questionnaire. At a restricted level, a valuable insider view was afforded and an accessible cohort to pilot the schools' questionnaire was attained.

Similarly, contact was made with the National Parent Council (NPC), Special Education Group (SEG) representative who represents pupils attending the special system. This led to inclusion of the researcher in the Dolman Training Centre seminar for parents, teachers, allies and advocates of students with ASD, which proved very informative and provided awareness and an understanding of the special issues faced by parents and teachers of the pupils diagnosed with 'autistic spectrum' (Wing, 1996). Of note, although the NPC nominally have an Integration Education Group (IEG), established in 2000, to represent children with SEN attending mainstream schools, there was no identifiable representative available to inform on the group activities. Contact was also made with the providers of applied behaviour analysis (ABA) education programmes for children on the spectrum. This communication initiated an invitation to view the ABA system in operation and attend parent information talks. Valuable 'insider' information was gained on both parent and educator perspectives. Similarly, membership of pertinent disability organisations active in the community was pursued, including parent and non-governmental support groups. Networking across these communities fostered a broad understanding of the issues and concerns of parents. It fed into the formation of the parents' questionnaire for phase two of the data collection and to a lesser extent, into phase one. Similarly, it provided a cohort of parents with whom to pilot the parent survey. Membership of the International Association for the Scientific Study of Intellectual Disabilities (IASSID) was also mobilized. This provided a

window to academic and practitioner engagements across a multiplicity of disciplines (see [www.iassid.org](http://www.iassid.org)).

A mixed methods approach is undertaken in the generation of primary data with both the schools' personnel and with parents of children with ID/PDD. Initially a postal self administered schools' questionnaire survey was undertaken in Dublin and Kildare to facilitate access to 577 listed primary schools (see [www.education.ie](http://www.education.ie)) and two non-listed ABA education centres, one in rural Kildare and one in urban Dublin. The ABA centres of education operate on a pilot basis, specifically for children with ASD and complex needs, and have not yet attained formal recognition by the DES.

Dublin and Kildare encompass a wide variety of settings on a continuum from the rural to the urban and from one teacher schools to the relatively large 25 teacher schools. They include denominational, multi-denominational Educate Together, Gaelscoilleana (Irish medium), mainstream settings and special, specialist, and specific settings in both mainstream and segregated environments providing a continuum of varied placements. Respondents to the schools' questionnaire provided access to a population of parents of pupils with a diagnosis of ID/PDD for phase two of the research with whom a self-administered questionnaire survey was undertaken. Similarly, respondents to the parent questionnaire provided a cohort of potential volunteer interviewees for participation in phase three.

Lack of statistical information on the level of educational and special training attainment by schools' personnel prompted the use of closed questions to gather basic facts on the level of accessible resources in schools toward the provision of education for children with SEN. Similarly, closed questions were used to ascertain the diversity and numbers of pupils with SEN in the primary school population. Open questions were included to give schools' personnel the opportunity to elaborate on closed questions and/or to raise salient issues specific to their school which may not have been addressed in the questionnaire. An open question, not linked to specific closed questions, also gave schools' personnel a space to give their voice on their experiences of facilitating the enrolment and education of pupils with a prior diagnosis of ID/PDD and on the issues that they believed need addressing on the research topic. Similarly, the parent questionnaire survey included both closed and open questions to provide both factual information on the population being studied

and to give parents a voice to register their experiences of accessing the system and to express their opinions and preferences for their child with ID/PDD.

The use of self-administered surveys provided relatively comprehensive and quick access to schools' personnel across a large number and diversity of school settings and to a diverse and geographically dispersed population of target parents beyond those with a named service provider and/or who are members of a disability organisation. Self-administered surveys allowed respondents to complete their responses without 'interview effect' (Bryman, 2004) or time constraint. The tendency for people to 'exhibit social desirability bias' (ibid) was avoided. Reflective time, if desired, for completion of open questions in particular, some of which may be experienced as sensitive, was at the discretion of the respondent which in turn may have provided more salient responses. Further, parents choosing to volunteer for involvement in further research were alleviated of the pressure to conform in the absence of the researcher. In completing the questionnaire potential volunteers gained an insight to the ethos and practice of the research prior to consenting to participation.

A flexible semi-structured narrative style interview schedule was employed in the generation of further qualitative data with a stratified sample of 30 parents. This approach afforded parents the opportunity to speak freely on their experiences with as little interruption as necessary to keep conversation on track and/or to prompt conversation to ensure coverage of the range of topics under investigation. Place and time of interview was at the discretion of the parent, typically providing a space and disposition of familiarity and comfort to the interviewee. Permission to tape-record all interviews was requested in advance which was granted in all cases.

Confidentiality and anonymity are preserved throughout the research. Questionnaires and recorded interviews were coded and all proper names were replaced with pseudonyms. Electronically stored data is password protected and completed questionnaires and interview tapes are securely stored. The rights, dignity and sensitivities of participants are respected throughout and the objectives of the research communicated to participants at all stages of the process. A contact phone number and email address of researcher was made available to recipients of both surveys and to persons selected for participation in interviews.

### **3.2 Primary Data Generation: Phase One Schools' Questionnaire Survey**

Three discrete layers of primary data were assembled using questionnaire surveys that employed both quantitative and qualitative methods in the first two phases and qualitative method in the final phase. Phase one consisted of a schools' questionnaire (see appendix 1) designed and drafted, with the research aims and objectives to the fore, utilizing the information garnered through networking with the various interested parties, as noted above, and the spirit of the policy documents assembled by the DES. An explanatory cover letter was also drafted detailing the research question and the population of pupils to whom the research related. The draft schools' questionnaire was critiqued by two parents with experience of the Irish education system, one a parent of an adolescent with DS and the other the parent of a young teen with ASD. The content and administration of the questionnaire was discussed in detail. All comments were noted and appraised and the draft questionnaire was amended accordingly. Ten volunteer IATSE members were provided with draft questionnaires to complete, critique and return in stamped addressed envelopes. Seven volunteers were teachers in mainstream schools, two of whom were class teachers and five were resource and/or special class teachers. The remaining three volunteers were class teachers in special schools. Further, a mainstream primary school principal and a second-level teacher who has a son with ASD in primary school, known to the researcher in a private capacity, were also requested to complete and critique the sample questionnaire. Ten pilots were returned. One respondent noted that some schools run programmes designed by the schools' personnel. A second respondent commented that schools with disadvantaged status may have DES supported programmes such as 'Breaking the Cycle' (see [www.education.ie](http://www.education.ie)) in operation. On researching these schemes it was learned that such schools may also have lower teacher pupil ratios potentially enabling more individualistic programmes and/or may enhance access and/or inclusion in mainstream activities for pupils of special classes. Exploring these issues gave rise to the addition of an open question, post pilot, allowing schools to 'note further attributes' of their school that may enhance positive experiences for students with ID/PDD. Whilst in conversation with two further pilot survey recipients, contacted by phone, issues around school management and SEN and the

levels and timing of DES support were raised which had not shown up in the background gathering of information. Following from these conversations it was decided to add a final open question requesting respondents to note ‘further information that they may see as relevant to the study’. Some minor adjustments in wording were suggested and on appraisal were incorporated in the finished product. A codebook was then prepared from the pilot study responses. Data from the pilot study was inputted in SPSS.

### ***3.2.1 Schools’ Questionnaire Design***

The schools’ questionnaire was designed to investigate the history, ability and readiness of primary schools in the accommodation of students with special education needs and more specifically, with ID/PDD using both closed and open questions.

Initial questions noted the schools’ contact details, settings e.g. urban, suburban etc., designation/description, e.g. mainstream, special etc. and the year in which the school was established. This information is designed to give a general profile of the schools represented in the data.

The next set of questions was designed to allow schools’ personnel to document their history and experience in accommodating and facilitating students with ID/PDD or otherwise. Where refusal, deferment of placement was noted or when advice was given to the parent to apply for a placement elsewhere, a contingent question followed allowing the respondent to document the reason(s) for non-enrolment on application.

A set of closed questions was used to define the staff count including teaching and support teaching posts, care staff, administrative and janitorial staff. Auxiliary supports are also counted. This included schools access to psychologists, therapists and links with a supportive special school in the locality or in the case of special schools their links with mainstream schools. Other support(s) not listed may be added to the table provided, where appropriate.

A matrix format was used in the next question to enumerate the Higher Qualification in Special Education Needs and/or Learning Support achieved by the varied levels of teaching and care staff. The matrix also included in-service training courses and modules taken in special/inclusion education in the degree programme. This data is



documented to provide a profile of the depth of training and qualification achieved by schools' personnel toward supporting students with SEN. The student composition was similarly listed in the following question. The breakdown of students with special education needs was requested and further sub-divided by disability category, as per the DES circular categorizations. Specific speech and language disorder was omitted in error. However, respondents noted this category where appropriate by way of addition to the list.

A table of closed questions was utilised to ascertain schools' affiliations or otherwise with the Irish Learning Support Association (ILSA), the Irish Association of Teachers in Special Education (IATSE), the National Parents' Council (NPC) and their special education sections, the Dolman Training Centre (ASD specific) and/or any other organisations where social networks of school personnel or parents, especially those of pupils with SEN, may provide social capital for participants. Similarly, a table of closed questions was used to note if the school had an admissions policy document, written policy on inclusion, availability of a school transport system, policy on bullying and whether or not the school had a defined catchment area. The purpose of these questions was to discern whether or to what extent schools' personnel had given thought to and developed policies on the inclusion of pupils with SEN. Catchment area criterion is not universal but may limit parent choice where such practices were in place.

An open guiding question was then used to allow principals to document any further attributes of the school that they believe may enhance positive experiences for students with SEN and their parents. This information may be useful in formulating recommendations for best practice models endorsed by the schools that have attained such attributes.

An open question was then used to ascertain the journal(s) available regularly to staff members. Journals can be an invaluable source of information and may keep staff informed of pertinent practices being developed in the field and the results of research work being carried out by their peers.

Respondents were then invited to note further any information that they may see as relevant to the study. The data given here may reveal more individualised or local issues arising in the provision of placements that may not otherwise come to light.

Specific experiences may be documented providing a broader understanding of the on-going nature of the provision of SEN services.

The final question on the schools' questionnaire sought cooperation from schools' personnel in forwarding a parent survey questionnaire to the parents of students with ID/PDD in their school for phase two of the data generation. Where the response was positive respondents were requested to name a staff contact and to provide contact phone number and if available, an email address.

### ***3.2.2 Administration and Response to Schools' Survey***

The study location, Dublin and Kildare, is divided into seven areas and numbered one through seven (Map 3.1).

**Map 3.1: Study Location Areas**



The DES list of 577 recognised schools for the two counties ([www.education.ie](http://www.education.ie)), was downloaded into an excel file and two pilot ABA centres of education for pupils with ASDs and complex needs (not yet recognised by DES) added, totalling 579. Of note, private fee-paying schools and a Steiner school in Kildare were inadvertently omitted. They were not included on the DES list of schools. The list for Dublin was subdivided by the DES into Fingal County, Dublin County Borough, Dublin South

and Dunlaoghaire Rathdown. For the purpose of analyses the County Borough is further separated, by the researcher, into North and South, using the natural divide of the River Liffey. Similarly Kildare is divided East and West reflecting the gradual shift from urban to more rural settings. The excel file was used in Mail Merge to address multiple copies of the cover letter and address labels for the individual schools. The questionnaire, cover letter and stamped addressed return envelopes were assembled and mailed.

Phase 1 of the data generation was undertaken from 25<sup>th</sup> November 2003. 252 (44%) questionnaires were returned by July 2004, with varying rates across areas (Table 3.1).

**Table 3.1: Phase One Schools' Questionnaire Area Breakdowns**

<b>Code</b>	<b>Study Area</b>	<b>Remitted</b>	<b>Returned</b>	<b>%</b>
<b>1</b>	Kildare East	55	34	62
<b>2</b>	Kildare West	52	27	52
<b>3</b>	Fingal	96	32	33
<b>4</b>	Dublin County Borough North	138	53	38
<b>5</b>	Dublin County Borough South	84	37	44
<b>6</b>	Dublin South	92	36	39
<b>7</b>	Dunlaoghaire Rathdown	62	28	45
<b>8</b>	Unidentifiable	0	5	1
<b>Totals</b>		<b>579</b>	<b>252</b>	<b>44</b>

245 (42%) are included in the data set. Three questionnaires were returned totally blank, three were returned with a zero count of students of primary age and one returned unopened and labelled 'not known at the address'. Of note, five questionnaires were returned without the school name, address or contact details completed. As the questionnaires were not numbered prior to remittance, they cannot be assigned their specific location. They have been included in the data set and are numbered as area eight. Lack of prior numbering of the questionnaires created a second unforeseen problem. Many schools are named differently on the DES list to the name in common usage by the respondents. Further, use of Irish language medium by principals did not concur with some of the DES listings where

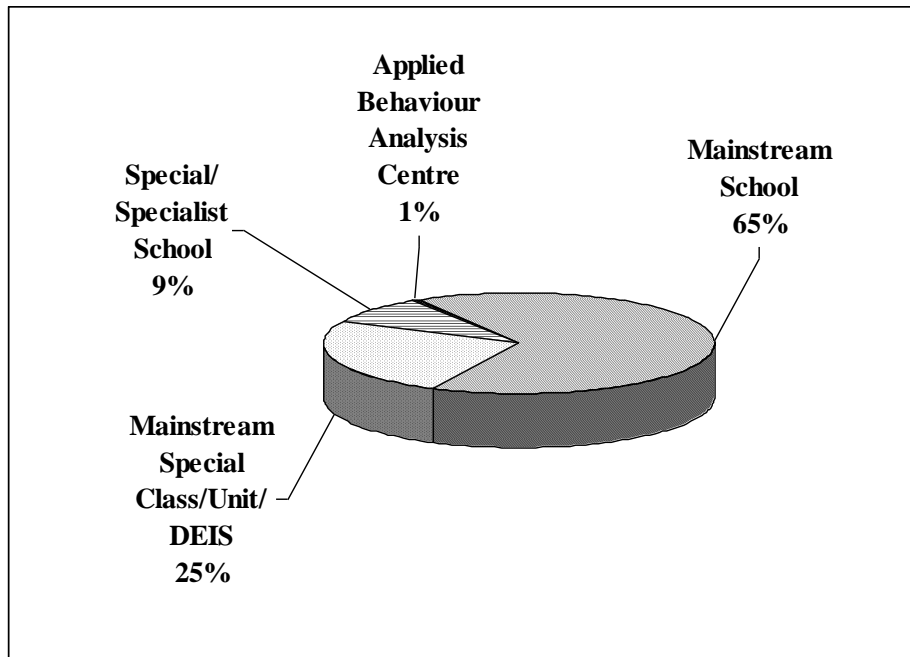
the school name was given in English and vice versa, which created difficulties of identification. Much avoidable research was required to identify and locate numerous respondents.

The school questionnaires were numbered and dated on their return. Details of returns were entered in an excel file, in particular documenting the student population count presenting with an ID/PDD. A series of spreadsheets were prepared from the returns list in preparation for phase two, the parent questionnaire. All respondents who indicated willingness to forward parent questionnaires formed the first spreadsheet, numbering 109. Similarly a spreadsheet of the 95 respondents, who gave a negative response to further participation, was assembled. Eight schools were deemed inappropriate for participation in phase two as their enrolments fluctuate due to their designation and access is highly specific. These included specific or short term enrolments such as schools attached to hospitals, medical/therapeutic spaces for pupils with EBD and centres for 'children at risk'. There were 31 identifiable respondents who left this space blank and these were deemed to have potential as facilitators for phase two. Further, two schools' principals requested sight of the parent questionnaire before committing to participation. A third spreadsheet of these 33 potential facilitators was prepared.

### ***3.2.3 Data Analysis***

All questionnaires were read and the draft codebook updated to accommodate new variables identified in the returns. Questionnaires were coded and all the data was inputted to Statistical Package for the Social Sciences (SPSS). Schools have been grouped in four defined categories (Figure 3.1). Responses include 160 schools with mainstream only classes. There are 61 mainstream schools with favourable pupil/teacher ratios. Of these 11 are designated disadvantaged (social/economic), known as DEIS schools (Delivering Equality of opportunity In Schools), four are DEIS schools with special classes for pupils with MGLD, 35 are mainstream schools with special class(es) MGLD and one with special classes for pupils with S&L disorders, seven are mainstream schools with ASD unit(s), and three have a mix of special class(es)/unit(s). A wide variety of special/specialist/specific schools are represented in the 21 schools catering for pupils with varying levels of ID/PDD, S&L, EBD, visual impairment and those in hospital care settings and there are two ABA centres included in the responses.

**Figure 3.1: Research Sample by School Designation**



(n=244, 1 missing)

Schools across the full range of settings from urban to rural are included with 42% located in urban settings, 35% in suburban communities, 2.6% describe their setting as peri-urban, 5% are situated in rural towns and 15% in rural locations and data missing for one (Table 3.2).

There is a wide variety of school sizes including 14 schools with less than 30 pupils to the largest school with 744 pupils (Table 3.2). Clearly the proportion of responses from urban settings with special classes/units in mainstream and special segregated schools is higher. The residue of historical development of the special system in the more urban spaces may explain this occurrence and the continuing practice of higher levels of access to service provision in segregated settings.

**Table 3.2: School Setting with Pupil Numbers and Official Designations**

<b>Setting (1 missing)</b>	<b>Urban</b>	<b>Sub- Urban</b>	<b>Peri- Urban</b>	<b>Rural Town</b>	<b>Rural</b>	<b>Total</b>
<b>Count</b>	103	86	6	12	37	244
<b>School Designation (1 missing)</b>						
<b>Mainstream</b>	53	58	6	8	35	160
<b>Special Class/Unit/DEIS</b>	36	23	0	2	0	61
<b>Special/Specialist/ Specific</b>	13	5	0	2	1	21
<b>Applied Behaviour Analysis Centre</b>	1	0	0	0	1	2
<b>Pupil Numbers (8 missing)</b>						
<b>&lt; 90</b>	19	10	1	3	16	49
<b>91 to 180</b>	24	6	0	2	15	47
<b>181 to 270</b>	33	30	0	1	4	68
<b>271 to 360</b>	11	12	1	5	1	30
<b>361 to 450</b>	7	13	4	0	0	24
<b>451 to 540</b>	4	6	0	0	0	10
<b>541 to 744</b>	3	5	0	1	0	9

95 (39%) schools provide full primary cycle (F), mixed gender (B&G). There are 32 F single gender schools included. Junior cycle only (J) and Senior Cycle only (S) is the designation of 51 schools. The remainder includes various combinations of gender such as full cycle for girls with infant and/or special classes mixed, boys schools that begin at age six with no infant classes and special classes/units/schools of varying compositions which are typically mixed (Table 3.3). 33 principals did not complete this section and the detail is not available in the DES statistical reports.

**Table 3.3: School Setting with Cycle/Gender/Age**

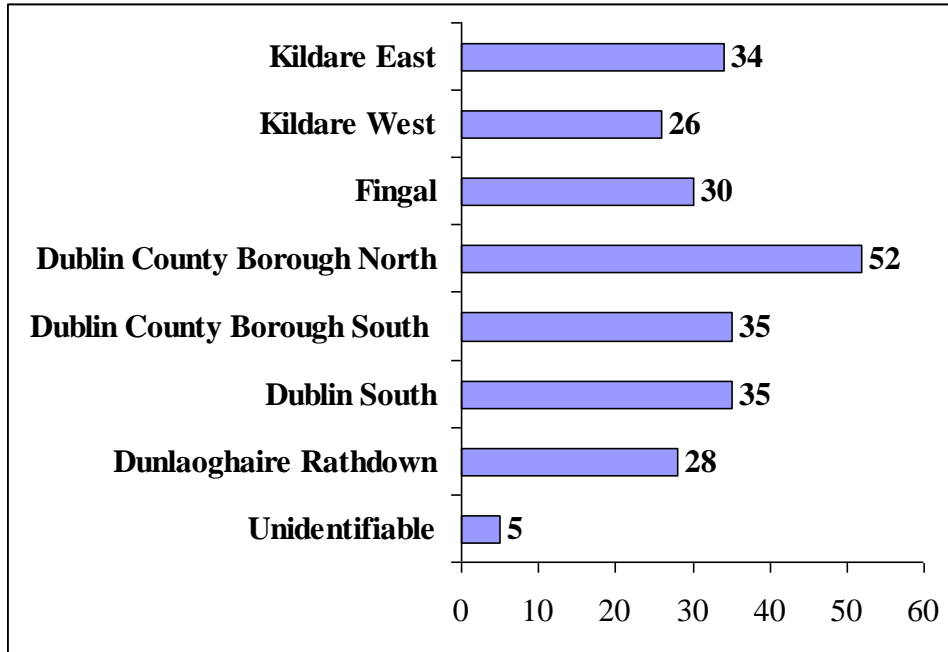
Setting	Urban	Sub-Urban	Peri-Urban	Rural Town	Rural	Total
<b>Cycle/Gender/Age (33 missing)</b>						
<b>As required</b>	1	1	0	0	0	<b>2</b>
<b>F /B&amp;G</b>	32	31	4	5	23	<b>95</b>
<b>F /B</b>	7	7	1	2	0	<b>17</b>
<b>F /G</b>	4	10	0	0	1	<b>15</b>
<b>J /B&amp;G</b>	11	9	0	0	0	<b>20</b>
<b>J /B</b>	2	1	0	0	0	<b>3</b>
<b>J /G</b>	2	0	0	0	0	<b>2</b>
<b>S /B&amp;G</b>	4	4	0	0	1	<b>9</b>
<b>S /B</b>	7	5	0	1	0	<b>13</b>
<b>S /G</b>	2	2	0	0	0	<b>4</b>
<b>Sp. /B&amp;G /to 18</b>	5	0	0	1	1	<b>7</b>
<b>1st-6th /B</b>	0	1	0	1	0	<b>2</b>
<b>F /G &amp; infant /B</b>	5	1	0	1	0	<b>7</b>
<b>F /G &amp; ASD /B&amp;G</b>	2	1	0	0	1	<b>4</b>
<b>Sp.Presch. /B&amp;G /3-5</b>	1	0	0	0	0	<b>1</b>
<b>F /G &amp; J /B</b>	1	0	0	0	0	<b>1</b>
<b>J /B&amp;G + Sp.S&amp;L</b>	0	1	0	0	0	<b>1</b>
<b>Specific /B&amp;G /6-13</b>	3	1	0	1	0	<b>5</b>
<b>Other</b>	2	2	0	0	0	<b>4</b>
<b>Total</b>	<b>91</b>	<b>77</b>	<b>5</b>	<b>12</b>	<b>27</b>	<b>212</b>

Almost 42% of the schools were established prior to 1960 and just over 42% were established between 1960 and 1990. A further 10% of the schools were established between 1990 and 2002 and 6% were unidentifiable. 84% of principals noted that their schools have experience of accommodating pupils with ID/PDD. Interestingly, four mainstream schools with a special class indicated that they did not have experience of accommodating pupils with ID/PDD. This would suggest that they do not consider the special class as part of the mainstream school. Eight schools left this space blank.

Although Kildare East had the highest rate of returns at 62% the greatest number of returns was received from Dublin County Borough North, due mainly to the higher

number of schools in the area and the least actual returns was from Kildare West (Figure 3.2).

**Figure 3.2: Location of School Respondents by Count**



The data from the schools' questionnaires is analysed thematically, documenting the enrolment practices of principals for pupils with a diagnosis ID/PDD and the resources available to and availed of by schools' personnel toward the provision of inclusive education settings. A combination of frequencies and cross tabulations is used to query the data from closed questions. Open ended questions are analysed thematically to examine the issues that principals highlight as important to the study.

In the process of surveying the schools it was learned by the researcher that a 'Census of Schools October 2003 - Pupils with special educational needs' (DES), was carried out, which subdivided special need categories, including inter alia, Borderline Mild General Learning Disability (BMGLD), MGLD, Mod GLD, SPLD, Multiple Disabilities and ASD and a category for 'not specified'. ABA education centres were not included in the survey. The results of such a census would be very valuable to this research. However, the results have not been officially published. Several requests for a copy of the results were made to the Special Education Section of the DES, which eventually resulted in the receipt of 'the complete spreadsheet showing mainstream, special class and special school enrolments by disability



category, by county by age/class...’ by way of email (Thursday 20<sup>th</sup> October 2005, Subject:sb140905(mg.xls)). Though requested on several occasions, access to information on the methodology and response level was not forthcoming. However, it was clear from reading the material that not all schools were included. For example, between all three placement types, mainstream, special class and special school, Kildare schools are listed as having a total of eight pupils with SEN across all special needs categories arising from a disability. In reality, one special school alone, of which there are several in Kildare, would have more than eight pupils with SEN. Further, in Dublin City, where there is a school for the blind with 24 pupils as per school response in the current research, Dublin City is listed as having 0 pupils with vision impairment. Significant omissions were clearly evident and use of the material therefore could not be justified. Reliable statistics for the purpose of examining educational provisions and/or the occurrence of identification of ID/PDDs either prior to school age or within the system do not currently exist. Further, in the process of organising phase two of the data collection with principals who had agreed to forward questionnaires to parents of pupils diagnosed with ID/PDD, it became evident that definitions of ID and PDD were poorly understood generally. This finding rendered the reliability of the responses to the breakdown of students with SEN in the school questionnaire in doubt and hence it was deemed inappropriate to analyse and cross reference the student composition with schools’ resources as listed.

### **3.3 Primary Data Generation: Phase Two Parents’ Questionnaire Survey**

The parent survey questionnaire (see appendix 2) and cover letter were designed and drafted incorporating learning from all the above. The draft parent questionnaire was critiqued by the two parents who critiqued the school questionnaire. The drafts were discussed in detail at meetings arranged with the parents, one of whom completed the questionnaire. All comments were noted and appraised and the questionnaire adjusted accordingly. A draft codebook was prepared. The amended parent questionnaire was piloted with parents from varied parent settings as noted above in section 3.1. NUI Maynooth staff, acquaintances of the researcher through various college activities and who have a child(ren) with an ID/PDD were also recruited. In total twenty parents of children with ID/PDD received the pilot questionnaire and

cover letter. The sample included 14 parents of children with ASD, five parents of children with DS and one parent of a child with a non-specific ID. The children's ages ranged from three to 18 which provided a broad range of parental experiences across fifteen years of transition in the education system. Volunteers were invited to comment on the structure, layout and content of the questionnaire and cover letter and to make recommendations.

In total six questionnaires were returned, five by parents of children with ASD and one from a parent of a child with DS. Phone calls were made to three of the pilot recipients and a further pilot recipient was accessed at a parents' meeting. Recommendations and comments, which were few, were noted and explored by the researcher and incorporated in the final draft of the questionnaires, as appropriate. A school principal who had requested sight of the parent questionnaire before agreeing to participate in phase two of the research, and who had experience of doing research for a Masters in Education, critiqued the questionnaire by phone. All comments were evaluated and changes were made where deemed appropriate. The codebook was amended to accommodate changes. The data was inputted in SPSS and reviewed.

### ***3.3.1 Parents' Questionnaire Design***

The parent survey was designed to ascertain the trajectories of families from diagnosis of their child's ID/PDD to accessing a primary school placement and the consequences of the outcomes of choices with respect to the children's geographies. Similar to the schools' questionnaire both closed and open questions were incorporated to allow factual evidence to be documented alongside gaining an understanding of the opinions, expectations and beliefs of the parents, with particular note given to the supports received that enhanced informed decision-making.

Respondent contact details were queried at the start of the questionnaire. Closed questions were used to seek background information on the respondents' relationship to the child with ID/PDD and previous experience of disability. A contingent question followed to ascertain the detail of this experience.

Student details were then queried through a mix of closed and open questions. The child's name, gender, date of birth, and place in the family was sought and the overall family size was queried. Closed questions were used to note the child's

history of assessments by type and by age(s) these assessments occurred. For assessment type other than those specified, there was an option for 'other' and a follow-up contingent open question to provide description. Similarly, a mix of closed, contingent and open questions were used to query the type of disability diagnosed, e.g. ASD, DS etc., the degree of disability assigned to the diagnosis, e.g. mild, moderate etc. and any resultant additional special care needs, e.g. feeding, dressing, experienced by the child. Respondents were then invited, by way of an open question, to note any other information that they believed relevant with respect to choosing an educational placement for their child. This data was designed to give a general profile of the students seeking placement and the level of extra support that may be required to facilitate their progress.

The student's preschool attendance history was queried in the next set of questions through a closed question followed by a contingent question to ascertain the type of preschool attended e.g. mainstream or special, private or community and whether it was a playschool or Montessori setting. The age of commencement of preschool was also queried. A set of question were then used to document the students' primary school placement(s). Data sought included present and any previous school(s) attended under the headings of school address, dates attended, distance from home, travel time per day, and mode of transport. This data gives a profile of the students' journeys to and from school and the duration of time spent at various schools.

A set of closed questions were used next to ascertain the levels of difficulty or otherwise experienced by parents in accessing the school placement with respect to whether or not admission(s) had been denied, deferred/delayed or whether schools' personnel had advised parents to seek placements elsewhere. A further question queried if, after enrolment, the respondent was advised to move their child elsewhere. This data was designed to allow measurement of the degree of openness of access to choice that parents/guardians experienced on application for enrolment. A contingent question invited the respondent to detail the type of placement that did not provide enrolment on application, the school name and location and the reason(s) given for the non-enrolment. This data was designed to give an insight into the parents' perspective on how schools managed enrolment policies and how parents experience the attitude of schools' personnel in supporting pupils with ID/PDD, or otherwise.

Having established the type of school attended by the student and the journeys undertaken data was sought, by way of a tick list, as to the type of class(es) in which the child is receiving their education, e.g. mainstream, mainstream special class, ASD unit, etc. Pupils may be placed in the mainstream class even when there is a special class or may be placed in a special class for GLD even when they have a diagnosis of ASD. This data was designed to measure placements relative to the pupils' diagnosis and/or level of special care needs to gain an understanding of the placement criteria of the schools.

Respondents were asked to rank the school setting types in order their preference, 1-5, from a given list in order to gain an understanding of the parents' mind-sets, in choosing a school placement. The list also gave an option of 'other' and if chosen, respondents were invited to detail the setting type of their choice. Similarly, the main attributes which influenced choice of school placement was queried. The first list views choices from the perspective of child-centred attributes and the second list views the school characteristics that were most important to the respondent. This data was designed to measure the attributes that parents seek in choosing placements, which may contribute to informing policy.

A Likert Scale using a five-point response scale from strongly agree to strongly disagree was used for an eighteen item list of statements. The issues explored are decision-making on school placement, helpfulness of school principal, national parent council representative and disability organisation representative. Parents' experience of accessing information and access to support and resources for themselves and their children and their opinions around the placement secured was explored.

Similar to the schools' survey, respondent parents were asked to indicate whether or not they would be willing to discuss further their experiences of accessing an education placement for their child and if so, contact details were requested.

### ***3.3.2 Administration and Response to Parents' Questionnaire***

As noted above, phase one provided 109 volunteer schools that provided contact details of personnel willing to distribute questionnaires to parents of pupils with ID/PDD attending their schools. Further, 33 schools left this space blank but were deemed potential facilitators. All schools were contacted between January and

March 2004. An introductory email was sent to schools that provided email address details. A description of the profile of students whose parents were sought for completion of questionnaire was explained. Schools were requested to provide a count of students in attendance in their school who met the research criteria. Schools' personnel who provided only telephone details were phoned and phase two was explained in a manner similar to the email detail. In one particular area there were only a small number of students in schools who had agreed to participate. A special national school in this area with a high number of potential respondents but who had ticked 'no' to participating was therefore contacted. This resulted in a change to a positive and the school was added to the final list.

In response to emails and phone calls several schools requested sight of the parents' questionnaire before activating participation. A copy of the draft questionnaire was sent to each. On sight of the questionnaire a few principals deemed it inappropriate to forward the questionnaire to the parents. Some principals stated that they believed the parents did not have the intellectual ability to complete the questionnaire. Facilitation was proffered but was refused. Another principal believed it inappropriate to forward the questionnaire as the students in attendance had severe/profound disabilities and the principal believed that mainstream schools would not have been sought by the parents at any stage. It was explained to the principal that the experiences of parents choosing the special system were equally valid and welcome. However the principal was steadfast in the belief that facilitating participation of these families was inappropriate. Three schools decided to ask parents first if they would be willing to participate. Where the response was yes, in two schools, they sought and were granted permission to forward the parents' addresses directly to the researcher. Having approached the parents and requested volunteers, one school reported that there were no parents willing to participate. Where emails went unanswered after a period of time telephone contact was undertaken.

On completion of emails and phone calls 78 principals, who were willing to facilitate phase two, were identified as having pupils who met the criteria which represents 32.5% of schools' respondents (Table 3.4). It transpired that 57 schools did not have pupils who met the criteria. The 78 participating schools yielded a count of 401 potential parent respondents. Of these 227 (57%) were parents of children with an

ID and 174 (43%) were parents of children with ASDs. The figure for ASDs was relatively high due to the high level of interest in participation shown by principals of schools catering for pupils with ASDs and both ABA centres. Overall, Area 1 (Kildare East) has the highest participation rate with 44.1% of respondent schools willing to facilitate the distribution of 57 parent surveys. Area 4 (DCBS) with the lowest participation rate at 25% has the highest number of recipients for the parents' questionnaire at 78. Although there are only 40 parents' questionnaires going to Area 3 (Fingal), these represent 30% of the respondent schools from this area. All other areas are reasonably reflective of the response level in phase one.

**Table 3.4: Parent Survey Questionnaire Recipients**

<b>Location (% Participation)</b>	<b>Intellectual Disability</b>	<b>% Intellectual Disability</b>	<b>Autistic Spectrum Disorders</b>	<b>% Autistic Spectrum Disorders</b>	<b>Total Count</b>
<b>Kildare East (44.1)</b>	21	36.8	36	63.2	<b>57</b>
<b>Kildare West (34.6)</b>	44	67.7	21	32.3	<b>65</b>
<b>Fingal (30.0)</b>	32	80	8	20	<b>40</b>
<b>Dublin County Borough North (25.0)</b>	25	32.1	53	67.9	<b>78</b>
<b>Dublin County Borough South (31.4)</b>	30	58.8	21	41.2	<b>51</b>
<b>Dublin South (31.4)</b>	28	50	28	50	<b>56</b>
<b>Dunlaoghaire Rathdown (35.7)</b>	47	87	7	13	<b>54</b>
<b>Totals (32.5)</b>	227	56.6	174	43.4	<b>401</b>

401 parent packs were prepared including questionnaire survey, an explanatory cover letter and a stamped addressed return envelope. School packs were then prepared in keeping with the number of packs required by each school with a cover letter restating the research criteria of parent recipients. The national postal system was used to forward school packs to 47 participant schools. The remaining 31 school packs were hand delivered due to overlarge size in some cases and a regional postal strike pertaining which affected some of the schools. The majority of packs were

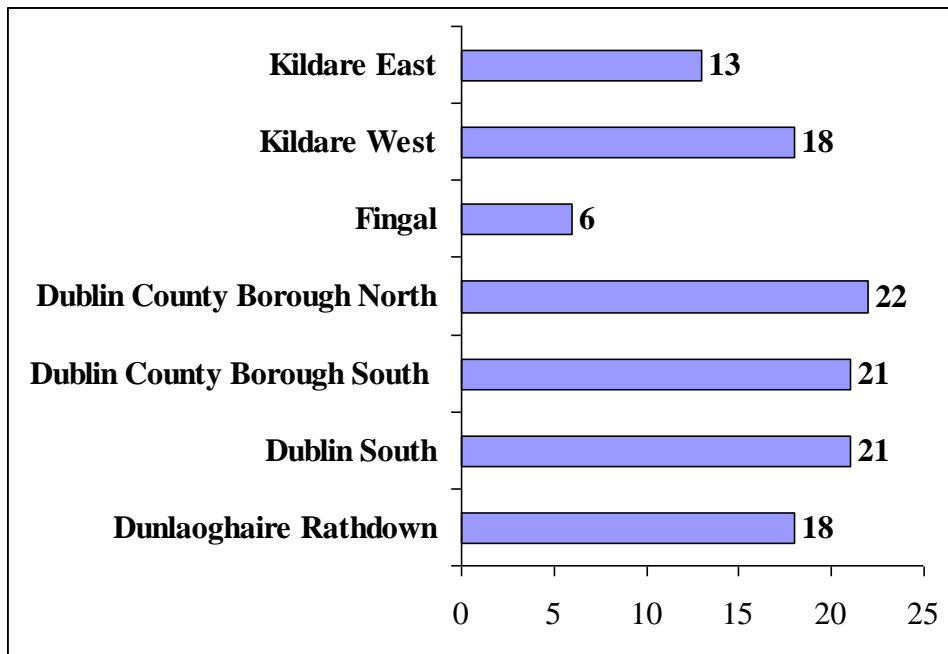
delivered between March and April 2004 and four schools received their packs in May, due to protracted process of communication and confirmation of participation. A parent of two children with ASDs in different schools, having received a questionnaire for one child, requested a second questionnaire for the child attending a different school and with whom the parent experience was different. A questionnaire was forwarded directly to the family home. This brought the number of questionnaires remitted to 402.

In total 132 (33%) questionnaires were returned of which 119 are included in the data set. One questionnaire was returned blank and 12 students' profiles did not meet the research criteria. Nine pupils did not have a diagnosis prior to seeking school placement and seven of these were diagnosed with specific difficulties e.g. dyslexia, dyspraxia, ADHD, acquired brain injury, and speech delay and do not have an ID/PDD. Of the remaining three, one student was deaf, one had cerebral palsy with no comorbidities and the last one, though diagnosed prior to school age, was diagnosed with ADHD and no comorbid ID/PDD.

Questionnaires were dated on return and similar to the schools' survey, respondent and pupil details were entered into an excel file, in preparation for phase three. An excel sheet was also used to thematically document the quotes of respondents to contingent follow-on questions and to open statements included by respondents on the questionnaires. The prepared codebook was updated to accommodate newly occurring quantitative variables and to code the thematic responses. All the data was then coded and details were entered into an SPSS file for analysis.

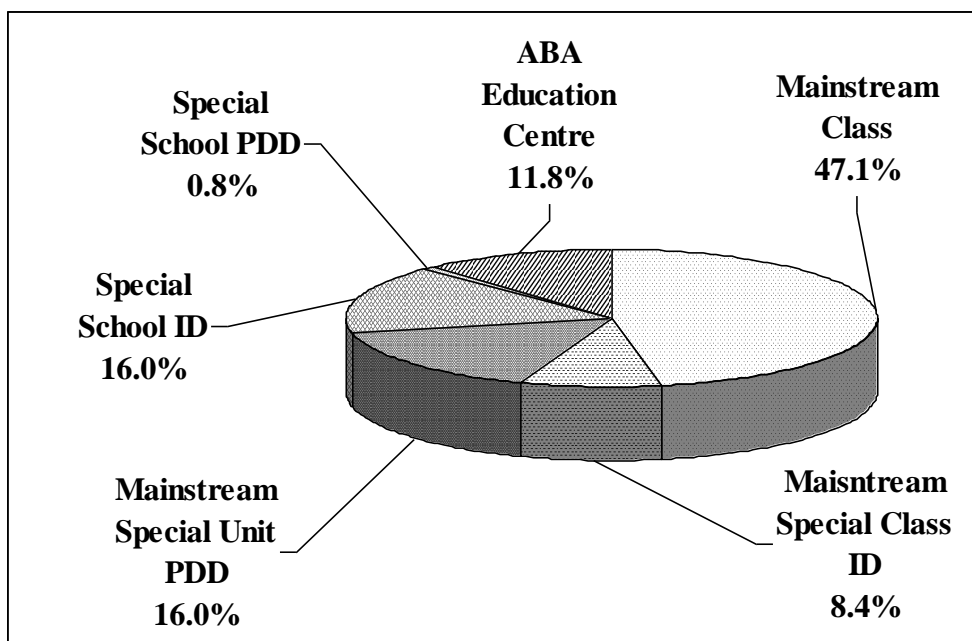
There was a wide range in the percentage returns from each area with the highest being from Dublin County Borough South (DCBS) at 41% and the lowest from Fingal (FC) at 15%. The actual count for responses ranges from six in Fingal to 22 in DCBS (Figure 3.3).

**Figure 3.3: Location of Parent Survey Responses**



The pupils represented in the sample attended 47 different schools across the seven areas. A mix of school type was represented in the data with 72% of the respondents' children attending a mainstream school, 48% in mainstream classes and the remainder in special classes/units, (Figure 3.4).

**Figure 3.4: Responses from Each Type of Class Placement**



(n=119)



The highest number of parent returns from any one school was nine. This is a mainstream school with two special classes for pupils with ASDs. An ABA centre, returned eight. Seven responses were from parents of children attending the same special school for ModGLD and a special school for pupils with EBD/AS returned six questionnaires. A mainstream school and a second specialist ABA education centre each returned five questionnaires. The remainder represents a mixture of placement types with between one and four responses per school.

Mainstream classes included pupils with a continuum of degree of disability with mild/mild moderate accounting for the highest number (60%) and similarly, segregated settings accommodated pupils from a continuum of degree of disability (Table 3.5). Although the highest proportion of pupils with ID/PDD in mainstream classes falls within the mild & mild/moderate range, there were broadly relative numbers of pupils from each range included.

**Table 3.5: Class Attended and Degree of Disability Diagnosed**

<b>Education Setting</b>	<b>Not Known/ Not Stated</b>	<b>Mild &amp; Mild/ Moderate</b>	<b>Moderate &amp; Moderate/ Severe</b>	<b>Severe &amp; Severe/ Profound</b>	<b>Total</b>
<b>Mainstream class</b>	5	35	11	5	<b>56</b>
<b>Mainstream special class ID</b>	0	5	4	1	<b>10</b>
<b>Mainstream special unit PDD</b>	1	10	6	2	<b>19</b>
<b>Special school ID</b>	2	6	8	3	<b>19</b>
<b>Special school PDD</b>	0	0	1	0	<b>1</b>
<b>ABA education centre</b>	0	4	9	1	<b>14</b>
<b>Total</b>	<b>8</b>	<b>60</b>	<b>39</b>	<b>12</b>	<b>119</b>

Similarly, the data set includes pupils with a wide mix of disability type, except for PDD-NOS, that were included in mainstream classes (Table 3.6).

**Table 3.6: Class Type Attended and Disability Type**

<b>Education Setting</b>	<b>Main-stream</b>	<b>Special Class ID</b>	<b>Special Unit PDD</b>	<b>Special School ID</b>	<b>Special School PDD</b>	<b>ABA Centre</b>	<b>Total</b>
<b>DS</b>	18	2	0	5	0	0	<b>25</b>
<b>DS/CM</b>	0	0	0	1	0	0	<b>1</b>
<b>CP-ID</b>	7	2	0	4	0	0	<b>13</b>
<b>NS-ID</b>	9	3	0	6	0	0	<b>18</b>
<b>OS-ID</b>	3	0	0	0	0	0	<b>3</b>
<b>AS</b>	11	1	2	1	0	1	<b>16</b>
<b>ASD</b>	4	0	12	1	1	12	<b>30</b>
<b>PDD-NOS</b>	0	0	2	0	0	0	<b>2</b>
<b>AS/CM</b>	4	1	2	1	0	1	<b>9</b>
<b>ASD/CM</b>	0	1	1	0	0	0	<b>2</b>
<b>Total</b>	<b>56</b>	<b>10</b>	<b>19</b>	<b>19</b>	<b>1</b>	<b>14</b>	<b>119</b>

The majority of questionnaires, 105 (88%), were completed by mothers. The majority of respondents 109 (92%) had no experience of ID/PDD prior to their child's diagnosis. Of the remainder one respondent had a sibling with ID/PDD, another had an older child with AS and a third had a child with DS while the subject of the survey response was a child with ASDs. Five respondents had previous experience through their employment or voluntary work. Interestingly, one parent with mild dyslexia and another parent who had a child with ADHD, noted these as experience of ID/PDD. Dyslexia and ADHD, as diagnoses, are specific learning difficulties and would not typically include a diagnosis of ID/PDD. Language and understanding around various disability descriptions were used arbitrarily by both lay and professional persons.

Sixty percent of the respondents' children were born 1996 onwards and would typically have sought primary school entry two years after the enactment of the Education Act and one year after commencement (Table 3.7).

**Table 3.7: Year of Birth and Gender Profiles**

<b>Year of Birth</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>	<b>% of Cohort</b>	<b>Cumulative %</b>
<b>1989</b>	1	0	1	0.8	<b>0.8</b>
<b>1990</b>	3	0	3	2.5	<b>3.4</b>
<b>1991</b>	6	0	6	5.0	<b>8.5</b>
<b>1992</b>	2	2	4	3.4	<b>11.9</b>
<b>1993</b>	5	1	6	5.0	<b>16.9</b>
<b>1994</b>	11	5	16	13.4	<b>30.5</b>
<b>1995</b>	8	2	10	8.4	<b>39.0</b>
<b>1996</b>	12	13	25	21.0	<b>60.2</b>
<b>1997</b>	17	1	18	15.1	<b>75.4</b>
<b>1998</b>	16	2	18	15.1	<b>90.7</b>
<b>1999</b>	5	1	6	5.0	<b>95.8</b>
<b>2000</b>	3	2	5	4.2	<b>100.0</b>

(n=118, 1 missing)

Mainstreaming was official Government policy from the early 1990s so although 17% of respondents refer to children born before 1994, this detail should not be significant. The gender profile of the pupils is 89:29 (1 missing) male to female. 43 (36%) children were first born, 15 being only children. Place in family for 51 (43%) of the cohort, the largest group, was second. There were five families included where the children were a twin or a triplet. Family sizes range from one to nine.

Of the 119 valid responses there are 60 who are the parent of a student with an ID and 59 who are the parent of a pupil with a PDD (Table 3.8).

**Table 3.8: Disability Type and Degree Diagnosed**

<b>Diagnosis</b>	<b>Not Known/ Not Stated</b>	<b>Mild &amp; Mild/ Moderate</b>	<b>Moderate &amp; Moderate/ Severe</b>	<b>Severe &amp; Severe/ Profound</b>	<b>Total</b>
<b>DS</b>	2	14	9	0	<b>25</b>
<b>DS/CM</b>	1	0	0	0	<b>1</b>
<b>CP-ID</b>	0	3	4	6	<b>13</b>
<b>NS-ID</b>	2	7	6	3	<b>18</b>
<b>OS-ID</b>	0	3	0	0	<b>3</b>
<b>AS</b>	2	12	2	0	<b>16</b>
<b>ASD</b>	0	11	17	2	<b>30</b>
<b>PDD-NOS</b>	0	2	0	0	<b>2</b>
<b>AS/CM</b>	1	7	0	1	<b>9</b>
<b>ASD/CM</b>	0	1	1	0	<b>2</b>
<b>Total</b>	<b>8</b>	<b>60</b>	<b>39</b>	<b>12</b>	<b>119</b>

Similar to phase one, a mix of descriptive statistics and cross tabulations were utilized to query the closed questions in the data. Open ended questions were analysed thematically to examine the issues raised by parents.

### **3.4 Primary Data Generation: Phase Three Qualitative Semi-structured/Narrative Interviews**

On completion of phases one and two of the research draft results were used to guide themes for further investigation in phase three. A provisional list of topics was drawn up. Three pilot interviews were undertaken in Jan 2005, one each with the parent of a student in mainstream, special school and specialist school. Two pilot interviews were with parents of children on the spectrum, one with AS/HFA and one with ASD and the third was the parent of an adolescent with DS. One interview was tape recorded with both parents participating and notes of issues arising were made in the other two where the mother was the interviewee. Prior to pilot interviews, participants were invited to draw up a list of topics on accessing education for their child with ID/PDD. One participant prepared a list and the interview followed the list which mainly followed a chronological pattern of experiences. The researchers list was used to probe topics not covered. An informal conversational style was adopted. In the absence of a prepared list of topics by the other two interviewees the

researcher invited each to talk chronologically through their experiences of assessment and diagnosis to accessing a primary school placement for their child. The taped interview was transcribed. Themes were drawn out from the interview notes and transcription. N6, a computer based system for analyzing qualitative data, was set up to accommodate the named themes from the three interviews. The transcribed interview was inputted in N6 and sub themes were established. The style of interview was deemed comfortable and appropriate by each participant, two of whom commented that they experienced the interview as therapeutic due to being afforded the freedom to give their voice without fear of retribution.

### ***3.4.1 Interview Design Guide***

Following from the ease and success of the informal conversational narrative style of interview with the pilot interviews it was decided to keep guide questions to a minimum in phase three. Guide questions were utilised to support ease of conversational flow where necessary and to help channel discussion toward some specific topics when appropriate, to ensure coverage of core issues in each interview. The final set of guide questions included parents' experiences of accessing assessments and diagnosis, availability of and access to appropriate early intervention therapies and supports, pathways to and availability of information to enhance informed decision-making on educational choices, programmes availed of or supports offered to both parents and their children, access to NEPS psychologists and choices of school placements available. Ultimately choice of a primary educational placement was explored foregrounding reasons for the choices made and barriers experienced. Interviewees were encouraged to give their views on solutions that would enhance their experience of the system and to give voice to what it is that parents need going forward.

### ***3.4.2 Sampling Process for Phase Three***

As noted above, parents were requested to indicate if they or a member of their family would be willing to discuss further, their experience of accessing an education placement for their child. 94 (79%) parents volunteered, two of which were late respondents, which provided a potential of 92 interviews. It was decided that 30 families would be selected for interview necessitating a selection process. Firstly, children born from 1996 onwards, numbering 57, were selected because primary

school placement was sought after the enactment of the Act. In order to maintain a balance of diagnoses in the sample respondents were stratified on the basis of the disability type under the two broad headings of ID, numbering 23 and PDD (more commonly termed ASD) numbering 34. Each group may be perceived as having quite different needs within the education system. Diagnoses within the two broad categories are varied. The group with ID includes non-specific ID, genetic and chromosomal disorders presenting with an ID such as DS and four with rare disorders, cerebral palsy with comorbid (CP-ID), dual/comorbid diagnoses of ID with Dyspraxia, expressive language disorder (EL), S&L, EBD and attention deficit hyperactivity disorder (ADHD). The group with PDD includes diagnoses of ASD, AS/HFA and PDD-NOS, some with comorbid difficulties with S&L and/or ADHD. Sample selection attempted to include a representative parent from each of these diagnostic categories.

To ensure that students attending each of the various class types were included respondents within the two broad disability groups were further subdivided into class type attended, namely, mainstream, special class, special school and specialist school. The group with ID had 15 pupils attending a mainstream class, two attending a special class, five in special schools and one in mainstream class and part-time in a clinic/Montessori setting. The group with PDDs was more balanced. 11 pupils were attending a mainstream class, 11 attending special ASD units and the remaining 12 were in specialist settings for pupils with ASDs, two ASD specific school classes, nine attending ABA education centres and one attending a Day Development centre attached to a special school. There was not a balance of class type attended between respondents but it was felt that it was important to have clients of each school setting type represented at interview.

Gender of student was also taken into account. There were seven females and 16 males with ID and eight females and 26 males with PDD. These proportions were borne in mind as further stratification was undertaken. There were fewer female children who by this virtue became self selecting and further stratification was used to select the parents of male children.

Only five fathers volunteered participation, three of whom are parents in the group with ID and two in the group with PDDs. Seven families volunteered both father and mother, three of a child with ID and four with a child with PDD. Mothers were in

the majority where 17 have children with an ID and 28 are mothers of a child with a PDD. Final selection attempted to have as broad a representation of each of the geographic areas as was possible within the potential respondent group. There were seven respondents available in Kildare East, three for the group with IDs and four for the group with PDDs. Kildare West also had seven, four with ID and three with PDD. Fingal was poorly represented but the response rate overall was lower in this area. Only two parents volunteered, both with children with an ID. Dublin County Borough North, the biggest area overall, provided 12 volunteers, three with a child with ID and nine with a child with PDD. Dublin County Borough South provided nine volunteers. Again these were reasonably balanced with four from the group with IDs and five from the group with PDDs. Dublin South is less balanced with an overall number of 12. Only two had children in the ID selection and the remaining ten are parents of children with PDDs. Dun Laoghaire provided eight potential participants with four parents in each group. Detail of the final sample selected is outlined in Table 3.9.

Selected volunteers were contacted initially by phone to arrange interview setting, date and time. Where phone calls went unanswered a letter was sent to volunteers requesting them to make contact with the researcher to arrange participation. One father proved impossible to contact either by phone or letter. Further one mother proved difficult to make arrangements with as availability was limited to one unspecified week of the summer. Both of these selected volunteers were replaced. Making arrangement with one of the replacements also proved difficult and a further replacement was chosen. Selected volunteers who were replaced are noted in italics.

**Table 3.9: Selection of Interviewees for Phase Three**

<b>Birth Year</b>	<b>Gender</b>	<b>Parent</b>	<b>Diagnosis</b>	<b>Class Type</b>	<b>Area</b>
<b>Intellectual Disability</b>					
1996	Female	Father	DS	Mainstream	5
1996	Male	Mother	CP-ID	Special School Moderate	2
1996	Male	Mother	DS	Mainstream	3
1996	Female	Mother	NS-ID/CM	Special School Mixed	5
1996	Male	Father	NS-ID/CM	Special School Moderate	4
1997	Male	Mother	DS	Mainstream	4
1997	Male	Mother	OS-ID	Mainstream	1
1998	Male	Father	DS	Mainstream	6
1998	Male	Mother	NS-ID/CM	Mainstream/S&L Unit	7
1998	Male	Mother	NS-ID/CM	Special Class Mild	4
1998	Male	Mother	NS-ID/CM	Mainstream/S&L Clinic	7
1998	Male	Mother	NS-ID/CM	Mainstream/Montessori-Clinic	1
1998	Female	Mother	OS-ID	Mainstream	5
1998	<i>Female</i>	<i>Father</i>	<i>DS</i>	<i>Special School Moderate</i>	2
2000	Female	Mother	DS	Special (pre)School Moderate	6
<b>Pervasive Developmental Disability</b>					
1996	Male	Mother	AS	Mainstream	1
1996	Male	Mother	ASD	Mainstream	5
1996	Female	Mother	ASD	Special School ASD	7
1996	Female	Mother	AS/CM	Special Class Mild	2
1997	Male	Mother	AS	Mainstream	7
1997	Female	Mother	ASD	Specialist ABA School	4
1997	Male	Mother	ASD	Mainstream	6
1997	Male	Mother	ASD	Special Class ASD	2
1997	Male	Mother	ASD	Special School ASD	7
1998	Male	Mother	AS/CM	Special Class AS/ASD	6
1998	Male	Mother	AS/CM	Mainstream	2
1999	Female	Mother	AS	Mainstream	5
1999	Male	Mother	ASD	Special Class ASD	4
1999	Male	Mother	AS/CM	Mainstream	6
2000	<i>Male</i>	<i>Mother</i>	<i>ASD</i>	<i>Preschool ASD/Mainstream</i>	4
<b>Selected Replacements</b>					
2000	<i>Female</i>	<i>Father</i>	<i>ASD</i>	<i>Specialist ABA</i>	4
1998	Male	Mother	DS	Mainstream	2
1996	Male	Mother	AS	Special Class AS	5



### ***3.4.3 Administration of Interviews***

Interviews were carried out from February to December 2005. July and August proved difficult months for arranging interviews due to children being on school holiday. Prior to each interview, the interview process was explained and permission to tape record the material was sought and granted by phone while arranging the meet. Each interviewee was given choice of where the interview would take place. The majority of interviews were undertaken in the home of the interviewee. Two interviews were undertaken in the interviewee's workplace and in a third case the home/workspace was synonymous. The interview style adopted was informal conversational maintaining a close listening stance. Natural conversation was maintained throughout to prompt questions and probe specifics as they arose. When required, guide questions were employed to bring conversation back on track. Further, all respondents had previously completed a parents' questionnaire in phase two of the data generation. Where the survey responses were ambiguous or out of character with the general trend of responses therein, or where novel issues were raised by the respondent, follow-up probing questions were used to clarify or elicit the meanings of the responses. New topics arising during earlier interviews were included in later interviews. These included the costs incurred by privately funded assessments and therapy provision for their child(ren) and direct experiences with the DES. The interview material was transcribed on an on-going basis and imported to N6 and sorted thematically.

### **3.5 Data Analysis**

Chapter Four details the evolution of the Irish Education system from 1831 through to the enactment of the Education Act in 1998 across three discrete phases that heralded major paradigm shifts in the ethos of the system, providing an explanation of the prevailing *doxa* and/or evolving/transitioning socialised *habitus* within the education system. The evolving power structure and development in the growth of inputs, including economic, cultural and social capitals that have been established for both teaching personnel and parents are documented and provide the context for the research.

In documenting the findings of phase one the economic, cultural and social capital accrued and availed of by principals toward inclusion and delivery of special

educational services to pupils with ID/PDD is analysed in Chapter Six. The *habitus* of principals is examined through the practices they employ as mediators of resources provided by the DES for pupils with ID/PDD and as gatekeepers of individual schools and the responses provided in open questions on the schools' survey in Chapter Seven. In Chapter Five, data from phases two and three is analysed to examine the level of capital accruals by parents endeavouring to access information and support in decision-making on suitable placement choices available to their children with a diagnosis of ID/PDD. Parent opinions, attitudes and experiences of seeking and securing admission to a primary placement, is analysed. Non-admissions in particular are explored from the parent perspective in Chapter Eight, to explore the *habitus* of parents and the patterns of practice and power relations experienced by parents in the control of admissions by principals. The 'othering' of children with ID/PDD is analysed to ascertain the level of endurance of historical *doxa* portrayed through the medical or deficit model of service provision in the differentiated and unsupported enrolment processes pertaining. The symbolic capital of the DES is analysed in the examination of the power relations within the macro spaces of the education system and that of the principals in the micro spaces of individual schools where symbolic powers are utilised in the control of resources at both levels. The process of securing pertinent assessments and resources to support the pupils' needs is examined to gain an insight on the level of constraint exercised in provision of access to educational spaces based on resource accruals. Chapter Nine examines the consequences of how the system is resourced and organised and the placement outcomes of the pupils. In particular parents and pupils experience of travel and differentiated geographies are examined. Exclusionary practices are exposed and the inadequacies of the system questioned through the negative experiences of pupils and parents within the system. Incidences of good practices are documented and positive outcomes outlined.

An overall synthesis of the capacity of the Irish primary education system to provide access to mainstream education and a continuum of placement choice with supports for pupils with an ID/PDD, as outlined in the Education Act 1998, is presented in the concluding chapter. Pierre Bourdieu's theoretical framework is adapted to explain how the levels of capital accruals by both schools' personnel and families affect the *habitus* and power relations that mediate the gaps between policy and practice and ultimately access to educational spaces. The conclusion outlines the capitals

required to empower parents in seeking placements of choice and the capital accruals required in educational spaces and by personnel in order to meet the needs pupils with an ID/PDD. The concepts of citizenship and social justice are foregrounded in the provision of recommendations toward pertinent structuring of an equitable system.

All responses have been coded to provide anonymity. In phase one school respondents' reference codes are lettered S and numbered 1 to 252. In phase two parent reference codes are lettered P and numbered 1-132. The letter R plus letters from A-Z and AA-DD, are added to the parent codes from phase two to identify quotes from parents who were also interviewed in phase three. Where respondents use the name of a child in a quote it is replaced with a pseudonym of the same gender. Quantitative material is collated using SPSS. N6 is used to aid the analysis of qualitative material.

In the next chapter, the evolution of the Irish primary education system is documented and explored. It details the evolution of State policy with respect to education and more particularly children with a diagnosis of ID/PDD, culminating with the enactment of the Education Act 1998.

## **CHAPTER 4: EVOLUTION OF THE IRISH PRIMARY EDUCATION SYSTEM**

### **INTRODUCTION**

The Education Act of 1998 was the culmination of policy development from the formation of the State in 1922. Three main phases may be identified within which gradual shifts in attitude, ethos and access occurred. From 1922 until circa 1957, Government authorities gave education for the masses relatively low priority, accepting the prevailing system as being structurally sound (Ó Buachalla, 1988). Academic training for children with an ID/PDD received little if any consideration. Social and personal care training within care settings predominated. Post 1957, changes in education policy and practice reflected a growing awareness of the potential role of education to the economic development of the country and to the holistic growth and well-being of the individual. The introduction of free second level education in 1967 opened up previously closed fee-paying spaces, reflecting the nations rapidly changing social and economic conditions and aspirations. Education for children with an ID/PDD began to evolve in what is now the special education system. From the 1990s, the DoE coordinated a consultative process with all interested parties, which resulted in the provision of a rights based model of education provision for all persons. In this chapter, the evolution of Irish primary education policy and practice from the legacy of British colonialism, through the three phases and the enactment of the Education Act is examined, with particular emphasis on education provision for pupils with a diagnosis of ID/PDD.

### **4.1 The Inherited Legacy of British Colonialism**

By the early 19<sup>th</sup> century, hedge schools, which had been common in Ireland from the 16<sup>th</sup> century, had evolved into an ad hoc network of voluntary denominational fee-paying schools involving various religious orders (Irish National Teachers' Organisation, 1947; Akenson, 1975; Coolahan, 1981; O'Connor, 1986; Ó Buachalla, 1988:19-48; McManus, 2002). The Society for Promoting Education of the Poor in Ireland, (more commonly known as the Kildare Place Society) was established in 1811 and provided non-denominational schools. They enjoyed financial support from central funds and were deemed accessible to all. Attendance was not universal

or regular and the quality of education was generally regarded as poor. By the 1820s, Catholics, following the voice of their clergy, became uneasy with its ethos and withdrew support and their children (Coolahan, 1981). In 1831, a Board of Commissioners was established to formalize the ad hoc arrangement of schools. A grant-aided, nationwide network of primary schools with a non-denominational ethos was established. The Board consisted of representatives of the three main churches who effectively took control (Akenson, 1975; Irish National Teachers' Organisation, 1980; Coolahan, 1981; Ó Buachalla, 1988). However, the Presbyterian Church and later (1839), the Church of Ireland established their own distinct schools' network. As a consequence, the grant-aided primary schools became mainly Catholic by default (Coolahan, 1981; Ó Buachalla, 1988). The Catholic Church gained equal partnership with the State, with respect to the National system (Ó Buachalla, 1988:322). The number of schools grew from 789 accommodating 107,042 pupils in 1833 to 4321 schools with 480,623 pupils by 1849 (Irish National Teachers' Organisation, 1980). By 1900, there were schools in every parish (Coolahan, 1981). However, many children received only minimal education. Statistics of 1918 showed that only '68.9% of the average number of Irish children on the rolls was in daily attendance' and 'the average school leaving age was eleven years' (Akenson, 1975).

Following the Act of Union (1801), 'cultural assimilation' of Great Britain and Ireland was the main ethos of education. Literacy and numeracy were the core goals and religious education was denominationally segregated. The Gaelic League, founded by Eoin MacNeill in 1893, endeavoured to keep Irish culture and language alive. By the early 1900s, permission to instruct through Irish, which was previously disallowed, facilitated access to education for native speakers. The Belmore Commission, set up in 1897 titled 'Commission on Practical and Manual Instruction' recommended a wider more practical curriculum be provided and that the school setting should be an interesting place for the child to be (Coolahan, 1981). However, lack of funding and insufficient numbers of trained personnel denied the system pertinent economic and cultural capital to progress this policy.

The Kildare Place Society established a training institution in 1811 providing the first teacher training qualification. The Powis Commission of Inquiry, reporting in 1870, documented that only a third of teachers had a teaching qualification

(Coolahan, 1981; Ó Buachalla, 1988). The Archbishop of Dublin established Catholic training colleges, in Dublin in 1875 and 1877. The State recognised and funded denominational training colleges from 1883/84. By 1903, there were seven teacher-training colleges in Ireland and approximately 50% of teachers had received some formal training (Coolahan, 1981). Economic and cultural capital was improving.

The first Irish special schools were established, circa 1870, by religious orders and catered for pupils who were deaf/hearing impaired and/or blind/vision impaired. The two schools for the blind became part of the National School system in 1918. The school for boys who are deaf was recognised by 1926 and the girls school in 1952 (Hyland and Milne cited in Department of Education, 1993:48). Education for children with an ID/PDD evolved as an extension of the workhouse system. Stigma, which was generally attached to all forms of mental illness and disability accounted for much abandonment, typically as infants or young children. It was government policy that education for abandoned or orphaned children and the children of workhouse families would only be provided within the workhouse institutions (Robins, 1992). Local communities would have expected segregation, as noted,

*'Education within the workhouse was seen as an integral element of a policy that regarded it as essential that recipients of public charity, adult and children, be made conscious of their diminished social status. In any event the parents of ordinary national-school children would have been opposed to what they saw as the contaminating influence of the children of the workhouse' (Robins, 1992:4).*

From the 1840s onwards, France had begun to develop techniques on special education and training. In Europe and Britain special services for people with an ID/PDD were evolving (Robins, 1986:161; 1992:26). However, in 19<sup>th</sup> century colonised Ireland State services were not provided. The sole service provider, 'Stewarts Institution for Idiots' was established in 1869 as a private facility for Protestant upper class children. They expanded their services in 1879 to include the middle classes.

The introduction of the Reformatory Schools Act (adopted in Ireland in 1858) led to up to 10 workhouses being designated as reformatory schools for children who were sent there by the courts. Industrial schools were established around 1869 following the passing of the Industrial Schools Act in 1868 and took the place of the workhouses in looking after children who had no one to care for them. The ethos of

these schools was to provide basic education leading to a trade. In 1888, the Daughters of Charity began to work within the workhouse system. From 1884, children were removed from the main workhouse to a children's workhouse established in Cabra (forward by Sr. Bernadette MacManon in Robins, 1992:ix) and in 1892 the Daughters took over management when the guardians agreed to the removal of all but one 'certified teacher' necessary to meet the requirements of the NEB (Robins, 1992). Sister Martha Galvin, a nurse, was given overall control of the unit including authority over the one teacher, significantly reducing access to the cultural capital provided by teachers.

In 1908, the Royal Commission on the Care and Control of the Feeble-Minded proposed a quadripartite system of classification of ID namely, feeble-minded (mild), idiots (moderate), imbeciles (severe), and moral imbeciles (profound). They estimated that there were 25,000 such people in Ireland of whom 7,580 were children, few of whom had any form of service available to them (Robins, 1992:29, 42). The commission's main recommendation was that 'local authorities be statutorily obliged to make suitable provision for all mentally abnormal people, subject to the direction of a specially constituted central body' (Robins, 1986:170). Early advocates recognised the need for special schools, similar to those already in place for students with sensory disabilities. However, early 20<sup>th</sup> century society was not ready to take this step as explained,

*'Dr Dawson believed that Dublin parents of all classes were highly sensitive about any mental inferiority in their children; they would not be prepared to stigmatise them by sending them to special schools' (Robins, 1992).*

Further,

*'Dawson, whose thinking was in advance of his times, advocated special classes in ordinary schools, with specially trained teachers. This, he believed would be more acceptable to parents' (Robins, 1992:31)*

The Cabra facility, being under the poor law system, was for pauper children only. Other children, mainly of working class families, were reluctantly accepted by the district asylums where they received very poor care and lived with people of all ages, many with diverse ailments. The dual system of the workhouse and lunatic asylum was deemed by the government of the day as sufficient provision for this population. Clearly, access to mainstream economic, cultural and social capitals was not considered appropriate.

## 4.2 Saorstát Éireann and Education Policy: Phase 1 1922-1957

The March 1920 minutes of Dáil Eireann Aireacht (Cabinet, established in January 1919) read, ‘Education Bill: Dáil will support the bishops in setting up and maintaining a national system of education’, (Ó Buachalla, 1988). This practice was carried through to Saorstát Éireann in 1922. Even though the Catholic Church in Ireland was not invested as the Established Church, it became the main manager and organiser of the school system, and more particularly at primary level, while the State provided much of the finance (binary model) (Ó Buachalla, 1988). The Catholic Church looked to their congregation directly for financial support for the upkeep of the church itself, its capitation grants to schools and the salaries of their priests, and thus maintained control and autonomy, as noted,

*‘The system taken over from the British was unique in the world for the degree of clerical control which it permitted, and it has been jealously guarded by the hierarchy’ (Whyte, 1971)*

‘Cultural Nationalism’ replaced the educational ethos of cultural assimilation following independence in 1922. Revival of Irish language and culture, and the teaching of history and geography from the Irish perspective rapidly became the foci of curricular development of the ‘Free State’ (Akenson, 1975:26). A marriage ban was introduced from October 1933, requiring female teachers to retire on marriage. This created recruitment difficulties for an expanding system and more particularly in remote areas. Untrained teachers gained employment as Junior Assistant Mistresses. Some retired trained teachers were subsequently re-employed on temporary contracts to fill the shortfall thus boosting the level of trained teachers in the system once again.

In 1924, the government of the day, Cumann na nGaedheal, abolished the inherited NEB and established the DoE with responsibility for overseeing education policy and implementation including curriculum development, teacher training and the schools’ Inspectorate. Schools were categorised into three branches: primary, intermediate and technical. However, as a relatively young postcolonial country, Ireland was not in a good financial position to invest in education. Universal compulsory schooling was brought into force for children aged 6-14 from 1<sup>st</sup> January 1929, under the provisions of the School Attendance Act of 1926 (Coolahan, 1981:173). By 1950, 83.3% of primary school aged children attended daily, with enrolment at around 96%. Credentials, in the form of a primary exit exam in Irish, English and arithmetic



was introduced in 1929 and became compulsory from 1943 (O'Connor, 1986:183). The Irish National Teachers Organisation (INTO), established in 1868, sought a broadening of the curriculum to provide a balance of academic, physical and communal programmes, such as drama and choral, stating that education for life is more than an accumulation of facts (Irish National Teachers' Organisation, 1947:16-17). The INTO evolved as a powerful interest group and voice in the primary education system by the mid 1940s. They sought to '...stir the public conscience and intensify the growing demand for better schools and better schooling' (Irish National Teachers' Organisation, 1947:4). The INTO called for a collaborative approach in policy development and greater leadership from the Government. Following much debate an advisory Council of Education was established in 1950 that reported to the Department in 1954 on the function and the curriculum of primary schools. However, little real change ensued and the Department continued through the early fifties to maintain a watching brief on the Churches and teachers management of the system. Richard Mulcahy (Minister for Education 1948-51 and 1954-57), stated that 'he wished to have it understood that the function of the Minister for Education is a very, very narrow one' (O'Connor, 1986).

For many children the "Primary Certificate", taken at the end of sixth grade, marked the end of their academic education. Fee-paying second-level schools were accessible only for the elite whose parents could afford to pay but retention beyond junior cycle was low. Alternatively, some children were enrolled in vocational schools for a technical education. However, the Catholic hierarchy regarded the reliance on State supports for education beyond primary level as being contrary to the teachings of the Pope and as 'diminishing the role of the parent' (Ó Buachalla, 1988:214). Church attitude, supported by the government in the early decades of the State, closed these spaces for many poor catholic families. By the 1950's, when the Council of Education was established, government attitudes to the relevance of education for the majority had changed little and it deemed 'education for all' beyond the realms of possibility, as noted;

*'Rising demand for wider access to free secondary education was rejected. The council described the demand as being untenable, utopian, socially and pedagogically undesirable and economically impossible' (Ó Buachalla, 1988).*

By 1957, there were 260 vocational schools providing education for 22,000 students (O'Connor, 1986:197). However, access to State examinations was only available in

the denominational secondary schools, the majority of which were managed by the Catholic Church. Access to cultural capital was only for those with economic capital, and a societal *habitus* of elitism was dominant.

#### ***4.2.1 Emergence of Education for Pupils with an Intellectual Disability***

By 1924, the lack of service provision and decent living accommodation for children with an ID/PDD was recognised. Stewarts Hospital, a privately run facility for the Protestant community, remained the sole facility. The Catholic Archbishop, concerned that the Catholic parents may allow their children attend Stewarts, requested the Daughters to consider provision of the Cabra Unit as a centre exclusively for children with a ‘mental handicap’. They willingly agreed and established St. Vincent’s Home, on 1<sup>st</sup> January 1926 (Robins, 1992). For the first time, the home catered solely for children with an ID/PDD and opened its doors to children from all social classes nationally. The initial ethos was one of custodial care delivered with compassion. Of note, one long-serving member is described as, ‘an embodiment of its ethos of love and charity’ (Robins, 1992:46). However, the sisters were innovative and, in the following years, they built up their services to include ‘medical, psychological, educational, nursing and social services personnel’ (ibid). Up to the late 1950s many of the sisters undertook training in Great Britain to learn specialist skills in educating students with an ID/PDD. Sister Louise Burke, appointed as Principal in 1944, having attended a one year course in 1945, subsequently became ‘a major influence on the direction of special education not only in St. Vincent’s Home but nationally’ (Robins, 1992).

Local authorities were responsible for the financial support of children from their area attending Cabra but many impecunious authorities opted for accommodations in the cheaper local hospitals and county homes (former workhouses). In addition, the Commissioners for the Dublin Union (who replaced the guardians following abolition of poor laws) would not fund the system adequately (Robins, 1992:36). Some funding was awarded by the Minister of Local Government and Public Health, circa 1935. By 1936, the Cabra facility was a National Institute, catering for 458 children under the age of 16, 60% of whom were from outside Dublin. Local authorities were reluctant to take responsibility for the children at age 16 as agreed on entry. The nuns were not happy to cater for older boys and therefore restricted

intake to girls only after 1946, leaving many boys without educational/care facilities. However, other facilities began to emerge around the country, see appendix 4. By the end of the 1950s, 2,618 places in total were available in various centres, one each, in Galway, Sligo, Westmeath, Meath, Limerick and Louth, two in Cork and four in Dublin.

The INTO lobbied successfully in the late 1940s for the DoE to introduce a special education sector for children with disabilities. In 1939 two inspectors from the DoE attended a 'special course in London in the training of retarded children' and became 'special education advisors within the department' (Robins, 1992:57). However, it took a further 10 years for their recommendations to receive consideration (ibid). The Cabra facility was only formally recognised as a SNS in February 1947 (Robins, 1992). By 1956 funding for a teacher/pupil ratio of 1:20 was granted. In 1955, a group of parents founded St. Michael's House, a service provider today for over 1400 people with an ID (St. Michaels House, 2003). This was a new development in service provision and the beginnings of parent advocacy. Further, the DoH had separated from local Government in early 1947 and a Minister for Health, Dr. James Ryan, was appointed. By the end of the 1950's, a new social climate and the beginnings of a welfare state were evolving.

### **4.3 Economic Growth and Investment in Education - Phase 2 1957-1990**

The Irish State began to take an active role in the planning of the education system around the end of the 1950s (Whyte, 1971:338; Coolahan, 1981:138; Greaney and Kellaghan, 1984), motivated by changing socioeconomic factors, as noted,

*'The 1960s witnessed an awakening in Ireland regarding education and social policy and an efflorescence of activity in this regard. This was facilitated and fuelled by a number of interrelated factors including economic prosperity, reduced family sizes, the decreasing influence of the Catholic Church, increased urbanisation and industrialisation and international influences' (Duignan and Walsh, 2004:6-7)*

Investment in economic growth became the driving force for enhancement of education goals which led to an era of accumulation of 'cultural capital' in the form of credentials. For Drudy and Lynch (1993:115)

*'...in the absence of industrial opportunities, ...educational credentials have become a major determinant of wealth, status, and power'.*

Further, the emerging change from an agrarian based economy to a technological base, led to a change in attitude regarding the value of education to the economy.

A growing understanding of the role of the DoE as the leaders in the field with responsibility for the effectiveness of the education system for all participants, including students with disabilities, was occurring. Of note,

*'For forty years, the Department of Education had treated suggestions for altering the educational system with extreme caution. In the nineteen-sixties, however, it has been quite suddenly transformed, and, under a succession of energetic ministers, has initiated adventurous new policies in every field' (Whyte, 1971:337)*

In 1962, the DoE sponsored 'the first scientific study of Irish education needs, 'Investment in Education', reporting in 1966 (Whyte, 1971:338). The investigation, directed by Professor Patrick Lynch was a 'major pioneering, quantitative analysis of the Irish system' (Ó Buachalla, 1988:72) and a 'foundation document of modern Irish education' (Coolahan, 1981:165). The Investment In Education Report 1966 identified clearly, for the first time, the inefficiencies and imbalances in the use of resources, and issues of class and geographical bias in the availability of school placements (Coolahan, 1981; Greaney and Kellaghan, 1984). For Coolahan,

*'in many countries in post-war Europe the slogan "equality of educational opportunity" gained general currency and this was also to be frequently voiced in the Ireland of the 1960s' (1981:132)*

By the 1960s, access to mainstream primary education was generally available within one's locality. However, the primary school could not provide the full minimum education deemed necessary for life and only about 10% attended second-level. Lack of public school spaces impeded the ability of the DoE to implement a policy of equal opportunity for all. For Ó'Buachalla 'the geographical availability of secondary schools constituted a greater restriction on educational opportunity than the cost factor attaching to fees' (1988:58). County reports prepared at this time gave an empirical outline of inequalities and imbalances in the system. The reports provided,

*'the statistical basis for the O'Malley 'free' post-primary and transport scheme introduced in 1967. This single measure in its immediate impact and its long-term influence transformed the Irish education system' (Ó Buachalla, 1988:74).*

Between 1970 and 1979 expenditure on education increased from £78 million to £443 million. The 1984 DoE Report stated that '...the numbers in second-level

schools increased from 143,000 to 325,000, in the period 1966 to 1983, while the number of teachers rose from 9,000 to 19,000...in primary schools increased from 505,000...to 574,000...teacher numbers rose from about 15,000 to 20,000' (Department of Education, 1984:1.16). In spite of the government's new interest and investments in education, the DoE resisted taking control. A culture of co-operation with the Hierarchy rather than formal leadership ensued, which was seemingly acceptable to all parties (O'Connor, 1986). However, this evolved to a situation where 'the nature of the education system is forged through the interplay of a number of powerful interest groups in Irish society' (Drudy and Lynch, 1993).

#### ***4.3.1 Structural Change in the Management of Schools***

In 1962, the Second Vatican Council included laypersons in the definition of Church as a body. This led to the Catholic hierarchy issuing a pastoral letter in 1969 giving approval for the inclusion of parents in the work of the schools, in an advisory capacity (Akenson, 1975:341; Coolahan, 1989:55). This new thinking was accommodated by the Fine Gael/Labour coalition government in 1975 through the establishment of Boards of Management (BoM) in primary schools. This democratic move which attracted increased State funding by way of inducement, was the first major change in the administrative structure of primary education since 1831. Each BoM would normally consist of four to six representatives chosen by the Patron, typically the local Bishop. It would include the school principal, two parents elected by the body of parents and one teacher elected by the body of teachers in schools with seven or more teachers (Coolahan, 1981:174-5; 1989:55-7). Circa 1980, the balance of the Board was changed so that the Patron's selection of representatives would occupy no more than 50 % of positions, with teachers and parents sharing the other 50% equally. It was the responsibility of the BoM to uphold the rules and regulations set out by the DoE. The Board appoints the teaching staff and manages the school's finances. As a result, autonomy and financial responsibility gradually shifted from the patron to the BoM who were now more directly answerable to the DoE. Although the 1937 constitution of Ireland, Article 42, placed parents as the 'primary and natural educator', this was the first time that the parents' voice was represented officially in the education system.

Parent representation was strengthened further from 1985 with the establishment of the National Parents Council (NPC) facilitated by the DoE. Coolahan lauded this development stating;

*'For someone with an interest in the history of Irish education and it's changing patterns, the recent emergence of parents as a major public force in Irish schooling is a fascinating and welcome development' (Coolahan, 1988).*

The NPC liaises with the DoE on issues of resources, curriculum, class size, transport etc. They work to improve facilities within the education system in conjunction with principals, teachers, BoM and the Inspectorate. They provide an information service for fellow parents and organise training programmes and workshops to enable parents to participate on their schools' BoM and to support their children's education. Of particular interest, a Special Education Group (SEG), and an Integrated Education Group (IEG) were established giving a voice to parents of pupils with SEN, in recognised schools. These groups work to improve facilities and resources in line with best practice. They encourage and facilitate partnerships with the parents and professionals, have hosted seminars and conferences to enhance understanding of the needs of the special education community, and generally provide a support forum to enhance parents' social capital and ultimately to enhance positive outcomes for the children.

The Catholic Clerical Managers Association (CCMA) which was established in 1903 became the Catholic Primary School Managers' Association (CPSMA) in 1975, in recognition of the broadening of management structures. The function of CPSMA is to direct and advise the BoM of Catholic schools on procedures and responsibilities with respect to students, teachers, principals and the DoE and liaise with the INTO and the NPC. Further, INTO personnel developed an on-going consultative role with the DoE. These interest groups have a significant impact on the shaping of the education system. Burke (1992:201 cited in Drudy and Lynch, 1993:106) argued that,

*'Special interest representation on such bodies as those that recently reviewed primary education and the primary curriculum, and on the NCCA is so strong that teachers' unions and other special interest groups (such as managerial bodies) enjoy a virtual veto on the formulation of national educational policy'.*

### ***4.3.2 Curriculum Development and Teacher Training***

The ethos of accrual of cultural capital fostered the attainment of higher credentials across the social classes and gender, optimizing national economic and social development looking outward to Europe and across the globe. This new goal and the developing understanding of how children learn necessitated the introduction of a new curriculum. Education looked to the field of psychology and child development in designing the curriculum which incorporated the stages of cognitive development outlined by Jean Piaget (see Santrock, 1996) and recognition of individual pupil's needs. The new curriculum 'incorporated a wide range of subjects, utilising child-centred, heuristic and discovery learning methodologies' (Duignan and Walsh, 2004:8). The learning environment of the school and the classroom was to adopt a more exploratory style of facilitated learning directed by the child's developmental stage and natural curiosity. The new curriculum was introduced in 1971. Students with a MGLD were presented with a modified version of the primary curriculum and were exempted from learning Irish. Guidelines for a curriculum for the 'moderately handicapped' were also developed and two sections were implemented in 1978/79. Development of appropriate curricula continued into the 1990s reflecting the changing shape of Irish society. However, achievement of child-centred curricula and full rollout of the new curriculum was hampered by 'a lack of resources, large class sizes, inadequate remediation services, a lack of in-service training for teachers and the influence of entrance examinations to some second-level schools' (Irish National Teachers' Organisation, 1993a:4). Despite these resource sensitivities, changes were implemented at both primary and second level facilitating greater accessibility to the curriculum.

Curriculum innovation and expansion required a trained workforce. In 1959, statistics showed that 22% of the teachers in primary schools did not have a teaching qualification, though many were recognised as 'first class teachers' (O'Connor, 1986). In the space of two years, 1957-59, the DoE introduced proposals for the ending of the recruitment of untrained teachers and for the reduction of pupil teacher ratios. For O'Connor,

*'The discontinuance after 1959 of the scheme of recruitment of untrained teachers...was one of the most important policy decisions made in relation to primary education since the foundation of the state'.*

Further, the entry system to training colleges was changed whereby only the top cohort of students would take the entry tests. There were six national teacher training colleges in the year 1963/64 with a potential annual student capacity of 1,131 (Government of Ireland, 1962:2). However, output did not meet demand of the growing population and an 'expanded scheme...was introduced in 1965'...and from 1972 'mature' students (up to age 28 only) were included in the student teacher body (Mulcahy and O'Sullivan, 1989:32). Teacher training courses progressed from basic practical methodologies to a more holistic training, through the 1960s. Theoretical modules including psychology and later sociology were introduced, giving teachers a broader understanding of pupils' needs. The proposal to link the professional training of national teachers to the universities was raised as early as 1909, and reiterated in the 1947 INTO Plan for Education. The definitive move was finally taken in 1974 when three colleges initiated a B. Ed. Degree programme. By the 1980s, education had 'come close to being an all graduate profession' (Coolahan, 1981:230). An international comparative study, concluded that 'Irish teachers as a group are drawn from a cohort of students which is higher-achieving, in terms of examination success, than is the case in many other developed countries' (Greaney et al. 1987 cited in Department of Education, 1993). A major improvement of the cultural capital of the Irish education system was being realised.

Training in special education for pupils with ID/PDD was not compulsory in pre-service teacher training courses and there was a dearth of suitably qualified personnel. St. Patrick's College, Drumcondra established a Special Education Department in 1961. A one-year in-service training course was established, specifically for teachers working in special schools with students with 'mental handicap' (Government of Ireland, 1962:36). A course for remedial teachers in mainstream schools followed in 1973. Similar courses were developed in Mary Immaculate College, Limerick. Through the 1980s, colleges established various specific diploma courses in education including psychology, career guidance and later in special education. A Masters Degree in Special Education Needs was established later in UCD. The Church of Ireland College of Education (CICE) developed postgraduate courses in learning support and special education needs as taught elements of a Masters Degree programme. The Psychological Service of the DoE organized a course in Remedial Education for post-primary remedial teachers (Department of Education, 1993:53). By 1980, just 'over one third of teachers in



special schools and a quarter of those in special classes had qualified for the award of a special diploma' (Government of Ireland, 1980b). Access to special education diploma and degree courses was generally restricted to teachers in the special education system. Graduate teachers in mainstream placements had little access to higher qualifications toward meeting the needs of pupils with an ID/PDD. However, from 1972, 20 full-time and 9 part-time Education Centres were established as regional resource/meeting centres and in-service training has been provided, including inter alia on, curriculum changes, behaviour management and meeting the special education needs of pupils.

### ***4.3.3 Education Development for Pupils with an ID/PDD***

In the late 1950s, Government, reflecting the demands of a changing societal perception of the role of education and with a growing awareness of its responsibility toward the education of all persons, including those with a disability, began to shape future provision, (Government of Ireland, 1955, 1960). However,

*'The early development of services in Ireland was not accomplished by legislation or by state initiative but, rather, by the state agencies agreeing to support the initiative of religious and other non-statutory bodies, or responding to needs highlighted by associations of parents and friends of mentally handicapped children' (Government of Ireland, 1983:10)*

The National Association for Mental Handicap in Ireland (NAMHI, renamed Inclusion Ireland January 2006) was established in 1961 to co-ordinate various parent advocacy and voluntary groups. The INTO Congress 1952 and 1959 raised issues indicative of the changing attitudes amongst teachers toward children with a 'mental handicap' [sic], recognising their educability. For Hughes (1999), 'The work of the INTO increased teacher awareness and helped to bring special education to the forefront as an issue needing further examination'. Educationalists advocated for the DoE to take responsibility for provision of pertinent education for pupils with special needs. Approximately 2% of the school-going population in the 1960s were accommodated in SNS (Coolahan, 1981:187) under the auspices of the DoH but little attention had been given to their educational needs by the DoE. It was the ministerial view at this time that these children were ineducable (Robins, 1992:61). St. Michael's house, established by parents in 1955, was reluctantly recognised by the DoE in 1960. In 1963, a school for 'maladjusted children' was recognised as a SNS (Coolahan, 1981:185-6) and in 1964, St. Vincent's Home was formally

recognised as a school for pupils with 'Moderate Mental Handicap' on a pilot basis. The 1960s was the first time that 'there was an emphasis placed on children with learning difficulties...' (Duignan and Walsh, 2004:7) and when DoE began to take some responsibility.

In parallel with the moves in the DoE, a White Paper, *The Problem of the Mentally Handicapped*, was published by the Minister for Health in 1960. The appropriateness of the existing centres for day and residential care was questioned and a Commission of Inquiry was established by the DoH. The Commission of Inquiry (1965), was the first formal recognition given to the need for a special service for the care and development of persons with 'mental handicap', as noted,

*'Experience has shown that the potential ability of the mentally handicapped is far greater than was previously believed and that, given suitable care and treatments, particularly when they are young, a large number will be able to lead an independent existence; of the remainder, many will be capable of making a contribution towards their maintenance and the dependency of the vast majority will be greatly reduced' (Department of Health, 1965).*

Provision of education was a dominant feature of the report (Coolahan, 1981). The over-riding ethos was one of segregation. It recommended residential or day care centres for pupils with SPLD or ModGLD for whom education was deemed inappropriate. Special schools or special classes in mainstream where numbers did not warrant a special school were recommended for those deemed educable. Mainstream was deemed inappropriate and it was believed that special classes were only suitable for pupils with a MGLD/BMGLD, alongside 'slow' learners. The report noted that a skilled and appropriately trained workforce was required to adequately support clients' needs. It recommended that care of the 'mentally handicapped' be included in training programmes of medical, psychological, social worker and teaching personnel with follow-up in-service training available for all. It noted that the degree of disability should be formally assessed and varying degrees of expectation regarding attainable outcomes be outlined in order to best support the education of each child. The Commission recognised the need for a parents' support service and called for legislation to be provided to secure rights to diagnosis, assessment and an advisory service. The provision of services was identified as the responsibility of the DoH with some support teams funded by the DoE. The commission was of the opinion that voluntary bodies should extend their services to provide additional accommodation and that the DoH should merely support them

with ‘capital and maintenance grants’...‘to provide and operate sheltered workshops’.

Quantitative development in the provision of special educational services, facilities and transport to special placements ensued. The number of SNS expanded from only one in 1950 to 33 by 1960 (Coolahan, 1981:185). Between 1970 and 1980 they grew from 70 to 108 and by 1990 there were 117. Special classes within the mainstream system were established from the mid 1970s to accommodate increasing demand. The DoE formalised practice with the issue of a circular (23/77), outlining criteria for admission to special classes. By 1980, there were 157 classes catering for 2,135 pupils (Coolahan, 1981:186). A small number of children with disabilities were educated in the ‘ordinary’ classroom and by the late 1970s the integration of children with MGLD in mainstream primary classrooms was growing, consistent with trends internationally. For Hughes,

*‘the growing demands for equality for all, threatened segregation philosophies and gave birth to the belief that the handicapped individual had the right to experience the same opportunities as their mainstream peers, in as unrestricted an environment as possible’ (1999:20).*

In spite of the developing trend of integration in mainstream schools, albeit mainly in special classes, segregation continued to drive the ethos and service-planning of the DoH. A white paper on Services for the Mentally Handicapped issued by the DoH in 1980 reported that 71.1% of 5-14 year olds with ModGLD in residential care and 70.8% of 15-19 year olds could be living in the community (Department of Health, 1980:25) It was believed that misplacement occurred in pursuit of special education and that adequate development of community services would rectify this and free up residential spaces for children with SPLD, many of whom had no services. The placing of teachers in day centres for children with SPLD, typically run by voluntary organizations under the remit of the DoH, was posed. It was presumed that a broad education with an emphasis on social and vocational training would encourage integration with the general community. Further, it was suggested that the Health Education Bureau provide ‘a public education programme aimed specifically at dispelling the mistaken fears which inhibit many from reaching out and helping...’ (Department of Health, 1980:45, 10.29). However, little credence was given to the potential for mainstreaming education services and the DoH believed that,

*'...if such a tendency were to become an accepted part of our policy, it would require some, perhaps radical, changes in our approach to the provision of education services...' (Department of Health, 1980:41,10.10)*

In December of 1980 the DoE issued a White Paper on Educational Development. For the first time, issues of special education provision, curriculum support and in-service training for teachers, with respect to special needs, were recommended. In concurrence with the DoH, assessments would remain the responsibility of the Director of Community Care. It was noted that assessment,

*'...takes into account the intellectual, social and emotional development of the child as well as school performance if the child is already attending school' (Department of Education, 1980:4.6).*

Contrary to the DoH ethos, the DoE report proposed mainstream integration as first placement option for all pupils with a disability. With the recent curriculum developments and the support of new special remedial programs being introduced in the ordinary schools, it was stated that 'the integration of the handicapped is not as daunting now as it would have been even ten years ago' (ibid). The segregated system, deemed to have developed an ability to provide a quality service, was to remain a viable worthy option, as noted,

*'...The need for special provision is not at issue: what is at issue is whether it should continue to be made on an integrated or on a segregated basis' (Department of Education, 1980:29).*

A continuum of placement type, from total integration to total segregation, was recommended with access to suitable age/ability appropriate education programs with parental choice available for each child. This White Paper broached the topic of adaptation of mainstream learning environments to meet the need of pupils with SEN.

The National Economic and Social Council (NESC), established in 1973, whose brief inter alia was the identification of issues related to social justice, also compiled a report in 1980. Similar to the DoE report, the policy of service provision in segregated settings was challenged and integration, especially in education, was proposed as the way forward in so far as was possible and appropriate. The NESC report recognised that 'there is no simple relationship between handicap in educational terms and the severity of a disability in medical terms' (National Economic and Social Council, 1980:58). However, it was noted that the Irish system allocates resources based on diagnoses foregrounding the medical model. The idea

of viewing special education as a ‘continuum of graduated provision to complement “ordinary” education rather than ‘as a separate entity’, was suggested. The range of issues to be considered included,

*‘Pupil/teacher ratio in the regular class, identification of special needs, support services for teachers particularly the availability of remedial teaching facilities, psychological, speech therapy, nursing aide and visiting teacher services, in addition to special classes and special schools’ (National Economic and Social Council, 1980:81, 3.3.4)*

Similar to earlier and concurrent reports, the NESC report extolled the need for ‘early identification of educationally handicapping conditions’ as a priority for the general school population and that ‘greater teacher awareness and understanding of special needs should be stressed at the training level and in in-service remedial programme’ (ibid:88). It urged that greater co-ordination between voluntary and statutory agencies be undertaken to give a more even geographical spread of services across localities and an equality of access to each disability group. It further recommended that the efficacy of integration be evaluated as an essential tool for forward planning. About this time, special classes were established on a pilot basis for a younger cohort of pupils with ModGLD to explore the viability of such placements. A special curriculum was also developed for this cohort in the mid 1980s. In 1983, St Vincent’s, Cabra was permitted to take students with an IQ < 35 provided the principal teachers and the inspectors were in agreement that they could benefit from education. However, many children with SPLD continued to remain outside the health and education systems.

A report on ‘The Education and Training of Severely and Profoundly Mentally Handicapped Children in Ireland’ (Blue Report), was published in 1983 by a Working Party established jointly by the Ministers for Education, Health and Social Welfare. Segregation in care units, typically staffed by health professionals, continued to be the preferred option, noting that mainstream schools would not be in a position to meet the children’s demanding needs. Although care staff were respected as educators at various levels, the report argued that teaching professionals, specifically, had the experience and training best suited to educational methodologies and that there was ‘no justification for excluding this population from access to the accumulated expertise of teaching’ (Departments of Education et al., 1983:40,7.3). It recommended that teachers be employed in care units, under the remit of the nearest special school for pupils with ModGLD. The units would be re-designated as

‘Developmental Education Centres’ (DEC), to reflect the change in ethos. (ibid 7.11). The development of individual education programmes was proposed. Designated educational space and appropriate equipment was to be made available separated from living quarters. In return, the DoE would fund a portion of the costs of a flexible transport service. The report suggested that smaller numbers of children with SPMH be absorbed into existing local services rather than continuance of the larger regional centres. It further recommended that teachers be provided with formal induction training and more importantly that ‘all teachers during their basic training should be acquainted with the methodology, theory and practice of teaching children with MH, including severe and profound’ (7.15) and that parent programmes should be a feature in centre activities. The DoH and DoE worked together, for the first time, to develop education plans for pupils with ID/PDD, albeit only for pupils with SPMH. In the following years, teachers were gradually introduced into residential centres and the principle of access to education for all was evolving.

Once again, working alone, the DoH Green Paper ‘Towards a Full Life’ on services for Disabled People (1984) set out to initiate constructive public debate on government policy for the provision of services. The stated ultimate objective of proposed services was to equip people with disabilities to realise their full potential and to participate to the greatest extent possible in the community. Social and moral values of society were challenged to be more active in the elimination of inequality and injustice and it suggested that all of society needed to make allowance for change. Further, Health Boards were to be given the resources to gather and maintain a pertinent information system.

In the same year, the ‘Programme for Action in Education 1984-’87’ was presented to both houses of the Oireachtas. The guiding principle was an ethos of enabling access to pertinent education for all citizens, to address inequalities in ‘education advancement’ particularly between the classes and genders. The goal of the plan was that all young persons, including those with a disability, should leave school or college having ‘been enabled to achieve his/her potential’ (Department of Education, 1984:1.9). Of particular note,

*‘...special schools will be encouraged to become resource and reference centres for teachers and pupils in special classes throughout their area. The*

*educational provision in special classes will be closely monitored so as to achieve the maximum possible by way of integrations' (ibid)*

Further, it was planned that mainstream schools would receive 'special' capitation for children with SEN, similar to the special system. Clearly, progress thinking evolved through the 1970s and 1980s in the DoE which demonstrated an understanding and commitment to an enlightened approach to education policy and practice. However, fiscal restraint limited capital inputs and impeded full implementation of goals.

In 1990, the DoH published yet another report on 'Mental Handicap Services' (Department of Health, 1990). Similar to earlier reports, the right of the individual with a 'mental handicap' to 'as fulfilling and normal a life as possible' was central. Unlike earlier DoH reports, there was no representative from the DoE involved in the preparation of this report. It was noted that,

*'Persons with intellectual disability have the same right of access as all other citizens to the services under the aegis of the various government departments. This right of access is becoming an increasingly important issue as more and more persons with intellectual disability continue to reside in the community throughout their lives' (Department of Health, 1990:14.10).*

Attendance at local pre-schools, supported by DoH was recommended to facilitate community integration and to stimulate the child with developmental delay. It was also suggested that regional 'specialist early intervention teams' be established which would include teachers on the multi-disciplinary team, as agents of the Health Board, to support both children and parents. However, the policy of segregated education settings remained. The localisation of services close by ordinary community services was recommended to allow greater parental proximity and interaction with service providers, reduce the need for residential services and enhance integration in local communities. The DoH sought recognition from the DoE for the education input they provided and sought consultation on the future role of teachers in care services. This concern was documented in the 1980 report but ten years later little change had occurred. The necessity for disability awareness and training in professional training programmes was reiterated. Further, terminology was challenged and the use of 'mental handicap' was to be replaced with 'General Learning Difficulties'.

Clearly, a parallel system of service provision rather than cooperative holistic therapeutic and education provision evolved with the opening of mainstream education spaces for children with ID/PDD. Education programmes were accessible

in the special system but the mainstream system was not organised to provide auxiliary therapy services alongside education. Whilst the DoH policy continued to be of segregated services and schooling, the DoE moved towards an ethos of inclusion.

#### **4.4 Irish Education System Written into Statute: Phase 3 1990-1998**

In 1990, during the Irish presidency of the European Community, the Minister for Education proposed a resolution on the integration of children with SEN into mainstream systems. The EC Council of Ministers of Education unanimously adopted the resolution. In October 1990, the Taoiseach Charles Haughey, announced that it was the Irish Government's intention to introduce an Education Act. In 1992, Ireland ratified the UN Convention on the Rights of the Child which recognises the right of children to equal educational opportunity (article 28, 29). Consultative processes in policy development ensued through the 1990s and negotiation with interested parties culminated in the enactment of the Education Act in 1998. The Act defined a policy of inclusive mainstream education for all, in so far as is possible, and with supports to be provided as required. It was government policy that no further special schools for students with MGLD be established (Department of Education, 1992:2.7.61; 1993:122). The challenges facing the education system in the 1990s, to overcome existing barriers to inclusion in mainstream spaces to realise the ideals of all parties, formed a comprehensive discourse.

##### ***4.4.1 Policy Development Discourses of the Irish Education System***

The 1992 Green Paper "Education for a Changing World" initiated much debate. Stated aims of the paper included 'to establish greater equity in education – particularly for those who are disadvantaged socially, economically, physically or mentally' and 'to ensure greater openness and accountability throughout the system and maximise parent involvement and choice' (Department of Education, 1992:32-3). The role of the DoE is defined as ensuring that those in need of special help and attention are identified, their needs addressed and the equitable allocation of available education resources on the basis of a well-defined budgetary framework. It was noted that 'There will be sufficient flexibility to allow an appropriate response to individual cases of special educational need' (Department of Education, 1992:64).



The practice of mainstreaming was to be accelerated for children with SEN. However, it was noted that the policy of integration,

*'...where practicable, into mainstream schools will require sensitive planning and implementation by all concerned, to ensure that both mainstream and special schools work together for the maximum benefit of the children concerned' (1992:46).*

Restructuring of the service providers and greater liaison between the special and mainstream systems was recommended with a view to special schools acting as a resource for 'ordinary' schools. The problem of student misplacement, the lack of adequate support services for both special and ordinary schools and arrangements for fluid movement of students between the two settings, as need arises, were highlighted as requiring attention. Individual assessments were recommended and the development of effective links between home and school was discussed. It suggested that the Visiting Teacher Service be reorganised and augmented to enhance and support the opportunity of integration. The appointment of resource teachers was to be undertaken where sufficient numbers were enrolled or as a shared resource within localities. The paper further recognised the need to 'equip students with the ability to think and to solve problems – rather than just with an accumulation of knowledge'...and the 'need to respond to the increasing demands on teachers, who must adapt to radically changing circumstances during their careers' (1992:3).

The INTO responded to the Green Paper with two publications in 1993, including a comprehensive policy statement. These reiterated INTO philosophy of 'whole-person development' and the right of each child to access education suited to their needs, with supports. They envisaged provision 'on a coordinated basis, with special school, special classes and mainstream schools as part of a continuum' (Irish National Teachers' Organisation, 1993b). The INTO recommended that school based psychological services be established independent of the health boards and accessed prior to and during enrolment, as required. For the INTO, the appointment of appropriately trained ancillary therapists should be laid down and secured prior to enrolments and the allocation of resource teaching hours was sought. The INTO called for pre-service and in-service training for teachers in the field of SEN and disability awareness (Irish National Teachers' Organisation, 1993a). Further, they sought the provision of research funding for the development of teaching aids 'that

will take account of the cultures and aspirations of the underprivileged and disabled' (Irish National Teachers' Organisation, 1993b:40). While accepting the ethos of integration, INTO stated that without a policy structure and properly funded support systems neither mainstream nor special schools were in a position to provide appropriate education (Irish National Teachers' Organisation, 1993a:xii). INTO (1993b) noted that 2,000 (> 50%) schools were without remedial teachers and that upwards of 15% of students need remedial supports at some stage of their education. For the INTO 'the first step in the process of effective integrations is the enactment of enabling legislation' (Irish National Teachers' Organisation, 1993a:49). The National Parents Council (NPC) also responded to the 1992 Green Paper. They called for formal structures to be laid down in legislation across all levels of partnership from the national to the individual parent level. For pupils with SEN, the NPC called for the inclusion of parents in the planning of education programmes 'to be set down in law' with parents having 'control over information concerning their children' (National Parents Council - Primary, 1993:7). Further, it stated that identification and assessment of learning deficits require a team approach with the parents as central members, rather than on the periphery, where the school psychologists simply 'liaise' with parents. With respect to the development of policy recommendations, the council noted that 'formal procedures are needed to regulate the membership of committees' that are representative, rather than the historical system of 'ad-hoc committees' (ibid: 18).

The Special Education Review Committee (SERC) was established in August 1991 by the Minister for Education to review the existing services for special needs education and to make recommendations on future developments, and reported in 1993. This was a comprehensive and detailed report which significantly influenced the subsequent drafting of the Education Act. Special education is defined as,

*'any educational provision which is designed to cater for pupils with special educational needs, and is additional to or different from the provision which is generally made in ordinary classes for pupils of the same age' (Department of Education, 1993:18-19)*

The ethos of integration in ordinary schools and facilitating the assessed needs of each pupil, with as 'little segregation as is necessary', is pivotal. Guiding principles promote the inclusion of parents in the process of education provision across a continuum of twelve placement forms, ranging from full integration without supports

to full segregation. An integrated system was envisaged whereby 'linkages must be established between the two parallel systems involving the sharing of teachers and facilities, the interchange of pupils and involvement in shared projects'. It recommended that support services and adequate resources 'as may be necessary', should be provided by the State to ensure that each pupil may access appropriate education. Meeting these recommendations would necessitate substantial development and expansion in support services, including, school psychological service, special needs assistants, pertinent teacher training and various therapists, especially speech and language. The positive aspects of special education provision, as it existed in 1993, were outlined as were the many delivery gaps. The growth of special education, over the previous four decades, since the recognition of special schools, circa 1950, was recognised. The reduced teacher pupil ratio, ranging from 1:15 to 1:6 dependent on the type and degree of disability, and the evolution of pertinent training programmes for teachers were lauded. The contribution of the 'Voluntary Bodies' to the system was also recognised. However, the report recognised the dearth of expertise in SEN in ordinary schools and recommended that pre-service training include appropriate SEN modules. The examination of the feasibility of 'including first-hand experience of teaching pupils with SEN'...alongside pertinent induction programmes, was recommended and the extension of in-service and special programmes. Deficiencies highlighted include lack of legislation and of local administration, gaps in service provision and curriculum development, especially at second-level, uneven allocation of resources, the parallel nature of the ordinary and special systems and that of the ordinary and special classes within the ordinary school. Further, it noted that with greater mainstream integration and higher numbers of pupils with milder ID being educated in special classes, the balance of ability levels in special schools was changing toward the higher dependency range.

The early detection and intervention for assessed needs of the student to enhance opportunity for attainment of potential was recommended (ibid: 15). Further, the assessed needs of individual pupils,

*'should be the outcome of a consideration of all the circumstances involved and of a diagnostic assessment of abilities, interests, aptitudes, functional skills and deficiencies' (Department of Education, 1993:20).*

And further noted,

*'The School Psychological Service should have a joint involvement with the health Board pre-school assessment and advisory services, in consultation with parents, when a decision on the initial school placement of a child with disability is being taken' (1993:34)*

The majority of existing psychologists in education worked in the post-primary sector with virtually no primary services (ibid:31). A pilot programme was established in two primary schools in the early 1990s. Typically, children with ID/PDD are assessed and diagnosed by clinical teams within the HSE who may prescribe a support programme to enhance development. It was noted that, due to the disconnect between the clinical assessment teams and the mainstream 'education system', clinical personnel may not be 'properly aware of the range of educational services available' which may result in many children, regardless of degree of difficulty, being offered placements in special schools. SERC also recommended that parents be 'actively involved' with the professionals in informed decision-making on education placements and further that,

*'Decisions on placement and on the services to be provided for an individual pupil can be considered to be right only if they are seen to reflect accurately the assessed needs of that particular pupil' (Department of Education, 1993:21)*

In order to establish an equitable and accessible education system, SERC recommended that the proposed education act include in its terms,

*'the right of pupils with disabilities and special needs to an appropriate education' [and that the Act] 'should define the basic rights and responsibilities of pupils, parents, school authorities, teachers and the State in relation to educational provision for pupils with special needs and/or disabilities' (1993:56).*

SERC reiterated the need to develop a system of connectedness between all parties involved in the care, assessment, treatment and supports provision, noting,

*'Formal organizational arrangements should be made so as to ensure the coordination of policy-making, planning and service delivery at national and local levels' (1993:199)*

Financial and material supports were also detailed and pertinent recommendations made toward the provision of adequate capital funding. Further, the report suggested that Health Boards keep a database of children in their area with 'specific physical, cognitive, sensory or emotional disabilities' and that the delivery of services should be coordinated by a 'named person'. The establishment of an interdepartmental

coordinating committee, between education and health, with responsibility for overall policy and planning was proposed. Local linkages should include all parties, lay and professional, in a consultative role with the departments and should take responsibility for providing an 'Information Pack' for clients. Within schools, it was suggested that coordinating teams with the principal or designated teacher furnished with all information needed to support each pupil should be established. This was a very explicit and detailed report much of which was used to shape the Education Act with respect to students with SEN.

A National Education Convention was convened in October, 1993 which endorsed the inclusive ethos of earlier reports and recognition of the individuality of pupils and their needs. The principle of 'choice' was at the core of the presentation by the 'Forum for People with Disabilities'. It was argued that the right to equal access to an education for all should be enshrined in legislation and that a culture of mobility between ordinary and special school be advanced. Barriers to implementation highlighted included appropriate assessment, teacher training, insufficient resources and lack of local level co-operative planning and provision. The Convention noted that parents should be facilitated in making informed choices equipped with psychological assessment and in consultation with suitably trained teachers.

There was growing awareness of people with autism as a distinct population with specific needs. In 1994, while the consultative process on education was evolving, the DoH published a report on 'Services for Persons with Autism'. For the first time, the DoH acknowledged that mainstreaming should be the first option, but stated that if this is not possible then specialised services should be provided. In planning education for the child, an eclectic approach was recommended to meet the 'continuum of special educational needs' that a child with ASD may experience. It further recommended that,

*'...for either option those involved in the child's or adult's education should have an awareness of the special nature of autism and should have the training to deal with the special demands it presents. Support from a variety of consultants should be readily available to staff as required' (Department of Health, 1994:5)*

The report recommended that following a multi-disciplinary assessment, an individual programme should be drawn up for each child to include both education and behaviour management programmes. It recommended that the 'skills of speech and language therapists and occupational therapists should be made available on a

regular basis'. It further suggested that 'support for the family should be an integral part of any treatment plan' and reiterated the need for appropriate training programmes for all professionals, medical and teaching to include information on ASD. However, the consultation process was unable to formulate recommendations on best educational placement practice for children with autism, due to the diversity of opinions in the field.

In 1995, the Minister for Education published a White Paper, 'Charting our Education Future', which set out key principles to guide the development of sound educational policy and practice across all levels of education and for all citizens of the State. Equality of access and outcome, opportunity to reach potential, respect for pluralism, inclusive partnerships, accountability and service quality were core principles addressed. High quality primary education was identified as central to preparing the child for further education with each child given the opportunity to develop to their potential. The paper acknowledged variances in learning styles and abilities and recognised that differing needs require respect and recognition through State provision of services from which each citizen may benefit, within the capabilities of the Nation's resources. In order to achieve equality, schools were required to engage in positive intervention where the need arises. It proposed that a continuum of flexible provision be available, allowing movement within or between placements, as required. The White Paper recognised that expenditure on 'education and training is an investment in economic growth and improved social cohesion' (1995b:6) and outlined the role of the State in supporting and guiding pertinent practice toward a rights based approach to education for all. Achieving the aspirational goals and objectives would require a level of development, change and implementation never undertaken or experienced before.

In parallel with the developments in the DoE and DoH, the Minister for Equality and Law Reform established a Commission on the Status of People with Disabilities in November 1993, which reported in 1996. Recent international legislation and practice was informed by three key principles namely,

*'the recognition that disability is a social rather than a medical issue, the adoption of a civil rights perspective, and the recognition of equality as a key principle of the human rights approach' (Commission on the Status of People with Disabilities, 1996).*

The Americans with Disabilities Act (ADA) (1990) was recognised as benchmark legislation in this field and ‘was highly influential in the work of the Commission’ (Quinn, not dated:5). For Quinn,

*‘...it is the near perfect embodiment of the equal opportunities model in law. At its heart is the legal obligation to ‘reasonably accommodate’ disability through a variety of measures’... ‘the ADA was widely emulated throughout the world’ (ibid)*

In line with the ADA ethos and growing international trends, the Commission recommended that future legislation be approached from a rights perspective rather than the historical ‘charity’ perception and existing medical model. Further, non-availability of information, difficulties in accessing entitlements and services and lack of co-ordination of services were outlined as major difficulties. It recommended the,

*‘establishment of a National Disability Authority, charged with overseeing the implementation of new laws aimed at improving the lives of people with disabilities, and co-ordinating everyone’s efforts to do this. It [proposed] that new ways of thinking about people with disabilities, underpinned by laws and supported by practical measures, will spell an end to the discrimination and exclusion that is their experience now’ (1996:p7,1.10)*

The DoE ‘should be the accountable authority in relation to all education matters of concern to people with disabilities and their families’ (ibid: 33). Pertinent guiding principles of educational philosophy were outlined including the principle that ‘every child is educable’ and that ‘all children, including those with disabilities, have a right to a free and appropriate education in the least restrictive environment’. Mainstream placement was recommended as the preferred option unless this is not in the best interest of the child or ‘that other children would be unduly and unfairly disadvantaged’ and that,

*‘The unique needs of the individual person must be the paramount consideration when decisions are being made concerning the appropriate provision of education for that person. In so far as is practical a continuum of services must be available to meet those needs close to the person’s home and family’ (1996:p33, 165)*

Further, it noted that,

*‘to facilitate inclusive education, due recognition must be given to the rights and needs of teachers for resource, initial education, and continuing professional development’ (1996:p173, 11.8).*

The commission placed responsibility on all schools to be inclusive with linkages between the parallel systems facilitated in ‘an inclusive Education Act’. It further

suggested that ‘the right to refuse entry must be allowed only in very exceptional circumstances: refusal should not be possible solely on the grounds of resources’ (ibid: 174-5). Entitlements and rights of students and parents should be clearly defined in the Act (1996:174). Parents, as the decision-makers, should have the right ‘to make Informed [sic] choice on the education placement of their child’ and ‘the legal rights, roles and responsibilities of parents must be clearly outlined in relation to any assessment or decision-making process’.

The commission recommended that Community Education Plans should be included in the Act that encompass provision of supports and therapies, namely, speech and occupational therapy, physical education, support and counselling for parents, psychological support, technical aids and supports, communications support, school transport, including an escort where necessary, classroom assistants, resource and remedial teaching, and personal assistants. The provision of therapy supports should be ‘a matter of right rather than choice if access to them is essential to enable a child to achieve his or her educational potential’ (ibid; 176-7). It recommended that funding be linked to the student rather than the school and that the level of funding should relate to need rather than to diagnostic categories. Further, it was stated that ‘parental right of choice cannot be frustrated on the ground that a cheaper option exists’ (ibid: 40). It highlighted the lack of access to the built environment and to suitable transport that may deny ‘full access to education, to employment and training, to cultural and leisure events’ (ibid: 6). This report, comprehensive in depth and description, recommended that ‘the rights explicit and implicit in these principles should be incorporated in all education policy, and should be enshrined in any legislation’ (ibid:33).

The various policy statements and commissioned reports through the 1990s represented a significant step forward in the development of an enlightened and inclusive approach to education policy and practice in the Irish education system. The National Convention presented an opportunity for all interested social groupings to voice their concerns and contribute to the overall development of policy and signalled early transitioning from a ‘social’ to a ‘rights’ based model of education delivery. A draft education bill was published in January of 1997. Whilst parents welcomed it, and more specially, the complaints procedure it proposed, patrons and school owners saw the draft bill as eroding their authority through the proposed role



outlined for BoM. Following a change of government in 1997 and the renaming of the DoE to the Department to Education and Science (DES), key changes were made to the bill and further debate ensued. Agreement was finally reached on 16<sup>th</sup> December 1998.

#### **4.5 The Education Act 1998**

The Education Act was signed into law on 23<sup>rd</sup> December 1998. It marks the hiatus and midpoint in the development of an equitable agenda towards the achievement of an accessible and beneficial education environment for all, including those with a disability or other SEN, in schools recognised by the DES. The spirit of the Act is one of rights based education provision in inclusive settings in so far as appropriate, with choice of placement being the right of the parent. The Act endorses equal access to and participation in education, appropriate to students' needs and abilities, for all who are resident in the State. It places responsibility with the Minister for Education and Science, through a consultative process with all the partners, to determine education policy and to plan, co-ordinate, assess and provide financially for the provision of education and support services. Direction may be given to schools, 'to ensure that the subjects and syllabuses pursued are appropriate and relevant to the educational and vocational needs of the students' (Government of Ireland, 1998:(30) (2) (c)). Provision is made in the Act for the establishment of education support centres where services may be provided for schools, teachers, parents, and BoM to facilitate personnel in the provision of education.

The appointment of the Inspectorate is put on a statutory basis and shall include appointees who are qualified psychologists or have expertise in educating students with SEN. It is the duty of the Inspectorate to support and advise schools' personnel and to assess the 'implementation and effectiveness' of programmes devised for individual students. Responsibility is placed on the Inspectorate to carry out and disseminate research on good practice and to act in a support capacity on policies and strategies employed for students with a disability or other SEN. It defines disability, inter alia as,

*(d) a condition or malfunction which results in a person learning differently from a person without the condition or malfunction, or*

*(e) a condition, illness or disease which affects a person's thought processes, perception of reality emotions or judgement or which results in disturbed behaviour;*

And that "special educational needs" means the educational needs of students who have a disability...'. It describes "support services" as 'the services the Minister provides to students, their parents, schools or centres of education. These may include assessments, psychological services, guidance and counselling services, speech and language therapy, technical aid and equipment, means of access to schools, adaptations to buildings and transport.

The Act dictates that schools shall use their available resources to ensure that the educational needs of all students, including pupils with SEN, are identified and supported. BoM are to be established where possible to enhance the 'spirit of partnership' and must ensure that the school conforms to the requirements of the Act. The BoM is required to publish the school policy which must include policy on the 'admission to and participation by students with disabilities...ensure that...principles of equality and the right of parents to send their children to a school of the parent's choice are respected' (15(2) (d)). An appeals procedure is established whereby any parent may appeal a school's decision,

*'where a board or a person acting on behalf of the board (a) permanently excludes a student from a school, or (b) suspends a student from attendance...or (c) refuses to enroll a student in a school, the parent may,...following the conclusion of any appeal procedures,...appeal that decision to the Secretary General of the Department of Education and Science' (Government of Ireland, 1998:section 28 (1))*

It is the BoM's duty 'to provide or cause to be provided an appropriate education for each student at the school' (15(1)). The Act specifically states that the board shall 'use the resources provided by the Oireachtas to make reasonable provision and accommodation for students with a disability' (15(2) (g)). Boards must establish, review and update the school plan. In the plan, the objectives of the school relating to 'equality of access to and participation in the school by students with disabilities or who have other SEN and the measures which the school proposes to take to achieve those objectives' must be stated (21(2)). Principals, who are answerable to the BoM, are responsible for the day to day running of the school and the promotion of the professional development of the teachers. The establishment and operation of parents' associations is also put on a statutory basis. It is their responsibility to represent parents' views and assist parents in effecting their rights in supporting their

children's education. It is the duty of the parents' association to promote students interests in co-operation with and as advisors to schools' personnel.

Although many earlier reports recommended that there should be contact established and maintained between the special and ordinary systems of education, and the White Paper highlighted the need for attention to be given to arrangements for fluid movement of students between the two settings, this ideology is not formalised in the Act by way of facilitating dual enrolments. However, section 9 (l) states that schools 'shall use their available resources to – establish or maintain contacts with other schools and at other appropriate levels throughout the community served by the school' but no formal directives were established.

The Education Act was implemented by a series of Commencement Orders with the final order commenced in December 2000. The Minister for Education and Science is responsible for funding the provisions of the Act which includes statements such as 'as far as is practicable and having regard to the resources available' and 'having regard to...the effective and efficient use of resources'. The implementation of the provisions of this comprehensive 'rights based' Act toward the development of inclusive education practice into the 21<sup>st</sup> century and, in particular, for students with a disability or other SEN, is therefore, dependent on fiscal, political and social imperatives and the willingness and capacity of the system to cope with the changes required.

On the 19<sup>th</sup> July 2004, the Education for Persons with Special Educational Needs Act was enacted. This Act makes further provision for the education of people with special educational needs in inclusive environments. It provides for the right of persons with SEN to benefit from appropriate education and to access the supports required to enable skills acquisition to the level of their ability. It provides for the establishment of a National Council for Special Education with responsibility for the co-ordination and management of special education services. However, the Act post-dates the enrolment experiences of both principals and parents analysed in this thesis and is therefore not deconstructed here. It is addressed in greater detail in the concluding chapter to provide an understanding of evolving policy and the trajectory of its proposed implementation.

## 4.6 Conclusion

The Irish Education System evolved through the 19<sup>th</sup> and 20<sup>th</sup> centuries from a simple system of hedge schools to a statutory based complex and diverse pluralist system. Access to education evolved from minimal availability and uptake at primary level to availability of free second-level in 1967 based on meritocracy. For students with an ID/PDD, education evolved from the workhouse system to segregated special settings, led mainly by parents and the voluntary sector with some financial support from government, to the provision of a continuum of special placements and access to mainstream placements with supports as a right. The ethos of education progressed from cultural assimilation with Great Britain through cultural nationalism looking inwards to the accrual of cultural capital and looking outwards towards Europe and beyond. The power structure evolved from the local to control by Church and State to inclusion of teaching personnel, BoM and parents, challenging *doxa* and *habitus* for all. Economic capital investment increased steadily toward meeting the needs of the changing ethos and growing diversity in the system. Cultural capital of teachers evolved to a professional graduate basis with some access to higher level training. Social networks for school managers, teachers in general education, teachers in special education and parents have been established. Significant progress was made through the latter half of the 20<sup>th</sup> century in the development and structuring of the mainstream education system. Provision of education for pupils with ID/PDD in the special system evolved and a transition to inclusion in mainstream schools was developing.

This evolution of the education system through the 20<sup>th</sup> century informed an intense debate through the 1990s which culminated in the enactment of the Education Act in 1998. This rights based legislation represents a landmark in the development of education policy in Ireland. However, effective implementation necessitates significant change in the *habitus* of all parties through the investment of pertinent capitals at multiple levels of the system. Multiple pragmatic recommendations were made in the 1965 DoH report which were reiterated and expanded on in the multiplicity of documents that ensued. These recommendations outlined the steps that were required by all parties in order to equip the education system with the ability to meet the needs of people with a disability in an equitable manner. The research undertaken in this thesis considers the level of uptake of these

recommendations and the implementation achieved five years post the enactment of the Act with specific reference to pupils with ID/PDD.

In the following five chapters, the empirical primary data of the research is analysed. In the next chapter, the accruals of capital by parents of children diagnosed with ID/PDD and the development of an informed *habitus* to support them in the process of decision-making on choice of placement is examined.

## **CHAPTER 5: PARENT *HABITUS* AND CHOICE OF EDUCATION PLACEMENT**

### **INTRODUCTION**

The durability of the prevailing socialised *habitus* of communities and systemic practice structures of primary educational spaces are challenged by the relatively new rights based inclusive enrolment policies introduced on a statutory basis with the Education Act 1998. New ways of thinking about and organising educational spaces are required. However, the hysteresis effect of experientially constructed *habitus*, in the evolving organisational transformation of ‘special’ education provision, from historical segregated spaces to a dispersion of provision across a continuum of settings, is problematic. Service provision is transitioning from majority disability specific ‘special’ spaces to varying degrees of specific and/or generic inclusive spaces where pupils with ID/PDD become a minority group/individual, subsumed within a broader minority of pupils with diverse SEN in typically ableist spaces. Socialised understandings of the functioning of the system, that provided a secure *habitus*, are challenged and/or invalidated. In this chapter, the trajectories of the 119 families are analysed from their child’s diagnosis of an ID/PDD through the decision-making process on their choice of primary education setting. In particular, the availability and uptake of various capitals within the prevailing system, as conceptualised by Bourdieu, to support the needs of the families and the parents’ *habitus* in this transitioning system, is evaluated.

### **5.1 Capital Accruals by Parents**

A rights based model of mainstream primary education provision for all, including those with a disability, with support services provided for by the Minister ‘and a level and quality of education appropriate to meeting the needs and abilities of that person’ is central to the 1998 Education Act. However as noted earlier, Government policies are enacted and commenced with the stroke of a pen but effective implementation and societal adaptation are far less definitive. In particular, the transition from the historical segregated system managed by the DHC (as outlined in Chapter 4) to a rights based model of placement choice across a continuum of settings presents parents with significant challenges in seeking to optimize their

child's educational outcomes. The accrual of various forms of capital, as outlined by Bourdieu, is required to enhance parent and societal *habitus* in line with the changes of education policy and practice.

### ***5.1.1 Economic Capital***

Parents approach assessment personnel with the expectation that a diagnosis will lead to a programme of remedial supports. However, the provision of economic capital in the form of experienced personnel, resources such as therapies and educational support programmes has evolved in an ad-hoc manner. Consequently, assessments, referrals to and/or the provision of services do not follow a recognisable universal pattern. On recognition of a genetic disorder such as DS and/or suspected developmental delay of the young child, health professionals, including clinical psychologists, psychiatrists, medical staffs and/or therapists carry out clinical assessment(s) which may lead to a diagnosis of an ID/PDD and further clinical monitoring, for example,

*'...diagnosed mild/moderate [ASD]...would send appointments...check his speech...hearing, eyes, everything tested...to see where it stood'...and I saw a very good doctor...gave me a lot of advice on whom to see if I needed anything' (P93:RZ)*

However, other families may not be so well catered for, as explained,

*'Pascal never got a speech and language assessment...because they didn't have it. He had one occupational therapy assessment which I never got a report on...what...they made their decisions on was...two different play therapists actually and a psychologist did an evaluation' (P14:RP)*

The psychological evaluation was unsatisfactory, as explained,

*'...a clinical psychologist in training who put Pascal into a room that was completely and utterly festooned with things...' (P14:RP)*

This was an unsuitable setting for a child with suspected ASD, the result being,

*'...he went into complete distress and wouldn't complete the psychological evaluation...this guy was very inexperienced...the whole thing was a disaster...' (P14:RP)*

Pathways to sourcing support in general and more specifically on education issues, were arbitrary and diverse. The degree and type of supports provided varied greatly between services and at different times within the same service. Disability services personnel may contact the family of a newly diagnosed child to arrange a follow-up meeting or alternatively may wait for parents to initiate contact. Many children

spend long periods of time on waiting lists for consultations, therapies and intervention programmes and as a result, experience little or no actual services. A typical complaint reads,

*'...they just don't want to inform parents...[A] Social Worker goes to some parents' houses and does this Marte Mao training...I was never offered it. Most parents aren't offered it... it's very haphazard...most of the parents think that the parent who is the loudest and most complaining gets more' (P126:RM)*

In general, parents reported that the capacity of the system to provide follow-up services and supports, emotional and/or practical skills and education advice and programmes is severely lacking. Some families were not referred to any services. Typical responses include,

*'...after diagnosis we went through a very painful period down in [clinic]... We were so distressed and they were so unhelpful' (P14:RP)*

*'...as soon as they get the diagnosis they're out the door' (P126:RM)*

*'after the initial shock...of having a DS child I felt in the immediate few months there was no help...There was no one to speak to. I was handed a booklet of the DS Association...that's what it is and there you go' (P56:RS)*

*'This is your diagnosis it's not your fault and Keith Duffy's daughter has it [ASD] and there's a lot more known about it now...and that was the end of it...It was a disaster really...' (P49:RT)*

*'...we were just kind of in limbo we didn't know where to go and what to do' (P65:RY)*

*'...saying to her "what do we do now"?..."well I don't really know...there isn't an awful lot for you"...She walked out the door...left two people completely shattered, in pieces...literally, and I'm not the only one, you'll hear the story again and again and again' (P57:RA)*

In the process of diagnosis, assessment, early intervention and/or a level of therapy provision, some families developed positive relationships with their child's clinical team and in some cases with a network of parents. More specifically, however, access to support in relation to the child's potential SEN, is problematic. Early intervention schooling is of paramount importance to children with ID/PDD to address issues of developmental delay and to prepare the child for primary education. State provision of early intervention preschools, however, is generally poor. Walsh (2003:80) states,

*'The Department of Education and Science or other government departments do not provide an inclusive, targeted and comprehensive range of interventions for children with special needs and there is great reliance on voluntary organisation to provide such services'.*



In this study, special preschools were attended by 20 (17%) children, 7 with ID and 13 with PDD, mainly in the Dublin County Boroughs. Of the remainder, 17 (14%) pupils, 7 with ID and 10 with PDD, attended part-time special early intervention/assessment programmes concurrent with attendance at mainstream preschools in a mix of private or community settings, two of whom had the support of an SNA.

The introduction of a universal accountable system of diagnosis and follow-up services provision is currently being targeted with the rollout of the ‘assessment of needs’ portion of the Disability Act (Government of Ireland, 2005) for the under fives which may alleviate some of the systemic gaps portrayed in this research. However, neither the DES nor the DHC or their agents take responsibility for the facilitation of access to information and/or supports toward decision-making on choice of school placement and the provision of support services.

### ***5.1.2 Cultural and Symbolic Capital***

Accommodating the SEN of a child with an ID/PDD was a new experience for each respondent and the majority of parents, 103 (87%), had no previous experience of ID/PDD. However, only 21 (18%) families had access to information locally and obtaining knowledge of the various school settings available and how to access placements was new territory. Parents typically sought information and some made recommendations, for example,

*‘Choice of education available in area, communication from assessors, re-assessment of child. Gold standards \* (Any Standards!!!) information regarding the curriculum \*a plan should be made for each child with guidelines as to how to achieve what is best and optimal...’ (P55)*

The data showed, conclusively, that access to professionals within the system with the capacity to provide information and pertinent advice on education issues was highly problematic. A typical response reads,

*‘...left me do it on my own. There was no input whatsoever...They didn't help me at all’ (P14:RP)*

A comprehensive and universal system of information provision on all aspects of the education and health systems is sought by families but it does not exist, as noted,

*‘...for somebody who's new in here there is nothing to show me a list of services’ (P18:RX)*

*'...it was a battle in the early days to get information but after you find out on your own accord how to get that information you're there...I would have preferred if I had been handed...a book...A-Z this is what you do' (P118:RN)*

Parents believe that information should be available through the State departments and/or their agencies.

*'...lack of information...I mean there's no leaflet from the DES or the DoH...that will tell me...the way it works...cause it's such a minefield...there's just so many different things that you just don't know about...'* (P14:RP)

Education queries posed to professionals by parents provided responses such as,

*'...it's only a clinical diagnosis and we can't tell you what to do and nobody can tell you where to send your child to school' (P53:RD)*

*'...cause I was saying like what schools are there? [response]... "I don't know I'm not from an educational point of view I'm in a clinical" ...'* (P130:RDD)

*'...they had no idea in the clinic of what was out there to help people' (P49:RT)*

66 (56%) respondents reported that assessment personnel were helpful. However, at interview it was learned that the assessment personnel that parents typically referred to as being helpful were those accessed in a private capacity.

Historically, clinical assessment personnel supported referrals to the segregated system, typically linked to disability services and may not be familiar with the efficacy of the various settings potentially available today for pupils with ID/PDD. The lack of cultural and symbolic capital for such personnel, as conceptual by Bourdieu, foregrounds the perpetuation of historical practices of segregation and mediates placement outcomes. Parent expectations however, were that service providers, who receive a capitation for each child on their books, would provide on-going educational assessments and the advice, information and the supports required in the process of decision-making on education issues. Opting for an education placement in a special school run by the child's service provider, when available, was generally reported as straightforward. A few service provider personnel suggested two or three special schools when parents sought special placements. This support was generally well received. However, the reality for many parents was that choice was not offered, as noted,

*'They [clinical assessor] were telling you that the only service available for the label on your child is this...It's not great but...that's not good enough' (P17:RL)*

Another family received advice that for them did not equate with their belief in their child's ability, as explained,

*'...told by psychologist to put him into mainstream... We knew he would not be able for this and had heard of a special class... (We had hoped to put him into a Montessori...until he was five...) However we were accepted into [special class]. Looking back, we should have gone the Montessori route, but at the time one thinks that the pro's [professionals] should know best, not so in our experience' (P86)*

Some services personnel do provide advice on suitable mainstream placements and a few also supported parents in accessing placements with which their service had established connections. For these few, services personnel continued to provide back-up support to the mainstream school and to the parents and children. However, this was not the norm across the system and the reality for the majority of parents, when seeking information on education placements, both special and mainstream, outside the remit of the service provider, was

*'...[services] weren't directing me anywhere and weren't offering me anything ...' (P14:RP)*

*'...and all of a sudden we were out on our own looking for schools...'* (P64:RBB)

*'I was on the phone for the first 10 days of looking for any kind of information and what do they have here [sic] available...I've called all the education departments and they gave me the NEWB...'* (P18:RX)

In this context (National Education Welfare Board) personnel provided some useful information on issues beyond their remit.

There is no official universal system that links the clinical diagnoses of ID/PDD with access to education and supports for children with ID/PDD. Parents noted that professionals and support workers in the DHC were generally not aware of services available from the DES and vice versa or even supports available within the various sectors of their own departments. A fragmented ad hoc uncoordinated system was the norm experienced, as explained,

*'...there are an awful lot of things you are entitled to...like the Early Intervention...Home Tuition from the DES. There's no co-ordination between any of that and they didn't have that information...but nobody knew like the one place to go for it...'* (P49:RT)

*'...but it's just everything that you want you have to really find out about...there's no information given to you'* (P98:RI)

Several parents noted that ringing the various government departments and their agencies proved futile, for example,

*'...golden pages and I rang...anything with education on it...well basically they were no help...' (P22:RH)*

While the DES web site has a list of placements available, both mainstream and special, parents are not generally aware of its existence. Further, information on official websites can be difficult for the uninitiated to decipher, as noted,

*'...when you read them you're still unsure...they're talking their own language...' (P64:RBB)*

Information on the DES website was also reported as misleading, for example,

*'...it's like a dreamland [description of education system on internet] this is it...but then again when you get here it's a whole different story' (P18:RX)*

Having read information on the DES site before coming to Ireland this family believed that there was a good SEN support structure in place. However, on seeking a placement for a child with ASD, they learned that places were very limited with long waiting lists and that supports were difficult to access. The systemic lack of capacity to meet the needs of parents and ultimately the needs of pupils with ID/PDD, is experienced by many as a challenge to 'overcome' the system and to 'fight' for the rights of their child, for example,

*'...you don't realise that you are entering a system that is so corrupt and so lacking that really you are going to have to play the system from the beginning...' (P14:RP)*

The local Citizens Information Centres or their web pages were accessed by a couple of respondents who found the information on financial entitlements useful but found very little useful information on education and supports.

The National Parents Council (NPC) was established to give parents a voice in the education system. Within this structure, as noted in Chapter Three, there is a SEG to support parents of children in the special system and an IEG for parents whose children are mainstreamed. The NPC state on their web pages,

*'We work for the rights and entitlements of parents and children and are very proud of our record in regards to children with special needs' ([www.npc.ie](http://www.npc.ie))*

The NPC ran a once-off parent and teacher information course on understanding SEN and development of good practices etc. which was reportedly well received. However, only 12 (10%) respondents found NPC personnel to be helpful. Comments such as 'who' (P116), 'don't know what they are' (P95), 'don't know

*them*' (P87) were reported by 17 (14%) respondents. 32 (27%) left this question blank. Clearly, the potential for parent representatives within the NPC to support parents of pupils with ID/PDD and to enhance their experience of the education system was not being realised for the majority of respondents. Gaining information from the BoM or schools' parent committees in the parents' locality also proved problematic. Parents noted that they were misinformed on issues or that the information provided was biased in favour of the staff or the existing pupils in the school, due to the unwillingness of particular schools to accommodate a child with ID/PDD. Attending parent meetings in the school setting was also problematic, as explained,

*'...and I'm really shocked the first parents' meeting I went to where they were all screaming and shouting and saying this teacher is a bitch and I walked out and sat in the car and just cried, my God, what was I going to do...'* (P125:RQ)

It is imperative that information be impartial, objective and without emotional history. Misinformation can be as deleterious as no information. Access to up-to-date universal structured information would help to alleviate the deficit in cultural and symbolic capital, which is clearly demonstrated in the data, and greatly enhance the experience of parents. However, parents frequently endeavour to source information to support decision-making on placement choice independently and by accruals of social capital.

### **5.1.3 Social Capital**

In the absence of adequate information and support parents find it necessary to become proactive and resourceful. They eke out information, research the issues and/or establish social networks and access what Bourdieu terms 'social capital' to help inform choice and support decision-making processes, as noted,

*'...because there was no information...it was on to the internet, word of mouth ...listening to other people...I had that article [newspaper article] about four years, from when Derek first started attending clinic. I don't know why I kept it but...'* (P130:PDD)

*'you just talked to people...a friend of mine, her little boy has something wrong with him and, I think, they go there [special school] so you ring them up and they say oh yes he does...'* (P68:RAA)

*'...my sister-in-law met someone at a party who worked in an autism school. She found out the name of it [and] told me it...'* (P125:RQ)

*'I ended up getting more information from parents than I did from anything else. So I spoke to...parents of children in outreach classes as well...'*  
(P22:RH)

When a specific disability is diagnosed, parents may source an appropriate disability organisation, as recalled,

*'...so that's how I started to get my information, through DSI...but I had to work for it. I had to fight for it...There's no information unless you go looking for it...'* (P118:RN)

Hospital/clinic personnel may introduce the family to a parent volunteer or representative from organisations such as Down Syndrome Ireland (DSI), in areas where this facility exists. However, such organisations are typically manned by volunteers and the various branches may differ in the quality and levels of support and information provided. The survey showed that 40 (38%) respondents found networking with parents in voluntary disability organisations a helpful source of information, most particularly those with DS, AS and ASD, with the highest level of support (47%) being reported in Dublin South and the lowest experienced in Fingal (17%).

It is not the responsibility of voluntary disability organisations to provide information and/or support to parents in securing placements in primary education but some parent groups do act in this capacity and have well established support networks for parents. However, they are reliant on the goodwill, knowledge, ability, efforts and mindsets of fellow individual parents. Several disability organisations hold themed conferences and parents attend, most typically for a fee, and gain valuable information. The NDA, ASPIRE, IAA, DSI, NIID, II (previously called NAMHI), NPSA and IATSE (see list of acronyms) provide experienced or learned speakers from home and abroad to inform parents and professionals on good practice and to share research findings. Picking up pertinent information, whilst networking with fellow participants, was noted by parents. Parenting courses run by a Child Guidance Clinic provided a network for a couple of respondents and some participants continued to meet after the course ended. However, parents of children with a non-specific GLD or less well recognised syndromes typically have greater difficulty accessing supportive networks. The information shared through voluntary organisation networks was generally reported as beneficial and the data showed that positive outcomes resulted. However, the quality and value of cultural and social capital accrued was highly variable. For some families, these settings proved to be a

negative experience. Parents felt bullied and pressured by the swell of emotions that went unchecked at some meetings, for example,

*‘...they push things down your throat...I would have distanced myself from that group...’ (P114:RB)*

Similar to the schools’ parent meetings, the heightened emotional outbursts experienced compelled some parents to leave, thus losing the potential support of peers.

The provision and maintenance of positive outcomes for parents and their children with SEN requires an integrated State system that recognises and provides for the rights of all citizens with provision of pertinent capitals to support the ethos of enacted and commenced Government policies. An adversarial system has evolved, according to some parents, who believe that the lack of formal structures in the Irish health and education systems and pressure on the limited resources fuels the need to ‘fight’ the system in order to achieve their children’s rights. In the absence of appropriate levels of support, with respect to changing practices, achieving positive outcomes and social justice remains problematic.

## **5.2 Parent *Habitus***

The special education system maintains lower pupil teacher ratios, has stipulated access to SNA supports, a historical relationship with DHC for the provision of therapies, provides adapted education programmes, their teachers have enjoyed greater access to special education training programmes and is recognised as more experienced than mainstream settings in the provision of education for pupils with an ID/PDD. However, familiarity with mainstream provision and a growing awareness of the potential for mainstream provision to better prepare pupils for life in the community, challenges parents’ *habitus*. It requires them to evaluate the settings available to their child to optimise their educational and social development. This is typically a multi-faceted journey of choices and decision-making influenced by many factors including parents’ belief systems, societal attitudes, choice of settings, schools’ characteristics and the specific needs of their child.

### **5.2.1 Parents’ *Belief Systems***

All 119 parents represented in this study have children with ID/PDD enrolled in primary education. However, the data shows that only 66 (56%) believe they

understand theirs and their children's rights. Lack of knowledge of one's rights leaves parents vulnerable to gatekeeper practices and detracts from informed decision-making processes. That said, only 38 (58%) of these parents believe that mainstream schools should cater for all children, (Table 5.1, four cases incomplete).

**Table 5.1: Parents' Knowledge of Rights and Belief in Universal Enrolment**

		I am comfortable that I understand mine and my children's rights					Total
		Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	
All children should be catered for within mainstream settings	Strongly Agree	11	15	6	5	3	<b>40</b>
	Agree	6	6	5	0	1	<b>18</b>
	Not Sure	1	5	4	7	3	<b>20</b>
	Disagree	4	11	10	2	1	<b>28</b>
	Strongly Disagree	3	2	3	1	0	<b>9</b>
Total		<b>25</b>	<b>39</b>	<b>28</b>	<b>15</b>	<b>8</b>	<b>115</b>

Overall 58 (49%) parents believe in universal enrolments but only 20 of these also agreed that refusal of admission is not acceptable, (Table 5.2, seven cases incomplete). Conversely, 37 (31%) parents do not believe in universal mainstream and only 21 of these agreed that refusal of admission is acceptable. Up to 26 (22%) parents ticked 'not sure' on one or other question, only six of whom were common to both. Parents believe that refusal of admission was acceptable and necessary under some circumstances, for example,

*'...some parents put their children in the wrong places...a child that is certainly not able for National School...might be better off going to...some place like...[special school MGLD] and get proper help...' (P79:RG)*

*'...some kids that would need a nappy changed and that kind of stuff...that's probably where I'm coming from' (P72:RC)*

It is the responsibility of the SNA to support such care needs and should not be a reason for exclusion. Such beliefs exemplify Bourdieu's concept of 'misrecognition of limits'.



**Table 5.2: Parents' Belief in Universal Enrolments and Acceptability of Non-enrolments**

		All children should be catered for within mainstream settings					Total
		Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	
Refusal of admission is acceptable under some circumstances	Strongly Agree	2	1	1	0	2	<b>6</b>
	Agree	9	8	5	16	3	<b>41</b>
	Not Sure	9	5	6	6	0	<b>26</b>
	Disagree	8	1	5	3	1	<b>18</b>
	Strongly Disagree	10	2	4	2	3	<b>21</b>
Total		<b>38</b>	<b>17</b>	<b>21</b>	<b>27</b>	<b>9</b>	<b>112</b>

Behavioural issues were to the fore for a parent who believes,

*'...if he didn't have enough social skills, if he was...a child that had tantrums all day long or he was very angry... there's another 24 children in the class so it's really not fair. If he was that bad he really would need to go somewhere that was equipped to deal with that' (P53:RD)*

Again, behaviour management programmes can be applied in any setting if the proper supports are in place. However, there is a proviso for this contingency in the Act, should the situation be irreconcilable.

Some parents, 16 (13%), believe in ability streaming and seven also believe in universal enrolments, (Table 5.3). There is no clear pattern of disability type or degree evident in the data which may influence parent opinions on universal enrolment in mainstream, the ethos of acceptability of non-enrolments for some pupils and/or the efficacy of ability streaming within mainstream or segregated spaces. Clearly, many parents do not have a positive *habitus* of the right to inclusive mainstream provision for all children with an ID/PDD and the duty of schools' personnel to provide universal enrolments, which may influence their decision-making process and access to mainstream placements.

**Table 5.3: Parent Opinion on Universal Mainstream Enrolment and Ability Streaming**

		All children should be catered for within mainstream settings					Total
		Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	
Only children of similar abilities should be schooled together	Strongly Agree	0	0	1	2	0	3
	Agree	4	3	1	2	3	13
	Not Sure	3	0	6	3	2	14
	Disagree	10	10	8	16	1	45
	Strongly Disagree	22	5	4	5	3	39
Total		39	18	20	28	9	114

### 5.2.2 Societal Attitudes

Societal attitudes to people with ID/PDD are improving and a growing respect for their educability and an awareness of their right to access mainstream spaces is evolving (National Disability Authority, 2002). However, gratuitous attitudinal barriers, supported by historical segregation and established *doxa* and the socialized *habitus* of individuals and communities, perpetuate or dominate customary norms of community expectation, service provider and gatekeeper practices. Parents experience conflicting attitudes within themselves and within the larger community. Grandparents, in some cases, believe that the segregated system is the correct place whilst siblings and friends have greater acceptance of the more recent practice of mainstreaming. Parents also report schools' personnel portraying negativity toward inclusion and that a sense of stigma may still persist, as noted,

*'I do think some schools probably do look down their nose at kids who aren't normal for the want of a better word...'* (P17:RL)

In this study, societal attitudes to disability affected choice of placement for 55 (46%) parents and a further 18 (15%) were not sure if this was the case. Parent perceptions of societal attitudes include,

*'They [community] think institutionalised [special school]...They think profound disability...That's why people are aiming for mainstream...because societal attitudes are, oh there must be something seriously wrong if they're in special school, but they must just have something slight if they are in mainstream school...' (P14:RP)*

Some families believe that if special settings were chosen the local children would not understand their child and would therefore make no allowances for the disability and bullying may occur which would isolate their child. Travelling to a special school, some parents noted, would be seen as 'being different' and would bring unwelcome attention. On a similar vein, but from a more positive perspective, a parent explains,

*'...get to know everybody...in the area and become accepted...that's why we probably said...he has to go to the local National school and we have to do whatever we have to do to make sure that that happens...' (P118:RN)*

Societal attitudes were also cited as reasons for choosing the special system, as explained,

*'...the fact that we have had negative attitude from other people to his disability, to his problems, affected my going to [special class]...' (P50:RO)*

Societal attitude and cultural concerns were evident in the mindset of this parent who maintained that sports oriented mainstream schools were unsuitable for a child with SEN who would not have potential to make the team, and stated,

*'...I would just hate any of my kids to go to a rugby playing school because if you didn't play rugby...you weren't...important to the school...it was kind of the same with the hockey' (P50:RO)*

However, the same parent went on to reveal that when the child was older, a place in the 'preferred school' (socially) would be sought as a form of security in adulthood, as explained,

*'...so my criteria for choosing a school for my kids was not to be like that, and yet having said that, the school tie that I have, if I need something I know that I can call in my [school tie] connections' (P50:RO)*

The feeling around the 'school tie' was deemed worth pursuing for the latter years of schooling for the child with SEN. Societal attitudes are clearly influential for some families.

### ***5.2.3 Decision-making Challenges and Preferred School Settings***

As noted above, many parents experience difficulty in accessing information on what type of placement would best suit their child. Parents are very vulnerable at such

times and the differences between settings and how various approaches function to meet the needs of the child is poorly understood and is not typically explained to parents. When the diagnosis is received in early childhood rather than at birth, parents typically have very little time to adjust, as recounted by a parent of a child diagnosed shortly before starting school,

*'I thought I should be sending him somewhere special because he had special need, but at the same time, ...it's very hard to explain. I didn't want him to go there because...it would have made me accept...that he was autistic...I would have been just too upset to send him up there [special school] ...' (P53:RD).*

Confusion around the parental duty to have the special needs of a child addressed and the simultaneous need to have the child accepted and included in mainstream society was not uncommon. Even with the benefit of time when diagnosis is made at birth, another parent stated,

*'It is a very hard decision to make' (P114:RB)*

Evidence based research on the efficacy of education provision in each of the different placement types for children with specific disabilities, was sought by a couple of parents, as noted,

*'...What I was trying to find out is, what the effects on Hugh [would be] if I put him mainstreaming...' (P22:RH)*

Parents want to make informed choices. However, many difficulties were experienced and many considerations were factored in by parents seeking the best outcomes for their child, the reality being,

*'...education is so important regardless of whether it is special needs or not, isn't it?' (P1:RE)*

In this study, 50 (42%) parents deemed decision-making on placement choice to be straightforward. For some families the only acceptable placement was mainstream school, for example,

*'...I had very clear images in my mind that I was going for....I was avoiding things like the PECS system...I was determined he was going to be verbal. I was very much thinking mainstream rather than a special school...' (P14:RP)*

Other parents were equally confident that their child's needs would best be met by attending special school or special class/unit catering for specific difficulties, such as a speech and language unit tailored for children with MGLD. Some parents of children with ASD, having researched the options specific to the disability, were

convinced that the ABA method was essential. Decision-making for 53 (45%) of the remainder was noted as not straightforward.

The survey showed that 87 (73%) parents would prefer mainstream schools but only 59 (51%) had a preference for a mainstream class (Table 5.4).

**Table 5.4: Preferred School Setting**

Placement Type	First Choice	Second Choice	Third Choice	Fourth Choice	Fifth Choice	Total
<b>Mainstream integrated resourced</b>	46	22	10	7	3	<b>88</b>
<b>Mainstream Educate Together</b>	13	12	12	7	3	<b>47</b>
<b>Mainstream special class GLD</b>	14	21	17	7	6	<b>65</b>
<b>Mainstream specialist unit ASD</b>	14	21	14	13	2	<b>64</b>
<b>Subtotal Mainstream</b>	<b>87</b>	<b>76</b>	<b>53</b>	<b>34</b>	<b>14</b>	<b>264</b>
<b>Special segregated single level ability</b>	7	6	11	9	9	<b>42</b>
<b>Special segregated multiple levels</b>	3	11	8	8	14	<b>44</b>
<b>Specific specialist ABA/S&amp;L</b>	18	6	6	5	8	<b>43</b>
<b>Other setting</b>	1	1	0	1	1	<b>4</b>
<b>Subtotal Segregated</b>	<b>29</b>	<b>24</b>	<b>25</b>	<b>23</b>	<b>32</b>	<b>133</b>
<b>Total</b>	<b>116</b>	<b>100</b>	<b>78</b>	<b>57</b>	<b>46</b>	

81% of parents of children with ID but only 65% of parents of children with PDD had a preference for mainstream schooling which suggests that disability type may guide this opinion for some parents. Other preferences included a school specific to Asperger syndrome but they do not exist in Ireland, a Montessori setting up to age 12, of which there are a few and yet another would prefer a Steiner school, of which there are four. For this parent,

*‘...mainstream integration with “peers” is not remotely possible or desired’ (P125)*

Clearly, a continuum of placements is sought by parents.

Lack of educational assessment and advice was cited by several parents as a significant issue that needed addressing before choices could be considered. Lack of professional advice is particularly problematic when parents differed in their perception of the most suitable placement for their child, for example,

*'...I would have been happy enough to send him to a special school but his dad wasn't. [He] didn't want him to go at all' (P84:RF)*

In order to make an informed choice of the most appropriate setting, parents need to understand their child's potential special education needs. However, educational psychological assessments are not widely available in the system and many parents sourced education assessments privately. One such parent noted,

*'...and he [private psychologist] just said that he [the child] wasn't going to learn any social skills sitting in a classroom with six other autistic children, so that just put it in my head like that that's what would be better for him, to be in a mainstream school' (P53:RD)*

The advice of professionals, when accessed, reinforced parents decision-making processes and provided an assessed or pragmatic reason for particular placement choices.

The shortage of 'special' placements in general and more specifically for children with ASD makes it imperative that parents make the 'right' choice initially, as explained,

*'I felt it was a big decision at the time for Hugh...and it was going to affect him. If I put him in mainstream I was automatically losing the outreach place [and] if I put him in outreach I automatically lost his mainstream place...Once I made the decision that was it...his place was gone either way' (P22:RH)*

Several parents want to try mainstreaming, as explained,

*'All children deserve a chance at mainstream before being placed in a special school....to be able to be part of a normal life...' (P119:RCC)*

However, placing a child in mainstream may seem uncomplicated but as explained,

*'...not as straightforward as oh let him go to the local school. As soon as you even decide your stomach is sick because you're thinking...what's the principal's reaction going to be like...if he's not positive...I won't send my child there...you can't send the child there under duress either...then...how quick are the department going to give them notice that they can employ a classroom assistant...' (P124:RK)*

*'We agonised over the mainstream kind of thing. We took weeks and weeks to think about it and what to do...we just realised...We don't think that...she would get proper education...' (P98:RI)*

The parent explained further,

*'it wasn't even the academic...it was more social with her...in the yard...it's very isolating for her not to be able to communicate...we understand her and...she knows everything that we say' (P98:RI)*

Language difficulties need to be understood and facilitated but mainstream schools would not typically have experience in this area. Choosing mainstream placements may provide inclusion in the classroom for the child but other activities need to be considered for the holistic development of the child, for example, another parent explained,

*'...If, as we did, you choose mainstream, you are cut off completely from the activities/sports/social life provided in the special sector. Our child needs a more structured environment than is provided by the extracurricular activities associated with mainstream and so does not participate in these. Our child belongs in both worlds, special and mainstream. They are however mutually exclusive' (P8)*

The issue of mobility between placements within the primary system for pupils with SEN was addressed in the 1995 Government White Paper, (Government of Ireland, 1995:24), which states,

*'...to ensure a continuum of provision for special educational needs, ranging from occasional help within the ordinary school to full-time education in a special school or unit, with students being enabled to move as necessary and practicable from one type of provision to another. Educational provision will be flexible; to allow for students with different needs, at various stages in their progress through the educational system'.*

However, the Education Act does not provide for mobility within the system and rigidity rather than flexibility is the norm experienced. The process of decision-making is fraught with anxiety for many families and parents have many issues to consider.

#### **5.2.4 Preferred School Characteristics**

Regardless of schools' designation, mainstream or special system, parents rank teacher experience of ID/PDD most highly (Table 5.5). Parents want to place their children in schools where the child's abilities and challenges are understood and can be catered for by teachers who are appropriately qualified and experienced. Particular areas of concern involved children with language difficulty where parents sought staff who 'understood the specific problems involved' (P23) and others with ASD, where parents sought 'experienced teachers, sensitive to the needs of people with ASD' (P27). Parents of children with PDD outnumber those with ID two to one on this ranking and it is clearly an area of concern amongst parents of children with

PDD, most particularly those with AS and ASD. A typical example of parent responses on this issue reads,

*'Resource teaching, in general, is with teachers who do not have experience of autistic children. S.N.A. have no training requirements and need constant help and analysis from parents. No instruction or support for mainstream teacher on child's disability, dependent on personality and interest of individual teachers' (P14:RP)*

**Table 5.5: School Characteristics Considered**

<b>Attribute</b>	<b>First Choice</b>	<b>Second Choice</b>	<b>Third Choice</b>	<b>Fourth Choice</b>	<b>Fifth Choice</b>	<b>Total</b>
<b>Teacher experience of ID/PDD</b>	25	20	14	13	11	<b>83</b>
<b>Caring and concerned staff</b>	25	9	15	16	14	<b>79</b>
<b>Level of support/special needs assistant</b>	22	29	17	14	5	<b>87</b>
<b>Pupil teacher ratio</b>	14	9	14	9	10	<b>56</b>
<b>Specialist programmes/ support teachers</b>	12	20	13	16	9	<b>70</b>
<b>Reputation history of inclusion ethos</b>	11	12	10	7	9	<b>49</b>
<b>Size of school population</b>	2	6	8	6	8	<b>30</b>
<b>Mixed gender religion ability race etc.</b>	1	1	3	3	10	<b>18</b>
<b>Good school home liaison practice</b>		5	12	18	15	<b>50</b>
<b>Effective anti-bullying programme</b>		1	3	2	8	<b>14</b>
<b>Other school characteristics considered</b>			1			<b>1</b>
<b>Total</b>	<b>112</b>	<b>112</b>	<b>110</b>	<b>104</b>	<b>99</b>	

Further, some children have comorbid difficulties that need to be catered for, such as,

*'School must accept that many of these children have associated bowel disease and many are on gluten/dairy free diet' (P27)*



Parents need to know that their child's dietary needs will be understood and respected and that the SNA or a responsible adult will monitor its adherence. Without experience and training in SEN and more particularly in facilitating ID/PDD, teachers may have difficulty in meeting a child's needs and parents' expectations, particularly with regard to dietary difficulties.

The attribute 'caring and concerned staff' ranked equally high as teacher experience on first preferences and the level of resource teacher and SNA support was also ranked highly. Disability type and/or degree is not a relevant factor across the top three attributes as there is only a slightly higher percentage of pupils with ASD overall and/or with diagnosis of a severe level of difficulty.

Clearly the top ranked attributes demonstrate that the attitude of schools' personnel to pupils with ID/PDD and their potential for education, and more particularly the practices within schools, are of great importance to parents in both mainstream and special setting. Sample quotes are as follows,

*'School atmosphere, openness to learning about Pascal's disability, availability of teachers to discuss ongoing progress' (P14:RP)*

*'well I think the attitude would be the biggest thing and then I would say looking at the resources...if the attitude was right well then I'd take...my chance' (P73:RV).*

*'...kindness...from principal and teachers, very comforting and very important' (P64:RBB)*

*'...staff's belief in full potential of the child.. Many special needs staff think they are just "minding" the children they are supposed to be teaching' (P125:RQ)*

Initial meetings with a principal are central to choice, as explained,

*'A positive supportive principal will reflect on the attitude of the teachers. If I didn't get a positive reaction from the principal I didn't pursue [enrolment], this happened in two cases. I would site [sic] this as the most important factor when choosing a school' (P107)*

Another parent recounted,

*'...he won't have a chance...had a meeting with the principal...I felt the principal hadn't much interest...' (P56:RS)*

Further, a parent who was considering a special unit placement for a child with ASD who had the typical issues/difficulties with social interaction, recounted the principal's suggestion,

*'...she [the child] can come over [to mainstream] at playtime and I said great here we go now forget it...'* (P125:RQ)

The principal did not appear to have any concept that playtime is the least appropriate inclusion period for pupils with ASD, especially in the initial phase. Conversely, when parents experience a positive attitude they report feeling empowered and happy to place their child, for example,

*'...well the minute I walked in and I met the headmistress, I knew this is where he is going to go...she was so interested and so dedicated to having this part of her school dedicated to children like Zack and everything that was possible was being done to make it right for them...and the way they were interacting with the children...'* (P93:RZ)

*'...it was the [school's] attitude that affected me because I said that in this caring society...the value system would be [positive] ...'* (P73:RV)

With respect to a special school a parent recounts,

*'...it was just the feel really...they look like they were doing it for hundreds of years. The kids were really happy and the classrooms were nice...'* (P98:RI)

Clearly, choices are frequently influenced by the sense of security a parent experiences as a result of the level of understanding portrayed by schools' personnel. Bourdieu's 'Theory of Practice' and its concept of accrual of cultural capital by schools' personnel are central to these positive readings of space and guide practice.

The inclusive practices of the schools' staff are also of importance, as noted,

*'...consider the single most important factor to be a committed approach from principal and staff to inclusive education for people with disabilities'* (P8)

In choosing a special class/unit placement for a child, parents are not generally seeking total separation of the child from the mainstream activities of the school. However, while many schools claim to be inclusive, parents will endeavour to discern how much actual integration occurs. For example, speaking of a mainstream school with special class/units, a parent recalled,

*'...when I went into [one school]...it seemed fine...but I still thought that they thought that this classroom was totally separate from their school...it was the feeling I got...'* (P93:RZ)

And speaking of the local mainstream school, further noted,

*'...but I felt that it wouldn't have been good down there, that there's too much ...he would be different, he would have been just put into a room by himself with a teacher, not with the rest of the children...'* (P93:RZ)

But speaking of the school finally chosen,

*'...where Zack is now, it is part of the school and they're not segregated from the other children...even though they're in their own class...' (P93:RZ)*

Segregation can be experienced within a space as readily as in a different space. Parents choosing mainstream placements wanted to be comfortable that their child would be included and catered for alongside their peers. Lack of integration of special classes/units with mainstream schools was evident to many parents when exploring various settings. Inclusion was addressed on a different level for one family and included the child's extended family. The principal of a special school invited the parent (P1:RE) to visit as often as wished and to bring other family members along, including sibling and grandparents, before making a decision, if desired, which was very much appreciated by the family.

Dress code was another factor which was read as indicative of attitude, especially with regard to the special system, as explained,

*'...and there's a uniform and stuff like that as well...and I think there's a tracksuit, you get more of a school feel than a special school feel to...'* (P98:RI)

Another parent commented that the identification of a special school as a place of education was lost by the lack of a uniform. Further, the overall condition and sense of the place affects choice, for example,

*'...we're talking old antiquated buildings and torn up readers...it just wasn't an option for a 3½ yr old as far as I was concerned...'* (P14:RP)

The 'wish list' of preferred schools' services and characteristics sought by parents includes,

*'Speech and Language therapist..., Occupational therapist..., Educational Psychologist..., Social Training, Individual Education Programme Available'* (P22:RH)

Further 'wish lists' items included, social worker support, suitable play areas, size of classroom and facilitated access to outdoor and indoor sports, including swimming in particular. Social skills training, facilitated sports, access to various therapies, assessments and social worker support are not typically available to children with ID/PDD attending mainstream classes but may be provided at some level in special settings. The voluntary ad hoc nature of the evolution of the special system results in varied combinations of services, therapies, education programmes and extracurricular activities in special schools.

Parents weigh up the benefits and losses of each placement and may choose accordingly. Some benefits of the special system may be obvious and appealing, for example,

*'...there were only six children in the classroom...it did appeal to me...'*  
(P53:RD)

Other parents may feel insecure placing a child in a special school, as they debate,

*'...all the community things would be gone, but would there be a gain?...'*  
(P125:RQ)

Another family who bordered two service provider catchments, one of which was attached to a particular special school, noted that,

*'...if you went to school in services A you would lose all of the services that services B provide, cause you'd have to transfer'* (P118:RN)

The disability services B with no special school was providing S&L therapy which the child really needed. They also provided regular respite care that was of great benefit to the family and ran a social club with peers with a similar disability. However, the special school which was attached to service provider A did not have these supports in place. Further, some parents believed that extra financial support, in the form of the Domiciliary Care Allowance (DCA), is more readily accessible for children attending the special system. At the time of this research, provision of DCA was at the discretion of the Medical Officer (MO) of the HSE following a meeting with the child and a case review and may be accessed by parents of children in any setting. However, anecdotal evidence suggests that many parents believe that school placement type influences the MO perception of the child's ability and support needs level.

Continuity of services from childhood to adulthood was considered important by some families. Some special schools provide vocational programmes with occupational placements at age 18 and parents believe that these opportunities may not be available to the child who is mainstreamed. Typically developing pupils have a choice of second and third level placements but, as noted by a parent, the pupil with SEN would be left behind and peerless. The parent explained,

*'...we've kind of looked further down the road. Whether that was the right or the wrong thing to do, I don't know'* (P98:RI)

Choosing a special school at the outset provided a set of peers with potentially similar long term trajectories and the option of vocational training in adulthood.

The schools' characteristics lauded and considered most important to parents are applicable across the continuum of school settings in the system. Parents rank teacher quality and positive attitudes within the school most highly. They also value a level of support services that recognise and cater to the educability and rights of their child. Clearly, teacher training and access to SNA and support staff that can meet the child's needs and provide inclusive setting are central characteristics considered by parents. Parents will also take account of their child's specific needs when selecting a school placement in so far as these can be catered for in the different school settings.

### ***5.2.5 Child Centred Considerations***

On ranking child centred characteristics considered when choosing a school placement, parents placed SNA support at the top of the list (Table 5.6). Pupils with ID/PDD may need help with toileting, dressing, socialising, staying on task and general coping in the school environment. This is particularly so for pupils with behavioural and/or emotional difficulties. They may not have a sense of danger and/or may be a flight risk, for example,

*'...very (if not over) affectionate. Has **no** fear of anyone, stranger would be hugged/kissed/treated as one of the family. If let out to play alone, with siblings, if she saw someone or something caught her eye she'd just go. No fear of danger' (P83)*

The provision of an individual education programme (IEP) is a significant attribute for several parents. 18 of 23 parents who ranked this attribute first were parents of children with PDD. A child's learning style, pace and/or range of abilities may be over or under challenged by the mainstream curriculum and require modification, for example,

*'Academically, he is exceptionally bright, has hyperlexia...but didn't speak for communication purposes till four years of age...His reading age remains approx. three years ahead of chronological age, though comprehension lags behind. Can write a superior essay for his age. Comprehension of mathematical concepts lags slightly behind his age. Remarkable ability to memorise facts especially about special interests' (P102)*

**Table 5.6: Child Centred Characteristics Considered**

<b>Attribute</b>	<b>First Choice</b>	<b>Second Choice</b>	<b>Third Choice</b>	<b>Fourth Choice</b>	<b>Fifth Choice</b>	<b>Total</b>
<b>Special needs assistant support</b>	32	21	10	5	8	<b>76</b>
<b>Individual education programme</b>	23	12	8	7	4	<b>54</b>
<b>With siblings/ neighbours</b>	17	8	6	5	10	<b>46</b>
<b>Other characteristics</b>	10	5		1	1	<b>17</b>
<b>Academic skills – resource support</b>	9	20	15	18	7	<b>69</b>
<b>Social skills development</b>	9	17	29	16	19	<b>90</b>
<b>Nurture over academic challenge</b>	7	4	4	5	4	<b>24</b>
<b>Independent living skills taught</b>	6	8	17	16	6	<b>53</b>
<b>Group classroom assistant</b>		7	10	9	6	<b>32</b>
<b>Travel distances to school</b>		4	4	8	9	<b>25</b>
<b>Travel time reasonable</b>		3	3	3	12	<b>21</b>
<b>Transport provision</b>			1	5	7	<b>13</b>
<b>Total</b>	<b>113</b>	<b>109</b>	<b>107</b>	<b>98</b>	<b>93</b>	

Many parents of children with PDD sought access to an ABA programme, for example,

*‘Effectiveness of method – ABA’s proven record in increasing child’s chance of future independence’ (P80)*

However, this is not achievable by all who want it. Parents of children with AS and ASD typically seek a school with personnel who have good understanding of these syndromes and who are willing to provide an IEP to facilitate the child’s potential complex range of abilities and deficits that may require sensitive management, for example,

*'...An IEP...is very useful to see where the child is at academically to help compile a structured and accurate program...Above all the child must be happy and if it's not working assess [the] situation and then change it, work in a firm but fair way with child' (P71)*

For some pupils, particularly those with an anxiety disorder, the IEP may require that the child be educated in small groups. Parents may seek a 'small' school or one with low pupil teacher ratios and/or who have teachers who will differentiate within the class.

Being with siblings and neighbours was the most significant attribute for 17 respondents, for example,

*'The most important thing was that he should go to the local school with local children and siblings. Nothing else was considered by us at the time...'* (P32)

Family and community issues may be to the fore, for example,

*'...for the normality of the family and for Pascal's normality and for his siblings' relationship with him we felt that they should go to the same school...'* (P14:RP)

Social skills development is the highest ranked attribute across an amalgamation of the top five rankings. Clearly, parents want their child's education provided in an inclusive space, alongside siblings and neighbours to enhance the development of good social skills. Other attributes sought included, having comorbidities catered for particularly that of S&L therapy, and others which related to child specific accommodations such as wheelchair access, proximity to emergency medical care and supported integration programmes.

Choice of placement is sometimes based on the parent's perspective on where their child fits on an intellectual level. Parents generally do not want their child to be the 'best' in the class as this would lessen opportunity for interaction and positive stimulation. Neither do parents want their child to be the 'worst' as they believe the child might feel demoralised. Seeking a balance was common and the belief was that greater potential and confidence was attainable when the child was of average ability amongst peers. Mainstream placements are chosen by some parents who believe it will provide good example of peer behaviour and interaction for children who learn by imitation, as noted,

*'...Niall's speech would be ahead of his peers [with DS], so we wanted him to have access to people who, ordinary kids I suppose,...he's very good at imitating...he tries to do what other kids do...'* (P118:RN)

However, this parent also noted that the child was the first child with DS to attend the school which made the decision more difficult. For other parents, being in mainstream meant the child would be challenged to perform and keep pace with age appropriate education programmes, for example,

*'...and to be perfectly honest the choice that we made was mainstream education because we wanted to keep raising the bar for him and make sure he was with neuro-typical peers as opposed to peers where he would be the brightest spark in the class...'* (P57:RA)

Similarly, for parents choosing the special system, finding the right balance for the degree of difficulty experienced by the child was important, as explained,

*'...he needed a lot of stimulation for his speech and intellect wise and only two children in a class of eight [in the special school] would actually be able to stimulate Edward, the rest of them were very severely disabled'* (P1:RE)

This parent believed it was necessary to choose a special school 1½ hours drive from home to access peers of a similar ability in a single level ability special placement, as noted,

*'I think at the moment that's the only level he's able for. I think if he went with children that are able to read and write...he would start to get very frustrated...'* (P1:RE).

The choice of some specialist placements can bring other challenges to a family, particularly with respect to ABA centres. Choosing an ABA education centre for a child with ASD provides parents with a setting where the needs of each individual child will be monitored closely and their education programmes adapted accordingly. The education programmes typically include parents in the use of the ABA method beyond the school environment to facilitate generalization of the learning. However, not all families believe they have the capacity to conform, for example,

*'...the ABA teaching...that's really only suitable I think to someone who doesn't have any younger siblings at home cause it's too strict a teaching...cause I'm not a strict person so I wouldn't have been any good at doing it at home...'* (P93:RZ)

And further noted,

*'...they [older siblings] would spoil Zack...I wouldn't have a hope of trying to keep a regime like that going'* (P93:RZ)

Another issue that was a challenge to parent(s) in respect of ABA schooling was the personal time and financial contribution expected, as explained,

*'...as a single parent...I just felt I wouldn't be able to give the time because they were talking about parents coming in to teach the children...but there was*



*mention of quite a lot of money that the parents might have to contribute...'*  
(P126:RM)

ABA centres are not yet recognised by the DES but they do receive a level of funding as a pilot scheme. However, the reality was that parents continuously fundraise to pay for assessments, equipment, therapies, etc. which the centre and the parents deem necessary for the progress of the pupils.

Choices around school placements are tempered by the travel distances and modes available and/or parent choice around whether or not they would be happy to put the child(ren) on a school bus. When a child has a disability, and more particularly one which involves emotional and social difficulties, travelling on a bus with large numbers of children is reported as more challenging than for a child without such a disability. There is no universal transport system that parents can rely on with respect to the emotional and social well-being of their children while travelling. For one parent, thinking about putting the young child on a school bus was too challenging. The parent recounted,

*'...would be picked up by a bus every day and for a start I didn't even trust anybody to be picking him up and bringing him to school...'* (P53:RD)

Choice of school placement may be limited by the distances that parents are willing or able to travel daily. Access to the correct education is noted as more important than distance travelled for 100 (85%) parents, 66 of whom strongly agreed. However, when the question was asked if education setting choice is dependent on proximity to child's home as many as 26 of these parents agree and a further 15 are not sure, (Table 5.7, 7 cases incomplete). Therefore, only 52 (44%) parents clearly prefer to choose placements that meet their child's needs rather than a local placement if it cannot provide for the child's educational needs. Proximity to the parent's work place and to the school and/or childcare placements of sibling(s) rather than a schools' suitability in meeting the child's educational needs were considerations for some families, particularly if considering a school outside one's community, as explained,

*'Siblings have to be considered as it is difficult if distance is involved to cater for all the children in the family'* (P15).

**Table 5.7: Access to Correct Education and Proximity to Child’s Home**

		The correct education is more important than distance travelled					Total
		Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	
Education setting choice is dependent on proximity to child's home	Strongly Agree	2	2	1	0	0	5
	Agree	14	8	4	5	1	32
	Not Sure	10	5	2	2	0	19
	Disagree	23	13	1	2	0	39
	Strongly Disagree	14	2	0	0	0	16

n = 111

Not all pupils assigned placements in outreach units or special school placements are facilitated with a school bus service. Without such a service certain choices are not viable, for example,

*‘...trying to get them out in the morning, there’s no way I could’ve went [sic] to bring him [special school]...or somewhere else and get the other two to school at the same time’ (P84:RF)*

Also, bus pick-up and drop-off times may be an issue as some special schools/units have a later start time and early finish time than mainstream schools. The data clearly shows that the reasons for choice are multi-faceted and interrelated. Parents acquired beliefs of the best choice of educational placement to facilitate their child’s needs provided an informed *habitus* that guided their selection of education environment in the absence of formal structures.

### 5.3 Conclusion

The Irish system of disability services and education provision for persons diagnosed with an ID/PDD clearly lacks the economic, cultural, symbolic and social capital to enhance a positive universal societal and individual *habitus* of inclusion in mainstream education spaces. Assessment personnel and disability services providers focus mainly on the provision of medical and remedial support for the

children in diagnostic and special education settings. Parents are not generally supported in gaining information on their child's academic needs and how they may be best accommodated. NPC personnel, it would appear, are not accessed by the majority of parents. In the stressful process of overcoming these deficits of the system, however, many parents construct an informed *habitus* through self directed accruals of capital to gain knowledge of the system and to support their selection process. Parents gain a sense of the positive attributes of schools' personnel, the inclusive practices within placements and the support facilities available in the system that may enhance the successful placement of their child. Parents, in general, acknowledged that services' personnel were pleasant and it was noted that the support situation was improving but that there was still a long way to go to meet the needs of families. As noted by Case (2001:848),

*'The transmission of information and expertise to parents remains a significant challenge for disability professionals'*

Lack of accessible information and investment in pertinent capitals remains a significant factor in the gap between policy and practice in the provision of support services to parents of children with ID/PDD and the children themselves.

In the next chapter, the capital accruals of educational professionals are analysed with respect to enabling equality of access to enrolment and the provision of equality of educational opportunity for pupils with ID/PDD.

## CHAPTER 6: CAPITALS ACQUISITION IN THE PRIMARY EDUCATION SYSTEM

### INTRODUCTION

Accessibility to educational environments for pupils with ID/PDD has a number of dimensions that mediate the transition from the historical segregated educational provision to inclusive practices in mainstream environments. The most overt representation of accessibility is that of physical access to built environments and freedom of movement within buildings which may necessitate the removal of physical barriers. More covert barriers of *doxa*, history and attitudinal and systems barriers may persist, particularly when a pupil with an ID/PDD seeks a placement. The removal of these barriers is less tangible. For Bourdieu (1977:164), 'Every established order tends to produce the naturalization of its own arbitrariness'. Change therefore challenges historical norms and culturally institutionalised *doxa*, potentially destabilizing societal and individual *habitus*. The 'self evident' or 'taken for granted' nature of the classes of educational structures, within which it is believed pupils with various categories of (dis)ability should be educated, necessitates renegotiation and new understandings which require enhanced resources to drive and support the process of change. Multiple forms of capital acquisitions have the potential to inform and support development of positive inclusive *habitus* and to affect positive accommodations where all students can benefit from participation in the same educational placements, on a par with their peers, in so far as their potential allows. A positive transition toward universal access to mainstream educational environments therefore necessitates structured systemic capacity building. In this chapter, the accruals of economic, cultural and social capital of schools and their personnel are analysed with respect to the 245 schools across Kildare and Dublin whose principals responded to the schools' questionnaire. This analysis includes an examination of the profile of schools' personnel, the auxiliary supports available to support pupils with SEN, the level of qualification and in-service training in SEN accrued.

## **6.1 Economic Capital: The Provision of Primary Education Services**

Educational environments are complex fields of force and interaction across multiple levels of personnel who have a vested interest in the management of these spaces. The Minister for Education and Science is responsible for organisation of the mainstream education system and teaching personnel in the SNS. The Minister for Health and Children is responsible for the provision of general clinical and health supports for all children and the management of the SNS. The training and/or employment of personnel providing primary education and support services to pupils in the National and Special schools and the ABA centres of education is centrally funded through these departments by the Minister for Finance. The DES is responsible for the allocation of teaching staffs and SNA and it also provides psychological support services through the National Educational Psychological Service (NEPS). The DHC (DoH name changed in 1997) is responsible for all other auxiliary support services and, in particular, the more specialised supports for pupils with SEN which were historically established and managed in SNS, special classes/units and through disability services providers.

Several reports and policy documents (Chapter 4) suggested that the management structure required for a transition from SNS and segregated environments to mainstream provision necessitates the engagement of cross sectoral management personnel of the DES and DHC to provide for the organisation and provision of clinical and health supports for pupils with SEN in mainstream placements. These support structures have not yet evolved, leaving teaching personnel to bear the responsibility for provision of education without the back up of clinical supports. However, to support the provision of inclusive mainstream environments and appropriate education, the DES has provided the education system with economic capital in the form of learning support, resource and peripatetic teaching staffs and both classroom and special needs assistants. Of note,

*'the number of resource teachers supporting children with disabilities in integrated settings in the primary system has grown from 104 in October, 1998 to approx. 2,000 at present, and the number of special needs assistants supporting children with disabilities in the primary system has grown from less than 300 to approx. 3,400 over the same period' (Department of Education and Science, not dated-d).*

Further, a small number of schools in the NS are named in the DEIS programme and are supported by the DES at a more favourable level. Such designation, operational

since 1984, affords a school extra supports in the form of ex-quota teaching posts utilised at the discretion of the principal. Schools are assessed on the basis of socio-economic status for the catchment area such as unemployment figures, the level of medical card holders and the value and type of housing. It also takes account of the level of literacy and numeracy amongst adults. Capitation levels are higher, thus allowing for the purchase of equipment, funding the daily running costs and the development of home/school liaison posts. New building regulations are also more favourable with greater funding being provided centrally. The findings of the research, as outlined in the following sections, analyses the investment of economic capital in the education system with respect to its capacity to provide primary and auxiliary resources for the education of pupils with SEN.

### ***6.1.1 Teaching and Care Personnel***

There are over four thousand schools' personnel represented in the data set, including 2406 classroom teachers and 245 principals, some of whom are also classroom teachers in full time and part time positions in the respondent schools (Table 6.1)

**Table 6.1: Schools' Teaching and Care Personnel**

<b>Personnel</b>	<b>Full time</b>	<b>Part Time</b>	<b>Total</b>
<b>Principal</b>	245		<b>245</b>
<b>Class Teacher</b>	2371	35	<b>2406</b>
<b>Resource Teacher</b>	341	107	<b>448</b>
<b>Learning Support Teacher</b>	186	65	<b>251</b>
<b>Peripatetic Teacher</b>	9	22	<b>31</b>
<b>Classroom Assistant</b>	36	6	<b>42</b>
<b>Special Needs Assistant</b>	585	129	<b>714</b>
<b>Total</b>	<b>3773</b>	<b>364</b>	<b>4137</b>

(data for two schools incomplete)

Resource teacher (RT) hours are allocated individually based on pupils' professional reports, e.g. clinical or educational psychological, speech and language etc. and are dependent on the degree and type of difficulty experienced by the pupil. Allocations range from 2.5 to 5 hours per week (Department of Education and Science, 2002b). There are 154 (63%) schools with at least one full time RT employed and a further

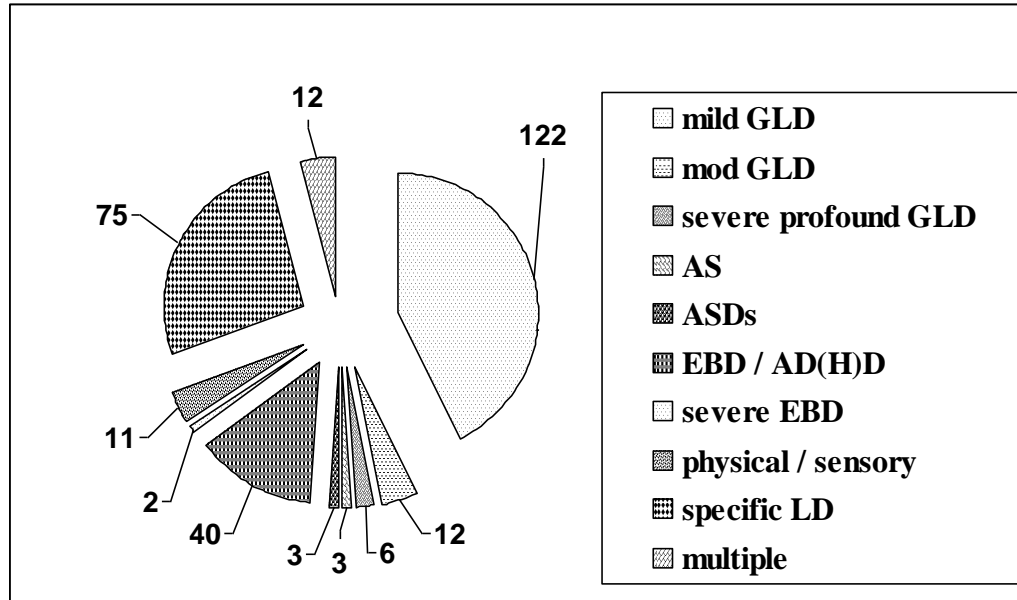
47 (19%) have a part time allocation. There are 42 (17%) schools with no RT cover, and 12 principals reported that RT cover was not applicable. Of the remainder, 16 have mainstream classes only, four of which are Gaelscoileanna. Within these 16 schools, principals listed that there were 23 pupils with MGLD, two pupils with ModGLD and one pupil with AS all of whom have an entitlement to resource hours. A further six are mainstream schools with a special class/unit. The remaining eight schools are special schools which would not typically have RT allocations as they have significantly lower pupil teacher ratios and, as noted above, may have other clinical supports.

There are 139 (57%) schools with at least one full time learning support teacher (LST) employed and a further 60 (25%) have a part time allocation. There are 44 (18%) schools with no LST cover, 16 of which report that LST cover was not applicable. Of the remaining 28, 14 have mainstream classes only, two of which are Gaelscoileanna and two are mainstream schools with special class/unit while the remaining nine are special school settings. In total, there are three schools, with only mainstream classes, one of which is a Gaelscoil, that do not have any assigned RT or LST. One of these three has part time support of a peripatetic teacher (PT). PT are typically assigned to support pupils with hearing/vision difficulties or, on occasion, pupils with a physical disability. The schools without LST/RT allocations were three and four teacher schools, one each in rural, peri-urban and suburban locales.

Special Needs Assistants (SNA), sometimes referred to as Classroom Assistants (CA), have been employed across all school types since the announcement by the Minister for Education & Science, in 1998, of an 'Automatic Response' (Department of Education and Science, not dated-d) and the setting up of the system of resource allocation in 1999. However, although the majority of schools surveyed have pupils with special needs, not all schools have SNA support. There are a total of 756 SNA represented in the survey, 621 of whom are fulltime. 350 are working in mainstream only schools and a further 221 are in mainstream schools with a special class(es)/unit(s). Of note, there are 43 (18%) schools that do not have any level of SNA cover. Of those, 37 have mainstream only classes, five are mainstream schools with special classes/units and the remaining one is an ABA centre. Two of the schools note that they have no pupils with SEN. However, the remaining 40 (ABA

centre omitted-not recognised by DES) have 286 pupils with a variety of special needs (Figure 6.1).

**Figure 6.1: Number of Pupils with SEN in Schools without SNA Support**



These include 140 pupils with an ID and a further six pupils have a PDD. Clearly, a significant number of pupils with SEN do not have access to SNA support. Of note, only 20 of the 43 schools have a National Educational Psychological Service (NEPS) allocation. Although the question of pupils awaiting assessments was not asked, principals noted 26 pupils who were awaiting assessments. However, access to assessment is a prerequisite to accessing resource teacher allocations and SNA. This may partly explain the lack of SNA cover in some of the schools.

Clearly, the data shows that the majority of mainstream schools have access to RT/LST, SNA, and/or have special classes or units. However, an assessment of the adequacy or appropriateness of this cover requires an accurate census of the schools' special needs population and support cover to ascertain the true level of support requirements, which is beyond the scope of this research.

### ***6.1.2 Auxiliary Supports***

Auxiliary professional supports are an important element of the economic capital required for the provision of appropriate education for pupils with SEN, and more particularly for those with an ID/PDD. The support of a clinical psychologist may be required to interpret pupils support needs, particularly for pupils with ASD and/or



emotional behavioural difficulties (EBD). However, less than 3% of mainstream schools indicated that they have such access. Further, only 4% of mainstream schools with a special class noted such support. However, 60% of special schools have access to a clinical psychologist. This suggests a continuation of care provision which benefits those in segregated spaces and a lack of continuity of support services for pupils who choose mainstream settings. Of note, only one of the 10 specialist schools, some of which are EBD specific placements, had clinical support. Further investigation would be required to ascertain why pupils in these settings do not have access to clinical psychologists.

The development of appropriate education programmes to enhance access to the curriculum and equitable educational opportunity for pupils with ID/PDD may require the input of an educational psychologist. 54% of schools have some level of access and the figure for schools with mainstream classes only is 51%. 74% of mainstream schools with a special class have such access. However, some schools noted that access is restricted to the pupils in the special class only. 40% of special schools have access to an educational psychologist but again the specialist schools, all but one of whom completed this question, note zero access. The establishment of NEPS in 1999 by the DES, with approximately 130 educational psychologists (Costello, 2007) employed across ten regions of Ireland, has clearly had a positive impact on the level of access to educational psychologists in mainstream schools. NEPS complements the services provided by the Health Services Executive (HSE) more typically accessible in the special system. Allocations are based on whole school populations and according to the NEPS information service,

*'The number of assessments are usually 1 per 50 pupils but this would depend on how many the assigned psychologist can get through in the school year'* ([NEPS@neps.gov.ie](mailto:NEPS@neps.gov.ie) 16/06/2009)

Where principals were asked to note support 'hours per week', a variety of methods was used. It transpired that schools do not generally experience an input of service on a weekly basis but, more typically, on a yearly allocation. Some respondents noted hours per year and others used the number of assessments allowed per year. These ranged from one to ten per year with an average of 3.6 (based on 63 responses only). One school noted,

*'We do have access to the auxiliary support ticked above, but only through long waiting lists. The school is allowed two N.E.P.S. psychological*

*assessments each year...Otherwise we must fund-raise to pay for other assessments' (S25)*

General comments regarding access to assessments included comments such as, 'very unsatisfactory', 'by arrangement', 'on an ad-hoc basis', 'on a private basis' 'when NEPS allowance exhausted', and one school stated,

*'...available when requested but on very irregular basis and dependent on good will of personnel both in this school and those visiting' (S9)*

The DES website states on the NEPS page,

*"NEPS mission is to support the personal, social and educational development of all children through the application of psychological theory and practice in education, having particular regard for children with special educational needs." (Department of Education and Science, not dated-b)*

It would appear from the results of the research that the main involvement of NEPS in the majority of schools is a very limited number of assessments. Further, pupils with a prior diagnosis of ID/PDD are not typically supported by NEPS psychologists. Clearly, the NEPS provision of support, as perceived by principals, does not reflect the ethos portrayed in their mission statement. Further investigation is required to ascertain the appropriate level of service requirement and the investment necessary to deliver it.

Speech and language (S&L) therapies are a necessity for many children with ID/PDD. Access to the curriculum requires progressive development in both expressive and receptive language skills. Alternatively, a communications programme, such as sign language or Picture Exchange Communication System (PECS) may be required, particularly for pupils on the autistic spectrum. However, only 41 (17%) schools noted that they have access to S&L therapists. Again, some schools noted that this service is restricted to special class only. Allocation levels are low and use words like, 'occasional', 'irregular', 'waiting', 'minimum contact', 'goodwill basis', 'fulltime allocation but only halftime actually in place', 'dependent on grant', 'under school completion programme', 'requested but waiting list longer than a year'. Only 18 (7%) schools, in total, noted specific time allocations. Two of these are mainstream schools, one of whom has DEIS status which typically affords greater access to required supports. One principal noted that the therapy accessed in their school is paid for privately by the parents. A principal of a mainstream school noted that they have access to the local health board therapist. However, pupils with a diagnosis of ID/PDD and/or a recognised syndrome such as DS are not normally

afforded access to the local health board therapist, even when they attend the local mainstream school whose pupils, without a specific diagnosis of a general disability, are typically eligible. Access to supports for pupils with diagnoses of ID/PDD is usually restricted to that provided by the disability services to which they may have been assigned following clinical diagnosis. However these services are normally provided for pupils in the special schools only. When a parent chooses a mainstream placement, the majority of disability services cease to provide therapies and support for the child. Services accessed prior to school placement are terminated at age six or at the commencement of primary education. Clearly, the lack of pertinent links between the special and mainstream systems of support provision denies these pupils access to S&L and other therapies.

In the special system, six schools noted a number of auxiliary facilities provided to their students that are not typical throughout the system. These included one school with a music teacher for 15 hours per week and an occupational therapist for 25 hours per week, a hospital school with the support of a social worker, physiotherapist and occupational therapist. Another school noted the support of a counselling psychologist for one hour per week and yet another stated that the school has access to the full range of multidisciplinary support services while another has accrued a high level of support with two social workers full time, one part-time post for pastoral care and have two people doing work experience of 20 hours per week each. Of note, a school designated for students with EBD has a fulltime allocation for an occupational therapist but 'because of a shortage, it has not been possible to put a full time post in place' (S221). These special schools could all be classed as providing for pupils on the severe end of the special system and would, therefore, typically require these services more acutely than others. Mainstream schools are not funded to provide this variety or level of support to their pupils who may benefit academically, socially and emotionally from such inputs in their educational development. Lack of support from the various professions was repeatedly criticised by principals. Many schools fundraise to provide private assessments, in order to access DES supports and equipment. Some also fundraise to provide in-service training, assistive technologies and building alterations to improve accessibility. This is burdensome especially in lower socio-economic areas, of which there are many in the study areas.

A dedicated school transport system is available to pupils with SEN who choose the special system. Of note,

*'A total of 620 escorts are currently provided on individual routes at an annual cost of approx. €3m' (Department of Education and Science, not dated-d)*

When these pupils choose mainstream classes, this facility would not normally be made available. However, parents can make an individual application for funding for travel when the child is living 'not less than 3.2 kilometres (2 miles) for the nearest suitable national school as determined by the Department (Department of Education and Science, not dated-a). Only 30% of schools note that they have a school transport system, some of which were not available to all areas of their catchment. This reduces to 27% when only mainstream schools are counted. The figure for schools with a special class is only marginally different at 26%. This may be important when parents choose a mainstream school outside their catchment area, particularly when a local placement is denied them or considered unsuitable.

The question of linking special and mainstream schools in close proximity and/or servicing the same community, to enhance inclusion and good practices, has been addressed in several reports since the 1970s (see Chapter 4). It is considered to be a laudable progression in the provision of a continuum of placements and support services. Pilot programmes have been run but to date this practice has not been rolled out in the system. Survey results show that there are only 12 (<5%) schools with such links. Four national schools have support from the special schools and seven special schools have links with mainstream schools where they support integration programmes for transitioning students. One school, which is a hospital school, has links with both mainstream and special schools. Only two of the mainstream schools that have a link are schools that do not have a special class. Three principals noted such links as enhancing positive educational experience. Clearly, the lack of a bridging system is an untapped resource and indicative of the parallel nature of the two systems. Dual enrolment would provide pupils access to the benefits historically accrued in the special system while having access to inclusion in mainstream settings.

Historically, special schools have had links with the health services and access to funding for the development of supports such as clinical and/or educational psychologists, speech and language, occupational and physical therapists, social workers and transport. An ad hoc system of supports evolved and is maintained at

varying levels across the system. However, this research shows that the national school system has not been afforded such links and structures, and funding for such services is not provided for pupils with ID/PDD who attend mainstream classes. This is contrary to the ethos of inclusion, with supports as required, as portrayed in the Education Act 1998. An ethos of assimilation and normalisation (see Chapter 2) is prevalent. Resource teaching and care staffs have been appointed by the DES in the majority of mainstream educational environments to meet the special needs of pupils and 54% of schools have some access to an educational psychologist. However, there is no structure in place by HSE to provide pupils with ID/PDD the therapy and health services that are required. Clearly, the Government of Ireland, through its various departments, has not provided the economic capital to build the structures and services required to meet the aspirations of the Education Act even though the country was experiencing an unprecedented Tiger Economy period. The social role valorisation and citizenship rights of these pupils to appropriate support are not resourced appropriately in the education system.

## **6.2 Cultural Capital: Provision of Education for Children with Special Education Needs**

Teaching personnel are responsible for addressing the educational needs of students assigned to their classrooms and/or caseloads, including students with SEN. Teachers, therefore, require appropriate cultural capital to inform their knowledge and understanding of students' learning processes, their experience of SEN and the best practice models of accommodating a diversity of needs. Cultural capital in the form of SEN professional training and practice experience should therefore be considered essential to the provision of accessible and appropriate inclusive education programmes and, more particularly, for pupils with a diagnosis of ID/PDD. Their ability and willingness to provide and maintain an adaptive system is fundamental to the provision of universal enrolments. However, professional training in SEN is not a prerequisite for the appointment of teachers and care workers and, more particularly, for appointments to positions of specific responsibility for pupils with ID/PDD. The research shows that the levels of SEN specific cultural capital attained by teaching and care personnel are significantly low.

The majority of teaching staffs will have attained a Bachelor of Education degree. The survey showed that only 34 (<1%) of the 3381 teachers, (including principals),

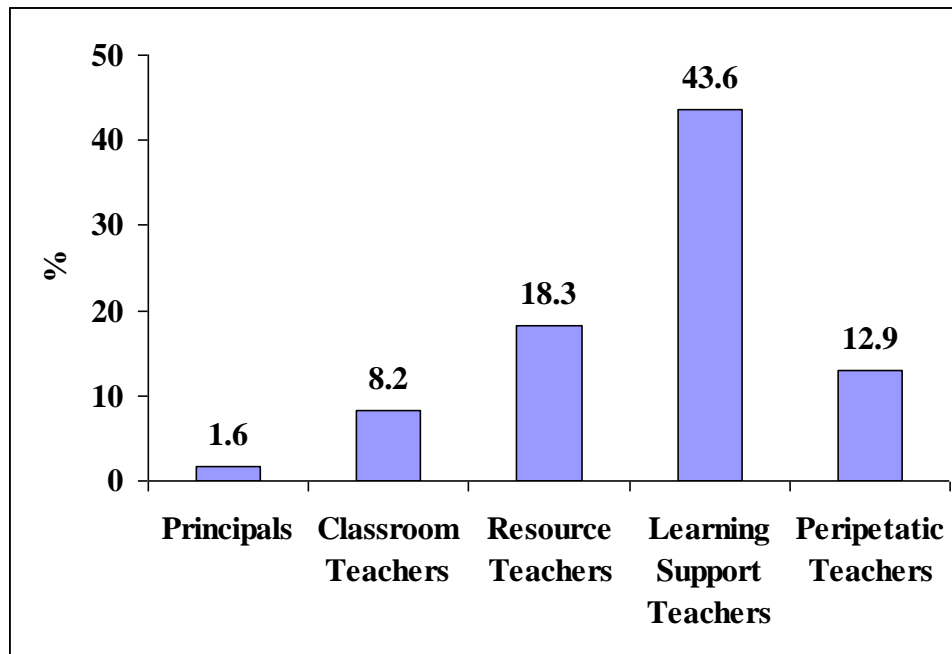
had taken a module in SEN in their degree programme. Pre-service training, at the time of this survey, did not include mandatory modules in SEN/LS. Further, 16 (6%) principals noted non-teaching personnel on their staff who had taken a module in SEN/LS in their degree course. Some teachers, more particularly in SNS and Day Development Centres (DDC) hold a Diploma or Degree in Montessori Teaching. It was Government policy to employ qualified Montessori Teachers in mainstream schools under restricted recognition in 2000 (Department of Education and Science, 2000), due to the lack of available personnel to cater for the increasing numbers of pupils with ID/PDD entering mainstream schools.

In Ireland, access to higher qualifications in SEN/LS has been available from the late 1960s. Courses include the Graduate Diploma in Advanced Studies in Special Needs, a Master of Education in SEN, the Graduate Diploma in Learning Support, and the Diploma in Learning Support Education. However, access to courses in SEN is limited and is restricted to candidates with a minimum of three years experience of teaching and, specifically, at least one year of teaching pupils with SEN. In addition, candidates must also be in a permanent special education post in order to apply (Department of Education and Science, 2004). At the time of the survey, there were only 50 placements available per year specifically for primary educators, with a further 85 per year for a mixture of primary and secondary educators. By restricting access as noted above, it is clear that it is policy and common practice to place pupils with an ID/PDD in educational spaces with professionals who have not attained the cultural capital to accommodate their needs and the differences presented by pupils with SEN. Clearly, their equality of citizenship and the right to have their needs met in the classroom is not respected with the provision of appropriate pre-service training for the educators. This is totally out of keeping with the recommendations made in the many and varied reports presented to government.

This lack of training opportunity is confirmed by the survey which showed that a total of 11.8% of schools' teaching personnel (including 245 principals) had attained a higher qualification in SEN or LS, spread across the various categories of teaching roles (Figure 6.2). Only 1.63% of principals, some of whom hold teaching posts, have such qualifications. The principal is usually the first and typically the only person to meet with the parent when enrolment is sought. Without pertinent professional training the principal may not have sufficient understanding of the

child's needs to provide an appropriate educational environment. This was confirmed in the course of the study.

**Figure 6.2: % of Teaching Staff with a Higher Qualification in Special Education Needs or Learning Support**

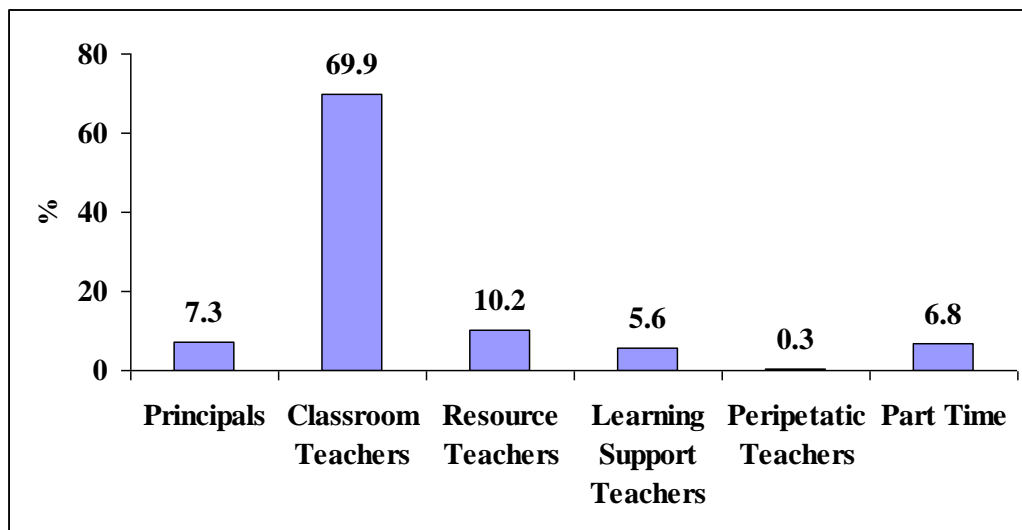


Several principals found it necessary to query the definitions of the various categories of disability listed in the questionnaire. Of note, the list mirrored DES Special Education circulars 08/02 and 24/03 (with minor adjustment only and one omission). Principals, one might expect, would have cognisance of the disability categories outlined in the DES circulars, their definitions and the resource allocations available. In particular, there was a serious lack of understanding and differentiation between specific and general learning disability, and between physical and intellectual disability, particularly where Cerebral Palsy (CP) was concerned. Further, confusion arose around the meaning of sensory disability, as in vision and auditory impairments. The term was confused with sensory integration dysfunction, a difficulty of over stimulation of the senses, which may be experienced as a comorbid issue for some pupils with ID/PDD. Nine phone calls were received by the researcher from principals seeking information on specific syndromes relating to diagnoses of pupils in their particular school. Definition and/or information on the nature of each of the pupils' likely special education needs were sought. These pupils were enrolled and in attendance in these schools, yet the principals were not familiar with either the potential educational implications of the particular syndrome

or what the particular needs of the individual children actually were. There was a tendency for some principals to put all categories of disability and impairment under the term SEN without differentiation stating that ‘labelling’ was purposefully avoided. This, in one sense, is laudable in that labelling may present as a negative. However, when supports are required, due to the use of a deficit model in the practice of resource allocations, it is imperative that principals, or a nominated member of staff, recognise the level and type of difficulties the pupil may present with and the supports available in the system to meet the pupil’s needs. The DES provides supports based on the classification of the nature and degree of a disability diagnosed (see circular SPED 02/05).

An analysis of the distribution of teaching posts within the sample (Figure 6.3), demonstrates the low level of SEN cultural capital acquisition and the difficulty that personnel may have in facilitating universal enrolments.

**Figure 6.3: Staff Posts as a % of the Whole Teaching Staff**



Classroom teachers (CT), working fulltime, occupy almost 70% of all teaching posts, with a further 7% in part time posts. The CT has overall responsibility for the education of each individual in their class, including those with SEN whose education may be further supported by an LST or RT. Therefore, having a qualification in SEN may be considered imperative. However, only circa 8% of CT held such qualifications (Figure 6.2). With the Government policy being mainstream provision for all, it is appropriate to isolate and review the situation pertaining in mainstream. Mainstream schools, including National, Educate Together and



Gaelscoileanna, but without disadvantaged status or special classes/units, account for 160 (65%) of the schools in the survey and have a total of 1472 CT of which only 67 (4.5%) had attained a qualification in SEN/LS. CT, who had attained the LS qualifications, account for 52 (3.5%) of the cohort. The Graduate Diploma or Master of Education in SEN would typically be pursued by qualified teachers working specifically with pupils with GLD (ID/PDD). However, only 15 (1%) of the mainstream CT had attained such qualification. LS qualifications are more typically sought and available to LST. Therefore, specific qualifications related to the challenges and needs of pupils with an ID/PDD, were only attained by a negligible proportion of classroom teachers in mainstream schools.

RT, 18.3% of who were recorded as having an SEN/LS qualification (Figure 6.2), hold only 10% of fulltime teaching posts (Figure 6.3). Students with ID/PDD will generally be assigned 2.5-5 hours per week with a RT, (i.e. typically less than 20% of their school week) when they qualify for support. Again, separating out mainstream only schools, the data shows that there are 27 (10%) RT that hold a qualification in LS and only 29 (11%) with a qualification in SEN. LST, who had the highest level of the SEN/LS qualification by post type, at almost 44%, hold less than 6% of posts. LS hours are generally provided on a short-term basis for typically developing pupils with short term SEN or for typically developing pupils with specific learning difficulties such as dyslexia, dyscalculia, dysgraphia etc., with borderline difficulties or for 'catch up' support for students who have been absent for a period. Students with ID/PDD would not normally be included at this support level as the learning difficulties are typically long term and pervasive across all areas of the curriculum. However, some schools may assign LS time to pupils with an ID/PDD in the absence of resource teacher facilities. In segregating out the mainstream only schools, the data shows that there are 165 LST appointments and of those, 68 hold LS qualifications and only five have attained qualifications in SEN. In September 2005, a General Allocation Scheme for LS was introduced into the education system to provide a level of cover based on schools designation and population (Department of Education and Science, 2005b). Pupils with a diagnosis of mild ID (pupils with an IQ 55-70), previously catered for in the RT caseload, were subsumed into the LST caseload alongside pupils with 'borderline mild ID' (pupils with an IQ 70-79, see SPED 24/04), and those with specific LD. Clearly, this practice reduces opportunities for pupils with ID/PDD to access appropriately trained personnel.

However, while restricted recognition does not officially extend to mainstream CT or LST posts, there were 94 teaching personnel with recognised Montessori Qualifications, 40 of whom were in mainstream only schools. Included in this figure are 11 CT, 18 RT, two LST, and, nine SNA. The Montessori training is potentially a valuable resource to pupils with ID/PDD, where it is available.

The levels of higher qualifications attained across the seven research areas show very little geographical influence with a narrow variance from 9.5 to 13.4% as a percentage of teachers (Table 6.2).

**Table 6.2: Distribution of Higher Qualifications in Research Locations**

<b>Locations</b>	<b>% Cohort with Higher Qualifications</b>	<b>Teacher Population Count</b>	<b>Higher Qualifications Count</b>	<b>% Teachers with Higher Qualifications</b>
<b>Kildare East</b>	11.8	418	47	11.2
<b>Kildare West</b>	6.8	285	27	9.5
<b>Fingal</b>	14.3	430	57	13.3
<b>Dublin County Borough North</b>	24.3	722	97	13.4
<b>Dublin County Borough South</b>	11.8	472	47	10.0
<b>Dublin South</b>	16.8	597	67	11.2
<b>Dunlaoghaire Rathdown</b>	13.0	405	52	12.8
<b>Unidentifiable (1 missing)</b>	1.3	52	5	9.6
<b>Totals</b>	<b>100</b>	<b>3381</b>	<b>399</b>	<b>11.8</b>

Continuing professional development has also evolved and some teachers take on summer courses or on-line training courses in SEN. These include INTO in-service courses, courses in the Reading School in Monkstown, an on-line Autism Study course which is certified, a module on SEN as part of the Education Management course in TCD, a course with the Dyslexia Association and several others. The survey shows that, of the 227 principals who completed this question, a total of 878 (21%) personnel had undertaken in-service training in SEN. This figure includes 578

(22%) CT (including principals), 123 (28%) RT, 70 (28%) LST, 4 (13%) PT, 3 (7%) CA and 100 (14%) SNA. These courses vary in duration and emphasis and, therefore, vary greatly in content but may be a valuable resource to personnel. Overall however, the level of cultural capital attained by teaching personnel with respect to providing appropriate education for pupils with SEN is significantly low and remains a potential barrier to the provision of equality of opportunity for these pupils. More specifically, pupils with ID/PDD have little opportunity of accessing appropriately trained teaching personnel in the primary education system and more specifically in mainstream placements.

Caring personnel assigned as CA and/or SNA are not required to hold carer qualifications or specific training in the care of children with SEN. Of note the only requirement is,

*‘...an award of Grade D (or pass) in Irish, English and Mathematics in the Intermediate Certificate/Junior Certificate or the Day Vocational Certificate Examination or in an examination of equivalent standard’ (Department of Education and Science, 2003b).*

However, there has been an evolving trend toward the employment of personnel with some level of training. Overall, 279 (37%) had participated in various courses. This breaks down into 39% of care staff in mainstream only placements, 34% in mainstream placements with a special class/unit, and 37% in specialist placements. The most common form of training, undertaken by 147 (53%), was the National Council for Vocational Awards (NCVA, name changed to FETAC) training courses.

Journals are yet another valuable source of cultural capital in the form of information with the potential to keep personnel in touch with developments in the world of education beyond their school. 98% of those who completed this question were in receipt of the InTouch Magazine, published by the INTO nine times a year and Education Today, the INTO members' magazine. They cover topical aspects of Irish primary education, informing on the on-going changes in the system and events in the schools' calendar. It covers many areas of SEN and advertises up-coming training courses and seminars. The REACH journal, (IATSE) was received by 64 (26%) of the schools and the LEARN journal (ILSA) by 48 (20%) of the cohort, a lower figure than is represented by the membership in each organisation. This would suggest that there is relatively better support in schools for the RT material to LST material. However, when mainstream schools without special classes were selected

out, the gap narrows considerably. That said, the overall figure of only 36 (23%) of mainstream schools accessing the REACH journal would suggest that there is a lot of untapped potential for schools' personnel to avail of published SEN materials.

The Academic Journal 'Oideas' is published twice yearly by the Inspectorate of the DES since 1968. The aim of the Inspectorate is 'to disseminate information and thought about educational matters amongst all persons engaged in the work of education in Ireland' (Department of Education and Science, not dated-c). According to DES web pages this journal,

*'...reaches every institution of education in the country from the one teacher school to the libraries of all the universities and research institutes' (ibid).*

However, this survey would suggest otherwise as less than 12% of schools list Oideas as a journal accessed by staff. Solas, which is the Journal of the CPSMA, is a journal which informs mainly on the management and running of Catholic primary schools. It looks at pastoral matters alongside whole school planning and the development of BoM. It links up with NPC in supporting the involvement of parents in the education system. Only 4% of schools noted access to this journal.

There were several other publications listed by various respondents. These include, inter alia, disability organisation material (7), psychological journals (7), Early Childhood Education (6), Reading Association material (5), Journal of Special Education NASEN (3), Irish Education Studies (3), Journal of Precision Teaching (1), Special Children (1) and Jenny Mosley materials (1). The Jenny Mosley model is a set of educational tools for the pertinent development of pupils' positive self-esteem. Again, the findings here show that much of the materials being produced by various organisations within the education system and beyond are only reaching small numbers of the cohort for whom they may be beneficial. The ad hoc in-service nature of the development of parallel education support organisations relies on chance rather than systemic discovery of potential programmes and materials of benefit.

The research shows quite conclusively that cultural capital in the form of professional training to meet the needs of pupils with SEN is at a very low level within the primary education system. This is primarily due to a low level of training places and the lack of provision by the Irish Government of the economic capital necessary to increase the opportunities available for SEN/LS professional

qualifications, particularly in pre-service training. In the absence of professional qualifications, cultural capital is gained through practical experience. Some personnel may also have knowledge and/or experiences of disability in their personal lives through family members or voluntary work. These various experiences over a period of time, and/or the attainment of pertinent qualifications by schools' personnel, would enhance openness to inclusion and greater willingness to adapt to new challenges. Of its nature, access is ad hoc and leads to inconsistent and unbalanced levels of support within schools. The conclusion is that there is inadequate cultural capital available to support the Government policy of mainstreaming children with ID/PDD.

### **6.3 Social Capital: Staff, Parent and Pupil Communities**

Social networks provide societies with individual and group supports in the practice of everyday life. The majority of primary schools' teaching staff are members of the INTO which provides a supportive forum for teachers to network through conferences, courses, general meetings, and which provides on-going information through publications that generally facilitates accruals of social capital. It provides space for the sharing of experiences within the system and gives a voice to professionals working in the field of primary education in general. More specifically, the Irish Learning Support Association (ILSA) provides a forum for LST to communicate and interact. It provides in-service professional development of LS in particular and, more recently, has included RT training in its remit (see [www.ilsa.ie](http://www.ilsa.ie)). ILSA hold two national conferences per year, one each in Spring and Autumn. They publish an annual research journal 'LEARN', keeping members abreast of research findings. Further, they provide guidelines for the development of good practice and fund pertinent research in LS practice. It has nationwide coverage through regional branches and they publish a newsletter to keep members informed of activities in Ireland and abroad. As a group they act in an advisory capacity with the various teachers unions. ILSA have a voice in the DES on issues regarding SEN and LS issues. Membership and participation in this organisation has the potential to provide significant levels of social capital for teaching staff of pupils with SEN. However, the survey showed that just less than 50% of schools held membership with the group. It would appear that schools' personnel may not be aware of the potential benefits of membership or alternatively may not consider the role of

responsibility for pupils with SEN as requiring extra or different knowledge, skills and supports.

The Irish Association of Teachers in Special Education (IATSE) originated as a support association for special education teachers, more typically in the special schools system. With the advent of inclusion policies, IATSE has welcomed all teachers with an interest in SEN. Again, research and the sharing of information on good practice are core foci. An annual conference is held to disseminate research findings and the REACH journal is published bi-annually. Seminars are held in Drumcondra Education Centre and Dublin West Education centre and it is planned that other areas of the country will be included in the future. Similar to ILSA, high numbers of schools do not avail of this valuable source of social capital as the data showed that only 42% of schools held membership. This figure includes 33% of mainstream schools, 51% of mainstream schools with a special class/unit and 81% of special schools. The historical development of both ILSA and IATSE as social network forums for distinct categories of teachers remains a predominant though not pervasive, feature of the reach of each group.

Of note, some teaching personnel were involved in collaborative research work. It was noted by one principal that ‘Learning Support and Resource Teachers research: a) specific difficulties b) strategies to meet these difficulties [and that the] data [is] discussed with class teacher’ (S25) while another stated that the ‘school regularly uses INTO mailing lists for support, information, sharing of news etc.’ (S29). Regular internal team meetings were noted in a couple of schools and one principal noted that ‘members of staff with experience and expertise in special education are constantly available to other members of staff and other interested parties for advice and consultation’ (S227). This may be happening more broadly but time for such consultations was not readily provided in whole school plans and may be subject to the goodwill prevailing.

The National Parents Council (NPC) (see Chapter 4), is the voice of the parent in the education system. However, only 52% of schools indicated holding membership. The survey portrayed little involvement of parents of children with SEN availing of membership where only 8 (3%) were involved with IEG and 10 (4%) with SEG. IEG delegates from individual schools may form County Integration Groups (CIG) and nominate a delegate to the National Integration Group (NIG). The NIG may

have two representatives on the National Executive of the NPCp as a voice for all pupils in mainstream with SEN. Similarly, the SIG may also have two representatives on the National Executive. Social capital of parents of children with SEN could be greatly enhanced by their involvement with a network of similarly motivated and engaged parents to help alleviate the challenges of being a minority group within the education system. This valuable resource that is not being accessed by significant numbers of parents, could give parents a greater understanding, support and involvement in the positive progress of educational provision for their children. Clearly, the body of the NPC are not yet representative of the populations of parents in the system and the voice of the majority of parents of children with SEN is not included.

Membership of the Dolman Training Centre was even less than the above with only two schools availing of membership. This group published an information booklet named 'A guide to Local Supports and Services for Children with Special Educational Needs'. The detailed information was specific to Southside Dublin but it also contained more general information. They have organised talks and training on ASD and are open to both schools' personnel and parents. Again, valuable training opportunities are being missed due to lack of membership with this organisation and possibly lack of knowledge of its existence. Professor Gilberg, a Swedish expert in ASD, has given several workshops and talks providing an understanding and working knowledge of this complex disorder.

Connections with 11 other teacher organisations and four parent organisations, not listed in the questionnaire, are acknowledged by principals. These include membership of parents and/or teachers in various branches of the Dyslexia Association, Irish Autism Alliance (changed to Irish Autism Action Jan 2006), three with membership of Reading Association of Ireland, one with membership of Féach (a parent support group for children who are visually impaired or blind), two schools noted membership in the Irish Primary Principals Network, one school with the Speech and Language Disorder Teachers Group, two with National Association Boards of Management in Special Education (NABMSE), one with Dyspraxia Association and one with the Hospital Schools Group. These organisations all strive to work in the best interests of pupils, parents, teachers and principals.

There is a multiplicity of organisations providing social networking opportunities for professionals and parents, with a particular focus on SEN. These environments provide a space for concerned persons to give voice to the many and varied issues arising in the system and a network of social supports to share knowledge and experiences of best practice. Without representation and participation in these arenas, a potentially valuable resource is not being accessed. However, many of these potential sources of social capital were reliant on individual teachers and parents working in a voluntary capacity and have not been adopted on an official basis at schools level and thus levels of support and action were dependent on the individuals involved. Access to information on these and other support structures has improved greatly, since this data was collected, through the establishment of the Special Education Support Service (SESS) website which is an initiative of the Teacher Education Section of the DES. This project is funded under the National Development Plan 2007-2013, ‘Transforming Ireland – A Better Quality of Life for All’ (see [www.sess.ie](http://www.sess.ie)).

## **6.4 Conclusion**

The Minister for Education announced in 2001 that spending on special needs pupils had increased tenfold in the previous two years. The term “open cheque book to meet assessed needs’ was used to describe the Government’s action to drive change while also recognising that ‘it will take more time to make up for the neglect and misunderstandings of the past but [that] the Government is fully committed to catering for all children with special education needs’ (Department of Education and Science, 2001a). This trend was well established at the time this research was undertaken. However, the evidence of the data clearly portrays continuing significant areas of concern for primary schools in relation to access to appropriate levels of economic, cultural and social capital to provide appropriate education and support for pupils with an ID/PDD across the system. Pre-service training of teaching, care and auxiliary staffs does not typically include catering for the needs of pupils with ID/PDD. Of particular note, although the majority of schools have attained some level of assigned support teaching staff, relatively few have attained appropriate professional training to support these roles. Although there is a diversity of courses available to promote on-going professional and personal development, accruals of these capitals require a positive inclusive *habitus* and the investment of



personal time, effort and frequently cost which elicits little if any remuneration. Further, there is a multitude of support associations and journals available to enhance the development of good support networks and relevant knowledge. Awareness of and membership with such organisations for schools' personnel and for parents, could provide valuable social and cultural capitals which are currently virtually untapped.

The low level of appropriate capitals acquisition challenges the capacity of the education system to provide equality of access to enrolment, particularly in mainstream environments and equality of educational opportunity for pupils with ID/PDD. Notwithstanding the low level of capital accruals in the system, many principals described positive attributes of their schools that enhance experiences for their pupils. However, the schools' data also portrayed multiple incidences of symbolic violence experienced by principals in the process of accessing appropriate resources for pupils with ID/PDD and in the principals' enrolment practices for these pupils. These attributes and practices are analysed in the following chapter.

# **CHAPTER 7: INCLUSIVE EDUCATION PROVISION AND ENROLMENT PRACTICES: THE PRINCIPALS' VOICE**

## **INTRODUCTION**

Historically, difference was the exception rather than the rule in mainstream primary schools and the care and education of persons with ID/PDD was regarded as the responsibility of the DoH in special schools. Today, difference within mainstream environments that includes inter alia, ability, culture, religion, ethnicity, first language, family composition and to a lesser extent socio-economic class has become the new norm and it is the responsibility of the DES to provide for the education of all persons. The commencement of the Education Act (1998) and the commitment of the Government to provide for the SEN of pupils have brought about changes in the system. The DES develop and review policy and have responsibility for the allocation and monitoring of resources, the evaluation of performance and outputs, the maintenance of quality assurance and the provision of advice and support to school management and teachers. As noted in Chapter 6, a diversity of teaching and support posts and the involvement of auxiliary professional supports are evolving. This chapter analyses schools' attributes, reported by principals, which enhance inclusive educational experiences for pupils with ID/PDD. The principals' voice is further analysed with respect to the symbolic violence of the system as it is experienced by schools' personnel and the consequent symbolic violence employed by principals in their enrolment practices for children with ID/PDD. It examines the deficits of the system with respect to access to resources and the challenges of providing universal enrolments.

### **7.1 Schools' Attributes to Enhance Educational Experience**

There are many and varied attributes that may enhance positive educational experiences for pupils with ID/PDD and in response to an open question on this issue a wide variety of answers was received from 147 (60%) principals. The most dominant response 58 (40%) was the open welcoming practice of lived inclusion. Sample responses include, 'an accepting welcoming, happy atmosphere...an ethos of

respect of caring for every individual' (S64), 'a community approach by staff to all the pupils' (S90), and children with SEN 'socialising with children who do not have specific learning difficulties' (S38). One respondent explained,

*'This school is in a severely disadvantaged area and we have our fair share of all sorts of problems which at this stage we have much experience in coping with. We have developed an atmosphere of warmth and acceptance for one and all!'* (S134)

And another school puts their reputation to the fore stating,

*'A record of inclusion of all the children with special needs into mainstream where/when possible. Known to deliver a service geared to the needs of the child. A reputation for championing the cause of those with special needs'* (S42)

This is achieved through 'buddy systems' and reverse integration. Awareness of SEN is fostered throughout the whole school population. Another principal wrote,

*'Having a classmate with intellectual/developmental difficulties fosters sensitivity and heightens awareness in pupils. This is evident on the playground and in classroom'* (S25)

Peers may be included as part of the support structure, as explained,

*'...Unit on campus. Pupils help out and are comfortable with children with disability'* (S109)

Fear of the unknown is often a factor in the avoidance of taking on new and different practices. Social capital accrued through positive inclusive practices clearly helps to address such fears for these school communities.

The physical setting of the schools, the size of the population and/or a multi-denominational enrolment policy were lauded as enhancements to positive experiences. Many schools struggle with finding space for accommodating resource teaching hours and for quiet time for pupils who need time-out. However, purpose-built rooms and/or spaciousness were positive factors noted by a few schools. On a similar theme, apt design and full access to the school buildings is cited. Small numbers, making it easy for everyone to know everyone else, and the creation of an 'intimate' atmosphere, was a popular response. However, 'small' is a relative term. The populations of schools described as 'small' and therefore 'intimate' or 'very personal' ranges from 26 to 239 with both high and low numbers being registered in both rural and urban schools. One respondent from a rural town school considered the school small with 174 students, and put forward the fact that there were rural children attending, as an enhancement to positive experience. A few schools

consider that it is easier for children with SEN to ‘slot into multiple aged classes’ more appropriately, allowing them to blend in at their own level. The teacher/pupil ratio (P/TR) was raised by 15 principals as an important issue in the potential for enhancing positive outcomes. A couple of principals described their school atmosphere as calm and relaxed or as being in a very natural quiet environment. Interestingly, these schools are in urban settings.

The second most popular topic cited by 49 (34%) respondents, is the quality and attitudes of the staff. Typical statements referred to the staff as, caring, interested, supportive, co-operative, positive, receptive, reliable, dedicated, committed, conscientious, skilled, experienced, with a large knowledge base, and with a willingness to learn new ways and the ability to differentiate the curriculum within the class. Basically, these staffs have fostered a helpful progressive attitude and are stated to have a good working ethos with all pupils. Such statements of positive practices were sometimes set against a rather negative picture of the DES, for example,

*‘...a small school with excellent dedicated teachers who do their best without the support of the DES... The parents appreciate the efforts we make!’ (S216)*

Good home school liaison was cited by 33 principals. These principals describe their community as fostering a variety of good, positive, effective, frequent communication practices, for example,

*‘excellent parent/teacher relationships’ (S15)*

*‘strong parental support’ (S145)*

*‘positive open-door policy for parents’ (S139)*

*‘Parents are encouraged to call regularly in an effort to keep them informed and included at all times’ (S14)*

*‘home school liaison: very high calibre’ (S9)*

Several schools have a policy of involving parents as partners in provision of various programmes. The availability of RT to meet parents when needed is also highly regarded. In general, a policy of close and regular co-operation between home and school is portrayed as a pertinent factor in enhancing positive experiences.

Teachers are cited as working collaboratively in several of the schools, for example;

*‘There is a team approach, involving parents, in the preparation for the introduction of the child to the school. All applications and reports and expertise are called on to assist the process. We have a high level of tolerance and exercise great flexibility and understanding in trying to cater for each*

*child. We admit from the outset that we are all on a “learning” journey together and every child’s needs are different’ (S3)*

This open partnership approach would appear to give equal voice to all concerned in the provision of education for the pupil and values the parent voices. Collaboration was also cited as an on-going process and may take the form of ‘regular meetings between RT and CT to plan and adapt curriculum’ (S23), and ‘regular assessment of staff and organizational performance’ (S33). Further, a whole school policy on SEN, as noted by a few principals, may allow for continuity of practices throughout the school years, thus providing a recognizable transparent systemic structure of support. Transition and integration programmes are a feature of enhancement programmes practiced by four schools. These programmes engage with a preschool when children are transitioning to primary and with second level schools toward the end of primary. Team work and a ‘wide consultative approach’ (S211) would summarise the thoughts and ethos behind these positive attributes. Collaboration within and beyond individual schools is an evolving practice.

Access to experts, learning support and resources and a supportive BoM were lauded, as explained,

*‘School has set up a ‘learning support’ Dept. Huge increase in staff awareness. One...resource teacher...is a qualified psychologist. Very helpful to have such expertise close at hand. Setting up of NEPS has helped in getting necessary resources for the school’ (S169)*

And a special school principal noted,

*‘Staff have Therapeutic [sic] Crisis Intervention training (TCI)...Child Care Staff (H.B.) who work with children on individual level’ (S156)*

And a mainstream principal stated,

*‘We have a fabulous resource teacher who is a fully qualified play therapist as well. Once children get resource hours they blossom under her help. We have a lovely special class 3<sup>rd</sup> – 6<sup>th</sup> where children are withdrawn from mainstream for 1hr daily in a small group. This works very well and the teacher has completed the Special Ed. Diploma and Learning Support Dip. to help her get the most from these children’ (S149)*

Only nine respondents cited having suitably qualified teaching and support staff as an enhancing factor.

The practice of early detection and intervention is lauded by eight schools as enhancing positive experiences, for example,

*'We encourage parents to inform us of any difficulties being experienced by the children as soon as possible, on enrolment if this is feasible. We try to source any possible resources immediately. We also have a policy of starting Early Intervention Learning Support before the end of Junior Infants and find that this is extremely beneficial' (S18)*

Further, stigma may be an issue for some pupils with respect to availing of resource time and four respondents noted that this is reduced by presenting resources in a positive manner. Access to assistive technologies (2), having a mixed full-cycle and good gender balance (1), having a special class for MGLD (2) and having a local knowledge of family histories were seen variously as beneficial and enhancing experiences. Interestingly, one school noted that the inclusion of people with disabilities on the staff is a positive factor in their school.

Various programmes and initiatives, running concurrently in some schools, further develop students and provide extra supports. A mainstream with a special class, MGLD noted,

*'Home School Community Liaison Teacher organises courses, etc. for parents. Does many home visits. Lots of parental involvement in policy-making, etc. School Completion Programme funds Play therapist (3 sessions weekly) and Bereavement/Separation Counselling as well as many after-school activities' (S160)*

And a special school (MGLD) reported,

*'Sense of belonging to school community cultivated. Specially designed curriculum, constantly adapted to meet changing needs of students. Policy and practice in involving parents. Communication and language Skills prioritized across curriculum...Whole school approach to promoting positive behaviours' (S100)*

One mainstream school, with a special education section, that portrays a very positive, progressive and welcoming attitude to inclusion and seeking best outcomes for all children, sums up best practice in their quote, as follows,

*'The development of a Student Council has enhanced the notion of self-advocacy for all the children. Children with some learning difficulty have approached resource teachers to be considered for inclusion in support groups. Withdrawal for high achieving pupils has enhanced self-esteem and motivation. There exists within the school a keen awareness of the benefits of Pastoral Care (specific special duties post) and the general attitude to children with special needs is positive and encouraging. There is a high level of cooperation and flexibility between teachers. We have an adequate number of SNAs. Management staff has qualifications and experience in special education' (S227)*

The Gardiner school of thought (see Gardner, 1983) is evident in several responses. Principals note that they 'value difference' and that they 'emphasise and recognise Multiple Intelligences' (S238). Descriptions of practice include 'child-centred and is focussed on the welfare and progress of every child' (S153) and identifying strengths and building on them, a positive wholesome approach. Recognition of difference is noted by one principal as the provision of an Individual Education Programmes (IEP). However, such provision should more rightly be considered as a norm albeit an evolving norm, as yet.

Child-centred programmes typically include social skills development, classes in hygiene, cooking, organisational skills and life strategies. Of note, some special schools documented the advantages that their schools may have over mainstream environments. These include the fact that personal and social development is central to the curriculum through life skills programmes. The availability of SNA in all classrooms, promotion of self-esteem by a broad curriculum designed so that children experience success, provision of FETAC training for the older children, the experience and expertise of staff as a valuable resource, and a vast body of knowledge are foregrounded. One school suggested that their expertise could be better used for advice etc. for mainstream schools. Similarly a mainstream school with a special education department have structured their special classes in a way that allow for each child to grow at their own pace, gradually integrating into mainstream using their strengths and abilities as a guide. Resource teachers in mainstream may also provide such programmes but they were not alluded to as enhancements in the research.

Extracurricular activities, cited by 27 principals, are frequently provided to enrich educational experiences. Activities include, breakfast clubs, classes in speech and drama, computers, music, swimming, cycling, basketball, GAA and skills coaching, art, Irish dancing, mountain hikes on Saturdays and summer programmes. Homework clubs were listed as part of the School Completion Programme, a funded DES scheme. 'Breaking the Cycle' is yet another funded programme available in DEIS schools. One school noted that they provide outings to the theatre under this scheme. Of particular interest, a principal noted that 'for physically disabled, there are extracurricular activities in chess, music and quiz time' (S43). Such accommodations give practical effect to the recognition and accommodation of

difference which was identified as important attributes by 26 principals. The value of such activities was portrayed by a principal who stated ‘provision of extracurricular activities to develop social skills and thereby enhance self-esteem’ (S35).

At the core of the schools’ attributes cited as enhancements to educational experiences for pupils with ID/PDD, is an ethos of social role valorization of all pupils, regardless of ability. Clearly, these principals portray highly sociable educational environments where the quality and dedication of staff who include the children and in many cases, the parents, in an open and welcoming manner. These practices enhance social network opportunities for schools’ personnel, parents and for the pupils involved in the various programmes. Many examples of best practice are evident in the various responses. However, these accruals of social capital were not systemic. Some of the schools have DEIS status and access to inclusion programmes and/or have suitably trained teaching staff. The majority of schools do not get central funding for inclusion programmes and are dependent on the goodwill and conscientiousness of personnel. These attributes may be significant factors in drawing parents and pupils to particular placements and in supporting their educational journey. A combination of good practices and supports in all schools could enhance outcomes for pupils in our education system and support the schools’ personnel in providing an inclusive universal service.

## **7.2 Symbolic Violence of the System**

For principals, symbolic violence of the system occurs when the resource structures provided by the DES and/or other bodies, such as the HSE, are not adequate and/or appropriate to provide them with the support required to provide equality of opportunity for all pupils. The data provided by schools’ principals, portrays major deficits in the ability of the education system to provide an equitable and inclusive education environment in keeping with the requirements of the Act, for example,

*‘Educators are not educated – class teacher is not trained up’ (S17)*

As noted in Chapter 6, higher qualifications in SEN are available in the system. However, access to these courses was reported as highly problematic. Some principals noted that it took up to four years to get a placement for their staff and a principal of a school with a special class recounted,



*'...unable to place any teacher on the special education course...It is imperative a teacher in a special class in what is a disadvantaged school should be allowed to pursue this course' (S82)*

Recruiting teachers with SEN training and/or accessing training for personnel working with pupils with SEN was challenging but for some schools the challenge was even greater, as noted,

*'...chronic shortage of qualified Primary Teachers. I am the only qualified Primary Teacher...and also the Principal...'* (S40)

Another principal pointed out,

*'There is no place on this study to place info [information] regarding initial qualification of teachers i.e. are the teachers qualified or not'* (S200)

This potential deficit was not recognised by the researcher as it was erroneously assumed that the majority, if not all, teachers employed in the system would have a Bachelor of Education degree as a basic requirement or would come within the restricted recognition categories (Department of Education and Science, 2000). A further problem for schools, whose personnel did attain higher qualifications in SEN, was that 'staff retention is difficult' (S150). This was noted as a particular difficulty in disadvantaged areas and coupled with the three-four year waiting list for placements meant that maintaining a cohort of suitably trained personnel proved very difficult. Principals felt that they have very little control over this situation. The resources available in the system were not meeting demand.

Respect for the capacity of the DES to provide the resources to progress inclusion was generally poor, for example,

*'the DES is in chaos, [They are] trying to do in five years what other countries have done in 30 years...we have **no** appropriate support services, resource, personnel or structures in place and funding is and will get less and worse'* (S122)

And further that,

*'...the system of employment of SNAs has not been adequately thought out [and] neither has training of SNAs...'* (S221)

The reality experienced by schools' personnel was that,

*'The management of students with special needs and the management of the staff within schools dealing with these students is a major issue...However, the capacity of most mainstream schools to devote time and skilled personnel is limited....Funding of adequate resources is also a major burden on school communities.'* (S3)

To acquire sanction for supports, principals must engage in the completion of a lot of documentation which may or may not result in the provision of resources. When posts are granted, support personnel must be sourced, managed, monitored and blended with the existing school community all of which requires relevant structures to be put in place. Further, new guidelines, introduced in 2003, places responsibility on teaching personnel to operate 'a staged approach' of assessment and intervention for pupils who are experiencing difficulties or failing to progress, before seeking involvement from NEPS (Department of Education and Science, 2003a). However, capacity of personnel to meet these requirements was noted as problematic, as explained;

*'...in our specific situation we are unable to follow this recommended approach....We have 4½ hours Learning Support per week. The L/S teacher has a caseload of 9 pupils' (S35)*

Further, principals believed that two or more years may be lost to a pupil while implementing this 'staged approach'. The staged approach takes one full school year to complete and only then can an application for a NEPS assessment be made. Accessing assessments was typically problematic and was reported as taking a further year to complete. Further time is lost in the process of gaining DES sanction for appropriate resources, when required, and only then may schools appoint or allocate support personnel. A principal's perception of this system reads,

*'...It would appear that children who are put forward for psychological testing must first fall below the 2<sup>nd</sup> percentile and then the psychologist will confirm this!! This type of agenda is more in keeping with an economic need to support a very small no. of children' (S69)*

The 'staged approach' aside, access to appropriate assessments within the education system was reported as a major issue, for example,

*'N.E.P.S. structure is not adequate to deal with the current situation. The D.E.S. is never pro-active always re-active' (S125)*

Principals noted having between three and 25 pupils on waiting lists for assessments. Consequently, many pupils do not receive the supports needed to enhance their educational opportunity, as noted,

*'...The school is always begging for assessments that would help children get the proper help they need. 3 psychological assessments are carried out each year by N.E.P.S.' (S149)*

According to NEPS criteria of 1 assessment per 50 pupils, this school with a population of 271 should have had access to at least five assessments per year. Some

principals endeavour to overcome this barrier by putting the onus on the parents to access and fund private assessments. Other school communities use fundraising to pay for private assessments. However, it was noted that these options were not generally viable for schools in areas of socio-economic disadvantage. Further, principals reported that in some communities, particularly disadvantaged areas, there was a culture of resistance to outside/private agencies being involved in assessments for education but that NEPS assessors were accepted more readily.

Accessing assessments was only the first hurdle to be overcome in the acquisition of resources. On completion of reports, provision of resources as outlined was not automatic or immediate. Sanctioning of resources was reported as taking from a few weeks to 18 months. Timely support provision from the DES was very poor, as explained,

*'Some of the pupils who have been identified by staff members...and have been assessed by the NEPS and other psychologists (i.e. Clinical) as being in need of education supports have not received them from the DES. Moreover there has been no communication from the Special Needs Section advising me about any future allocation of resources' (S90)*

And further, another principal reported,

*'Our biggest challenge continues to be obtaining for our Special Needs Children those resources which will make the difference. What should be there by right is always a fight and is, I believe, only supplied if a) it can be afforded and b) avoids litigation' (S195)*

Of note, a hierarchy of impairments, with ID placed on the bottom rung, as noted by Barton (1998) (Chapter 2), is exemplified in the following quote,

*'Very difficult (and tedious) to get support for pupils with Mild General Learning Disability...Very quick response from DES for special furniture for pupil with physical disability' (S224)*

A further major frustration for principals was the denial of resources, which was not uncommon, for example,

*'...it is regretted that a further two students who were assessed, at great expense to the school, as qualifying for resource teaching were refused recognition by the Dept. of Ed. and Science, despite their being assessed by qualified psychologists' (S6)*

For another principal, a response read that the pupils did 'not qualify for resource hours under new Dept. of Ed. Guidelines' (S158). Students denied resources included pupils with specific learning disability, behavioural problems, and some with multiple disabilities. These pupils should have had automatic entitlement, of up

to five hours per week, at the time in question, when supported by appropriate professional reports, (see Circular 08/02). Further investigation would be required to ascertain the logic behind the refusal on the basis of unmet criteria.

The existence of rights based provision and support was questioned by several respondents. Principals noted that the goal-posts were continually moving and that, contrary to the Act, provision of resources was based on fiscal considerations rather than rights based and was generally unpredictable, as noted.

*'There is now a demand cycle in place such that schools and parents are seeking to put the best possible required supports in place. However, the extent of the demand has caused Dept. of Finance to narrow acceptance criteria and curtail existing services. This is reprehensible' (S204)*

With respect to ABA schools, or 'education centres' as they have been referred to more recently, all of whom are classed as 'pilot' or applicant schools, forward planning was virtually impossible, as explained;

*'As with all ABA programmes across the country, the department of education will review the unit in August...when we will know how the schools will continue' (S133)*

ABA centres were informed, typically in late August, if they will continue to receive funding from September onwards. This is a very unsatisfactory position for the personnel, parents and the ultimately for the pupils.

Allocations of resource teaching hours, though assigned on an individual basis to students who qualify by way of professional reports, do not necessarily guarantee the pupil individual attention, on a one to one basis. Schools' personnel have the option to allot the assigned pupils' resource hours as they deem appropriate (Department of Education and Science, 2003a). Frequently, the pupil allocated the resource hours may have to share their allocation with up to four others who would not qualify for an individual allocation. This situation may appear to be relatively good as not all students need such supports, but the majority of students with ID/PDD, require support on a one to one basis at some level. Also, it is noted that 'pupils benefit enormously from the one-to-one discourse' in attending learning support/resource, and that 'this interaction often prompts a significant improvement in the child's self-esteem with a major benefit to their learning situation as a result' (S184). Without this support the child may be losing out on reaching their potential in education. Further consequences of the lack of supports is the deleterious effect that

inadequately managed or supported behavioural problems may have on the other 25-30+ students sharing the space.

Further, transitioning of pupils with ID/PDD to second-level is a relatively new phenomenon and there are few structures in place for same which is experienced as problematic by primary school principals, as explained,

*'We have classes for children on the Autistic spectrum. There is one girl now aged 15 yrs who has had no place to go. Her parents have eventually settled for a Special School for Moderate difficulties. The boys, now aged 10, 11 will face this dilemma – no post primary provision. We have established Bridging Programmes for M.G.L.D. pupils with local Post-Primary schools' (S42)*

Lack of planned development throughout the system creates many challenges for parents, teachers and principals.

The principals' voice strongly contends that the DES, through the Education Act and policy circulars, is demanding a level of support, inclusion, management and organisation of SEN within schools, without the provision of an efficient framework. Appropriate and sufficient resources to support the demands placed on personnel were not forthcoming. The symbolic power of the DES places principals in a subordinate and difficult role. Clearly, principals believed that power relations with the DES were inequitable, unbalanced and at times unworkable. The symbolic power of the DES, as conceptualised in Bourdieu's 'Theory of Practice', is clearly evident in the research and in the symbolic violence arising from the practices of denial and/or delays of assessments and provision of pertinent resources. It denies social justice and citizenship rights to these pupils, arguably the most vulnerable in the education system.

### **7.3 Symbolic Violence of Principals' Enrolment Practices**

Accommodating difference is recounted as challenging in the research. Principals reported that catering for multi-level classes, high numbers of pupils with varied SEN and high pupil teacher ratios is problematic. Although 205 (84%) principals noted having experience of accommodating students with ID/PDD, multiple cases of symbolic violence were evidenced in the principals' responses on their practices of non-enrolment of pupils with ID/PDD. Further, an *habitus* of segregation, it would appear, persists where six principals of mainstream schools with a special class/unit did not regard the pupils in these classes/units as part of the school community and

stated that their school did not have experience of accommodating pupils with ID/PDD. Although the level of reported experience was high, the research portrays the lack of accruals of various capitals as barriers to the evolution of a universal inclusive *habitus* and equality of access to enrolment of these pupils.

Legislation does not permit denial of enrolment and access to a placement on the basis of disability, but 78 (32%) principals confirmed non-enrolments for pupils with ID/PDD, 19% of whom recorded that they offered a placement once the required supports or resources were in place. A further 14 (6%) refrained from answering this question. Each school type is represented including 42 mainstream only schools, eight with special class for GLD (ID), six with special units including AS, ASD, EBD and S&L, 10 with DEIS status and 12 special/specialist settings. Government policy of mainstreaming and the parents' right to choice of placement is clearly not accessible in these incidences. Geographical significance is apparent in the pattern of non-enrolments admitted which ranges from 23-43% (Table 7.1). Further investigation is required to ascertain why this may be the case.

**Table 7.1: Localities of Schools with Non-Enrolments**

<b>Location</b>	<b>Count</b>	<b>Non-enrolments</b>	<b>% Non-enrolments</b>
<b>Kildare East</b>	34	8	24
<b>Kildare West</b>	26	6	23
<b>Fingal</b>	30	8	27
<b>Dublin County Borough North</b>	52	15	29
<b>Dublin County Borough South</b>	35	12	34
<b>Dublin South</b>	35	15	43
<b>Dunlaoghaire Rathdown</b>	28	12	43
<b>Unidentifiable</b>	5	2	40
<b>Totals</b>	<b>245</b>	<b>78</b>	<b>32</b>

The dominant reason cited for non-enrolments was deficits in teacher training, lack of resource teacher allocations and lack of availability of auxiliary supports. Typical responses include,

*'Staff untrained to meet with the multiple problems of the child' (S139)*

*'Lack of resources both teaching and support. Lack of physical facilities' (S231)*

*'Our School could not meet all the child's needs as recommended by psychologist...i.e....daily speech therapy' (S88)*

Some principals were not prepared to accommodate pupils whose needs required extra resources to be sourced, for example,

*'If needs of child are not met within current provision as outlined in Enrolment Policy' (S215)*

This was a school with DEIS status who have clearly taken a pragmatic approach and whose principal and BoM have used their symbolic power to seemingly justify non-enrolment by including this proviso for non-enrolment in the Enrolment Policy Document for the school.

A common practice of principals, who perceive their school as inadequately resourced reads,

*'...parents were advised to seek a more specialised education, as this school did not have adequate resources/personnel required to serve child's needs' (S196)*

Some principals do not overtly practice non-enrolment but have developed strategies that place responsibility with the parents, for example, by advising parents of relatively nearby schools with better facilities, as noted,

*'Pupils needed S.N.A, speech therapist and resource teaching, which was available at a nearby school' (S182)*

Further, a mainstream school with DEIS status and two special classes MGLD, where one would expect to find enhanced facilities and expertise, explained,

*'Parent invited to come to school and view facilities/visit class and meet with Príomh Oide [principal] and assess needs and match with resources. School has not had to unilaterally refuse any pupil' (S108)*

Principals frequently plead inability to meet the child's assessed needs and put the onus on the parent to view the 'current' allocations of resources in these schools and to make their decision based on that. It would appear that these principals do not inform parents that the school may apply to the DES for extra resources for the

individual child, based on the child's reports. Evidently, the symbolic power of principals was being employed to manipulate parents' choices by redirecting them to 'accommodating' mainstream and/or special settings that have built up their expertise and reputation. Progressive schools may thus become overburdened with more than their natural share of pupils with SEN. This is not necessarily in the best interest of the child particularly when directed to the special system inappropriately, as explained,

*'We [SNS, ModLD] find we are being approached by other schools/agencies to enrol pupils who display challenging behaviour. It is often the case that these children would cope in mainstream with appropriate support, very often their assessment places them within the mainstream setting' (S55)*

Principals who were willing to accommodate parents' wishes report deficits in the mainstream system as problematic, as explained,

*'The child was attending a unit where he had the services of a physiotherapist, occupational therapist and speech therapist - he was in a group of 6 and would have been transferring to a class of 35, without any of the necessary supports. We actually visited the unit to see the facilities and talk to the professionals there. They were not recommending the move. We offered the parents a provisional placement but they were not happy with that and he remained in the unit' (S74)*

Unfortunately, due to the lack of 'dual enrolment', the supports of the SNS are rescinded on acceptance of a mainstream placement. Dual enrolment, recommended by the SERC report in 1993 and noted in the White Paper on Education (Government of Ireland, 1995), may have enhanced this pupil's opportunity for enrolment in the mainstream placement sought. Clearly, inclusion is being denied these pupils due to the lack of appropriate capital in the mainstream system and the parallel nature of the national and special systems.

A capping of class numbers with respect to pupils with a particular degree or type of disability is a feature of special classes/units but should not be a norm in the mainstream system. However, lack of 'Space' (S53) or a '...full class' (S87) is cited repeatedly as reasons for non-enrolments by mainstream principals, but no selection criteria is defined. It is possible that applications were received after all places were filled. Alternatively, non-enrolments may be due to arbitrary selection processes that deny equal opportunity to the pupil with ID/PDD. This is exemplified where a mainstream principal (S214) noted that a parent of a child with DS was advised to seek a placement elsewhere because there were two pupils with DS already assigned



to the relevant class. However, the inclusion of a third child with DS could have been an asset and enhanced the management of SEN if the children had shared resources and support services and enhanced the outcome for all three pupils. Space was also at issue when principals were requested by parents to set up an autism unit, for example,

*'...not possible due to lack of accommodation' (S191)*

An autism unit would require a classroom space to be set aside for six children.

Some principals continue to cite the applicants' type and/or degree of disability as the causal factor for denial of access, as explained,

*'...obvious physical needs we [mainstream with special class] would not be able to accommodate...our school is full of steps - intellectual disadvantage, we can cater for mild in our one special class...but if the learning difficulty was severe we would not have the facilities...no speech therapist etc....' (S149)*

The level of care required and auxiliary support to address communication difficulties were also problematic, for example,

*'Severely autistic Junior Infant child, not toilet trained; speech not yet developed; referred to Autistic Unit in another school' (S85)*

Some children may have very complex needs, as explained,

*'Child of 5½, not toilet trained, could not walk, or talk, needed nappy changes. Muscular disease meant he could not hold head up for more than 2 minutes at a time...mother unwilling to come in to help' (S125)*

The support of an SNA was clearly required to facilitate inclusion of this child. However, non-enrolment was justified by the lack of willingness on the part of the mother to commit to being the carer at school. It would appear that these principals were not prepared to adjust their school structures, apply for extra resources and/or equip the schools to accommodate the needs of these children and practiced exclusion rather than promoting an inclusive *habitus*.

Parent choice was questioned by principals who did not believe the mainstream was a suitable placement, and commented,

*'Mainstream school is "the ideal" for parents with special needs children but it is not necessarily "the ideal" for the children. Mainstream schools are not really geared to cope with these children and the back-up is often not there'. Also, these children need friends who can relate to them in a meaningful way but this is not possible in a mainstream class...' (S24)*

This principal clearly did not have an *habitus* of inclusion and of a social or rights based model of provision. Appropriate class management and/or the introduction of

a ‘buddy system’ or other such innovations may be required to help the child integrate and attain meaningful friendships with classmates. Again, recognition of the duty of the principal and/or teachers to ‘gear’ their school ‘to cope’ and to acquire the ‘back-up’ from the DES and HSE for the students was not apparent. Relevant teacher training and management structures are required to address the medical model approach to understanding and catering for pupils with SEN.

The theme ‘waiting’, which covers several aspects of an application for enrolment, is recurrent throughout responses. The applicant with ID/PDD may be on several waiting lists for assessments and principals noted that considerable time was lost waiting for the DES to process applications. Typical responses from schools with special class/unit include,

*‘We deferred admission of one autistic child until we could get an educational assessment carried out and resources put in place’ (S195)*

*‘Deferred enrolment until DES provided special class sanction and SNA support’ (S155)*

And for mainstream placements,

*‘Autistic child (a) Deferred admission until resources in place by D.E.S. i.e. SNA and Resource hours (as stated in our Enrolment Policy)’ (S43)*

Of note, the enrolment policy, rather than being used positively as a tool for inclusion, attained a functionalist role as a tool for delayed and inequitable enrolment practice. Clearly, the powerlessness of principals to secure SNA and resource teaching hours in a timely and efficient manner was a recurring problem which was counteracted by temporary non-enrolments for some pupils, as explained,

*‘This year we [school with DEIS status] deferred enrolling a child with learning disabilities plus a severe medical condition as we did not have the resources to help him. We wrote 3 letters to Dept. of Ed. requesting help but so far have had no reply. We wrote 1st Sept., it is now Nov. 26<sup>th</sup>’ (S164)*

Occasionally, principals relented and placement was given after a time lapse, even when supports were still being awaited, putting schools in a difficult position, as noted,

*‘...D.E.S. continued to delay granting support services. Child eventually enrolled in the absence of resources. (resources now fully in place)’ (S23)*

However, another principal stated,

*‘We had a child with Down’s [sic] Syndrome who had real difficulties...and we received absolutely no back up or support’ (S107)*

These delays and refusals of support were reported as being detrimental to the children's educational progress.

Lack of capacity to cater for some pupils seeking enrolments was evidenced by responses from principals of schools with special class/unit and/or with DEIS status, even though these placements are afforded lower pupil/teacher ratios and a level of SNA support relative to the category of class established, (Department of Education and Science, 2002a, 2005a). Historically, staffs in these placements have enjoyed greater access to higher qualifications in SEN/LS. The 'lack of specific help from DES' was noted as problematic for a principal where a 'child's behaviour was such that other children's education would suffer' (S114). Clearly, there is differentiation between students with different forms of SEN that teachers feel competent to accommodate, as explained,

*'...We hadn't the necessary skills/resources to deal with certain students' (S103)*

Further investigation would be required to ascertain what 'certain students' were being referred to here. Some examples cited severe autism or constant medical supervision requirements as reasons for non-enrolments in special classes for children with ASD where staff was 'not able to provide proper and adequate care' (S173). Clearly, this 'special unit' was not manned to meet the complex needs of some children on the spectrum and non-enrolment was the enforced option, denying parent choice. Further, space was at issue for many special classes/units as they have strict limits on the numbers of students that may be enrolled. Demand for placements was frequently reported as higher than availability, as this representative response portrays,

*'No place/space in special class – this applies to people whose children require a special placement on our unit (maximum number is 12)' (S13)*

Principals do not necessarily accept all children within the placements designated category and may adjudicate on who they believe best fits the profile for special classes. Principals have the symbolic power to enforce their opinion, and parents and pupils may not have the choice of a placement. Criteria for enrolment tends to be arbitrary, with the exception of those for Specific Speech and Language Disorder (Department of Education and Science, 2007). One principal (S152) noted that they would not offer placements in special classes when the child's reports recommend a special school, regardless of the parents' wishes while another denied enrolment

because ‘it was felt that the child would be more appropriately placed in a special school’ (S188). The parents’ choice was not respected or accommodated. These principals use the power of their position to control who may or may not be enrolled. Such judgements may be justifiable and may also be in the best interest of the child but are contrary to the ethos of parent choice. In the absence of a transparent system of placement allocations, each principal is free to manage their school as they see appropriate. Further, student characteristics may be brought to bear on enrolment practices, for example,

*‘...a non-national with Down Syndrome and no English was advised that due to the unavailability of an SNA and only ½ hour per week Resource Teaching, the child would get better facilities in...[SNS] ...’ (S166)*

It would appear from this response that either the school was misinformed or chose to portray a less than positive picture of the responsibility/ability of the schools to accommodate the child. As this school had a special class, there would typically be SNA approved by the DES and the child could have benefited from the lower pupil teacher ratio if placed in the special class. The principal, rather than accommodate the child, helped the family ‘make the appropriate application’ to a special school. This practice, although laudable at the level of support given to parents, is contrary to the policy and ethos of the Act.

The special school system, one might expect by definition, would be equipped with suitably trained personnel. However, this is not necessarily the case. Typically, special schools will be designated for a particular category of disability or SEN. Placements may be denied based on pupils not meeting the specific requirements of the school such as the stipulated ability level or type of disability catered for. 12 (51%) special schools report practices of non-enrolments. However, once again, reasons given for non-enrolments were frequently the lack of space and/or the lack of adequate resources. Two schools that cater specifically for pupils with moderate severe and profound GLD, note reasons as,

*‘School’s inability to meet very special and/or intense needs of child due to inadequate or unavailable resources’ (S55)*

And for the second

*‘No places available – lack of adequate resources’ (S183)*

Adequate resources were a constant issue. With respect to the problem of waiting for resources or supports, the only difficulty reported by special schools, was that of

awaiting assessment completions. Similar to the special classes/units, pupils must meet certain criteria to be sanctioned special school placements. Of note, a special school denied a placement as they deemed the ‘child ready for inclusion in mainstream setting’ (S33). A hospital school principal noted that inclusion was dependent on the ‘ratio of children in the classroom...to one teacher’ (S243). The teacher has access to the support of an SNA but may deny a second or subsequent children access if the SNA is already engaged with a pupil or if one of the two ward teachers is not available to give support. In the research, a significant number of principals admitted to enrolment practices which do not respect the equal citizenship rights of pupils with ID/PDD as enshrined in the Education Act 1998.

#### **7.4 Conclusion**

The symbolic power of the DES demands a level of service and practice from school staff to meet the ethos of the Education Act. The preparedness of individual schools to provide pertinent primary education for pupils with an ID/PDD is governed by the level of proactive and experiential developments initiated or achieved by principals and their staffs. Progress towards inclusive provision is reported by many principals as being jeopardised by the lack of suitably trained personnel, the lack of timely and workable processes of application/enrolment and the lack of supports and structures. The DES is responsible for the provision of an equitable system which provides for the training of personnel and the provision of resources and supports as required. The research clearly showed that attaining and maintaining appropriately trained personnel was problematic and pervasive across all primary education settings. Schools’ personnel have little access to professional training in special education and many principals reported great difficulty in accessing the teaching, therapeutic and care supports required to enable them to provide appropriately resourced environments to meet the needs of pupils with ID/PDD. This symbolic violence of the system experienced by principals endeavouring to manage SEN provision within the micro spaces of their schools elicited enrolment practices that do not respect the equal citizenship and rights of pupils with an ID/PDD and challenges the efficacy of the Education Act 1998. Bourdieu’ Theory of Practice and how the accrual of the various forms of capital that mediate power relations and the *habitus* of players is clearly evidenced in the research. The practice of non-enrolments was explained by

the principals as a consequence of the deficits of the system and the symbolic violence experienced by them and their staffs in their relationship with the DES.

Many principals portrayed elements of best practice models in their whole school approach to the management of SEN support structures and their positive attitude toward all pupils. However, many personnel also exhibit an ableist *habitus* and cater only for those pupils they were trained to teach whilst portraying an *habitus* of incapacity to meet the needs of some pupils with ID/PDD. The development of an inclusive *habitus* requires schools' personnel to acquire confidence in their ability to effect inclusive practices. The opening of mainstream spaces to the challenges of managing the special education needs of some pupils without the investment of appropriate capitals to support those needs foregrounds the adoption of a protective *habitus* to maintain the functionality of the micro education spaces by the non-enrolment of pupils who may challenge the equilibrium of these spaces. Clearly, a significant number of principals deny access to pupils with ID/PDD as a consequence of their perceived lack of capacity to meet the needs of the children.

In the next chapter, the parents' experience of seeking admission to primary placements and their experiences of principals' enrolment practices is analysed.

## **CHAPTER 8: ACCESSING THE PRIMARY EDUCATION SYSTEM: THE PARENTS' VOICE**

### **INTRODUCTION**

The majority of Irish primary schools are privately-owned, publicly-funded bodies. Nominally, application for enrolment is accessible to all persons within the schools' parameters of gender, age, denomination and catchment boundaries. Parents of 'typically developing children' select an educational placement, complete an application form, the enrolment is processed and the child commences attendance on the appropriate date in an established school organised to meet their needs. The pathway to enrolment is notably different for parents of children with a diagnosis of ID/PDD. The lack of an appropriately trained workforce and the lack of support structures required to facilitate universal enrolment and to provide for the accommodation of pupils with ID/PDD, places personnel in a precarious position of adaptation. Enrolment is further complicated by the lack of an organised structure for the completion of professional reports required by the DES for the provision of resources to support the management of SEN in primary educational environments. As documented in Chapter Seven symbolic violence, defined as the inappropriate use of symbolic power against those with a lesser status, challenges the process to enrolment for these pupils. In this chapter, the parents' experience of accessing their choice of education placement and their experience of progressing through the enrolment process is analysed. In particular, family experiences of symbolic violence within the process of seeking choice and accessing a placement and the support services required are examined.

### **8.1 Access to Choice of Education Placement**

Having considered the various educational settings across the continuum of placements in the Irish education system, parents gained knowledge of the actual settings they believe have the greatest potential to accommodate their child's needs and chose accordingly. However, realising that choice was frequently problematic. The use of the word 'choice' in the parents' questionnaire, in fact, was challenged by several respondents, for example,

*'... "Choosing" is being rather optimistic, the choice is minimal' (P11)*

*' To be honest we had no choice... ' (P28)*

*'...but there is no choice, your child is put where there's a place... ' (P49:RT)*

Only 48 (40%) parents agreed that their 'choice of education setting was available when and as required'. The reality for many parents was that they made multiple applications and in spite of this, representative responses include,

*'the only school that accepted him ' (P75)*

*'Only school that **actively** welcomed our child ' (P55)*

*'We were just so glad that any school would consider taking Garry ' (P44)*

*'...and I was so hugely relieved because at least I knew I had some school... ' (P126:RM)*

As a consequence of the above, the ethos and teaching methodologies of the setting may become secondary to accessing a placement, for example,

*'...and part of that school is going to be an Autism unit, so I've actually put her name down for that but I don't even know what the method of teaching is going to be... ' (P17:RL)*

And as one parent commented,

*'...every child has the right to be educated, but it does seem that they don't necessarily...have the right to have the right education ' (P126:RM)*

The DES web pages on the Irish primary school system indicate that there is a diversity/continuum of settings available. The reality shown by the data was that the system does not have the capacity to provide the spaces and resources to meet the demand.

Due to the lack of resources and a lack of belief in the ability of mainstream school personnel to cater for children with ASD, many parents sought a placement in an ASD school/unit for their child. However, securing such a placement was rarely straightforward, for example,

*'I just thought ok well he's autistic, this is an autistic unit, this is where he has to go, and put his name down. Well his name is still on the list. I got a phone call a couple of weeks ago to see did I want his name left on it cause there is still no place ' (P53:RD)*

Several parents reported that before an application could even be filled out they were informed that there were no vacancies, particularly in the special classes and autism specific settings. Waiting lists with long waiting times were not unusual, for example,



*'...12 months passed and the only thing we've heard was that they put Xavier on the waiting list...' (P18:RX)*

*'...lack of ABA...yea...we were saying like that our kids will be probably 30/40 years of age before their names come up...' (P49:RT)*

And further commented,

*'...on paper it's there for the Government to say oh we have ABA schools and we've TEEACH schools but not if there's no places in them...' (P49:RT)*

Of note, the DES do not yet officially recognise the ABA centres, established and run by parents on a 'pilot' basis, for which there is far greater demand than availability.

Having explored the schools available in an area, parents typically contact the principal to make an application for enrolment. However, for the majority of parents, progress to enrolment requires many hurdles to be overcome, for example,

*'...you don't have choice if they refuse you because he has DS...' (P124:RK)*

The results of the parents' questionnaire showed 125 incidences of negative experiences where,

- 39 (33%) respondents were denied admission to one or more schools
- 23 (19%) respondents were offered deferred/delayed admission
- 48 (40%) respondents were advised to look for placements elsewhere
- 15 (13%) students having enrolled and attended at a school were subsequently asked to look for a placement elsewhere

Overall, 64 (54%) families are represented in these figures. 42 families experienced two or more of these practices and 23 respondents reported incidents with more than one school. Of particular note, 78% of the schools identified in these incidences relate to enrolments sought in mainstream classes and a further 9% of those identified relate to mainstream schools with a special class and/or unit (Table 8.1, six cases incomplete). The data clearly indicates that many mainstream classes and special classes/units within mainstream environments are closed spaces to pupils with an ID/PDD. Choice and equality of access to mainstream environments was not achieved by more than half of the respondents.

**Table 8.1: Non-enrolment Incidences and Type of Placement**

Type of Placement	Denied	Deferred	Advised to go elsewhere	Advised to move elsewhere
<b>Mainstream</b>	34	13	37	7
<b>Mainstream class/unit</b>	2	2	4	2
<b>Educate Together/unit</b>		1		1
<b>Special school mild GLD</b>		1	1	1
<b>Special school severe GLD</b>			1	
<b>Specialist school ABA</b>	1	3	2	
<b>Specialist school S&amp;L EBD</b>	2	2		
<b>Total</b>	<b>39</b>	<b>22</b>	<b>45</b>	<b>11</b>

Non-enrolments were experienced by 33 children with PDD and 31 children with ID, which suggests that category of disability has little influence on non-enrolment practices (Table 8.2). That said, pupils with AS and DS appear to experience less difficulty gaining access to enrolment in general. Children with a similar diagnosis but with comorbidities, particularly those with AS and ASD, children with non-specific diagnoses, children with rarer syndromes and those with CP-ID (see % of cohort) experienced higher levels of non-enrolment. This would suggest that some schools' principals were not willing to enrol children diagnosed with less well recognised diagnoses and/or with more complex needs. The high incident rate of non-enrolments for pupils with ASD may be explained by the high representation of this cohort in the study. However, due to the small numbers representing several of the categories of disability it is difficult to make sound comparisons and therefore few conclusions may be drawn.

**Table 8.2: Non-enrolment by Disability Type**

Type of Disability	Count	Non-enrolment	% of Cohort	Incident Count	% Incident
Asperger Syndrome (AS)	16	6	37.5	13	10.4
AS with Comorbidities	9	6	66.7	11	8.8
Autistic Spectrum Disorder (ASD)	30	17	56.7	34	27.2
ASD with Comorbidities	2	2	100	4	3.2
Pervasive Development Disorder-NOS	2	2	100	5	4.0
Down Syndrome (DS)	25	9	36	18	14.4
DS with Comorbidities	1	0	0	0	0.0
Cerebral Palsy with ID	13	8	61.5	12	9.6
Non-Specific ID	18	12	66.7	23	18.4
Other Syndrome	3	2	66.7	5	4.0
<b>Total</b>	<b>119</b>	<b>64</b>	<b>53.8</b>	<b>125</b>	<b>100.0</b>

### ***8.1.1 Reasons Given for Denials of Parents' Choice***

It is the duty of schools' personnel to provide enrolment for all applicants barring exceptional cases where inclusion is not in the best interest of the child or may be proven detrimental to fellow pupils. However, 57 (48%) parents gave a total of 75 responses outlining their understanding of why non-enrolments occurred. These have been grouped into nine themes (Table 8.3).

**Table 8.3: Reasons Given to Parents for Non-enrolment**

Response	Count
No reason given/application ignored/calls unanswered	3
Degree, type of disability/level of care need/potential behaviour difficulties	16
Unable or unwilling to meet pupils needs	16
Lack of/limited trained personnel, teachers, SNAs/resource hours	10
Quota reached/no places available/pupil with DS already in class	10
Schools' opinion child not suited to placement	8
Waiting lists/assessments/transport/accessibility	8
Outside catchment/religion/age/not toilet trained	3
Programme not available, advised to set up own school/class	1

Attitudinal barriers to universal enrolment were demonstrated by responses to eight families who reported that the principal did not consider their school was the right placement for the child, for example,

*'Denied - school considered "not appropriate environment for child with special needs"' (P107) [refers to a Montessori school up to age 12]*

*'It was felt by Headmaster that Owen was not a suitable candidate to maintain the standards of his school' (P50:RO) [refers to a private fee-paying school]*

*'Principal at time did not think integration was best decision (his personal view)' (P69)*

Discrimination is not permitted on the basis of disability and yet a further 16 respondents reported that the child's disability was the reason given by principals for non-enrolment, for example,

*'Her autism' (P126)*

*'Learning disability' (P12)*

*'No place for child with learning difficulties' (P20)*

*'...due to Garry's disability' (P44)*

This parent further commented,

*'Even though the school had places and is our catchment area school and my two older boys went to this school, the principal was most unhelpful and made it clear, he did not want any more special needs children' (P44)*

A further 16 families reported that schools' personnel were either unable or unwilling to meet the needs of children with particular disabilities, as noted,

*'Several local primary schools said they could not cater for a child with specific needs like speech and language disorder' (P23)*

*'No SNA wanted in the class was the excuse given' (P71)*

Several parents commented that children with ASD were more difficult to place than children with other disabilities, particularly in mainstream classes, as explained,

*'...schools that I had heard were very good with other types of disabilities...but mention the Autism word and they ran a mile' (P57:RA)*

This is particularly difficult for pupils with AS/HFA diagnoses who were deemed 'not a candidate' for the special system but for whom there would appear to be little empathy in the mainstream system.

*'...I approached two other schools and they told me sorry, we don't deal with Autistic children, I think you need a special school...' (P57:RA)*

Even special placements may be problematic for pupils with ASD, for example,

*'Place in special class denied, unable/unwilling to facilitate or meet his needs' (P9)*

Special schools, ABA education centres, classes and/or units maintain a quota system in keeping with the stipulated pupil teacher ratio for the type and degree of disability catered for (see DES circular SPED 08/02) and non-enrolments may occur on this basis, as noted,

*'Quota full' (P1)*

*'Lack of places' (P13)*

*'Because of lack of places, because every child has one to one teaching with ABA' (P4)*

Parents have the right to expect equal treatment for their child(ren) when applying for enrolment, especially in mainstream settings. However, the data shows that some mainstream principals maintain arbitrary quotas which discriminate on the basis of disability, for example,

*'...no reason given but place given to our other daughter [typically developing] who was going to school the same year. Both children were on*

*[the] application form, daughter A [with DS] was older so should have been given first option. One other child with 'Down Syn' [sic] in this class so this I believe was the reason, but was never stated' (P82)*

The younger typically developing child was given the place but the older child with DS was denied. Further examples include,

*'Already have child with D. Syndrome in class' (P55)*

*'Already had child with special needs in the school' (P85)*

Potential behavioural issues with respect to a child's diagnosis were cited in some cases, for example,

*'Could not take a child with Downs Syndrome he might be disruptive' (P62) [Montessori school]*

*'Worried that he might have behavioural problems as they had a child with DS before and they had trouble...' (P124)*

*'Have had A.S. students before and felt they presented behavioural problems (generalisation) the school could not cope with' (P57: RA)*

All children have the potential to present with behavioural challenges and teachers would normally be expected to manage negative behaviours as part of the norm within any group of children. However, having placed a child, some parents of children with ID/PDD were asked to remove the child, for example,

*'...asked us to take Stan out as he was disturbing the class' (P109)*

This particular child was diagnosed with AS. Some parents believe that their child is taken into the school for a couple of weeks in order that the school cannot be accused of denying access and then the child is asked to leave, based on behavioural issues which can be justified within the terms of the Act. Two parents of children with AS (P57:RA and P130:RDD) noted this issue as particularly problematic for children with this diagnosis. Yet another parent reported that they were asked to remove their child with DS, as explained 'after a stroke Suzanne was unable initially to read, write, concentrate etc.' (P111). The child was recovering well and regaining her abilities at the time but it would appear that schools' personnel were not prepared to support her education as she recovered.

The lack of suitably trained and/or appropriate personnel or resources was the reason given for non-enrolment to 10 families, for example,

*'No special classes or teachers' (P101)*

*'...schools said they had not got facilities for Stan's needs' (P109)*

*'No class assistant and fear of the unknown' (P75)*

*'Mainly lack of resources but also lack of knowledge around autism' (P26)*

*'Head Teacher knew nothing about autism/special needs' (P19)*

It would appear that parents were not aware that their child had an automatic right to resource hours and may have entitlement to an individual SNA in addition to resources currently in place in a school, and empathised with the principals, for example,

*'I will not disclose school as principal advised us no on the basis of resources that could be offered to Trevor, basically none, no SNA, resource hours etc.'*  
*(P49:RT)*

This is a clear example of Bourdieu's concept of 'misrecognition of limits' and that of the abuse of symbolic power in the perpetration of symbolic violence. It is the responsibility of the schools' personnel to make an application to the DES and to secure the required resources and enrol the applicant. Of note, the data showed that several principals used the fact that they are a 'private' school to suggest that resources are more difficult to access. Parent quotes explain,

*'Private school has no resources to help child with learning difficulties, too little support' (P68:RAA)*

*'Then was told they couldn't get a classroom assistant because they were a private school' (P124)*

*'Said they did not have sufficient remedial assistance for Valerie as a Private School' (P73:RV)*

A further eight schools were reported as willing to enrol the child but enrolments were delayed/deferred. The reasons for these delays included, waiting till an assessment could be carried out or reports completed, waiting for suitable transport to be made available and in one case waiting for the physical building to be adapted to give accessibility to the pupil who was a wheelchair user. The special system comes in for comment repeatedly, as several parents noted that their children were put on waiting lists for assessments and placements. Some parents were assigned a provisional place, but not necessarily a start date. A selection process may ensue where the schools' personnel choose which children will be enrolled to fill vacancies, as they arise, for example,

*'A six year old child with autism and no other placement was given Edmund's place at the last minute, therefore no vacancy for Edmund' (P102)*

Parents may be in the situation of 'waiting' for another parent to make a decision before their child will be considered for the place. Even when a placement has been

given, the decision can be overturned leaving the parent without a school for the child as was the case with the parent above. For another family, who had up-to-date reports completed abroad, non-enrolment was justified by a principal in the special system attached to a service provider, who insisted that only assessments carried out in Ireland were acceptable, but the parent, explained,

*'Waiting list for "assessment" was "closed"'* (P125:RQ)

The parent was informed,

*'...you'll need to get a psychological assessment...the [school] team meets in a month and we'll talk about it then.'* (P125:RQ)

Further, even if an assessment was carried out and the report recommended placement in the special school, the parent recounted,

*'...was just told the [school] waiting list is full, we can't even go on the waiting list...'* (P125:RQ)

The child had a diagnosis of ASD and was described by the parent as 'highly intelligent...very motivated academically' and had been in the education system abroad in a special setting similar to the one being refused. This issue was raised by four families in this study and involved six children with ASD.

The most common reason for deferred enrolments was waiting for the DES to sanction resource hours and/or SNA support. As noted in Chapter Seven, some principals refuse to enrol a child until supports are in place, for example,

*'The school wanted a guarantee that proper care would be in place before committing...'* (P25)

The parents' data, similar to that of the principals, points repeatedly to the fact that schools' principals lack confidence in the DES and that obtaining resources was problematic. Typical response from parents read,

*'Local national schools denied, at least 3 schools adjacent to my home. They would not be able to provide a suitable education and had no confidence that the DES would provide suitable support (there were no special placements available at the time)'* (P47)

*'...so we also went to...a couple of our local mainstream schools...the bottom line was that they had neither the resources nor could they guarantee an SNA because they were left in limbo with the Department...'* (P49:RT)

A parent, who met with a principal who was willing to set up an outreach unit for pupils with ASD, had the potential for this positive development manipulated by the DES, as explained



*'...but when Dept. of Ed. was contacted, they offered more resources to the school for existing pupils with reading (dyslexia) difficulties. Principal found the offer too good to refuse, so the [ASD] classes never happened' (P26)*

It would appear that the DES placed greater emphasis and importance on providing further support for one group of students with specific learning disability rather than provide basic places for a different cohort of pupils with ASD.

Clearly, the principals of many schools use their symbolic power to deny enrolments to children with ID/PDD. A multiplicity of reasons/excuses were given to parents to justify these incidences of symbolic violence. Further to the non-availability of choice and the denials/deferrals of enrolments, many families encounter additional symbolic violence in the practices of the enrolment process.

## **8.2 Access to a Placement**

There was little uniformity and transparency reported in the application of enrolment practices. Due to the lack of support in knowing their rights and entitlements many parents were defenceless to gatekeeper practices which created arbitrary barriers to enrolments. Parents of children with ID/PDD were treated differently from parents of other children by the majority of principals in the enrolment process. Parents expressed feelings of vulnerability which were exacerbated by the ad hoc manner in which each school addresses enrolments resulting in high levels of stress and described by several parents as a 'nightmare', for example,

*'Having 3 children with learning disabilities, my experience of accessing and maintaining a suitable education for them has been an absolute nightmare, involving constant stress to us as a family.'* (P47)

And a further example,

*' left me waiting six months approx. coming back with lots of excuses each time even though they had a copy of assessment...and a personal reference from the...Montessori school Principal...'* (P124:RK)

Several other parents also reported that they were asked to provide 'a reference' from the child's preschool before enrolments would be processed. This is totally out of keeping with the principle of equality of access for all citizens.

The principal typically deals with applications for enrolment but several parents reported being told that a 'board meeting would be necessary to admit child' (P55) because the child had a disability. The BoM do not normally decide on applications for enrolment of individual pupils yet several schools were reported as putting the

application to the BoM for consideration. This was experienced as very stressful by parents, especially when they expected the enrolment to be straightforward. For example, a parent, having had a meeting with the vice principal, believed that the place for her child was secured, and noted,

*'...I had everything sorted out for him for September...started the ball rolling on his Special Needs and Resource hours for Senior School last February...'* (P56:RS)

However, a subsequent meeting with the principal was not what the parent had expected and the reality was,

*'...he said, I don't know whether we'll have a place for Senan in September. ...the vice-principal was sitting beside me...I said, but I was led to believe that there was a placement as long as I sorted out all his paperwork which I have in front of you...[He] said to me...it wasn't up to them [principal and deputy] ...to give Senan the allocation...it was up to the BoM'* (P56:RS)

This was a new and unexpected barrier to be overcome. The situation was still unresolved at time of interview and the parent was extremely anxious. Another parent, who had an older child in a private school and who kept the school informed of a younger child's (with ID) preschool progress, assumed enrolment would be straightforward but recounted being 'shocked' at the treatment meted out,

*'...got a call...to turn up in May...turned up and the board...were there and they said, Mrs. V. we're here because we are advising you, based on this assessment, that we really can't provide what we feel would be the right school for your daughter'* (P73:RV)

Speaking of the child's psychological reports the parent argued,

*'...actually this report says quite the contrary, that this would be a very good environment for her because she doesn't need anyway to be identified as a child that needs extra...'* (P73:RV)

The parent further recounted,

*'...I was so shocked at the way they had...tried to use the intimidation of a Board to tell me...it was the most intimidating experience of my life...'* (P73:RV)

The parent asked for the meeting to be reconvened a week later when the child's psychologist and other pertinent professionals could be included as there had been no prior warning of the content and gravity of the meeting. This was agreed to and carried out but to no avail. The BoM was not prepared to facilitate the child and cited lack of resources and the child's lack of ability to stimulate her own learning as causal. The BoM argued that they did not have enough resources for 'their own

students' and that they were advising non-enrolment in the child's own interest as better facilities could be accessed elsewhere. This school was reported as having no children with SEN enrolled and did not enrol this child which suggests discriminatory mindset and practices. More typically, parents were not included in a meeting with the BoM. Principals, relieving themselves of the responsibility for non-enrolment, notified the parents of the boards' decision.

The elapse of time, between making an application and being notified of the decision of the principal, the BoM or the services personnel, was a major issue for many parents, most particularly when the outcome was negative. Referring back to one of the cases above, the parent was told that the next BoM meeting would be in two weeks but no further communication was received up to five weeks later. The parent noted,

*'...so I rang the school...and the principal wasn't there again, it's as if he doesn't work there....[I] mentioned...who I was and I said I was wondering when the next BoM meeting was...she said, actually it's tonight' (P56:RS)*

It had been 12 weeks since the first meeting, when the parent believed enrolment would be straightforward. Waiting for confirmation of enrolments and fearing rejection was a major stressor for families for whom the reality was,

*'...it was well into the 3rd week of June before we knew about that placement for September, and if that hadn't come through we had nothing...we thought when he went to...[service provider] that he would be in a system' (P49:RT)*

With schools closing for eight weeks at the end of June this was far too late to receive a response, particularly if that response was negative. A parent complained,

*'Referrals and letters had to be in by 17<sup>th</sup> March of the year of commencement in a special school...but yet they won't be able to tell me whether they'll take her until June' (P98:RI)*

If the application is refused and the parent has to make an application with another school further time is lost. Parents frequently reported being put in the position of having to go from school to school to access a placement or having to make applications to several schools to maximize their chances of finding a placement for commencement at the appropriate time.

Another issue alluded to by several parents was that of being put on a schools' waiting list. This may also be the case for typically developing children but this may provide schools with a platform from which to select who would occupy available spaces. Being too far down the 'waiting list' was a common response provided by

some principals for non-enrolments. This was a difficult excuse to argue when places were ‘supposedly’ offered to those higher on the list. Some parents believed that their applications were put on hold and that when all places were filled they were told there was no space left. One parent, in particular, noted that the child had been moved further down the list while awaiting confirmation. When this occurrence was questioned the principal stated that a late application was received for a child with a sibling in the school, who was given precedence. Waiting lists are also a feature of schools with a nominal catchment boundary. These boundaries are arbitrarily demarcated by individual schools and subject to revisions. However, some homes may be outside the boundaries of any established school. The lack of consistent defined boundaries was problematic for some families for whom it was difficult to ascertain where they could achieve enrolment, as a right. This resulted in repeated refusals and being at a loss to know where to go, as noted,

*‘...that was a no, so then we were kind of left in limbo’ (P49:RT)*

Central control of catchment boundaries would be required to overcome this anomaly in the system to provide transparency.

Teacher competency was a further barrier to accessing placements. While placements of choice were not formally denied, many parents did not pursue their application when principals told them that there were no other pupils with SEN in the school and/or that the teaching staff had no experience of particular disabilities. With the best will in the world, according to some parents, there were some schools’ personnel who did not feel competent to accommodate all children, particularly children with ASD, for example,

*‘...they were very good but they did feel that, whereas they could accommodate Melvyn they really didn’t think that they would be able to help Miriam...it was a very gentle resistance’ (P126:RM)*

The reality for the parent was that this school may have been the only school to offer a placement of any description for the second child. The parent continued,

*‘...I was very quickly realising within three months of being home, just how bad it was if you had a child with any kind of special needs in this country...after much roaring down the phone and threatening I got her into...[services early intervention programme] ...’ (P126:RM)*

Many parents believe that they were treated more negatively when they approach a school for the enrolment of a child with ID/PDD. While attending an Open Day one such parent reported,

*'...open day and the principal there...his attitude was appalling...I just said [to husband] ...I'm not getting good vibes here...you know when you just don't warm to something' (P50:RO)*

The parents questioned the levels of support available for children with SEN at the open meeting, while the children were cared for by their prospective teacher. On returning to collect the child, the parent described the child's behaviour as,

*'...wild...and jumping up and down on the chairs, on the tables...'* (P50:RO)

The teacher did not seem to know how to manage the child's behaviours. Each family had a follow-up interview with the principal and the uneasy feelings about the principal's attitude to the child's enrolment was confirmed, as recounted,

*'[He said] ...the teachers...weren't able to calm him down...wouldn't feel that he is ready to start school just yet...and wouldn't feel this and wouldn't feel that ...'* (P50:RO)

No responsibility was taken by the principal for the inability of the teachers to manage the child's behaviour and all blame and consequence was levelled at the child, and the parent explained,

*'...I left that meeting...and I only just held myself together crossing the road and then just burst out...because you're dealing with a mum and you're dealing with emotions...and then sent a letter saying...we wouldn't feel he'd be a suitable candidate for our school...'* (P50:RO)

Waiting another year was not an option as the child was already over five years old. This experience of denial of enrolment and the letter regarding the child not being 'a suitable candidate' really hurt the parents deeply.

The Education Act requires the BoM of each school to,

*'publish,...the policy of the school concerning...admission to and participation by students with disabilities or who have other special educational need, and ensure that as regards that policy principle of equality and the right of parents to send their children to a school of the parents' choice are respected...(Government of Ireland, 1998: Pt.IVS15 (2) (d))'*

However, few parents appeared to be aware of this requirement and rarely accessed a copy of a school's policy document prior to enrolment. Criteria for enrolment in various settings was experienced as ambiguous for the majority and parents frequently reported being told that their child did not meet the criteria for enrolment in a particular school, class or unit. Several parents noted that this gap in the information, alongside a general shortage of spaces, particularly in the special system, allows schools to 'cherry pick' their populations, for example,

*'...the principal said...the child has to be educable...I remember just how crestfallen I felt...this is a special school for children on the Autistic spectrum and...I'm getting indications that they'll only take **certain** children with Autism' (P126:RM)*

Further, parents feel they have to 'sell' their child's good character, in order to gain a placement, for example,

*'...and I was after doing a lovely presentation for Senan going in to school' (P56:RS)*

*'...and now remind me about Miriam, so I did my selling pitch' (P126:RM)*

The parent explained,

*'...and I do know that behaviour can be a major problem with children with autism, so yes I definitely felt I had to sell her to the school, which is appalling...[the school] does 'cherry pick' their children and they do want the easier children. So I think it was a combination of the fact that she was an easy child and she seemed to be doing well in Montessori that they took her' (P126:RM)*

'Cherry-picking' was described by several respondents. In a further example, a school with an outreach unit for children with ASD was reported as being in the process of introducing an ABA programme and coupled with that was the intention to change the criteria for enrolment, as explained,

*'...even though all the kids were model B in the school, [the school] was changing to learn ABA and to put it in place. They made a policy decision that all future intake would be Model A' (P125:RQ)*

'Model A' students are typically higher functioning and it was suggested that the new selection criteria would be put in place to make the HSE and that particular unit look good. The parent commented that because of the demand for places the Health Board (service provider) was 'cherry picking'...'without the fear of litigation' (P125:RQ). At the time of the interview the new policy was being successfully delayed by parent objections to the new selective enrolment practice.

It was not only the autism unit placements that were reported as putting parents in the position of having to 'sell' their child to the school. A well established special school for children with MGLD was reported as vetting their pupils, prior to enrolment. The assessment of 'mild' in a child's reports was not accepted. A parent reported,

*'...but I really would like to get her into the other one but...she will have to go and see their psychs [psychologists] ...for their assessment of her. They really want to take children who can be taught and who don't have the problems and*

*the disruptive [behaviour]. They're quite choosy in that respect. They also want a social worker report on the family' (P98:RI)*

The family lived in the locality but was acutely aware that children from a very wide radius, reportedly across three counties, were enrolled based on higher ability levels within the designated range and good behaviour rather than their diagnosis of MGLD. Some special schools do operate strict parameters on the level of IQ catered for, which were more transparent, for example,

*'...Their criteria to get in is [sic] very tight. It's 50-70 on an IQ'...and it's not 71 and it's not 49...' (P68:RAA)*

Again, this was a school specifically for children with mild GLD. The parent believed that this school was the most suited for the child, who was clinically diagnosed with a MGLD with comorbid speech impairment. However, this parent pursued various therapies privately to bring the child's communication skills up to a level where the parent believed the child could be assessed 'fairly' by the school and noted that,

*'...if she fits into the criteria then that's where I'd like to send her. Now if she doesn't fit into the criteria I'm back to the drawing board, so I need to get her assessed...' (P68:RAA)*

However, the child should automatically have had access without further assessments. The issue was on-going at the time of interview.

Expectation of accessing a local education placement or any placement in a timely manner was severely challenged for several families particularly where principals portrayed very negative scenarios and played on parents' emotions by questioning the parents' wisdom in placing their child in particular school settings, for example,

*'...told me they would have immense difficulty facilitating Peadar, "did I really want him lost at the back of a large class"' (P31)*

This parent submitted 11 pages of copies of letters with the returned questionnaire listing six mainstream schools, one of which had a special class, and an ABA centre to which applications were made. Two local schools denied a placement and a third said they were unlikely to have a place on the basis of catering to their own denomination first, and the remaining four put the child's name on waiting lists. Speaking of one school the parent commented,

*'...really too far away, if I were offered a place for him though I would jump at it' (P31)*

The parent sought advice from the DES, the Special Education Department in Athlone, the Inspectorate, the Minister of the day, the local Child Guidance Clinic, a private clinical psychologist and complained to the BoM of one of the local schools, but all to no avail. Of note, the letter of ‘regret’ received from the principal of the mainstream school with special classes contained a set of ‘excuses’ which attempted to allay the school’s responsibility for non-enrolment. The parent queried access to the special class and progressing to mainstream with resource teacher support but the principal wrote,

*‘...placement in a special education unit is permanent. It is not a temporary remedial placement or a preparation for a return to a mainstream class’ (copy of letter provided by P31)*

This would not be in keeping with the ideology of inclusion, when possible, and further

*‘...nor does [school name] at present have a Resource Teacher available as the Report recommends. I regret therefore...’ (ibid)*

The principal further stated that only children who were assessed by a NEPS psychologist could be considered for a placement in the special class and that,

*‘...as there has been no psychological assessment facility available to us for some time now, a waiting list of children from our mainstream classes for this procedure now exists. These must be given priority for placement in the future’ (ibid)*

Several families related similar experiences of multiple incidences of symbolic violence in the process of sourcing a placement and the information given was at times erroneous and/or incomplete. Principals frequently manipulated the situation to preserve the status quo in their school rather than serve the needs of the applicant and provide inclusive enrolment and practices. Power relations, as outlined by Bourdieu, were at play in these practices. Principals, typically lacking sufficient capitals, dominated potentially vulnerable parents, who may lack cultural capital such as knowledge on theirs or their child’s rights to equality of access to enrolment and supports.

### **8.3 Access to Support Services**

Once families received confirmation of acceptance or in some cases of provisional acceptance of an application for enrolment, procedures were initiated which were significantly different to those of typically developing pupils. It is the function of the



Minister for Education 'to promote means whereby students may benefit from education' and to provide "support services" to students, their parents and to schools, which may include inter alia assessment of students, psychological services, speech therapy services (Government of Ireland, 1998:Pt1 S2, (a) (b) (f) (g), S6, (c) S7 (a)). It is government policy to provide resource teacher hours and SNA allocations, sanctioned on the basis of professional reports outlining students' disability type and degree and recommendations for SNA support, when required (Department of Education and Science, 2003a). It is the responsibility of the principal to make an application to the DES for the allocations of resource teacher and SNA hours as outlined in the pupils' reports. However, universal structures linking pupils' clinical diagnoses with the provision of support services and resources were not operational in the education system or supported by the health system and this was highly problematic for parents. Considerable symbolic violence was experienced by families in both accessing professional reports and the subsequent allocation of resources which was reported by parents in the qualitative phase of this research.

### ***8.3.1 Access to Professional Reports***

Up-to-date professional report(s) were required by the DES for each disability/difficulty experienced. However, there was no official universal procedure for accessing such reports. Of the 30 families interviewed, 17 families were facilitated by their service provider or local Child Guidance Clinic (CGC), several of whom had to pressure them into doing so and the remaining 13 had to source and fund private assessments. Hospital teams, CGC, Child Psychiatric Services (CPS) teams and service providers were frequently called upon by parents to provide reports for education supports. These teams varied in their ability and/or willingness to complete the required reports. Lack of availability of suitable personnel and long waiting lists were common responses. For those for whom reports were provided the process of enrolment was relatively straightforward, for example,

*'When I decided to send him to mainstream school I got on to [service provider] ...because I needed a psychology report...and they did it...'* (P56:RS)

This is how it should be for all families regardless of the disability or SEN. However, when reports were provided through disability services, some parents believed that appropriate testing was not undertaken and that insufficient time was given to provide a proper assessments, for example,

*'...to spend a half an hour with a child and then be able to turn around and say this this this this, I'm going, no, it's not, and it ended up anyway she did his report...and she said he did not need SNA in school' (P56:RS)*

This parent felt very insecure allowing the child to be mainstreamed without an SNA and more especially, into a school where the child would be the first child there with DS. The child was only a short time attending when problems arose. Assessments and reports had to be redone which resulted with the recommendation of SNA support. Several parents reported errors in diagnoses received in the services, particularly where ASD were concerned. One child, the sibling of a pupil with ASD included in the data, was given a clinical diagnosis of ASD and referred to services. The services psychologist then overturned that diagnosis. The parents felt quite aggrieved by this, as explained,

*'...well with Melvyn it was a false diagnosis that he got from...Services that time that I was told that he wasn't autistic. That was really one of the things that I was angry about because it did delay for example his accessing an SNA...' (P126:RM)*

Lack of non-verbal testing for children with suspected ASD was a further issue raised by parents of non-verbal children and in one particular case for a child with CP-ID and a comorbid hearing difficulty (RO:P50). Even within a service, parents received different responses where one assessment team provided reports for the child of one respondent but another child was refused an assessment at the same facility. Another parent reported that the psychologist from the autism services outreach team sought an updated report for enrolment to one of the services units but would not provide it. The experience of seeking reports in the health system was variously described as stressful, demeaning and a very time consuming process that frequently resulted in failure to access the required reports and/or supports.

For children who were not facilitated, beyond a clinical diagnosis, typical parent responses read,

*'...I couldn't get a psychologist's evaluation anywhere. I couldn't get it from services so I had to go...privately. I think that was £350IR' (P14:RP)*

*'...any further assessments...all had to be done through the private system...on a public waiting list you were waiting 2/3 years and that was no good...[asked] where do I access it in the private system...I can give you five names, go and find out yourself...' (P57:RA)*

*'I don't even know where you start and find someone' (P68:RAA)*

*'...no they [CGC] said it [report] had to be independent because it was for school, they couldn't do it' (P84:RF)*

This latter response from an agent of the HSE/DHC clearly divorces their services from that of the DES. Each CGC, CPS and services provider appeared to have their own set of rules and practices which were frequently experienced as rigid and insurmountable. A parent of a child with CP-ID with comorbidities, who was accessing therapies privately, but who wanted to access assessment in a particular local clinic commented,

*'...up to now I've been able to sort of move mountains if I had to...to get whatever Owen needed and the Clinic, ...there's no moving them...'* (P50:RO)

Inertia in the system was portrayed by the fact of long waiting lists for assessments that were reported as getting longer or that were even closed. A parent was told not to bother ringing to see where the child was on the list because there were no assessments being done for a period as there were no assessors available. Further, when comorbid difficulties were suspected, the health and/or education assessors could not provide families with an holistic assessment. Each difficulty was assessed separately, sometimes in separate hospitals or centres. Further, seeking an OT assessment through the public route was reported as highly problematic, as noted,

*'...public route you're talking a long time. Your child would probably be an adolescent by the time you'd get him diagnosed...you've to forget it'* (P114:RB)

Clearly, the DHC and its agencies are not providing an appropriate service to support access to reports required by the DES.

The National Educational Psychological Service (NEPS), under the remit of the DES, was established in 1999, inter alia to,

*'Work with teachers, parents and children in identifying educational needs...'* (Department of Education and Science, not dated-b)

However, children with a prior clinical diagnosis of ID/PDD do not typically have access to this service to identify their educational needs and provide reports for the process of enrolment. Of the 30 families interviewed, only two had access to the schools' NEPS personnel, neither of whom accessed completed reports. When principals asked parents for reports to support applications for resources, some parents sought assessments through the school but were denied, for example,

*'...where do I go to get that (report) and they (principal) said...you can't come to us because we only get four psychological evaluations a year [NEPS] in the school so we can't...we've our children already here, go to the DoH or...DES'* (P14:RP)

More typically parents only learned of NEPS following submission of reports to the DES for the sanctioning of resources. Some parents reported being angered and at times amazed at comments made by NEPS personnel in this process. For example, a parent who submitted a privately accessed psychological report to the DES received a 28 page report from NEPS, and commented,

*'...a Dr..., who was speaking very authoritatively on what Alex was like and he wasn't like...and I asked...how could she as a professional comment on the child and a parent she never met' (P57:RA)*

The model portrayed in the report included review of an IEP every four weeks by people from NEPS, and the parent further detailed,

*'yea IEP, occupational therapy in school, speech therapy in school (laughing) socialising classes. I'm trying to think what else now,...regular,...as in monthly checks by the Department on the child and with the parents to make sure that everything was going according to plan, anything else they could offer us' (P57:RA)*

The parent was cynical because there was acute awareness amongst parent groups, of which this parent was a member, of the lack of any such support from NEPS or other professionals in the mainstream schools, and further recounted,

*'...I think they pulled it out of a book in America or Australia or something and just transplanted it onto a page....It had no relevance whatsoever to the national school system that exists in Ireland...' (P57:RA)*

Of note, a pilot interviewee portrayed a similar distrust for the NEPS involvement in sanctioning supports. In endeavouring to establish an ABA centre and access sanction for resources, the 12 parents involved had private assessments completed and sent off their child's individual report to NEPS/DES. The interviewee reported that identical evaluations were returned to parents with the name of one of the 12 children on all of them. This suggested to the parents that a blanket evaluation was done regardless of the individual children's assessed needs. Further, one parent, who accessed a NEPS psychologist through a mainstream school but who could not have the report completed, commented,

*'...but she was only after starting and she was like, I don't really know anything about autism...and I have no experience...She was brand new into the job and it was me educating her about autism...' (P53:RD)*

Clearly, these parents were highly critical of the manner in which NEPS fulfils its role with respect to identifying their children's educational needs and the sanctioning of resources.

Accessing reports privately was variously described as stressful and reported as leaving parents vulnerable to exploitation and market forces. Further, the children were rendered potentially vulnerable to inappropriately trained professionals in what parents described as an unregulated system. A few parents reported that the assessment setting in the rooms of some private psychologists were not conducive to gaining accurate assessments. Children were distracted or over-stimulated by ‘overly busy’ rooms. This was most frustrating for parents and did not instil confidence that the assessor understood the disability, particularly with respect to ASD and comorbid ADHD difficulties. Various issues arose for parents during assessments, for example,

*‘And he said to him...do you ever have suicidal ideas?’ (P72:RC)*

The child was eight years old and was being assessed for ASD and the parent recounted that the child subsequently acted out such behaviour a couple of days later when a challenging problem arose. Another parent, who was under pressure to produce a report within a week, phoned several psychologists on the NEPS panel who also did private assessments and eventually found one available but recounted,

*‘...and she was horrendous and I only know that because I have since gone to other people and I've realised how badly run the whole thing was, and she was asking him at 5½...who was Christopher Columbus and things like that,...the whole thing was a disaster’ (P14:RP)*

The parent later believed the report was incorrect. However, the parent noted that being given a poor report was not all bad, and explained,

*‘...I was now playing the system, and what I needed was a really bad psychological evaluation to get my SNA’ (P14:RP)*

In essence, neither the DES through NEPS nor the DHC through clinical or disability services take responsibility for the provision of the professional reports required to support access to the appropriate resources that may allow the pupils with ID/PDD achieve their potential in the education system. This clearly does not respect the equal citizenship rights of these pupils or provide equity of access to education as purported in the Education Act 1998.

### ***8.3.2 Access to Resource Hours and Special Needs Assistant Support***

Once reports have been provided by parents, it is the responsibility of schools’ personnel to make an application to the DES for the resources recommended in the

child's reports. However, some principals put the onus for accessing support on the parents, for example,

*'I was hand delivering letters into the DoE...a mother's nightmare, that's exactly what it was' (P64:RBB)*

Another parent who was expected to organise an SNA, explained,

*'...but she [principal] told us how to...get the care assistant and how to fight for it...she showed us a letter...says, here's a nice letter...these people wrote...and they got it, so she says, you get nothing for being nice, you tell them' (P48:RJ1)*

A parent reported being involved in partnership with the principal in the preparation of a proposal alongside reports and application documentation, as explained,

*'...we've our proposal nearly drafted for the department so like it's moving quite quickly but I reckon once it hits the department it will slow down...'* (P49:RT)

The reputation of the DES for processing reports and sanctioning supports was reported as problematic by many parents. Waiting for a response and the lateness of confirmation was at issue, for example,

*'...they would have submitted that in the February before Niall was due to go to school in September...we had to sit and wait...we didn't find out until two...or three days before Niall was due to go...this was in spite of piles of phone calls...'* (P118:RN)

The pressure of responsibility for securing proper supports was felt acutely by some parents, one of whom stated,

*'The Department just weren't coming back and there was a backlog that year...so I was under a terrible lot of stress because it was getting snowballed back to me...as the principal can't get on and kick up...they'd like to but they can't get on shouting to the Department cause then they look bad...'* (P124:RK)...

This parent recounted,

*'...I had to get on to the Department myself and say...I'm employing a solicitor ...so it would be cheaper in the long run because I'll have to go after you for...all the private things I've paid over the years...'* (P124:RK)

Another parent explained the mental and proactive 'battle' experienced as follows,

*'...is he going to get his basic right? ...I put in a summer of worry and stress to get him what should have been his entitlement...I should have known last May, Oh certainly yes that's organised and it's ready to go for the 30th Aug...no no - ring in July, ring the end of August, ring two days before school starts, everyone sweating, panicking, we're up here getting ill at night...worrying, if we don't get it how is he going to manage? Are we going to have to...put our*

*lives on show in the high court...you shouldn't have any of that trauma...I had to get Emmet Stagg to raise Dáil Questions specifically referring to Alex and literally light a fire under them in order to get this...' (P57:RA)*

The school, in the absence of a response from the DES, put the situation to the parent who then took responsibility for pressuring the DES into providing what should have been put in place, by right, systematically. And further

*'...the day before Alex was due to start school I went in to Dáil Eireann with Emmet Stagg, met the Minister, presented him with a high court writ and I was there and then told, "Actually, I sanctioned everything this morning"...' (P57:RA)*

The child was already six and a half years old and had been refused enrolment by three other schools over the previous two years and had attended a private Montessori for four years. Waiting yet another year to begin primary education was not an option. This parent further noted

*'I'm lucky if you like, I've one child and I'm a stay at home mother and I can afford to put my energy into this. If I had two or more children and I had to go outside the home to work, I'm sorry, Alex would still be sitting somewhere...it just wouldn't be available to him' (P57:RA)*

Some principals were very proactive in seeking appropriate supports and parents were confident that the principal was doing the best possible with whatever support could be garnered from the DES, for example,

*'...the Principal...found him brilliant...and I brought in all the information I had on Yosef. So he said...he'd try to get as much as he could and then he told me about all the cutbacks and whatever...he said I'll fight tooth and nail to get whatever he needs...' (RY: P65:RY) [enrolment September 2003]*

This child began primary education in September 2003 and was already six years of age. However, SNA sanction was refused but a classroom assistant gave as much support as was possible. Both the parent and principal believed that the child required fulltime support to progress but the DES would not sanction it. Many parents noted that principals 'fought' the DES for pertinent resources and SNA sanctions. Their effort and interest was much respected and appreciated, as noted,

*'...she only got two [resource hours] starting but her principal pushed for more and I have to say she's very good the principal (P48:RJ1)*

When the late response from the DES was a negative one, there were further repercussions for parents, for example,

*'...so about 10 days before he was to start I got a phone call from the principal of the school to say that his SNA had not been granted by the DoE yet and*

*unfortunately the school had a policy that if children didn't have an SNA they couldn't start' (P14:RP)*

The child is on the autistic spectrum and the process of preparation for starting school had been meticulously planned and the parent recounted,

*'...so after 6-8 months of work...the whole summer holidays nearly over, the uniform hanging out on a hanger, we were being told that he couldn't go in' (P14:RP)*

This parent would not accept refusal/deferral of start date for this child who again, was already aged six, and continued,

*'...I wrote a letter to the Department...and I rang the DoE and they said well the school isn't allowed to refuse him because he doesn't have an SNA' (P14:RP)*

The parent was put in the position of having to challenge both the DES and the principal and further noted,

*'...so do you want to start off in an adversarial way with the school, of course you don't...cause you've had all these fights with the DoE over home tuition and over this that and the other, you know who's at fault' (P14:RP)*

The parent did not blame the principal and believed that if the child was enrolled without an SNA, the DES might be 'let off the hook' as explained,

*'...might never get the SNA because they might say well you seem to managing fine and they'd delay and delay and delay, which is their policy...' (P14:RP)*

Sending the child to school without appropriate support was not an option because the parent was adamant the child needed the support and that he would not be treated differently from siblings who were attending the same school and explained,

*'...what we had to do, after letters and fighting and phone calls...with four days to go,...say, if we give you [child's home tutor] €450 a week, will you go in as his SNA...we'd explored every other possibility...school didn't even want that...but she was the same person that had been coming in one day a week previously [as part of the child's preparation for mainstreaming] and they knew her' (P14:RP)*

Official sanction was finally given on Sept 4<sup>th</sup> and it took a further three weeks to fill the placement and in the meantime the parents paid the home tutor to facilitate the child's enrolment at the start of term.

Several issues arose with respect to the organisation of resource teacher caseloads, and more particularly to the organisation of SNA support. The process of sourcing and employing personnel may take several weeks to complete. In the interim, parents again were expected to shoulder responsibility, for example,



*'...but they wanted me to be on call...' (P64RBB)*

The principal, who received late notice of the sanctioning of an SNA would only allow the child to begin attending when an SNA could be sourced or alternatively with the proviso that the parent would be on call. The parent felt pressured into agreeing, and stated,

*'...if the parents aren't there to do it for them...there's nothing...' (P64:RBB)*

Several parents reported being expected to be 'on call' when they placed a child with ID/PDD in mainstream, even when an SNA was employed. Lack of willingness or ability to manage pupils' behaviours was frequently at issue. Parents generally respected the difficult position that teachers were placed in when Government policy on inclusion was not supported by the provision of sufficient resources. A typical parent response read,

*'...it's the DoE that's supposed to be...giving our children what they need, not the school...I mean they're doing their best' (P126:RM)*

The provision of resources for children with ID/PDD needs to be properly organised in a timely manner, if the pupils are to be mainstreamed successfully and without issue.

## **8.4 Conclusion**

Bourdieu's concept of symbolic violence was evident in the practices experienced by many parents throughout the process of accessing their choice of setting and the procedures involved in securing a placement with appropriate support services. The lack of provision by the DES of a continuum of settings with sufficient places to accommodate parent choice contravenes the ethos of the Education Act 1998 (Pt1 S6 (e)). The failure of the State to provide systemic enrolment structures to identify and cater for the educational needs of children with ID/PDD denies these children equality of access to primary education environments. Principals who practice denials and deferrals of enrolment, and/or referrals to other placements, due to the pupils' disabilities or SEN and the lack of appropriate expertise and resources in the schools further deny equality of access. Enrolment procedures that required some parents to source and fund professional reports outside the system while others were facilitated through various DHC agencies clearly violate theirs and their children's right to equitable treatment. The practice of requiring parents to take responsibility for accessing their child's supports or to 'be on call', as a condition of enrolment,

constitutes discriminatory practices and social injustice. Similarly, expecting parents to 'be on call', when the system fails to provide suitably trained personnel to meet a child's challenging behaviours, further diminishes the families right to provision of education on an equitable basis.

These deficits in the system portray a continuance of the medical model of service provision where the pupil's disability rather than the pupil's statutory rights are central to the enrolment process. Equality of access to the education system requires systemic provision of reports and sanction of relevant support services, prior to seeking enrolment in the primary education system. This would address the social injustice and lack of recognition of equal citizenship of students with ID/PDD and the tacit imposition of responsibility experienced by parents. In the next chapter, the outcomes of the deficits in the system and the symbolic violence experienced by families is quantified and analysed and the manifestations of the consequences are examined.

## **CHAPTER 9: CONSEQUENCES OF HOW PRIMARY EDUCATION IS ORGANISED**

### **INTRODUCTION**

The Irish primary education system, as has been shown in earlier chapters, is poorly equipped to meet the educational needs of pupils with ID/PDD and families experience significant symbolic violence in the enrolment practices of principals and in the process of accessing supports. The consequences of how the system is resourced and managed vary widely. In this chapter, the outcomes of the enrolment process and subsequent lived experiences of the primary placements attained are analysed across the three main education settings (ABA centres are included with special schools) with respect to disability type and degree and the level of care support required. Further, these outcomes are evaluated across five criteria including, the availability of local mainstream placements, the availability of choice of education setting when required, access to resource teaching, access to supports as outlined in the child's reports and the outcome of access to a placement setting of first preference. The consequent differentiated geographies of pupils with ID/PDD travelling to the various settings are analysed. It further examines the experiences of the pupils in the education placements attained and the challenges experienced by parents in maintaining their child's education progress in order to determine the degree of compliance with the ethos of the Education Act 1998.

### **9.1 Enrolment Outcomes**

All children should have access to mainstream education but only 56 (47%) attained such placements (Table 9.1). Each category of disability is catered for in each type of school setting with minor exceptions. In viewing the bivariate row-percentage table 9.1 (Neuman, 1997:307), it is clear that pupils with OS-ID (100%), DS (72%) and those with AS (69%) had the highest levels of enrolment in mainstream classes and pupils with ASD (13%) had the lowest. Further, when comorbidities were experienced by pupils in each category the level of mainstream enrolment diminished but small sample size negates conclusive argument at this degree of differentiation.

**Table 9.1: Placement Outcome by Category of Disability**

<b>Category of Disability</b>	<b>Count</b>	<b>Mainstream Class (% of count)</b>	<b>Mainstream Special Class/Unit (% of count)</b>	<b>Special School/Centre (% of count)</b>
<b>Down Syndrome (DS)</b>	25	72	8	20
<b>DS with Comorbidities (DS-CM)</b>	1	0	0	100
<b>Cerebral Palsy and ID (CP-ID)</b>	13	46	23	31
<b>Non-Specific ID (NS-ID)</b>	18	56	11	33
<b>Other Syndrome (OS-ID)</b>	3	100	0	0
<b>Asperger Syndrome (AS)</b>	16	69	19	13
<b>AS with Comorbidities (AS-CM)</b>	9	44	33	22
<b>Autistic Spectrum Disorder (ASD)</b>	30	13	40	47
<b>ASD with Comorbidities (ASD-CM)</b>	2	0	100	0
<b>Pervasive Development Disorder-Not Otherwise Specified (PDD-NOS)</b>	2	0	100	0
<b>Total</b>	<b>119</b>	<b>47</b>	<b>24</b>	<b>29</b>

However, the employment of Chi Square as a test of significance, (Kitchin and Tate, 2000:139) where the disability category is more broadly defined by combining appropriate groups and where the special class/unit and special school/centre are combined (Table 9.1(a)) shows that the type of disability is highly significant with a P value of 0.00006969.

**Table 9.1(a): Placement Outcome by Category of Disability**

<b>Diagnosis</b>	<b>Mainstream Class</b>	<b>Special Class/Unit/School/Centre</b>	<b>Count</b>
<b>DS &amp; DS/CM</b>	18	8	<b>26</b>
<b>CP-ID &amp; NS-ID &amp; OS -ID</b>	19	15	<b>34</b>
<b>AS</b>	11	5	<b>16</b>
<b>AS/CM &amp; ASD/CM &amp; PDD</b>	4	9	<b>13</b>
<b>ASD</b>	4	26	<b>30</b>
<b>Total</b>	<b>56</b>	<b>63</b>	<b>119</b>

Similarly, the degree of disability diagnosed affected pupils' access to and/or choice of mainstream environments. 58% of pupils diagnosed in the mild range of disability attained mainstream placements whilst only 31% of pupils with moderate diagnoses were in mainstream classes (Table 9.2). Interestingly, a third of pupils in the severe range also attained placements in mainstream environments. However, 60% were pupils with CP-ID and the degree of disability diagnosed may refer to the physical impairment experienced rather than the degree of ID.

**Table 9.2: Placement Outcomes by Degree of Disability**

<b>Diagnosis</b>	<b>Count</b>	<b>Mainstream Class (% of count)</b>	<b>Special Class/Unit (% of count)</b>	<b>Special School (% of count)</b>
<b>Mild</b>	60	58.3	25.0	16.7
<b>Moderate</b>	39	30.8	23.1	46.2
<b>Severe</b>	12	33.3	33.3	33.3
<b>Unknown</b>	8	62.5	12.5	25.0

Again, using Chi Square as a test of significance to analyse the influence of degree of disability on access to mainstream placements versus special settings, it was found to be significant with a P value of 0.0308 (Table 9.2(a)).

**Table 9.2(a): Placement Outcomes by Degree of Disability**

<b>Diagnosis</b>	<b>Mainstream Class</b>	<b>Special Class/Unit/School/Centre</b>	<b>Count</b>
<b>Mild</b>	35	25	60
<b>Moderate</b>	12	27	39
<b>Severe</b>	4	8	12
<b>Unknown</b>	5	3	8
	<b>56</b>	<b>63</b>	<b>119</b>

The data shows clearly that the category and degree of disability experienced affects attainment of mainstream placements. However, the degree of care required by the pupils was not found to be significant ( $P=0.775$ ) to the overall pattern of enrolments. In the case of mainstream class enrolments, 51% of pupils with no support needs and 47% of pupils with fulltime support needs secured mainstream placements (Table 9.3).

**Table 9.3: Placement Outcomes by Level of Care Assistance Required**

<b>SNA Support Needs</b>	<b>Count</b>	<b>Mainstream Class (% of count)</b>	<b>Special Class/Unit (% of count)</b>	<b>Special School (% of count)</b>
<b>None</b>	59	50.8	27.1	22.0
<b>General</b>	39	43.6	23.1	33.3
<b>Fulltime</b>	19	47.4	21.1	31.6
<b>Missing</b>	2	0.0	0.0	100.0

The experiences of families in achieving the above enrolment outcomes are examined and quantified across five main criteria (Table 9.4). Clearly the symbolic violence of the system experienced by principals and the symbolic violence of principals experienced by families, as outlined in the earlier chapters had a negative effect on significant numbers of respondents. Local mainstream placements and/or choice of education setting should be available to all pupils with provision of adequate resource teaching and supports. However, the data clearly reveals that

these principles, which are enshrined in the Education Act 1998, were not being met for many pupils with ID/PDD.

**Table 9.4: Outcomes for Pupils on Five Criteria**

<b>Attribute (Responses)</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Not Sure</b>	<b>Agree</b>	<b>Strongly Disagree</b>
<b>Mainstream education is available to my child locally</b> (119)	30	33	12	22	22
<b>Choice of setting was available when required</b> (110)	24	24	5	24	33
<b>Adequate resource teaching is available</b> (113)	30	34	10	25	14
<b>Support as outlined in my child's assessment is available</b> (112)	24	31	13	24	20
<b>Education setting of my child is my first preference</b> (116)	51	38	5	16	6

63 (53%) parents agreed that local mainstream settings were available to their child but only 48 (40%) families were able to access their choice of setting when required. Adequate resource teaching was only confirmed for 64 (54%) pupils and access to supports as outlined in the child's report for 55 (46%) pupils. Therefore, significant numbers of pupils with ID/PDD do not have access to the resources and the supports required to meet their education needs. Although 89 (75%) families attained a placement setting of first preference, the settings were frequently outside their locality and/or only available after a waiting period. Further, many of these placements do not provide appropriate levels of resource teaching and/or supports to meet the children's assessed needs.

Further analysis of the data shows that of the 63 parents who agreed that local mainstream setting were available, only 37 of them also agreed that their choice of setting was available when required. 22 of these families reported that their child had adequate resource teaching and 21 had access to supports as outlined in the

child's reports. 19 (16%) of these families actually accessed an education setting of first preference. Each category and degree of disability is represented and the majority, 14 (74%), being catered for were in the mild range (Table 9.5).

**Table 9.5: Profile of 19 Pupils with Positive Outcomes on Five Criteria**

Count	Disability Type	Disability Degree	SNA Needed	Care Level	Class Type
3	DS	mild	no	none	mainstream
1	DS	mild	yes	general	special school
1	DS	mild	yes	fulltime	mainstream
1	DS	moderate	yes	fulltime	mainstream
1	CP-ID	moderate	yes	general	mainstream
1	CP-ID	moderate	yes	general	special school
1	CP-ID	severe	no	none	mainstream
1	NS-ID	mild	no	none	mainstream
1	NS-ID	unknown	no	none	mainstream
3	AS	mild	no	none	mainstream
2	AS	mild	yes	general	mainstream
1	AS/CM	mild	no	none	mainstream
2	ASD	mild	yes	general	mainstream

The majority of these 19 pupils attended mainstream classes, two of whom required fulltime SNA support. Two families, it would appear, chose the special system even though the child's care level was general and local mainstream was available. Special classes and units are not represented in the sample which shows that none of the 29 pupils in these settings attained positive outcomes across the five criteria. In summary therefore, only 19 (16%) respondents agreed that all five criteria were true for their child. The research clearly shows that the education system only caters appropriately for the needs of a small proportion of pupils with ID/PDD.

Interestingly, of the 17 who were enrolled in mainstream classes and who agreed that the five criteria above were met, six of the families recorded negative incidences for their child during the enrolment process, presumably as a result of making multiple applications. These included three denials, one deferral, four incidences of being advised to go elsewhere and two incidences of being asked to move elsewhere post enrolment. Problems cited included waiting list, disability type, potential



behavioural issues and two incidences where the schools approached did not believe the pupils were suited to their facility. In essence, only 11 (9%) families experienced equality of access to a local mainstream placement, their choice and a quality of education to meet their assessed needs. No more than two of the schools were in any one study area location. This would suggest a level of meritocracy and/or of perceived educability evident within the capacity of the schools' personnel in relation to which pupils gained access to local mainstream placements and for whom resources and supports were provided. The promotion and development of 'valued social roles' for the majority of pupils represented in the research by enabling the attainment and maintenance of roles such as, pupil, friend and community member (see Chapter Two section 2.1.2) on a par with pupils who do not have ID/PDD, was not achieved. Clearly, the primary education system does not respect the social role valorisation and equal citizenship of this population and the promotion of 'equality of access to and participation in education and to promote the means whereby students may benefit from education' (Government of Ireland, 1998 :Pt.1 S6 (c)) when, as noted above, only 9% of the pupils experienced positive outcomes across the five criteria examined.

The distribution of positive experiences on each criterion varied across the three types of school settings available in the system (Table 9.6).

Mainstream classroom environments, which accommodated the children of 56 respondents was not available locally for 21% and only 58% accessed the mainstream placements when required. Choice of a placement in local mainstream schools was very poor for the pupils attending the special classes/units and special schools, at 34% and 24% respectively, and only 24% of families were able to access special settings when required. Clearly, significant numbers of the pupils experience high levels of symbolic violence. Further, the lack of economic and cultural capital to meet their needs is clearly evident in the fact that across all education settings little more than half of the cohort agreed that the resource teaching available to their children was adequate. Again, while mainstream environments were meeting the support needs of 54% of pupils with ID/PDD the special settings were only reported as catering for up to 38% of the pupils. This gap may be explained by the possible lower degree of support needs of pupils who attained mainstream placements and who may not require speech and language or occupational therapy and/or ABA

programmes. At 38% the level of support was very poor for ‘supposedly’ special settings, where a parent might expect their child to access the supports required.

**Table 9.6: Positive Outcomes on Five Criteria as a Percentage of Placement Type**

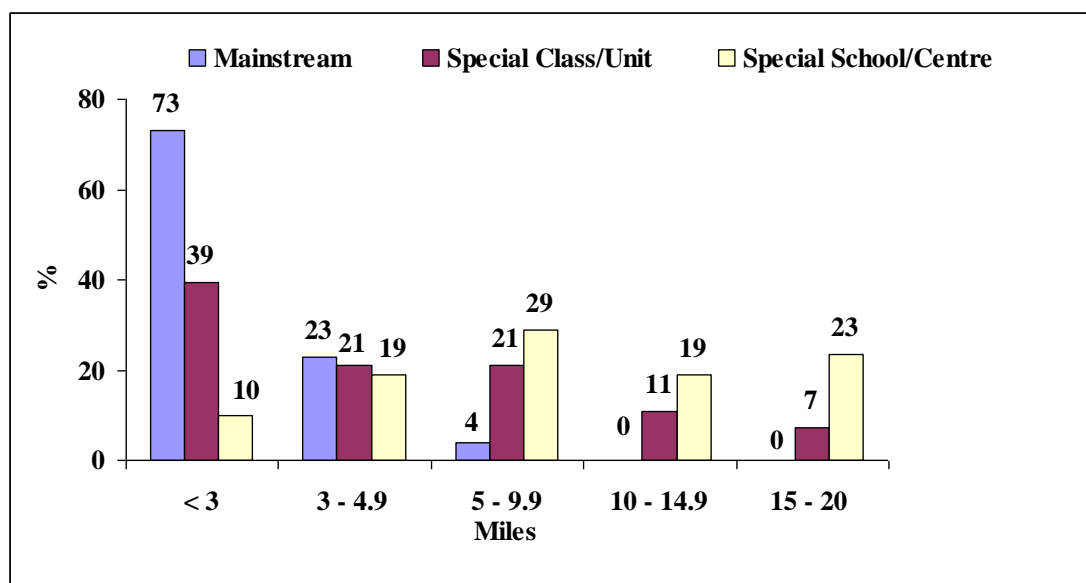
<b>Attribute</b>	<b>Survey Responses (119)</b>	<b>Mainstream Class (56)</b>	<b>Special Class/Unit (29)</b>	<b>Special School/Centre (34)</b>
<b>Mainstream education is available to my child locally</b>	53	79	34	24
<b>Choice of setting was available when required</b>	40	58	24	24
<b>Adequate resource teaching is available</b>	54	53	55	53
<b>Support as outlined in my child's assessment is available</b>	46	54	38	38
<b>Education setting type is my first preference</b>	75	82	59	74

Clearly, poor levels of support are experienced by high numbers of pupils with ID/PDD in all primary school settings due to the low levels of appropriate investment of the various capitals required to meet the educational and support needs of these pupils across the system. Notwithstanding the deficits of the system and having assessed the best services available for their child, a relatively high number of families achieved a placement type of first preference albeit at a distance from their home and community. However, only 44 (37%) families accessed a local mainstream placement and the remainder either travelled outside their community to a mainstream placement or accessed placements in special settings. This clearly differentiates the geographies of these pupils from their siblings, peers and neighbours, for the duration of their primary education, typically eight of their formative years.

## 9.2 Differentiated Geographies of Pupils Attending the Three Primary Educational Settings

Enrolment in non-local mainstream placements and in special education environments frequently necessitates daily travel outside the child's local community from the age of three/four. The distances travelled to school by the pupils in this study ranged from 0.25 to 20 miles (Figure 9.1). 73% of pupils attending mainstream classes, 39% travelling to special classes/units and only 10% travelling to special schools/centres travelled less than three miles to school daily. Only 4% of pupils attending a mainstream class travelled five miles or more but 39% of pupils attending special classes/units and 71% of those attending special schools/centres travel such distances with some travelling up to 20 miles from home daily.

**Figure 9.1: Travel Distance to School as a Percentage of the School Type Attended**

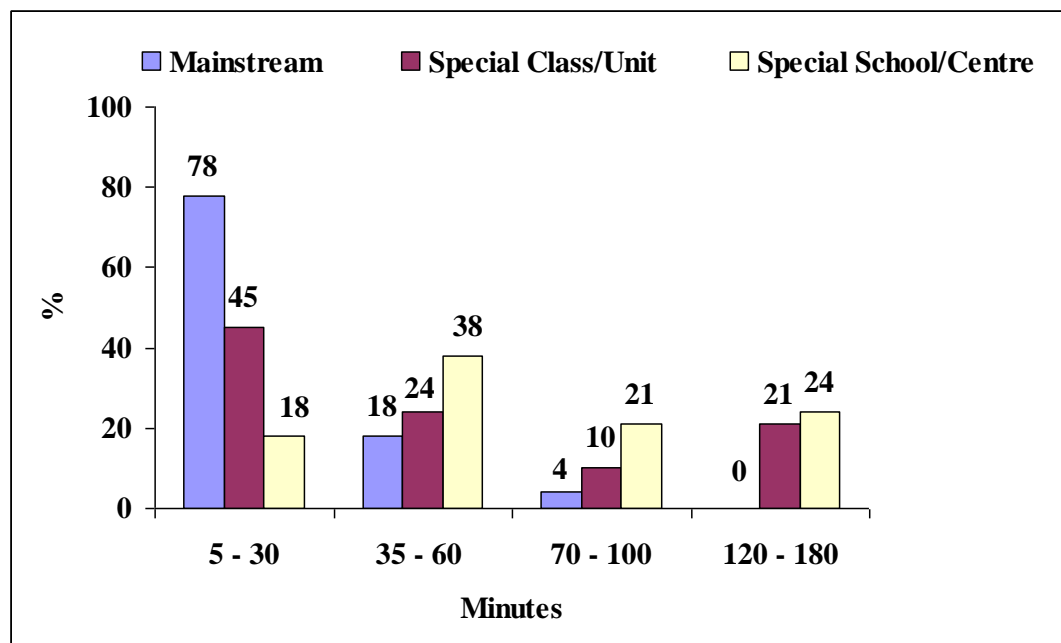


Of note, five families chose to attend mainstream placements outside their local community and the furthest travelled was six miles. Three of these, chose a mainstream placement which was both recommended and supported by the same disability services provider. The school originally had special classes but with the support of the services, the special class pupils were absorbed into mainstream classes and inclusive practices are now the norm. This positive support encouraged parents to go outside their local community to access supported inclusive settings with experienced personnel. Another parent chose enrolment in an Educate Together

school and the fifth parent purposefully chose the school she had attended for its familiarity and its reputation as an inclusive school.

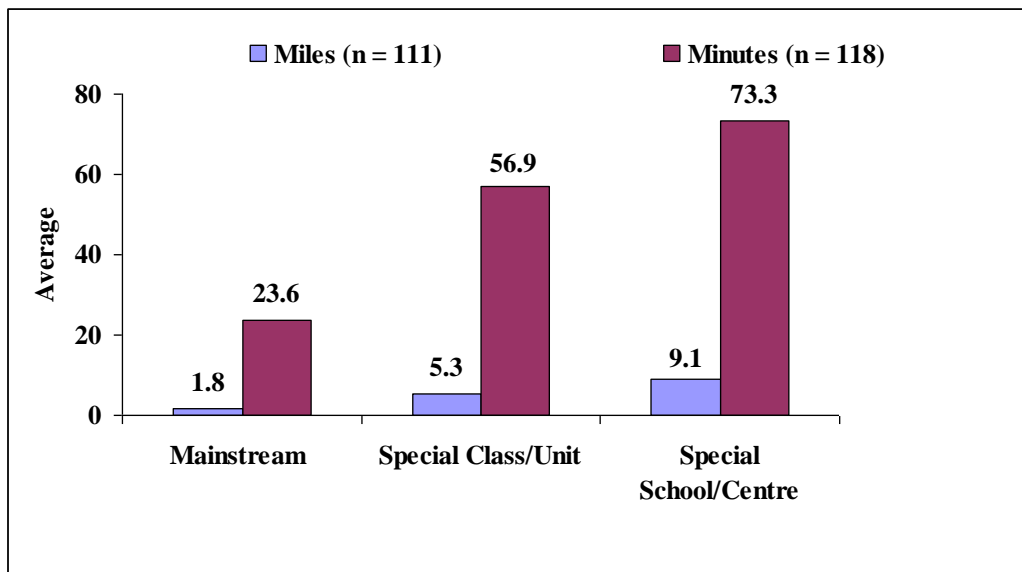
Distances travelled become more significant when traffic issues were a factor. The time spent commuting daily ranged from five minutes up to three hours (Figure 9.2). Almost 80% of children attending mainstream classes travelled less than 30 minutes daily which would be typical for this age group. However, significantly high numbers of children who travelled to special settings, 55% to a special class/unit and 83% attending a special school/centre, spent more than 30 minutes travelling daily. 21% and 24% respectively travelled between two and three hours daily.

**Figure 9.2: Travel Time Daily**



Clearly, the type of class attended has a significant effect on the travel commitments undertaken by pupils and their families. On average, pupils attending a mainstream class travel less than two miles from home and spend less than 30 minutes on the road but children attending a special school travel just over nine miles from home on average and spend 73 minutes in transit daily (Figure 9.3).

**Figure 9.3: Average Distance to Schools and Average Travel Time Daily**



Of note, the mean distance travelled from home by children with ID is 3.1 miles and 36 minutes daily while the mean for children with PDD was 6.5 miles and 56 minutes. Overall, 56 (47%) pupils represented in this study travelled more than 30 minutes daily. The majority of children travel to and from school with parents and, therefore, parents travel times were typically double that of the child on a daily basis.

Modes of transport include walking and/or private car, public bus(es), private school bus, special school bus system funded by the DES and/or taxi provided in a similar manner where numbers travelling do not justify a bus. Some families use a mix of two or three of the above (Table 9.7).

It is probable that some families, who bring their children to schools outside their locality, due to the lack of access to a suitable placement locally, were in receipt of a grant toward transport costs when no suitable special transport was available. This was not queried in the research as knowledge of the scheme was not identified by the researcher prior to remittance of questionnaires. That said there is still a major commitment of time, energy and cost involved from the parents in the pursuit of appropriate primary education for their children with ID/PDD. There were 41 (34%) children, 18 with ID and 23 with PDD, who were facilitated with the special system bus/taxi service. These children spend an average of 69 minutes travelling daily. Parents or a special taxi may be required to bring the child to a pick-up point or the child may be collected from home. There was no universal system.

**Table 9.7: Mode of Transport by Class Type Attended**

Mode of Transport	Mainstream Class	Special Class/Unit	Special School/Centre	Totals
Walk	10	2	1	13
Walk or car	8	0	0	8
Car	30	10	6	46
Car or taxi private	1	0	0	1
Walk & public bus(es)	2	1	0	3
Car bus & walk	2	2	0	4
School bus private	1	0	0	1
Taxi special	0	3	5	8
Taxi & bus special	0	0	1	1
Bus special	0	11	21	32
Missing	2	0	0	2

The issue of travel was not uppermost in the minds of several parents, for example,

*'...to be fair, the least of my worries relative to what's out there is the travelling ...' (P17:RL)*

Similarly, the driving distances were not important to some parents whose attitude to accessing the correct education was evidenced in several responses, for example,

*'But if I had to drive to Cork [Dublin domicile] every morning with him I would...if that's what he had to do' (P50:RO)*

For another parent whose child was away from home from 8am till 4pm, travelling circa 2½ hours daily to access the chosen education setting, the response read,

*'I would have moved to be honest...if there wasn't a school close...just to get it' (P1:RE)...*

Finding a suitable placement was uppermost in the minds of many parents. Some families moved house to be closer to the school of their choice. For one family, the house move also facilitated being closer to the family network to help share with transporting the child. For another family a house move was necessitated, as noted,

*'We did it for three months...just the commute was too much every day' (P72:RC)*

This family left their home and rented accommodation closer to a school that they believed could best meet their children's needs.

The special bus system is an essential service for some families with respect to their child having access to special placements, for example,

*'...I was terrified...if he decided he wasn't going on that bus...he wouldn't have went to school...there is no way I could have got him there myself...'* (P84:RF)

However, not all families could access the special transport system, even when the particular school had a bus service. Parents again had to become advocates for their child and for the school, for example,

*'...fought like cat and dog over it all...they [DES] wouldn't come along and tell the school...until the day...before the school opened, that the bus service [second route] was actually running'* (P79:RG)

Of note, for other families travelling to the same school, who were on the established route, the experience was quite different, as noted,

*'...The headmistress down there just said I'll sort out his bus'* (P93:RZ)

Travelling on a bus was not easily tolerated by all children, for example,

*'He was a very poor traveller...when he first started going to school and he's improved...get so bored and so frustrated and he started kicking the chair...'* (P1:RE)

And for another,

*'...prefer if she was nearer, especially in the winter...Some days she gets off the bus and she's green. [travel sick]...On a fine day they leave [school] at half three and...she won't be home...till twenty to five...'* (P17:RL)

However, the long journeys on the special transport system was not considered totally negative, particularly when the time was used productively, as explained,

*'...the chaperone kind of runs programmes...on the bus with them...they sing or they read or whatever'* (P17:RL)

Several families complained that the pick up and drop off times for the children were very variable and that the children were frequently late for school. One parent commented that although her child only has a ½ hour journey they were late for school 30-40% of the time. On complaining to the authorities, parents were told that behavioural issues of a particular child were at fault. It was noted that this may have been the case on occasion, but it was not the true cause. Traffic issues were also blamed but this was not accepted by parents as genuine. Being late for school for one child meant losing their 'integration' time which was scheduled for 9am. One parent complained,

*'...they've been up to an hour late. They've got in at 10 and it doesn't seem to be taken very seriously because I said if that was mainstream children their parents would be hauled down to know what the story is'* (P49:RT)

Considerable amount of school time was lost in this manner according to parents. Problems arose for parents using the special transport system when their children were new entrants and the schools only allowed the child attend for short periods. Collection times were outside the scheduled special bus service times, so families had to be available to collect the child early or make private arrangements for their collection and care. This was particularly problematic for parents working outside the home, for those who did not have private transport and/or those who were not living on a public transport route to the special setting. For some families, availing of the special bus service was not a viable option because the range of collection and return times were too broad and this again was impractical for parents working outside the home. Other families were not happy to put young children on a bus, for example,

*'I wouldn't trust her on a bus anyway to be perfectly honest...because she wouldn't sit down for them' (P48:RJ2)*

As a consequence, some families organised schooling to be close to the route taken by parents for work. Other parents who felt the bus service would not be safe for their child purposefully chose schools within comfortable driving distance or public bus reach. Providing this level of care on a daily basis negated the opportunity to work outside the home for some parents, as noted,

*'I wouldn't put either of my lads on a bus that's why I don't work...I could be doing with getting a job but you can't' (P72:RC)*

Attendance at the chosen setting required some parents to engage extended family members in the transport arrangements when no bus service was available. For one family, this meant juggling shift work schedules of both parents and the care of a sibling, on a long term basis. Without the back-up of extended family, many school days would have been missed. Lack of access to a local placement and lack of a bus service to the special setting has consequences for siblings, as explained,

*'we've to drop her [sibling] off early and I'm never in a position to collect her. I always have to get someone to collect her and, I know it sounds awful, but there's been a few days...where she's been left standing at the school...It's unfair on her, she's like the forgotten child...and she's been like that since she was a baby...' (P130:RDD)*

Organising transport to distant special settings was a daily stressor for some families. Problems arose for families with more than one child with ID/PDD who could not access placements for both in the same school or could not access transport for both



in different schools. For one family, who had great difficulty sourcing placements for two children with PDD, the reality was that the children were accepted in schools that were relatively long distances from the family home and in opposite directions. The parent noted,

*'...but it was a lot of commuting...and I had to be back [from special preschool ASD unit with younger child] for Quincy to get off the bus and it was touch and go...so it was terribly pressured times...'* (P125:RQ)

This was managed relatively successfully when both children were in school daily. However, when the older child's school closed for teacher training, curriculum days etc. both children missed out on the day's education because travelling long distances with both children was not a workable option. When it came time for the younger child to access primary education, the placement of choice had to be refused by the parent because of a lack of suitable transport at the time enrolment was sought. The family were in the position of having to prioritise one child over the other and noted,

*'...Questa could have made huge [progress] ...I just couldn't do it, would have put too much pressure on our family with the travel and all that'* (P125:RQ)

It transpired that a bus service was being sought and fought for by parents in a similar situation who were offered placements in the same centre. The bus service was approved and the child could have accessed the placement but lack of social capital denied this opportunity. The parent recounted,

*'...but [at] that time I was at the beginning of my trying to get into places and I didn't have a community. I didn't know anyone...'* (P125:RQ)

Lack of social networks and communication with fellow parents was problematic for several families. This was an on-going problem for some families of children in special settings beyond their local community. There may be fewer opportunities, if any, for the parents to integrate and become part of their child's school community.

A typical response reads,

*'...if there's a school play whatever...we go...but after that everyone kind of keeps to themselves really...'* (P1:RE)

And further commented,

*'...and I also have a four year daughter and she's just started playschool as well so I'm kind of running between the two and I'm trying to give both of them their space...and trying to keep her life as normal as possible, when she realises that he's a little bit special she has to be special as well...'* (P1:RE)

Whilst the rural community where the family lived was close knit and the child with ID was well integrated, maintaining similar links with the special school community was not a reality. Further, the potential for participation in a shared social network of neighbourhood support common in some areas amongst parents of children in mainstream settings was negated for parents of children attending special settings. This was further problematic when special schools' personnel invited parents to attend for school meetings and/or functions for example,

*'She [principal] wants you in for...there's an Irish day next week. There's a céili on Tuesday night...where she'll have parents and children in...'* (P79:RG)

Accessing these functions, daytime or evening was reported as difficult particularly when there were siblings to be considered as well as the distance factor.

Travelling to a special setting created problems of isolation locally for some children, a parent of who commented,

*'...that's what differentiates him on the road, the fact that he does not go to a local school...All the children around here go to school together. They tend to play together...'* (P121:RR1)

The parent believed that the children were not biased but that they were encouraged to be negative toward children with a disability, by their parents and further stated,

*'...A lot of it is down to...the bigotry of the parents...'* (P121:RR1)

The lack of respect and/or understanding that other children and their parents have for the child with ID was deemed problematic, and more especially for children with less obvious disabilities. Name calling and labelling, such as 'retard' or 'handicapped' was experienced very negatively by the child, as explained,

*'...he's not aggressive. He just gets very upset and he goes very quiet and very very deep'* (P121:RR1)

Parents would like to have their child in a local mainstream with the supports as required but this was not accessible for many. Clearly, the lack of availability of appropriate education services and supports in local mainstream education environments necessitates the continuation of differentiated geographies for many pupils with ID/PDD in order to access appropriate education.

### **9.3 Access to Primary Education: The Parents' Voice**

Access to quality primary education nurtures young pupils in their formative years and lays down the foundations for their development and learning for life. Education

environments accommodate pupils with a diversity of needs which necessitates proactive management to enable positive outcomes for all. As noted in Chapter 7, a whole school approach to the management of SEN is practiced by principals in some schools and many schools endeavour to provide a welcoming atmosphere and inclusive practices for all children. Parents reported positive experiences of inclusion and very positive on-going education outcomes in such schools. Typical responses included,

*'...so that's been really positive...there are 500 kids in the school, I would not be underestimating it in saying that they all know Niall...they all look out for him...'* (P118:RN)

*'...they are very attuned to him...they know that he's different...would always help him out...they are always very kind to him and he's very lucky that way...'* (P53:RD)

This child had narrowly missed out on gaining a placement in a special unit and the child ended up in mainstream by default. The parent recounted,

*'I don't think he would be the child that he is today. I think he would be more regressed into himself. I don't think he would be as social or anything like. I think it was just a blessing in disguise that he was left there [mainstream]'* (P53:RD)

The holistic management of SEN was reported as particularly good by parents of children in four schools. Two of these are mainstream schools, each of which has a variety of special classes/units; one is a mainstream school with total integration of all pupils with SEN and one special school. A typical quote reads,

*'oh my God...his learning support teacher down there needs to be canonised she's incredible....They were just really enthusiastic. They were embracing all of them and you know...it was such a huge mix of children...'* (P50:RO)

Team work and good communication amongst staff was the core ethos in each. Unity of purpose and continuity of methodologies was the practice experienced by families. Inclusion was supported to the maximum appropriate to the pupils' stage of development and they were given access to the 'special' programmes provided in the outreach unit, for example,

*'...they looked at what she could do...asked could they put her out of the outreach classes for so many hours a day and [used the outreach class] for anything that she was weak on...or that the outreach class were doing...'* (P79:RG)

Difference and segregation for resource teaching and clinical supports were experienced positively. A couple of pupils experienced reverse integration and/or a

'buddy' system to enhance potential for inclusion over a period of time. When issues arose for pupils, which they invariably do, they were dealt with immediately and satisfactorily, as noted,

*'...absolutely brilliant, for anything like that they are so good, if they notice anything different about them that they think...might be a problem, they'll always let me know straight away' (P93:RZ)*

These schools were very open in their communication with parents and the parents were content that their children were well supported, for example,

*'...was lovely because we keep in touch by book [communications diary]' (P93:RZ)*

This communications tool was noted as particularly valuable for pupils who were non-verbal or had language or communication difficulties. Good communication was also essential for families using a mix of home and school programmes,

*'...we had the ABA home tutor but she [class teacher] was very open to methods and things we were using at home and making sure the programmes were consistent between the two...He really did really well...' (P49:RT)*

For one of the schools, communications extended to the local HSE early intervention centre to plan ahead for entry to primary education. Inclusion and special supports were intertwined and were portrayed by parents as being managed seamlessly.

In schools where principals and/or teachers provided whole school programmes, parents had great respect for how their child's education was being progressed, for example,

*'...she just was able to deal with him from day one and had special programmes set out for him, what he needed to do for the year and worked her way through that and got more done' (P53:RD)*

The careful management of SEN was reported as leading to better educational outcomes. When a school created a positive atmosphere for the pupils from the beginning parents reported that the child's confidence was less likely to become an issue and that change was more readily accepted by the child. One such parent noted,

*'...teacher...went on maternity leave there in Feb...and this new teacher came in...and Uriel took to her no problem...' (P24:RU)*

The new teacher continued with the routines set out by the teacher on leave and the process of change was explained to the pupil in advance. Parents were generally

aware of which teachers had training in SEN or had accessed appropriate in-service training, and commented,

*'...and I think they really felt empowered by it and really felt much more capable after it, but again only two teachers in the school went ...' (P126:RM)*

*'...and is actually doing a course on autistic children...learning...how to work through them [emotional and social difficulties]...has an awful lot more confidence...seems now to be thinking ahead...' (P22:RH)*

The learning from the Autism specific course was being put into practice by the teacher and the parent was very impressed with the improvements in the child's education management and outcomes. Further, another parent of a pupil with ASD, who was receiving only 50% of the resource hours that should have been allocated as per DES circulars, noted that the child was making good progress in a well organised setting with teachers who had the training to work with the child. Accessing appropriately trained teachers in well managed schools was reported as making a significant difference to educational outcomes. The research shows clearly that forward planning gives a positive focus to the year, and instils confidence in parents that the pupils' disability is understood and accommodated and that appropriate teacher training was reflected in the educational outcomes of the children.

Although the psychological reports sought by the DES provide recommendations for the amount of resource hours required by a child, the reality for some parents was that their child was reliant on the schools' personnel to manage their education without access to what parents and the case psychologist believed was adequate resources, for example,

*'Only three hours...even though it was five hours that the psychologist recommended' (P124:RK)*

Some parents were very appreciative of the efforts made by principals to secure further resources and/or to provide supports from within the learning support caseloads. A parent of a child who was sanctioned 2½ hours resource a week, explained,

*'...has a specialised resource class and it was brilliant because they allocated him an hour a day...that's where...most of his work comes from...at this stage, because he's reading, he's writing, he's counting...it's just amazing' (P56:RS)*

The parent was happy with the level of resource teaching sanctioned and with how the resource time was managed. Some students were given a mix of group and 1:1 tuition, particularly suitable for pupils with a need to develop social skills as well as

needing support in specific areas of the curriculum. A parent of two children with AS/ASD in the same mainstream school noted that the resource hours were organised differently for each, reflecting individual needs and the stage of development achieved by each child. Clearly, the value of appropriate whole school structures and access to teaching personnel with relevant cultural capital is recognised and respected by parents and provides for positive outcomes for pupils with ID/PDD enrolled in such placements.

### ***9.3.1 Challenges of Accessing Education***

Many parents did not experience the value of an on-going structured inclusive education plan for their child with ID/PDD. Parents of pupils in poorly managed schools were very critical, for example,

*'...The school was badly run...There was no thought going into...what each child needed. The classes are all run absolutely differently...there were some classes that were far more suited,...it's all very willy nilly and you take pot luck' (P126:RM)*

Lack of structure and negative practices were recorded by parents of pupils in each school type. Parents of children in a special school, who although they respected the high level of care afforded the pupils and the very beneficial extracurricular activities provided, were critical of the lack of an education ethos and noted,

*'...the principal...wants them all to be happy but fundamentally believes that there's nothing that can be done for them' (P125:RQ)*

Uninspiring and non-progressive education programmes were reported as common in some special settings, for example,

*'...she was incredibly rigid...she made them do the same thing every single day for the entire year...they all had to do pegs...she did them for two and a half years' (P68:RAA)*

Similarly, parents of children in a special unit reported the predominant ethos as one of care rather than education and found it necessary to form a parent advocacy group to pressure the school's personnel into providing appropriate education. There were similar issues reported in some mainstream placements. One pupil's experience was that he was given paper and colouring pencils every day and put sitting at the back of the class. The parent s recounted,

*'...when he was in that school his pictures were always done in black. Now I don't know whether that is significant or anything, to us it was. He was always down' (P121:RR2)*

No supports were provided in the mainstream school for this pupil and the family eventually transferred him to a special school where his needs were being successfully addressed with a structured programme in place and the child was progressing well.

The catalyst for change, noted particularly in special settings, was the attainment of an individual education plan (IEP). Some disability services providers facilitate courses for parents on the development and management of an IEP which was noted as invaluable, empowering parents to participate in their child's education planning and progress. Similarly, parent education was available in the pilot ABA centres and parents were included in the teaching process as part of the child's IEP. Again, this was experienced as a valuable process for both pupil and parents. The provision of an IEP for students with SEN has been a topic of discussion since the SERC report (1993) and was put on a statutory basis with the enactment of the EPSEN Act (2004), which is not yet fully commenced. However, a policy of provision of IEP has been evolving from the mid 1990s and an ad hoc system of provision typified parent experiences in different schools. The process of attaining and maintaining an IEP for many families was found to be challenging particularly in schools without a universal system of SEN management, as explained,

*'It took us till December to actually get that [IEP] for this school year. It was to be done in October and reassessed in March....It's obviously not going to be reassessed this year' (P49:RT)*

In schools that lacked a whole school plan for the management of SEN parents and pupils had to adapt to changes with each different teacher involved in the pupils' education from year to year. Although IEP were written in June in one school, supposedly in preparation for the new school year, the parent experience was that,

*'...the summer holidays come and the IEP aren't brought out again in September' (P130:RDD)*

Further, the work outlined in the pupils previous IEP was not covered in previous years and there were significant gaps in the curriculum, according to the parent. The parents noted that they have to insist that the IEP be followed in order for the pupils to progress in their education, as explained,

*'I felt Derek is academically able to do these things and I just feel he's really losing out big time....He's not being challenged...' (P130:RDD)*

An advocacy committee, set up by concerned parents, sought to have the IEP implemented to transform the care ethos to one of education provision. For example, they insisted that computer time become work time rather than play time. For another family, an arranged IEP meeting with the principal, class teachers and the involvement of the psychologist assigned to the school, was highly significant, as explained,

*'...she finally had her educational psychological assessment...this is my weapon...first IEP [meeting]...in her fourth year,...It ended up not being an IEP [meeting]...I literally read out my grievances and made my demands known and luckily the psychologist was there and she completely backed me up' (P126:RM)*

The psychologists report stated that the pupil required 1:1 support to progress but the parent reported,

*'...I felt huge reluctance on the part of the teachers...[who] said, I can't allow her to have one on one with an SNA, they're not trained...It was better that Miriam be left staring into space...she'd get to her when...she could...rather than have the SNA working' (P126:RM)*

The parent challenged the lack of an IEP to meet the pupil's assessed needs. Eventually the pupil was moved to a different class which was run on a very structured ABA like basis with an appropriate IEP. The pupil was reported as 'thriving' following this transition to a class with an 'education' rather than a 'care' ethos. However, some parents reported that teachers did not understand the value of the IEP and/or did not comprehend how to structure and manage them effectively. To this end, some individual parents and/or parent groups sought specific training for staff through the disability services providers who facilitated the parent courses.

The lack of access to primary education for pupils with PDD and communication difficulties necessitated a parent committee to seek the introduction of various pertinent programmes, such as visual scheduling and appropriate use of Picture Exchange Communication System (PECS) (see [www.sess.ie](http://www.sess.ie)). It was reported that significant improvements were seen in the pupils' progress when these programmes were utilized. However, it was also noted that sustaining these programmes required parent vigilance and pressure on schools' personnel. Again, appropriate training for teachers was organised by the parent committee, as explained,

*'...we have the PECS consultants coming in next Monday and Tuesday for the first time ever...It's huge money...I think it's about five grand' (P125:RQ)*



Other parents provided home programmes for their children when suitable programmes were not being provided in school and two parents noted that they provided teachers and SNA with suitable materials. Programmes were devised by a privately employed home tutor, whose training the parents also funded, and a privately employed speech therapist. This parent commented,

*'Between that and the home tuition, we brought Miriam on more than the teacher ever was going to...'* (P126:RM)

Parents further noted that although some schools may claim to use a particular method of teaching, a common experience reads,

*'...supposed to be using TEEACH but they're not using it. It's probably an eclectic approach really...There would be structure in it alright but...'* (P49:RT)

Common parent experiences of schools without a whole school approach reads,

*'...I felt there was no communication between the teachers. The teachers weren't helping one another. They were working in isolation....She [teacher] used to say, I'm sorry...Miriam is one of my Guinea pigs,...because she was new to the whole thing...'* (P126:RM)

The involvement of parents in such placements was reported as the driving force for attainment of appropriate education.

Many teachers worked in isolation and had to learn how to manage the education of pupils with ID/PDD without appropriate training and support. Notwithstanding a lack of cultural capital and experience of accommodating pupils with ID/PDD some schools' personnel welcomed the pupils and provided inclusive environments that alleviated parents concerns, for example,

*'...it was nerve racking...putting him in to a school where they'd never had a DS child before, but, parents children teachers principals, you name it...looked out for him...'* (P56:RS)

However, lack of understanding of specific disabilities was particularly problematic, for example,

*'...even getting understanding out of the principal and teachers, who although maybe trying to do their best, don't understand Autism...'* (P22:RH)

*'...they'd never dealt with an Asperger child...they didn't know what to do, so I...said, look I've to get a grip of this and see what I'll do...'* (P57:RA)

Subtle difficulties such as receptive language issues, sensory integration dysfunction, co-ordination problems and lack of social and emotional skills were reported as

being overlooked and misunderstood. Understanding of the pupils reports was also lacking, for example,

*'...[Acting principal] was the first to admit that even if she read reports she wouldn't...have a clue so...'* (P22:RH)

This lack of understanding of pupils' needs and abilities was a common concern of parents who found liaising with teachers problematic, for example

*'...she's telling us he can't do x y and z and we're going, sure he did all that last year and is well able to do it'* (P57:RA)

Similarly, when issues of bullying and retaliation arose for unsupported pupils in the playground lack of understanding of the pupils difficulties was challenging for parents responding to teachers' negative complaints of pupils' behaviours, for example,

*'...the principal would really say that Reece had caused an argument...or he had hit somebody...but he didn't know him. That was that man's first time [and] he thought...this is a bold child'* (P121:RR1 & RR2)

Victimisation of pupils with ID/PDD was reported as common, particularly in mainstream settings. A parent, speaking of a pupil with DS who was moved from the school, recounted,

*'I think the last straw was a parent sending in a written complaint about him, everything that happened was his fault and I feel that happens an awful lot with special needs children'* (P72:RC)

Further, several parents noted that behavioural issues that were common to all children were often made an issue of by teachers because of the child's disability, for example,

*'...Part of this issue is that he might do things in mainstream which other kids would do as well but because he's the kid with DS it's an issue'* (P118:RN)

Playground issues arose for pupils in special classes/units too. For example, an outreach unit teacher complained to the parent that the child commanded inappropriate attention from the mainstream pupils, during playtime. The pupil was diagnosed with AS/ASD and did not have the ability to differentiate negative from positive attention. The teacher in the special unit attended by the pupil, clearly did not understand the nature of the disability and as noted by the parent,

*'...but she didn't really see it that way...his teacher isn't actually trained in special needs, she's a mainstream teacher'* (P130:RDD)

The pupils attending the unit were unsupported at playtime and when parents related negative incidences involving inappropriate interactions with mainstream pupils to schools' personnel, the parent recounted,

*'...We were told, well they [schools' personnel] have to get their breaks as well' (P130:RDD)*

Lack of teacher awareness of the dangers involved for the pupils attending the unit was a significant on-going concern for the parents, for example,

*'...if they [mainstream pupils] told him to run out on to the road...He probably would have done it...I don't blame the boys at all' (P130:RDD)*

Lack of teacher training and ability to understand how to work with pupils was particularly evident when pupils who were progressing positively with one teacher regressed on moving to a new class teacher. A typical parent observation reads,

*'...when one teacher gets these children to sit down and learn and do what they are told...another teacher can't...so it can't be the child' (P72:RC)*

A further quote exemplifies a lack of teacher understanding with regard to a pupil diagnosed with comorbid ADHD (attention deficit hyperactivity disorder),

*'...and they say things like, if she would only concentrate she'd be great...'*  
*(P68:RAA)*

Speaking of an autism specific setting a parent noted,

*'...the teachers...get taken on with absolutely no experience and no training with working with Autistic children. I've come to learn that...at Miriam's loss...'*  
*(P126:RM)*

Lack of teacher training and the independent nature of education provision by individual teachers were further evidenced in the lack of appropriate liaison between class teacher and resource teachers which is reported as problematic in some placements. Different approaches to teaching, particularly of mathematics, were reported as confusing pupils. In one case, the onus was put on the parent (P57:RA who indicated willingness) to speak with the principal to solve such an issue between the two teachers. The classroom teacher, who had graduated relatively recently, accommodated the pupil's different ways of learning. However, the resource teacher, who had many years experience in the classroom, was not willing to accommodate the pupil's needs and did not have an understanding of or respect for the behaviours and way of thinking of the pupil who was diagnosed with AS. Resource teaching allocations were not valued by parents in these situations, for example,

*'...rather Pascal have two hours a week of someone who was a speech therapist...or a psychologist or who was trained to deal with autistic children than have the five hours a week he has with an untrained person who is saying to me, what do we do with him?...that was my experience of resource teachers...yes he is mainstreamed but he's not dealing with one person on a weekly daily monthly yearly basis that deals with his spectrum...'* (P14:RM)

Similarly, SNA are not required to have training or experience of being a carer and parents also find the role assumed by some SNA as problematic. Pupils with ID/PDD are typically vulnerable to the level of ability and experience of the SNA employed. Although some SNA were reported as brilliant and adept at working with the pupils, many were not. When a pupil is using Lámh (see [www.lamh.org](http://www.lamh.org)) or PECS for communication purposes for example, or when a pupil has challenging behaviour, parents would prefer if the SNA had the training to meet these needs. Parents believe that schools' personnel need to take cognisance of the nature of the role of the SNA working with the individual child, as explained,

*'A teacher doesn't have to like the class...but an SNA has to like the child she's working with, she has to be interested...'* (P124:RK)

Some SNA did access in-service training and a couple of SNA were undertaking courses in psychology. Some parents expressed the desire to be involved in the selection process of the SNA that will work with their child. Parents, at times, were not confident that the SNA role was taken seriously, for example,

*'...he's lost about six or seven hats, and you'd say, where is his hat?...oh did he have a hat today? She has only one child in her charge...to me that shows...no interest'* (P124:RK)

Some parents felt they were purposefully kept at a distance from the SNA and one commented,

*'Well I think it is actually specified...that they are not supposed to talk to the parent...'* (P72:RC)

Other parents, who did have contact with the SNA, felt they had to explain to the SNA what supports the pupil required. There was no universal system of communication and management of care needs or training for the carers. A parent recounted,

*'...so I suppose I've mixed feelings about the SNA....It's great that he has someone there...so if they are not going to be someone that's trained to notice what his needs are, which are social and emotional, is there any point in them being there?...'* (P14:RP).

Sanction for the support of an SNA is based on a pupil's care needs such as toileting, feeding, medical intervention, mobility and sensory issues and where a pupil's behaviour may be a cause of harm to themselves or to fellow pupils. However, many parents believe that an inability to socialise and communicate effectively with peers should be a recognised care need, most specifically for pupils with PDD and/or those with communication difficulties. Parents believe that the nature of support needs resulting from a child's experience of PDD was poorly understood by the majority of personnel in the system negating the provision of adequate SNA support, particularly at playtime, for example,

*'...but where he actually needs the assistant, where she's most useful, is in the yard...the department don't see that as a problem' (P57:RA)*

Issues of bullying, general vulnerability and isolation which were reported by parents were deemed to be due to the absence of appropriate SNA supports at play time. Safety issues were also fore-grounded by parents who reported being very nervous placing their children in an education system that was not geared to understanding and catering for their child's needs. Children with ID/PDD do not readily grasp school rules and the lack of appropriate supervision gave rise to pupils having 'escaped', for example,

*'...and it's an open school. Anybody can wander in and out of it. It's not secure...saw her son leaving the school heading...down to the far side of town' (P79:RG)*

Parents believe that the lack of SNA support for a child with autism, particularly, was also detrimental to their education progress, as explained,

*'...Teacher felt that Pascal didn't need an SNA and was managing, but this is part of the not understanding the syndrome.... What they do is cope rather than thrive. Their energy is put into surviving the environment and not into progressing. So as the year develops they will academically fall behind...'* (P14:RP)

Though sometimes critical of the lack of training afforded SNA, parents appreciated the contribution made to the child's well-being and their superior educability with the support of a fulltime SNA. However, many parents whose child did not have such support doubted the efficacy of mainstreaming for their children and the ethos of supported inclusion portrayed by the DES.

### ***9.3.2 Symbolic Violence in the Management of Resources***

While some schools were reported as managing the student's resource hours allocations very diligently and professionally, several parents noted that pupils for whom resource hours were granted did not always receive the allocated hours, for example,

*'...some days he may not get the hour he's entitled to because the teacher may be grabbed to go somewhere else and he misses half an hour....It has happened that Alex will have missed maybe two precious hours a week...'* (P57:RA)

The education and routine of this pupil was neglected, contrary to entitlement. The data showed that there was poor regard for the priority of the caseload of the resource teacher in several incidences. Accessing the appropriate amount of resource teaching on a regular basis is important to pupils and the need for consistency was noted to be of particular importance by parents of pupils with ASD. One such parent who fought for and achieved increased resource allocation noted,

*'...this year it was one hour [per day, last year it was only a half hour...and he's come on brilliant...'* (P53:RD)

Many parents believed that once they provided the reports everything would fall into place automatically but often learned to their cost, both emotionally and financially, that the reality was quite different. The pupil referred to above is diagnosed with ASD and should have had automatic sanction of five hours resource teaching weekly. For the duration of junior and senior infant classes, only learning support was given at the schools' discretion until the correct resource allocation was granted when the pupil was in first class. Initially, there was no SNA support and when that was provided it made a significant difference to the pupil's access to and quality of education. Previously, the class teacher had been in regular contact with the parents and complained of poor behaviour and mal-adjustment. However, with appropriate supports in place, positive outcomes have resulted. Another parent noted that both they and the principals were in the position of 'fighting to get five hours a week' (P114:RB), as per the DES official circular (SPED 08/02) for a pupil with multiple difficulties, including 'ADHD, moderate mental delay and speech disability' (ibid). This was not uncommon. Further, some parents were unaware of the resource hours being received by their child as there was no liaison with the parents and the parents were not involved in the preparation or management of an education plan for their child.

Many issues arose where pupils with ID/PDD were treated differently from their peers. Classroom management structures were problematic for some families. Isolation within the mainstream placement was frequently the experience, for example,

*'...even though he was in a mainstream class he was in a corner behind a partition by himself...so he couldn't see the other children and they couldn't see him' (P130:RDD)*

For other parents, isolation occurred when the SNA was used to keep the pupil inappropriately segregated from the other pupils in mainstream spaces denying interaction with peers. Some special classes/units were reported as being run as a separate entity to the mainstream classes with no integration and for others only token integration was the experience. Lack of integration for girls in special classes/units was an issue for a couple of families because in each case they were the only girl in the special class/unit and had no communication with other female pupils. In placements where some integration and/or inclusion were practiced, pupils in special class/unit were treated differently to those in mainstream. In one particular school, although all pupils were assigned to a mainstream class the pupils' parents were not included in their class parent-teacher meetings, the pupils were not included in the lunch time club established to develop pupils' social skills and they were not included in the school tour arranged for the class. When parents questioned why the two pupils with SEN assigned a particular mainstream class were not included in the class tour the response read,

*'...because there wasn't enough room on the bus, and I said that's not good enough,...if he's in the mainstream class. I said, was there anybody else that missed out on it, because there wasn't room on the bus and there wasn't...I didn't actually believe her...I'd say what happened was they just hadn't thought about...bringing him on the trip' (P130:RDD)*

Further, although mainstream pupils had to line-up in the yard and walk into class with the teachers, the pupils in the special section went straight to their classroom and could be in the classroom unsupervised for significant periods of time, as explained,

*'...they could go up to the unit and there would be nobody there to meet them and a teacher mightn't turn up until ten minutes after the school bell is gone, or a classroom assistant...'* (P130:RDD)

There were six adults to eight pupils in the two units in question that shared a large classroom space, at the time of the interview, yet the school did not organise to have

at least one adult present to meet the pupils and there was no formal handover from parent to school personnel. The parent commented,

*'...it's not as if we're asking for something that is different to what would be normal expectations for any other child...there was a lot of health and safety issues...' (P130:RDD)*

Further, according to Primary Circular 11/95 all pupils past 1<sup>st</sup> class should have a minimum of five hours and 40 minutes in school daily. However pupils in the special section of the mainstream school had a shorter day, as noted,

*'...up until last year the boys were actually going home at 2 O' Clock' (P130:RDD)*

This was an hour earlier than mainstream peers resulting in five hours less contact weekly. The parent advocacy group campaigned to have the pupils hours lengthened and the teachers' response was,

*'...ok we'll go to half two...they weren't extending it anymore because they had things they needed to do...' (P130:RDD)*

Resource management practices within these educational environments clearly do not respect the equal citizenship and social justice rights of the pupils with ID/PDD and appropriate inclusion alongside their peers.

### ***9.3.3 Symbolic Violence of the System***

Having attained a placement for their child and the supports required, parents reported further incidences of symbolic violence with DES personnel. For example, a parent, who had fought long and hard to secure an SNA for a child with AS/ADHD who reported a very negative experience explained,

*'...Alex was six weeks in school and the Department sent an Inspector out who came to my son's class and asked...could he see the Autistic' (P57:RA)*

This was a totally inappropriate way for a professional representing the DES to address a class when seeking out a pupil with a disability. It was reported that three other children were treated in a similar inappropriate manner and referred to as the DS, the ADHD etc. The purpose of the visit, in the parent's view, was to remove the sanctioned SNA hours. The pupil was observed for just a moment, as noted,

*'...he looked into the classroom and said he's not performing' (P57:RA).*

'Not performing' was explained as,



*'...Alex wasn't wrecking the classroom...going to the toilet in the middle of the floor, belting other children, throwing books in the air...' (P57:RA)*

Further, although the teacher and the SNA had kept a detailed record of the pupil's progress, noting difficulties etc., the Inspector did not read the records. Similarly, another parent, again having fought to get supports in place, reported,

*'SENO that came in, they sat in the class for about five minutes...and decided to cut his hours by half' (P64:RBB)*

And further noted,

*'This wasn't backed up by the school. It wasn't backed up by the teacher...she [teacher] said, I don't think I can cope and...since then Bert has been diagnosed with ADHD' (P64:RBB)*

Undue stress was endured by these pupils, the parents and the teachers due to the withdrawal of SNA hours and the manner in which assessment of need for SNA was conducted. These were not isolated incidences.

Further symbolic violence occurred when pupils in receipt of resource hours were required, by the Inspector, to provide updated reports in order to retain their supports. Several parents also reported that they had to access private assessments at the behest of teachers in the supposedly 'free inclusive' education system when the teacher suspected the pupil had comorbid difficulties such as dyslexia, dyspraxia etc. Pupils' names may be put on long waiting lists for a NEPS assessment or with their disability service provider but neither typically had the capacity to provide this service in a timely manner. In the meantime, valuable time was lost to the pupils with respect to maintaining supports or getting the correct supports and programmes in place. However, in the few incidences where a NEPS psychologist was involved with pupils with ID/PDD, parents reported high levels of satisfaction and positive outcomes. The teachers, with the help of the NEPS psychologists, were very positive and supportive. However, another parent in a similar situation of accessing on-going reports but with a child in a special school had a very different experience. A student, working alongside the psychologist carried out the assessment. The reports were reported as clinically cold. The parent met with the child's teacher, who as it happened was married to a psychologist, who helped them decipher the report and who was reported as commenting,

*'That's awful...no wonder the mum is ready to jump under a bus' (P125:RQ)*

The parents believed that the psychologists should work through the reports with parent and teacher and provide support toward an IEP outlining small achievable goals. However, the reality was,

*'...the clinical team do it and then they move off' (P125:RQ)*

On-going professional supports would be a significant asset to schools' personnel in supporting pupils with SEN but the system does not have sufficient capacity to provide such support. In the special system, children are nominally assessed every three years. However, much anecdotal evidence gained through networking suggests that this is not adhered to.

For another pupil, whose name never made it past the waiting list for a NEPS assessment, the parent recounted,

*'Psychologist sent us a letter [saying]...She had great delight in working with my child but she was now leaving the service, she never even seen [sic] her' (P79:RG)*

In order to keep the child's resources in place the parent believed she had no option but to access a psychological report privately and stated,

*'...I rang...[private psychologist] and he arrived [from abroad] on Friday and he did her psychological report...I paid €1270...' (P79:RG)*

Another parent, whose second child (not one of the selected sample for interview) had accessed private reports to support enrolment in mainstream and follow-on reports at the request of teaching staff, recounted,

*'...I got that report and then I think it was on the basis of that...he had the NEPS psychologist come and visit and that was...one of the most thorough reports I've ever had...' (P127:RM)*

The parent continued,

*'...and especially after that psychological assessment. He immediately got the support he needed. He got an SNA and he got resource teacher for an hour a day' (P127:RM)*

This pupil's academic and social education was reported as progressing steadily and even exceeding expectation and the parents were very happy. Although many children were being assessed as requiring an ABA programme, universal provision was not available in recognised settings. Some special classes had begun to use ABA methods as an adjunct to the 'eclectic' approach being provided. However, for parents who wished to access stand alone ABA programmes the reality was that they either had to set up their own education centres or join a group involved in doing so.

Access to pertinent resources required parents to source and fund assessments and reports, the reality being,

*'...the DES wanted these twelve assessments to give us funding for our school ...so...we as parents had to bring a guy over from England because we couldn't get anyone to do it' (P17:RL)*

The funding was only given on a yearly basis so the pupils were assessed annually in case funding was refused, as explained,

*'...so we need to be ready to go to court if we have to' (P17:RL)*

The private assessments were reported as costing approximately £700 sterling per child and the flights and accommodation for the psychologist were also funded by the families through fund-raising events. NEPS do not support these students and the parent belief was that,

*'...they're [DES] supposed to assess the kids every year but they don't really know what we're about. They don't really know how to assess us' (P17:RL)*

Clearly the level of capital investment by the State is inadequate to support the DES structures for continuing access to resources and to appropriate education for pupils with ID/PDD and significant levels of funding must be provided by parents on an on-going basis in order to maintain the resources required to support the children.

Many pupils with ID/PDD have speech impairments and difficulty with language comprehension. Some may have impaired motor skills, dyspraxia, sensory integration dysfunction and some pupils, particularly those with CP, may have challenging physical impairments. Historically, therapies were provided by the DHC through the disability services providers and in special schools. With the advent of the special class/unit system, some therapies have been provided on an outreach basis from the disability services with which they are linked. However, when pupils are mainstreamed there is no structure for the provision of supports specific to pupils with ID/PDD. Having attained a mainstream placement, several parents reported that their child was denied access to therapies available from their disability services provider, for example,

*'...they [service provider] only gave him three or four sessions [OT] and then I was told, no more...they hadn't got the resources...he was actually taken off the register when he was six...because I sent him to a mainstream school...they won't tell you officially but everything stops...' (P56:RS)*

The parent further commented,

*'...if Senan was in...[special] National school...he would be still entitled to everything...' (P56:RS)*

And another parent commented,

*'...unfortunately the intervention stops, so that's where children are left again in the mainstream, without, ...very little support, it's kind of like a grey area I think' (P73:RV)*

Trying to access an OT for a child with dyspraxia, on the advice of the mainstream teacher who believed it necessary, proved impossible, as explained,

*'...contact...Health Board...and you might get him to see an OT there and the most amazing thing was I rang...I spoke to the lady...in charge of the disability section...they...never had a paediatric OT...' (P114:RB)*

Therapies, normally provided by the local clinics through mainstream school referrals, were typically denied pupils with a diagnosis of ID/PDD. In order to avoid the loss of mainstream S&L therapy, a parent of a child diagnosed with ASD, having learned from the experience of loss of support therapies for this child, actually refrained from having a second child with suspected ASD assessed. Similarly, a student with an ID and S&L disorder, attending a mainstream unit, stood to lose that place if a comorbid suspected diagnosis of AS was made and again the parents deferred assessment. Although mainstream pupils should be entitled to access the mainstream support services, parents were not generally willing to fight to have their children included and more typically will source therapies privately, for example,

*'...if he really needed that now...if the State didn't give it...I would just go and do it myself' (P53:RD)*

A family who was in the position of providing several therapies to enable their child access the curriculum explained,

*'...I think I'm lucky because if I hadn't financially got to that stage and been able to identify first of all the issues with my daughter, I think I'd have been just lost' (P73:RV)*

A parent, whose child gained the last place available in an outreach unit, who was in regular contact with another parent whose child with similar needs was placed in mainstream due to lack of space in the outreach unit, commented,

*'...and she still has issues, like things that Hugh automatically gets because he is in an outreach, she's still fighting...trying to get the OT room and things like that...so she seems to have more of a fight. It's also because it's a new school' (P22:RH)*

However, being a new school could have been beneficial if inclusion had been understood and thus considered at the planning stage.

Although the special placements are nominally funded by the HSE for the provision of therapies, the reality experienced by the majority of families reads,

*'...there aren't enough. She's only had one visit with the speech therapist this term, because she [therapist] was given 54 clients and she's only part-time, that's madness' (P125:RQ)*

*'...she doesn't have a speech therapist either...we did see three schools and they didn't [have a speech therapist] Only one of them had a part time speech therapist' (P98:RI)*

And another example reads,

*'She was wonderful but...within the first six months her brief suddenly became bigger. She was no longer just the speech therapist for the school. She was the speech therapist for all the outreach services as well. She suddenly wasn't available' (P126:RM)*

A parent, whose child attended a specialist EBD school that also catered for pupils with ASD and pupils with psychiatric difficulties, reported,

*'...they don't have a speech therapist, they don't have an occupational therapist. This is a school...where children...have huge coordination problems. They have speech problems...we did a survey. I think 70% of the children...needed speech therapy' (P68:RAA)*

The parent continued,

*'...we actually have an agreement with [local] Hospital that we will share a speech therapist, but the department won't sanction any speech therapists appointments...it's just tragic...' (P68:RAA)*

The parent of a child attending an ABA centre had some access to an occupational therapist but there was no consistency of provision. Speech therapy was built into the child's education programme but there was no formal therapy being provided.

In one school, where the SEN teachers maintained a link with the HSE services that provided speech therapy for the pupils, parents spoke very positively of the programme provided. The parents were included and continued the work of the therapist and teachers in the home, as explained,

*'...we get homework then to do. We get a book home and we go through that kind of for a few weeks and we go in for regular talks with the speech therapist and the teacher and once a month we go and see the speech therapist then on our own' (P81:RW)*

Referring to the particular school, a mainstream school with special classes, the parent commented,

*'Oh absolutely...the best place he could be...I think the fact that he is getting it five days a week and it's a long day, he's in from nine until half two' (P81:RW)*

Typically, parents who can afford to fill this void in service provision through private means will do so. Those whose parents cannot afford to pay may be left behind with significant consequences for the child, for example,

*'...what occupational therapy would do for them would be phenomenal...It breaks my heart when I go to sports day...They're tripping over their feet, they can't throw the ball...and then they get really upset cause...the whole thing is geared to winning....They want to win and...they can't because they can't run properly ...when you think the opportunities that these children are not getting' (P68:RAA)*

An equitable system requires that all pupils who need support programmes have access to them.

The NCSE was established in 2003 with respect to section 54 of the Education Act and from January 2005 assumed responsibility for the management of special education with an allocation for 80 special education needs organisers (SENO). In general, parents who were aware of the NCSE, were quite negative toward this 'new layer of bureaucracy', for example,

*'...These new councils for everything...they haven't proven themselves to be anything. Look at the Task Force...I have no faith at all in any of that because parents are not involved...we're excluded...I have no faith...in these so called experts, the only experts are the parents...' (P57:RA)*

And further,

*'...until they live with it and try and access the non-existent services and the non-existent education that is supposed to exist for our children, they're not an expert, I'm sorry' (P57:RA)*

Building on services was of much more importance than creating more layers of administration according to parents, for example,

*'...but what I think parents are cynical over is another layer of administration...rather than clinicians...put the salary into a speech therapist or an OT' (P125:RQ)*

Parents sought a one-stop-shop for all aspects of their child's needs but did not see NCSE as filling that role. There was a belief that they cannot organise services that just do not exist.

The symbolic violence of the system, experienced by many parents, is a direct result of the lack of investment by the DES and HSE of appropriate levels of economic and cultural capital to support the ethos of the Education Act and the provision of equality of opportunity in education for all residents of the State.

## 9.4 Conclusion

The transition of primary education for pupils with ID/PDD from segregated spaces to inclusive mainstream environments is vulnerable to the resource sensitivities exposed throughout the research. The lack of appropriate resources negates mainstream education environments as a viable option for many of the pupils. Access to mainstream classes in the local community and/or to choice of setting was not achieved by significant numbers of pupils. Although the provision of resource teaching has been implemented and auxiliary supports are available to some pupils, the special education needs of significant numbers of pupils across all school types recognised by the DES are not being catered for adequately. Many families spend significant amounts of time travelling daily in order to access education for the children with ID/PDD and many also privately fund resources which should be available as a right. Clearly, ability to pay creates further inequities in the system and more particularly when privately funded assessments are required to attain and maintain resources.

The provision of whole school management of SEN resources and the implementation of pupils' IEP have a significant positive effect on the quality of parents' and pupils' experiences. Good practice requires pro-active person-centred management of education programmes for each child with an ID/PDD. Such planning may require schools' personnel to use supportive materials such as communications notebooks, PECS and/or Lámh, visual scheduling, planned inclusion scheduling between special and mainstream classes/units and/or schools and a unity of purpose between all personnel involved in the education of each child. Schools' personnel and the children in their care clearly benefit from the input of appropriate NEPS involvement in assessments and programme planning and the support of therapists such as S&L and occupational therapists where required. Support at this level may encourage greater access to universal enrolments and more positive outcomes within appropriately resourced environments. However, negative practices and experiences are widespread and the constitutional rights of pupils with ID/PDD to access 'a level and quality of education appropriate to meeting the [their] needs and abilities' (Government of Ireland, 1998) is not being achieved. Multiple incidences and forms of symbolic violence are experienced in the classroom, the playground, in their exclusion from school activities and the management of schools'

resources. The object of the Act 'to promote equality of access to and participation in education and to promote the means whereby students may benefit from education' (ibid) is not being attained in many primary educational environments due to the lack Government investment in the multiple capitals required to enable an inclusive *habitus*. Integration and assimilation in ableist spaces, where achieved, does not equate with the promises of supported inclusive practices for all. Without a commitment by Government to the provision of the economic, cultural and social capitals required by teaching, clinical and care professionals, parents and pupils, the ethos of the Education Act and government policy remains aspirational for many pupils with ID/PDD.



## **CHAPTER 10: CONCLUSION**

### **INTRODUCTION**

In this thesis, Bourdieu's Theory of Practice and Symbolic Power was adapted to provide a framework for contextualising and interpreting a baseline study of access to mainstream primary education environments for pupils with a diagnosis of ID/PDD in Ireland. For Bourdieu, practice is equal to the interrelationship of *habitus* multiplied by capital, plus field. Practice emanates from the interrelationships of past conditions which have produced the *habitus*, and the present conditions of the field (Swartz, 1997:141). The accrual of various forms of capital socialise the *habitus* and mediate power relationships in the field. For Bourdieu,

*'It is in fact impossible to account for the structure and functioning of the social world unless one reintroduces capital in all its forms and not solely in the one form recognized by economic theory' (Bourdieu, 1986:241)*

It thus follows that the capacity of the primary education system to provide for universal enrolment in mainstream environments is a function of capital accruals of the system and of parents, of pupils and of staff within the micro spaces of schools.

In this concluding chapter, the contribution that this research makes to the literature and the value of a Bourdieusian approach to understanding access to education environments for pupils with ID/PDD, is outlined. In addition, recommendations are presented for the implementation of an appropriate structure for equality of access and participation in education that respects the citizenship and social valorisation of pupils with ID/PDD. These take account of the recent evolving policy and legislation which was outside the timeframe of this research and much of which has yet to be fully commenced. The main limitations of this research are discussed and suggestions for further research are made.

### **10.1 Contribution to the Literature**

As noted in Chapter 2, the geographies of children with ID/PDD, and more specifically their access to primary education, have received little recognition in the literature. The research undertaken in this thesis addresses this lacuna. It provides a baseline study of the level of accessibility to and choice of mainstream primary education environments available to these pupils. An analysis of the capacity of the

Irish primary education system to facilitate equality of access and the provision of inclusive practices with relevant supports, five years post the enactment of the Act, is a timely contribution. In a dynamic, perpetually evolving system with hysteresis, prediction of outcomes and planning for future practice development is strengthened with knowledge of the state of the system and the efficacy of the history of inputs that has produced current value systems and practices.

Bourdieu's Theory of Practice is typically used in the literature to explore the *habitus* with respect to the practices of class relations and reproduction (see Chapter 2). In this thesis it has been adapted and advanced to examine the resource sensitive power relations that mediate enrolment practices and barriers to accessing mainstream primary education environments. Bourdieu's theoretical concepts are advanced to examine the reproduction and maintenance of ableist spaces. The Bourdieusian approach provided a framework for the detailed analyses of the economic, cultural, social and symbolic capitals accrued by teaching professionals that are exposed as a significant factor of enrolment practices and the provision of appropriate and inclusive education. It further provided for the examination of capitals available to parents in the decision-making process on educational issues. The use of the concepts of capital and *habitus* provided a framework for the portrayal of the objective constraints and subjective practices that maintain and/or create barriers to universal enrolments and a transition to mainstream provision for all. The concept of field provided for the examination of incidences of symbolic violence in the interrelations of principals and the DES and between principals and parents. The notion of *doxa* is utilised to examine the historical limits on accessible educational spaces for pupils with ID/PDD at various points of the evolution of the Irish education system. These *doxa* were challenged through the various reports, green and white papers, multiple debates and negotiations culminating in the passing of the Education Act. Bourdieu's framework proved to be an effective research tool and a pragmatic application to new research foci.

The study further contributes to an understanding of resource sensitivities that mediate the arbitrary nature of the 'opening of closed spaces' (Wolpert, 1976) and of the construction of a positive *habitus* toward a sense of mainstream environments as spaces of inclusion for pupils with ID/PDD. The research exposed the denial of equal citizenship of these pupils in the enrolment practices of mainstream placements

and the perpetuation of social injustices. It further makes visible the resultant differentiated geographies of the pupils.

## **10.2 Access to Mainstream Primary Education Environments**

Access to education for pupils with an ID/PDD, which expanded gradually from the 1960s and escalated through the 1990s (see Chapter 4), was firmly legislated for with the passing of the Education Act (1998). Historical *doxa* was successfully challenged at the theoretical level and new policies developed to support the changing mindset of government, educationalists and parents toward inclusion for all persons in the mainstream system. At the practical level, significant progress has been made since the passing of the Act through the provision of extra supports for pupils with SEN in general, most particularly for economically disadvantaged populations, and the level of in-service training for teachers has improved. Many mainstream schools now include pupils with an ID and some schools also enrol pupils with PDD. However, significant barriers to enrolment and positive outcomes for pupils with ID/PDD remain.

The empirical research has clearly shown that the potential for a transition to the availability of universal enrolment in inclusive mainstream primary placements is mediated by the accrual of the various forms of capital at multiple levels of the system. The rights based model of equality of access and participation in education for all persons resident in the State, portrayed in the Education Act 1998, is not supported by appropriate equitable structures of service provision and capital investment. For Hillier and Rooksby (2002:13) '*habitus* is constructed through and in turn constructs capital' and the empirical data and analyses revealed how the accrual of relevant capitals is pivotal to the construction of a positive inclusive *habitus* and the transition of mainstream environments to accessible spaces for all pupils. The Education Act requires a level of service provision which is not supported systematically. Discriminatory practices are exposed across the system. These are enshrined in the established structures and are a direct result of the lack of investment in appropriate capitals. These practices reflect the symbolic power of the DES, responsible for the structuring of the system and the equitable provision of resources, and the symbolic power of schools' principals as mediators of enrolment practices. Multiple forms of symbolic violence ensue which are revealed by the research, as follows,

For parents and their children (see Chapters 5, 8 and 9), the lack of,

- co-ordinated services between the DHC and the DES, following the clinical diagnosis of ID/PDD, to provide parents with the support and information required to understand and accommodate the implications of the diagnosis for their child's potential special education needs
- systematic access to professional reports to support access to appropriate resources and to enrolment in primary education placements
- provision of sufficient places across a continuum of educational settings to allow choice and access to appropriate settings locally
- access to dual enrolment, where required
- access to classroom staff with the capacity to recognise, understand and meet the assessed education and support needs of the child with ID/PDD
- access to appropriately trained resource teachers and care staff.
- access to support therapies within the education or health system, as outlined in the child's reports
- access to appropriate psychological services within the system to support the provision and management of IEP and to monitor progress
- access to mainstream placements and to special placements of choice resulting in differentiated geographies in pursuit of accessible and/or appropriate education placements beyond their locale

For teaching personnel (see Chapters 6 and 7) the lack of access to,

- pre-service professional training that prepares teachers to provide inclusive practices and to cater for the educational needs of pupils with ID/PDD
- higher education and training in special education needs and learning support provision for teaching professionals who are at the forefront of service provision
- the support of other appropriate professionals e.g. psychologists and therapists to advise on the preparation of individual pupils' SEN programmes
- whole school support structures

For care personnel (see Chapter 6) the lack of;

- appropriate training and qualification to understand and to meet the complex care needs of pupils

The empirical research exposed multiple deficits across all aspects of service provision for pupils with ID/PDD in Ireland. These findings portray a lack of accommodation of their equal citizenship and rights and their ‘social role valorization’ (see Chapter 2) perpetuating the social injustices experienced by this population through history. Lack of appropriate structures and accommodation challenge the construction of a positive inclusive *habitus* for schools’ personnel, parents and the pupils. Consequently, responsibility for bridging the major gaps between policy and practice become that of the families and of schools’ personnel.

The research explored the impact of system deficits on the families of pupils with ID/PDD. It was found that equality of access to enrolment and to choice of placement does not exist for the majority. In order to attain enrolment in primary education, many families must source appropriate capitals, typically through their own efforts, and frequently at their own expense. These are required in order to access information, to formulate decisions on placement choice and to provide professional reports and therapeutic supports. Many families with children who have SEN related to ID/PDD experience a very stressful progression to attaining acceptance for enrolment in National and Special education placements. Other families were forced, through circumstances beyond their control, to establish ABA Centres of Education to support their child’s needs and many pupils and/or families have to spend long periods commuting daily.

The lack of structured provision of equitable systemic services for pupils with ID/PDD, at the level of the school and more particularly at the level of the DES, creates and/or maintains significant barriers to a transition to a rights-based model of mainstream primary education provision. Some schools’ principals provide whole school management of SEN using integrated whole school team schedules. Guidelines are provided for the management of pupils’ education needs and of SNA support, and liaison with support teachers, therapists and with parents is practiced. Classroom teachers have access to and the support of the expertise within the school. However, many schools have not yet developed enabling structures and many classroom and resource teachers develop ad hoc management strategies while others

refuse to accommodate the pupils. As a consequence, pupils and parents are required to adapt to new practices with each change of teacher as the child progresses through the school. Teaching personnel frequently must rely on their basic teacher training and their intuition in providing education for pupils with an ID/PDD rather than professional training and supported work experience of catering for these pupils. Similarly, care personnel rely on their life experiences, more typically in ableist spaces, and are required to manage the pupils basic and sometimes complex care needs without the benefit of appropriate enabling training. The research demonstrated clearly that the prevailing structures lack the capacity for effective change and that current practices foster a continuing *habitus* of mainstream environments as ableist spaces. This in turn perpetuates a *habitus* of segregated practices and differentiated geographies for many of these pupils.

### **10.3 Policy Developments - Post the Education Act 1998**

The research in this thesis was undertaken against a backdrop of rapidly changing legislative and practice scenarios following the enactment of the Education Act 1998. The hysteresis effect of transferring policy into practice and the historic nature of enrolment practices examined negated the inclusion of recent legislation. However, at this stage of the research process it is relevant to acknowledge developments in the field and to take account of them in formulating recommendations arising from this research.

In 2000, the Equal Status Act was passed which provides for the equal treatment of all persons and legislates against discrimination, inter alia on the basis of disability. However, in the matter of admission to education establishments in Pt.1 S7 (2) (a-d) the Act states that;

*'An educational establishment shall not discriminate in relation to —*

*(a) the admission or the terms or conditions of admission of a person as a student to the establishment,*

*(b) the access of a student to any course, facility or benefit provided by the establishment*

*(c) any other term or condition of participation in the establishment by a student, or*

*d) the expulsion of a student from the establishment or any other sanction against the student.*

However, this protection for persons with a disability is tempered by the inclusion of Pt. 1 S7 (4) which states that;

*‘Subsection (2) does not apply—*

*(b) to the extent that compliance with any of its provisions in relation to a student with a disability would, by virtue of the disability, make impossible, or have a seriously detrimental effect on, the provision by an educational establishment of its services to other students.*

This subsection remains open to interpretation and may have the effect of weakening the right to equality of access for persons with a disability.

Subsequent to the growing recognition of pupils with ASD as a discrete category within SEN, a task force was commissioned by the DES to examine their education and support requirements that reported in 2001. The report concluded that the Irish education system was not capable of meeting the needs of all pupils with ASD. It further concluded that relevant professionals required training and that appropriate structures were required to provide ‘effective delivery of services’ (p5). It recognised the dearth of placements and appropriate resources and recommended inter alia, the provision of sufficient placements across geographical regions ‘based on admission criteria which reflect diagnostic category, assessed needs and parental choice’ and that the ‘the DES secures sufficient support services for children with ASD’ (p.365). It further recommended that ‘SNA for students with ASD be adequately trained in ASD-specific interventions and remunerated appropriately’ (ibid). The chairperson, Sheelagh Drudy, stated,

*‘It is my hope, and that of the Task Force, that this Report will provide a framework for the further development of a comprehensive and appropriate structure for education and support for this hitherto marginalised and misunderstood population’ (Department of Education and Science, 2001b:3)*

A report of the Inspectorate (2006) concluded that ‘considerable progress’ (Department of Education and Science, 2006) was being made in the provision of a ‘range of services’ for pupils with ASD. However, similar to the findings in this research, it recognised the lack of co-ordination between the services of the DHC and the DES and the need for provision of appropriate educational intervention and recommended the provision of appropriate training for both teachers and parents.

In 2004, the Education for Persons with Special Education Needs Act (EPSN) was enacted. It provided for the establishment of a National Council for Special Education (NCSE) with responsibility for overseeing the provision of education

services for persons with SEN. The Act provides for the right of children to have an assessment carried out when it is suspected that they may have special education needs. A statement of the services required by the child to allow effective participation in education and to develop their potential is provided for with a right to appeal if assessment is refused (S4 (1-8)). In section 7, the Act legislates for the provision of services, as outlined in a child's assessment, by the relevant health board or by the Council. Further, it sets out a flexible team structure, for the provision, review and content of IEP. IEP may include support required other than educational needs, as specified in pupils' reports. The Council, with responsibility to provide the resources as per assessments, is invested with the power to designate a particular school and direct the school to admit the pupil. The NCSE was formally established with effect from October 1<sup>st</sup> 2005. The Council published an Implementation Report (National Council for Special Education, 2006) which is a comprehensive statement of how the Council envisage the roll-out of the various sections of the Act and sets lines of responsibility and investment in personnel and resources required from the NCSE, DES, DHC and HSE. These include, inter alia, the appointment of Assessment Officers and a team of Liaison Officers by the HSE to oversee the provision of assessments and clinical support services and a team of SENOs with the support of NEPS psychologists to oversee the provision of education and care support services (p.118). The Disability Act (2005) was formally enacted which gave further strength to the provisions of the EPSEN Act (2004) and was incorporated, in so far as practicable, in the Implementation Report.

Clearly, during the course of the research, policy for the provision of education for pupils with a disability and other SEN has been firmly placed on a statutory basis and a comprehensive plan of action has been proposed. The various capitals required and estimated budgets for implementation of the plan, based on estimated counts of population with SEN, are formally identified and published (National Council for Special Education, 2006). Commencement of the Acts has begun and structures are currently being established. However, further research will be required to determine the efficacy of the Implementation Report and the capacity of both the health and education systems to provide the resources and professional expertise required to meet the significant practice demands as outlined.



## **10.4 Recommendations for the Management of Equality of Access to Mainstream Primary Education Environments**

Contrary to the rights based ethos of the Education Act, and the more recent EPSEN Act the process of enrolment in mainstream education continues to be based on a deficit or medical model of provision. With the commencement of relevant sections of the EPSEN Act, assessments and statements of support needs should be accessible through the HSE for preschool children with suspected SEN. However, the provision of resources within mainstream settings for pupils with a prior diagnosis of ID/PDD and low incidence SEN, will continue to require principals to make an application to the NCSE and await approval of the sanction of resources. This procedural practice constitutes symbolic violence in the structure of the system and the research clearly demonstrated that this process was a causal factor in the delayed/deferred enrolments of pupils with ID/PDD. Evidence from the research strongly supports the fact that parents would benefit greatly from formal professional support following the assessment process to access information on entitlements and support in decision-making on appropriate education placement and choice. Following from these findings, the structuring of formal links between the family, the assigned Liaison Officer and the local SENO, prior to making application for a school placement, is highly recommended.

Direct links with the child's liaison officer and access to the child's assessment of needs statement would place the SENO in a position to sanction the SEN resources required, prior to seeking enrolment in primary education. Systemic access to an established network of SENO with knowledge of disability issues, entitlements and the availability of local education establishments could be made readily available to families, providing economic, cultural and social capitals and would significantly enhance the *habitus* of the family. This system of resource sanctioning would negate the symbolic violence of the enrolment process and allow the parents to make application for enrolment on the same basis as a parent of a child without a disability. With resources already sanctioned for the pupil, the principal would be in a position to plan for the provision of education, the role for which they are ultimately responsible. However the question of teachers' *habitus* and access to appropriate cultural capital remains problematic.

The need for appropriately trained teachers has permeated education reports from the 1870s (see Chapter 4) which prompted the provision of centrally funded training colleges. Reflecting the changing needs of society in the 1970s, the professional training of primary school teachers was linked to the universities and became a degree programme. In 1965, albeit from a medical model perspective and an ethos of segregation, the Report of the Commission of Inquiry on Mental Handicap (see Chapter 4), recommended that a skilled and appropriately trained workforce, which included teachers, was required to adequately support the needs of people with ‘mental handicap’ [sic]. Construction of a positive inclusive *habitus* requires all personnel to be equipped with an understanding of the education needs of all pupils, especially those with ID/PDD and SEN and the ability to accommodate those needs. Clearly, forty years and many reports later, this research has shown that the systemic provision of capital in the form of appropriate teacher training has not yet materialized. Teachers are not typically trained to meet the needs of pupils with ID/PDD. They are not trained to implement the staged approach to assessment and intervention nor the provision of an IEP. The management of SNA in the classroom and liaison with support teachers and other professionals are relatively new demands on the classroom structure. It is noted in the Implementation Report (2006:114) that pre-service training will be required. However, while budgetary estimates include provision for ‘SEN inclusive in-service training for all teachers’ and ‘comprehensive in-service training for all management and staff’ (National Council for Special Education, 2006:Tables 6.8 & 6.9) there is no budget estimate for appropriate SEN inclusive training in pre-service professional education for teachers. In recognition of the fundamental changes in the provision of education for pupils with SEN stipulated in the EPSEN Act (2004), pre-service teacher training void of SEN modules and work experience must be considered inadequate. Consequently, an equitable education system that requires personnel to provide equality of opportunity and participation in an inclusive environment for all pupils necessitates universal pre-service training in SEN and LS for all professionals involved. In 1974, pre-service training for teachers was elevated to degree level. A new paradigm shift is more than overdue for the formal inclusion of pre-service training and practice in special education provision for all teaching personnel which is strongly recommended and supported by this research.

Access to effective mainstream education provision requires government commitment to the provision of economic capitals in the form of accessible occupational, physical and speech and language therapies to support pupils' needs and to provide relevant cultural capital for their educators. The provision of the NEPS structure under the remit of the DES provides a dedicated education oriented service with the potential to provide effective support when optimum geographical coverage is reached. Currently, there is little effective provision of other professional auxiliary supports. The Implementation Report notes that 'a nationwide network of geographically-based multi-disciplinary teams for children's services will be required' to provide 'health-related support services to school going children aged 5-18' (p. 148). It estimates that 80 teams are required to meet the needs of the system and notes that a 'joint workforce planning group between the DHC and the HR Directorate of the HSE to ensure appropriate and integrated workforce planning activity' (p. 147) is established. While the SENO, under the remit of the DES, has responsibility for overseeing pupils' access to relevant support services, the DES has no direct input into the provision of these HSE services in support of the pupils' education. History of a lack of successful shared responsibility for the provision of clinical support services in the education system is clearly evident in the research here. Notwithstanding the progress made to date by the DHC and HSE and the proposed development of cross sectoral linkages, it is recommended that clinical support teams be established under the remit of the DES and the NCSE, similar to the NEPS structure. In the absence of potential for establishment of such structures, it is strongly recommended that teams established under the remit of the HSE be developed as dedicated education oriented school support teams with direct links and responsibility to the area SENO.

Universal mainstream provision of services requires health and teaching professionals to attain a competent *habitus* of special education provision through the attainment of appropriate cultural capitals. Universal enrolment therefore pleads universal training. Disability awareness and an understanding of the capabilities of pupils and how to manage areas of difficulty would greatly improve the *habitus* of teachers and ultimately the pupils' access to education. A system that does not accommodate the preparation of its professionals with the skills to meet the needs of all its clients does not respect the equal citizenship of all persons. As noted, by Griffin and Shevlin (2007:61),

*'Creating an inclusive school environment, as outlined in the [EPSEN] Act, represents a considerable challenge for the whole school community'*

And further,

*'Full inclusion does not mean that special educators are no longer necessary; rather it means that special educators are needed even more to work with regular educators in teaching and facilitating challenging, supportive, and appropriate educational programs for all students. However, special educators do need to be integrated into, and in effect, become "regular or general" educators in the mainstream who have expertise in specific instructional, curricular, and assessment areas. (p4) (Stainback and Stainback (1990) cited in Ravaud and Stiker, 2001:509)*

Good practice requires the implementation of a seamless progression of services provision from assessment to early intervention programmes with built in therapeutic supports that are maintained through primary education as required. It requires whole school implementation of inclusive practices. Full inclusion will be the reality when today's SEN provision becomes tomorrow's service norm and the concept of inclusion is fulfilled. This must be the ultimate goal for a rights based model of service provision.

## **10.5 Limitations and Suggestions for Continuing Research**

The prevalence rate for pupils with SEN in the Irish education system is not documented. There is no reliable census of this population within which pupils with ID/PDD are typically subsumed. The National Intellectual Disability Database maintains a record of a portion of the population diagnosed with ID, most typically those with a diagnosis of moderate through severe profound disability. It was designed to enhance the forward planning of the DHC for the potential residential care needs of this population. Further, many parents of children with PDDs are unwilling to have their children included on this database, more particularly since the mid 1990s when autism began to be recognised as a discrete disability. Inclusion on the database is reliant on reporting practices of clinics and special schools and does not typically include pupils in mainstream settings. In the autumn of 2003, the DES requested all schools to complete a census of their populations with SEN but no official reports have been published. Hence, prediction of the pervasiveness of the problem of resource shortages and how representative the sample in this research may be is difficult to quantify. It is recommended that a spatial epidemiological study of the incidence of ID and of PDD be undertaken. This would greatly enhance

planning for inclusion in mainstream spaces and provide an understanding of the depth of resources required. The geographical spread of the SENOs and their intimate knowledge of the individual schools in their remit could be utilised to accommodate such a study.

The primary education school system is a complex mix of school type, designation, size, denomination, gender, age and ability. It encompasses a complex mix of schools' personnel, auxiliary supports and centrally funded enhancement programmes. It further incorporates schools located across complex mixes of social classes and cultures on a continuum from the highly affluent to areas of deprivation and a mix of schools in highly urbanised locales to small village schools. The impact of resource sensitivities on the *habitus* and practices of schools' personnel and of families across these varied mixes and locales have not been addressed in this research. However, there was evidence in the research to suggest that differing levels of expectation of the system and for the child mediated responses in different locales. Further, the inequitable practices of support provision evident at times in the research process appeared to presume differing levels of financial ability of families and/or schools to compensate for deficiencies in the system. Comparative studies of contrasting locales are recommended which would provide a more nuanced understanding of resource sensitivities and their impact of this population from the different locales.

The methodology chosen for locating and accessing parents of pupils with ID/PDD provided the research with a high number of potential respondents. However, gatekeeper practices denied access to some specific groups within the population which affected the balance of responses from particular sections of the research area. Some principals refused access, citing reasons of inappropriateness of the questionnaire for parents of children with SPLD, for whom the principal did not believe mainstream education would ever be a consideration. Two principals, citing protection for vulnerable parents who they stated would experience the completion of the questionnaire as an unnecessary emotional trial, also denied access. Two further principals stated that certain parents did not have the academic ability to complete the questionnaire. These principals were not willing to allow researcher facilitation of questionnaire completion on a group or individual basis and further would not allow focus group or interview methodologies to be used. Another two principals of

special schools cited the size of their population as problematic to participation in phase two of the research. However, a high level of cooperation was received from other schools with a similarly high concentration of pupils within a particular disability group. This limitation negated the efficacy of analysis of geographies of exclusion on the basis of location. It is recommended that future studies would benefit from the use of an addendum to the methodology by accessing parent respondents of pupils in non-cooperative schools through disability organisation networks complemented with snowball sampling.

Lack of a basic understanding by many principals of the definitions of ID and PDD and the ability to distinguish pupils with these diagnoses from the general population of pupils with SEN was problematic in phases one and two of the research. The schools' questionnaire queried the full count of pupils with SEN and a sub-divided count under the main headings used by the DES in relevant circulars. However, through the process of organisation of phase two, when principals facilitated the distribution of parents' questionnaires, it became clear that the sub-headings were poorly understood by a considerable number of principals. This limitation negated the opportunity to analyse the level of expertise and support in a given school against the number of pupils with SEN being supported in the school. An in-depth study of the ability of schools' personnel to recognise, understand and accommodate the needs of pupils with ID/PDD at the level of the individual school would provide a valuable contribution to the literature and is strongly recommended. It would identify the level of training required by teaching personnel in order to provide the system with the capacity to meet the requirements of the various statutory instruments.

During the course of this research, as noted above, the education system has been provided with potentially enabling legislation and the evolution of new structures to support the commencement of various sections of the EPSEN Act, all of which was outside the scope of the work. However, the introduction of the 'weighted general allocation' of learning support, effective September 2005 (Department of Education and Science, 2005b) and the involvement of SENO in the rationalization of resources within schools, was a focus of attention for some parents in the interview process, phase three of the research. Parents of pupils with MGLD noted that, having fought to achieve supports for their children in mainstream placements, they had been

informed that they would no longer receive resource allocations or SNA support by right with effect from September 2005. Concern for the efficacy of this perceived lower level of support was palpable and was not welcomed by the parents. Parents are acutely aware of their child's vulnerability in the mainstream classroom and even though the degree of difficulty may be assessed as mild, they did not believe their child would progress without access to regular resource teaching by right. It is recommended that a longitudinal study of the weighted allocation system of support in action for pupils with MGLD, taking cognisance of the areas of difficulty experienced, the level of individual and/or group support provided and the learning outcomes of the pupil. This would provide policy makers and parents with an understanding of the efficacy or otherwise of withdrawing individualised rights based provision of resource hours.

Access to primary education for pupils with ID/PDD is addressed in the research. However, through the course of the research it was clearly evident that significant numbers of children are not accessing disability services and early intervention programmes. Access to therapies that would greatly enhance the child's development and preparation for inclusion in primary education and their continuing progress through education is not currently a reality for the majority. Similarly, in the course of the research it was clearly evident that many families were concerned that second-level schools in their area would not be accessible to their children due to the child's ID/PDD diagnosis. Education at third-level and beyond was not raised by respondents. However, with various courses available with the Further Education and Training Awards Council, Foras Áiseanna Saothair (FÁS, Training and Employment Authority), National Learning Network and the development of the Lifelong Learning research and advocacy programmes in Trinity College Dublin (see [www.tcd.ie/niid](http://www.tcd.ie/niid)), accessibility to post second-level and third-level training is evolving. The literature would benefit considerably from research on the accessibility to education and supports for persons with ID/PDD at each stage of their development. Particular attention to the measurement of investment made for each form of capital and the benefits accruing with respect to accessibility and outcome must be central. This future study, as recommended, would provide policy makers with an in-depth understanding of the gaps between policy and practice as they are experienced in the education system and the deficits that need to be addressed to attain a universal inclusive system across the life-span.

The implementation plan for the EPSEN Act was due to be phased in over five years, but as noted,

*‘Formal commencement refers to the stage in the process when resources, training and other supports are fully in place to enable the statutory rights to be triggered on the basis of universal, guaranteed access to those rights for all children with SEN’ (National Council for Special Education, 2006:Sec 1:163)*

The commencement of the EPSEN Act (2004) and relevant sections of the Disability Act 2005 have far-reaching potential to progress an integrated system of health and education support provision from diagnosis and to progress an inclusive education system if appropriate investments in all forms of capital are forthcoming. The investment in SENO and the proposed investment in clinical support teams, expanded NEPS teams, liaison officers and in-service training for teachers have the potential to establish equality of access to education and optimal outcome for people with ID/PDD and other SEN. It is recommended that a longitudinal study of the evolution of these proposals be undertaken to inform future policy development. It is further recommended that the research be enhanced by the development of an accessible geographic information system to map the developmental stages of the service provision in each HSE region and the links with the NCSE area divisions and the relevant SENO. Research and development of GIS mapping would provide transparent accessible information for policy makers, practitioners and families and visualisation of the links between the statutory bodies.

The research has provided a baseline study of access to primary education for pupils with ID/PDD five years post the enactment of the Education Act and during the peak of the ‘Celtic Tiger’ years. Current fiscal challenges for the Irish economy may obviate timely progress in the manner prescribed in the EPSEN implementation plan. It is recommended therefore that further research, replicating this baseline study, be undertaken five years post the initiation of the implementation plan. It is further recommended that the research be extended across the five levels of education, from pre-school to fourth level. The study could be used constructively to analyse progress in the development of practices, inform future planning and make a significant contribution to the literature in support of further policy developments.



## **10.6 Conclusion**

The Education Act 1998 provides the legislative framework for the provision of an equitable education system for all citizens of the State. However, the research clearly portrays that structural constraints at multiple levels of the system impede the transition to universal enrolment practices in mainstream primary education for children with ID/PDD. Access issues mediated by inadequate investment in the multiple forms of capital, as outlined by Bourdieu, are experienced by the majority of parents seeking placements for their child with ID/PDD. The adhoc piecemeal segregated services of the DHC and further, their segregation from the evolving structures of the DES do not provide an appropriate systemic structure of education and related support provision for child(ren) with ID/PDD and their families. Many parents must invest considerable personal time and finance in negotiating the system in pursuit of appropriate care and education for their children. Parents are not typically supported in the procurement of appropriate information to enhance the process of decision-making on school placement choices and are rendered vulnerable to the prevailing practices pertaining in the schools they approach to secure enrolments. The dearth of appropriate placements in the special system to meet demand, and more particularly for those with complex needs, further complicates accessibility. This negates parent choice and access to appropriate educational environments for many. The research further identifies that the lack of access to enabling professional training and appropriate support services within educational environments mediates principals' enrolment practices and is central to the denial of mainstream placements for many of this population.

The enactment of the EPSEN Act 2004 and the Disability Act 2005 further strengthens the legislative framework for equality of educational opportunity, particularly for pupils with SEN. The Implementation Report 2006 proposes a structure for the rollout of an equitable system of SEN provision and outlines the considerable capital investment required to realise positive change. The commencement of 'assessment of needs' for the under fives, operational since June 2007, provides families of children with a diagnosis of SEN with official reports on the support services required by their child and a Liaison Officer is appointed to oversee the provision of appropriate services. However, access to the services as outlined in the reports is subject to the availability of sufficient placements with

resources and appropriately trained support personnel. However, the research has clearly shown that there is a dearth of resources available in the system. There is currently no reliable account of the level of need and no identifiable structures of access to services with the capacity to cater for this population. Effective structural planning requires that a database of persons diagnosed with ID/PDD be established and maintained to provide a census of the population requiring SEN support services. The establishment and maintenance of a database of pupils with SEN arising from a disability, particularly for pupils with ID/PDD, is required to enhance pro-active planning of a continuum of appropriate placement choices and supports. The nationwide teams of Liaison Officers and SENO occupy central roles with access to comprehensive information on the full compliment of persons with special education and clinical support needs. Responsibility for providing information to a cross sectoral team co-ordinator of such a database should lie with these officers of the HSE and DES. A continuum of formal cross sectoral linkages are required at all levels of the system to provide a seamless structure of service provision foregrounding a transparent continuity and integration of professional responsibilities, supports and services. Such linkages are required to support parent access to information, appropriate placement selection, the attainment of appropriate placements and the on-going supports required by the child from both therapeutic and educational perspectives. Such linkages could best be accommodated by formal connection between the assigned liaison officer responsible for over-seeing the provision of therapeutic/medical services and the SENO responsible for the support services provided by the DES on an on-going basis.

Dedicated pre-school services, manned with appropriately trained personnel, are required to provide for the establishment of early intervention programmes following diagnoses and to help prepare the child with ID/PDD for entry to primary education. Similarly, it is imperative that professionals in primary education environments, both care and education personnel, are equipped with appropriate training to support the demands of their profession. Social role valorisation of all pupils, especially those with SEN arising from a disability, requires that all professionals be enabled to understand and accommodate pupils' needs to enhance their positive inclusion in mainstream placements as peers, friends, and members of the community. Therefore, appropriate pre-service training and supported experience of

accommodating pupils with ID/PDD is central to the provision of universal enrolments.

In conclusion, capital investment in the establishment of a comprehensive database and the development of appropriate levels of education and therapeutic support services with professionals suitably trained to meet the demands of their vocation would significantly enhance the progression toward universal enrolment practices and positive inclusive outcomes. For Bourdieu,

*'In short, the habitus, the product of history, produces individual and collective practices, and hence history, in accordance with the schemes engendered by history. The system of dispositions – a past which survives in the present and tends to perpetuate itself into the future by making itself present in practices structured according to its principles, an internal law relaying the continuous exercise of the law of external necessities (irreducible to immediate conjunctural constraints) - is the principle of the continuity and regularity which objectivism discerns in the social world without being able to give them a rational basis' (Bourdieu, 1977:82).*

Rights based provision of inclusive mainstream education for all challenges historically based *doxa*. New practices necessitate new *habitus*. The histories of tomorrow are therefore dependent on the investment in multiple capitals of today.

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## Appendix 1: School Questionnaire



A QUESTIONNAIRE SURVEY OF  
RESOURCES WITHIN PRIMARY SCHOOLS  
FOR ALL SCHOOLS  
IN THE DUBLIN AND KILDARE REGION

Questionnaire number

\_\_\_/\_\_\_/\_\_\_

**Survey of resources within primary schools toward inclusion of pupils with intellectual and/or developmental Disabilities**

*The purpose of this questionnaire is to document statistically the level and duration of experience within schools of accommodating students with intellectual and/or developmental disabilities, the training levels of personnel with respect to the client group, and resources available to support admissions and inclusion. Difficulties experienced by school personnel in accommodating the client group will also be noted.*

**Respondent** (*no school's identity details will be recorded in the research, each respondent school will be assigned a questionnaire number. Details are required for authenticity and statistical purposes only, to ensure inclusion of a variety of school setting typology of respondents, namely, by school size, designation and geographical location across Dublin and Kildare.*)

**School Name** \_\_\_\_\_

**School Address** \_\_\_\_\_

**Phone Contact** \_\_\_\_\_ **email contact** \_\_\_\_\_

Researcher use only

**School Setting** Urban  Suburban  Peri-urban  Rural Town  Rural

**School Designation/description**, e.g. Mainstream, Mainstream with Special Class for General Learning disabilities, Special School Mild General Disability etc.

\_\_\_\_\_

Year in which school was established \_\_\_\_\_

Does the school have experience of accommodating children with Intellectual and/or Developmental Disabilities Yes  No

*If yes, please state approximate duration of accommodation(s)* \_\_\_\_\_

Has the school ever found it necessary to refuse or defer admission or to advise a parent to seek education for their child (with an intellectual disability) elsewhere Yes  No

*If yes, please note reason(s) governing the refusal deferral or advice given to apply elsewhere*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please complete the detail in each box of the next five tables with respect to the school, using zero where appropriate. Please use empty boxes for any appropriate additional information or N/A if not applicable to your school setting

Personnel	Number	Hours per week
Classroom Staff		
Resource Staff		
Remedial Staff		
Peripatetic Staff		
Classroom Assistants		
Special Needs Assistants		
Administrative Staff		

Researcher use only	

Auxiliary Support	Yes /No	Hours per week
Clinical Psychologist		
Educational Psychologist		
Speech Therapist		
Language Therapist		
School Counsellor		
Link with Special School (Mainstream)		
Link with Mainstream (Special School)		

Researcher use only	

Please note the **number** of personnel with additional qualifications

Additional Qualification	Class Teacher	Resource Teacher	Remedial Teacher	Peripatetic Teacher	Class Assistant	SNA's	Researcher use only
Grad. Dip. Adv. Studies Spec. Ed.							
Grad Dip in Learning Support							
M. Ed. SEN							
Dip in Learning Support Education							
Montessori Nat. Dip/Degree							
Montessori College 3yr full time							
In-service training							
Childcare NCVA Level 2 +							
Inclusive Education Module							

Student Composition	Boys	Girls	Total
Number of students			
Pupils with Special Educational Needs			
Pupils with Physical and or sensory difficulties			
Emotional and/or Behavioural difficulty			
Severe Emotional Disturbance			
Mild General Learning Disability			
Moderate General Learning Disability			
Severe/Profound General Learning Disability			
Borderline Mild General Learning Disability			
Asperger Syndrome / Autistic Spectrum Disorders			
Specific Learning Disability			
Multiple Disabilities			
With Special Care Needs (SNA requirement)			
Age range of student population			
Age range of Children with Special Needs (if different)			

Staff and/or parent membership/representation with	Yes	No
ILSA (Irish learning support assoc.)		
IATSE (Irish Assoc. of Teachers in Special Ed.)		
NPCp (National Parent Council Primary)		
NPCp IEG (Integrated Education Group)		
NPCp SIG (Special Interest Group)		
Dolman Training Centre		

Researcher use only	

Researcher use only

**Does the school have?**

- an admissions policy document      Yes       No
- written policy on inclusion      Yes       No
- school transport system available      Yes       No
- policy on bullying      Yes       No
- a defined catchment area      Yes       No

Please note further attributes of the school you believe enhance positive experiences for children with intellectual and or developmental disabilities and their parents

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Please note Journals that staff members access regularly e.g. REACH, LEARN, InTouch etc.

_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

**Please note further comments here**

\_\_\_\_\_

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Would you or a member of the staff be willing to assist me in communicating with parents who have children with intellectual and/or developmental disabilities who are attending the school? I wish to administer a questionnaire survey to parents on their experiences of accessing education for their children.

Researcher  
use only

Yes  No

**If yes, please give**

Name of school staff contact \_\_\_\_\_  
Contact phone number \_\_\_\_\_  
email address (if available) \_\_\_\_\_

*This information will be included, statistically, in research on 'Access to Mainstream Education for children with Intellectual and/or Developmental Disabilities', as an addendum to the core research that is documenting parents' experiences of accessing placement of their choice for their children, in varied localities.*

**Thank you for taking the time to complete this questionnaire. It is much appreciated.**

Sheelah Flatman Watson  
Geography Department,  
Rhetoric House,  
NUI Maynooth,  
Co. Kildare.  
Phone 01-7083769, Mobile 087-6192398  
Email: sheelah.b.flatmanwatson@may.ie



## Appendix 2: Parent Questionnaire



Geography Department



A QUESTIONNAIRE SURVEY OF  
PARENT EXPERIENCES OF ACCESSING  
SCHOOL PLACEMENT(S) FOR CHILDREN WITH  
INTELLECTUAL AND/OR DEVELOPMENTAL DISABILITIES

Questionnaire number \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*The purpose of this questionnaire is to document the experiences of parents in accessing the educational placement and support for children with intellectual and/or developmental disability, with a view to developing guidelines for policy and practice toward enabling and empowering parents and students to access their choice of educational placement.*

*Privacy, confidentiality and anonymity will be adhered to throughout.*

**Respondent** *(no personal identity details will be recorded in the research, each respondent will be assigned a questionnaire number. Details are required for authenticity and statistical purposes, to avoid duplication and to ensure that a wide range of respondents is included.*

Name \_\_\_\_\_

Address \_\_\_\_\_ Home phone \_\_\_\_\_  
\_\_\_\_\_ Mobile phone \_\_\_\_\_  
\_\_\_\_\_ Work Phone \_\_\_\_\_

email (if available) \_\_\_\_\_

				<b>Researcher Use only</b>
Relationship to Student	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Guardian <input type="checkbox"/>	<input type="checkbox"/>
Do you have previous experience of disability –	Yes <input type="checkbox"/>	No <input type="checkbox"/>		<input type="checkbox"/>
If yes, please give brief description:	_____			<input type="checkbox"/>
	_____			<input type="checkbox"/>

**Student details** *(no personal identity details will be recorded in the research, as above)*

Name \_\_\_\_\_ Male  Female

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place in family, 1 = eldest 2 = second etc.

Number of brothers and sisters

***What type(s) of assessment(s) has the student had?***

Not known  Clinical  Educational  Clinical & Educational

Other  Please specify \_\_\_\_\_

*At what age, approximately, was she/he first assessed* \_\_\_\_\_

Please note approximate age at any further assessment(s) 2<sup>nd</sup>) \_\_\_\_\_ 3<sup>rd</sup>) \_\_\_\_\_ 4<sup>th</sup>) \_\_\_\_\_

**What type of disability is diagnosed?**

Asperger Syndrome  Autism Spectrum Disorder  Down Syndrome

Non-Specific  Other Syndrome

*If other, please specify* \_\_\_\_\_

\_\_\_\_\_

**What degree of disability is diagnosed?**

Not known  Mild  Moderate  Severe  Profound

**Does she/he have additional care needs e.g. feeding, dressing.** Yes  No

*If yes, please give details* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Please note here any other information that you believe is relevant, with respect to accessing educational placement of your choice for your child***

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Researcher use only

**Student's Education History**

**Did she/he attend a preschool playgroup/montessori** Yes  No

**If yes, please circle type of preschool attended:** mainstream private playschool; mainstream community playschool; private Montessori; community Montessori; special playschool segregated; other, please specify \_\_\_\_\_

Age preschool commenced \_\_\_\_\_ Age at transfer to primary \_\_\_\_\_

***Present School***

School Address \_\_\_\_\_

Dates attended \_\_\_\_\_

Distance from home \_\_\_\_\_

Travel time per day (in minutes) \_\_\_\_\_

Mode of transport \_\_\_\_\_

***Previous School***

School address \_\_\_\_\_

Dates attended \_\_\_\_\_

Distance from home \_\_\_\_\_

Travel time per day (in minutes) \_\_\_\_\_

Mode of transport \_\_\_\_\_

*Please continue on extra paper, if necessary, and give details of **all** previous schools attended*

**Have you been denied admission to any school for your child** Yes  No

**Has admission been deferred/delayed by a school for your child** Yes  No

**Have any school personnel advised you to seek education for your child elsewhere rather than in their school** Yes  No

*If you answer yes to any of the above three question, please give details of*

Placement type \_\_\_\_\_

Name of School \_\_\_\_\_

School Address \_\_\_\_\_

Reason for denial \_\_\_\_\_

**(if known)** \_\_\_\_\_

*Please continue on extra paper, if necessary, and give full details of any placement(s) denied or admission date(s) deferred or delayed and advice given*

Type of Class(es) attended presently, and previously (if applicable) please tick ✓	Presently	Previously	Researcher use only
Mainstream			
Mainstream special class, mild learning disability.			
Mainstream special class, moderate learning disability			
Mainstream special class, Asperger Syndrome,			
Mainstream special class Autism Spectrum disorders			
Mainstream special class, EBD, ADHD			
Special School segregated mild learning disability			
Special School segregated moderate learning disability			
Special School segregated severe / profound disability			
Special School segregated mixed ability			
Applied Behavioural Analysis School			
Educate Together/Interdenominational School			
Educate Tog., special class general learning disability			
Educate Tog. special class asperger/autism spectrum			
Day Development Centre, linked to special school			
Day Development Centre , Segregated			

*Please place in order of your preference (1,2,3,4,5) the school setting you would choose if all types of setting were available in your locality with support in place as required (1=1<sup>st</sup> preference 2=2<sup>nd</sup> preference 3 = 3<sup>rd</sup> preference, etc.)*

Preferred School Setting,	Rank	Researcher use only
Special segregated, single level ability, e.g. mild, moderate		
Mainstream special class, general learning disability, mixed ability		
Specialist school, specific, e.g. ABA, EBD, AD(H)D,		
Mainstream fully integrated (with resources as required)		
Special school segregated with multiple level of ability,		
Educate Together school (all abilities religions gender etc.)		
Mainstream specific class, e.g. ABA, EBD, Asperger		
Educate Together special class		

**Please note here other preferred educational setting, if applicable**

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**Main factors which influenced your choice of school placement for your child**

*Please place in order of importance e.g. 1,2,3,4,5, **the five factors**, which to you were most important when choosing a school for your child(1= most important 2=second most important et.*

<b>Student Centred considerations</b>	<b>Rank</b>	<b>Researcher use only</b>
With siblings/neighbours in local community		
Independent living skills development taught		
Childcare, nurture, rather than educational challenge		
Individual special needs assistant support		
Academic skill development, resource teaching hours		
Social Skills development		
Travel distances to school		
Group classroom assistant availability		
Transport facility provision		
Travel time to school reasonable		
Individual education programme available		
Other?		

*Please note any other school characteristics that influenced your choice of school placement*

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*Please place in order of importance e.g. 1,2,3,4,5, **the five factors**, which to you were most important when choosing a school for your child*

<b>School Characteristics</b>	<b>Rank</b>	<b>Researcher use only</b>
Reputation / history of inclusion, school ethos		
Size of school population		
Teacher experience of facilitating disability		
Level of support, classroom/special needs assistant		
Good school home liaison practice		
Pupil Teacher Ratio		
Caring and concerned staff		
Specialist programmes, remedial/resource teachers		
Mixed gender, religion, ability race etc.		
An effective anti-bullying programme		

*Please note any other school characteristics that influenced your choice of school placement*

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**Parents' experiences**

Please tick ✓ the appropriate box that reflects your opinion, in each row

	Strongly agree	Agree	Not sure	Disagree	Strongly disagree	Researcher use only
Decision making on school choice was straightforward						
School principals were approachable and helpful						
National Parent Council representatives were helpful						
Disability organisation representatives were helpful						
Access to information was/is readily available to me locally						
All children should be catered for within mainstream settings						
Only children of similar abilities should be schooled together						
Refusal of admission is acceptable under some circumstances						
Societal attitudes to disability affect my choice of school setting						
Education setting choice is dependent on proximity to child's home						
Mainstream education is available to my child in our local community						
My choice of education setting was available when and as required						
Support as outlined in my child's assessment is available to him/her						
Adequate resource and remedial teaching is available to my child						
The correct education is more important than distance travelled						
I am comfortable that I understand my child's educational rights						
The education setting of my child was my first preference						
Assessment personnel were helpful in supporting access to my choice of educational setting						

Questionnaire number \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

Researcher  
use only

Would you or a member of your family be willing to discuss further, your experiences  
of accessing education placement(s) for your child? Yes  No

If yes, please give

Contact Name \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Thank you for taking the time to complete this survey. It is very much appreciated.

Sheelah Flatman Watson

email

Phone

Mobile

Geography Department

Rhetoric House

NUI Maynooth

Co. Kildare



### Appendix 3: Parent Respondent

Code	Pseudonym	Class Type	Disability Type
<b>P1: RE</b>	Edward	Special School/Centre	Cerebral Palsy - ID
<b>P2</b>		Special School/Centre	Down Syndrome
<b>P3</b>		Special School/Centre	Cerebral Palsy - ID
<b>P4</b>		Special School/Centre	Autistic Spectrum Disorder
<b>P5</b>		Special School/Centre	Down Syndrome
<b>P6</b>		Mainstream Class	Down Syndrome
<b>P7</b>		Mainstream Class	Asperger Syndrome (AS)
<b>P8</b>		Mainstream Class	Down Syndrome
<b>P9</b>	Wayne	Special Class/Unit	Autistic Spectrum Disorder
<b>P10</b>		Special School/Centre	Autistic Spectrum Disorder
<b>P11</b>	Darren	Special Class/Unit	Non-Specific ID
<b>P12</b>		Mainstream Class	Other Syndrome - ID
<b>P13</b>	Kevin	Special Class/Unit	Pervasive Development Disorder - NOS
<b>P14: RP</b>	Pascal	Mainstream Class	Asperger Syndrome (AS)
<b>P15</b>		Special Class/Unit	Autistic Spectrum Disorder
<b>P16</b>		Special School/Centre	Autistic Spectrum Disorder
<b>P17: RL</b>		Special School/Centre	Autistic Spectrum Disorder
<b>P18: RX</b>	Xavier	Mainstream Class	Autistic Spectrum Disorder
<b>P19</b>		Special Class/Unit	Pervasive Development Disorder - NOS

<b>P20</b>		Special Class/Unit	Non-Specific ID
<b>P21</b>		Special School/Centre	Autistic Spectrum Disorder
<b>P22: RH</b>	Hugh	Special Class/Unit	AS with Comorbidities
<b>P23</b>		Mainstream Class	Non-Specific ID
<b>P24: RU</b>		Mainstream Class	Asperger Syndrome (AS)
<b>P25</b>	Caleb	Mainstream Class	Cerebral Palsy - ID
<b>P26</b>		Special Class/Unit	Autistic Spectrum Disorder
<b>P27</b>		Special Class/Unit	ASD with Comorbidities
<b>P28</b>	Harry	Special School/Centre	Autistic Spectrum Disorder
<b>P31</b>	Peadar	Special School/Centre	Asperger Syndrome (AS)
<b>P32</b>	Jake	Mainstream Class	Down Syndrome
<b>P33</b>		Special School/Centre	Autistic Spectrum Disorder
<b>P34</b>		Mainstream Class	Down Syndrome
<b>P35</b>		Mainstream Class	Autistic Spectrum Disorder
<b>P36</b>		Special Class/Unit	Autistic Spectrum Disorder
<b>P37</b>		Special Class/Unit	Autistic Spectrum Disorder
<b>P38</b>		Special School/Centre	Down Syndrome
<b>P39</b>		Mainstream Class	Non-Specific ID
<b>P40</b>		Special School/Centre	Autistic Spectrum Disorder
<b>P41</b>		Mainstream Class	Cerebral Palsy - ID
<b>P42</b>		Mainstream Class	Non-Specific ID
<b>P43</b>	Susie	Special School/Centre	Autistic Spectrum Disorder

<b>P44</b>	Garry	Mainstream Class	Cerebral Palsy - ID
<b>P45</b>		Mainstream Class	Asperger Syndrome (AS)
<b>P46</b>		Mainstream Class	Cerebral Palsy - ID
<b>P47</b>		Special Class/Unit	ASD with Comorbidities
<b>P48: RJ</b>		Mainstream Class	Down Syndrome
<b>P49:RT</b>	Trevor	Special Class/Unit	Autistic Spectrum Disorder
<b>P50: RO</b>	Owen	Mainstream Class	Cerebral Palsy - ID
<b>P51</b>		Special Class/Unit	AS with Comorbidities
<b>P52</b>		Mainstream Class	Non-Specific ID
<b>P53</b>	Daniel	Mainstream Class	Autistic Spectrum Disorder
<b>P54</b>		Special Class/Unit	Autistic Spectrum Disorder
<b>P55</b>		Mainstream Class	Down Syndrome
<b>P56: RS</b>	Senan	Mainstream Class	Down Syndrome
<b>P57: RA</b>	Alex	Mainstream Class	AS with Comorbidities
<b>P58</b>		Mainstream Class	Asperger Syndrome (AS)
<b>P59</b>		Special Class/Unit	Autistic Spectrum Disorder
<b>P62</b>		Mainstream Class	Down Syndrome
<b>P63</b>	Larry	Special School/Centre	DS with Comorbidities
<b>P64: RBB</b>	Bert	Special Class/Unit	Cerebral Palsy - ID
<b>P65: RY</b>		Mainstream Class	Other Syndrome - ID
<b>P66</b>		Special School/Centre	Asperger Syndrome (AS)
<b>P67</b>		Special School/Centre	AS with Comorbidities

<b>P68: RAA</b>	Alicia	Special School/Centre	Cerebral Palsy - ID
<b>P69</b>		Mainstream Class	Non-Specific ID
<b>P70</b>	Richie	Mainstream Class	AS with Comorbidities
<b>P71</b>		Special Class/Unit	Autistic Spectrum Disorder
<b>P72: RC</b>	Chris	Mainstream Class	Asperger Syndrome (AS)
<b>P73: RV</b>	Valerie	Mainstream Class	Other Syndrome - ID
<b>P74</b>		Mainstream Class	Non-Specific ID
<b>P75</b>		Special Class/Unit	Autistic Spectrum Disorder
<b>P76</b>		Mainstream Class	Asperger Syndrome (AS)
<b>P79: RG</b>		Special Class/Unit	AS with Comorbidities
<b>P80</b>		Special School/Centre	Autistic Spectrum Disorder
<b>P81: RW</b>		Special Class/Unit	Cerebral Palsy - ID
<b>P82</b>		Mainstream Class	Down Syndrome
<b>P83</b>		Mainstream Class	Non-Specific ID
<b>P84: RF</b>		Mainstream Class	AS with Comorbidities
<b>P85</b>		Mainstream Class	Autistic Spectrum Disorder
<b>P86</b>		Special Class/Unit	Cerebral Palsy - ID
<b>P87</b>		Mainstream Class	Asperger Syndrome (AS)
<b>P88</b>		Special School/Centre	Autistic Spectrum Disorder
<b>P89</b>		Mainstream Class	Cerebral Palsy - ID
<b>P90</b>		Special School/Centre	Non-Specific ID
<b>P91</b>		Special Class/Unit	Asperger Syndrome (AS)

<b>P92</b>		Special School/Centre	Down Syndrome
<b>P93: RZ</b>	Zack	Special Class/Unit	Autistic Spectrum Disorder
<b>P94</b>		Mainstream Class	Asperger Syndrome (AS)
<b>P95</b>		Special Class/Unit	Autistic Spectrum Disorder
<b>P97</b>		Special School/Centre	Autistic Spectrum Disorder
<b>P98: RI</b>		Special School/Centre	Down Syndrome
<b>P99</b>		Special School/Centre	AS with Comorbidities
<b>P100</b>		Mainstream Class	Down Syndrome
<b>P101</b>		Mainstream Class	Down Syndrome
<b>P102</b>	Edmond	Mainstream Class	AS with Comorbidities
<b>P103</b>		Special Class/Unit	Down Syndrome
<b>P104</b>		Mainstream Class	Asperger Syndrome (AS)
<b>P106</b>		Mainstream Class	Down Syndrome
<b>P107</b>		Mainstream Class	Down Syndrome
<b>P109</b>	Stan	Special Class/Unit	Asperger Syndrome (AS)
<b>P111</b>	Suzanne	Mainstream Class	Down Syndrome
<b>P113</b>		Special School/Centre	Non-Specific ID
<b>P114: RB</b>		Mainstream Class	Non-Specific ID
<b>P115</b>		Special School/Centre	Cerebral Palsy - ID
<b>P116</b>		Special Class/Unit	Down Syndrome
<b>P118: RN</b>	Niall	Mainstream Class	Down Syndrome
<b>P119: RCC</b>		Mainstream Class	Down Syndrome

<b>P121: RR</b>	Reece	Special School/Centre	Non-Specific ID
<b>P122</b>		Mainstream Class	Non-Specific ID
<b>P123</b>		Special School/Centre	Non-Specific ID
<b>P124: RK</b>	Kirk	Mainstream Class	Down Syndrome
<b>P125:RQ</b>	Quincy	Special School/Centre	Autistic Spectrum Disorder
<b>SIBLING</b>	Questa		Autistic Spectrum Disorder
<b>P126: RM</b>	Miriam	Special School/Centre	Autistic Spectrum Disorder
<b>P127: RM</b>	Melvin	Mainstream Class	Asperger Syndrome (AS)
<b>P128</b>		Special School/Centre	Non-Specific ID
<b>P129</b>		Special School/Centre	Non-Specific ID
<b>P130: RDD</b>	Derek	Special Class/Unit	Asperger Syndrome (AS)
<b>P131</b>		Mainstream Class	Non-Specific ID
<b>P132</b>		Mainstream Class	Down Syndrome

**Appendix 4: Historical Timeline**

<b>Evolution of Policy, Practice and Legislation on the Care and Education of People with an Intellectual and/or Pervasive Developmental Disability</b>		
<b>Year</b>	<b>Policy and Legislation</b>	<b>Purpose/Outcome</b>
18 <sup>th</sup> century	Poor law -	Provision of workhouse from 1703
19 <sup>th</sup> century	Committees examined the position of the insane/lunatic poor	Care of mentally handicapped in mental hospitals
1765	County infirmaries established	Care of the infirm
1821	Lunacy (Ireland) Act	Establishment of District Mental Hospitals
1838	Poor Relief (Ireland) Act (general)	Laws on Relief for the Poor
1847	Poor Relief (Ireland) Act (mental defect)	Laws on Relief for persons with mental defect
1868	Irish National Teachers' Organisation founded	To represent teachers interests in the education system
1868	Industrial Schools Established by legislation	Regulations for homeless children under 14
1870	Steward Institution for Imbeciles established	Charitable provision of 100 beds for mentally retarded persons
1878	Poor Afflicted Persons Relief (Ireland) Act	Committal Laws and funding arrangements for hospital and institutional care of idiots and imbeciles
1908	Royal Commission on the Care and Control of the Feeble-minded	Review the needs of people with congenital mental defects in Britain and Ireland
1924	Department of Education established	Organisation of Education
1926	School Attendance Act	Set compulsory schooling regulations
1926	Sisters of Charity of St. Vincent de Paul	School and home established for persons with all grades of mental handicap
1930	Vocational Educational Act	Legislate for vocational education provision
1931	Hospitaller Order of St, John of God	Care and education of persons with mental handicap

1937	Constitution of Éire	Affirm the Irish State as a republic and entrench the rights of the citizens
1939	Brothers of Charity	Care and education of persons with mental handicap
1939	Two School Inspectors attend a course in London on 'The training of retarded children'	Appointed as Department of Education advisors
1947	Recognition of the Residential Centre in St. Vincent's as a school	Formal recognition by the Department of Education
1950	Council of Education established	To advise the Department of Education on the function and curriculum of primary schools
1953	Health Act (institutions for the mentally defective directives)	Provide institutions for the mentally defective with directives and formalise links between government and voluntary bodies
1954	Sisters of Charity of Jesus and Mary	Care of persons with all grades of mental handicap
1955	St. Michael's School, Northbrook Road Dublin	School for persons with moderate mental handicap
1955	The Congregation of the Daughters of Wisdom	Care and education for persons with all grades of mental handicap
1955	Holy Angels, Glenmaroon opened - 1956 students with mild ID transferred from Navan Road - day school also opened there and at St. Theresa's Blackrock	Day school provision for students with mild intellectual disability
(1955/60)	Dáil Debates, Vol 150 Vol 182	Moves to introduce legislation on education
1956	Association of Parents and Friends of the Mentally Handicapped	Opened a day school
1956	fixing of teacher-pupil ratio in special schools at 1:20	Positive discrimination for education in special schools



1958	Programme for economic expansion	Initiate measures to stimulate Ireland's economy
1959	Cork Polio and general aftercare Association	Residential centre for care of persons with mental handicap
1959	Daughters of Charity	One week course in special education needs training for professionals
1960	The Problem of the Mentally Handicapped, Department of Health, White Paper	To review existing services and to recommend guidelines for the report on provision of teachers in settings for persons with severe/profound learning disability
1960	National Association for the Mentally Handicapped (Inclusion Ireland)	Support persons with mental handicap and their families and to guide policy
1960	St. Michael's School, Northbrook Road Dublin	Formally recognised five years after establishment
1961	St. Patrick's Drumcondra	Postgraduate course established and provided for the Diploma for Teachers of Handicapped children
1963	Comprehensive Schools established	Non-fee-paying second-level schooling
1963	Report of the Commission on Itinerancy Department of Social Welfare	To examine the economic, educational, health and social problems inherent in itinerant life and outlined the conditions for special segregated classes for Traveller children
1964	Department of Education	Provision of government funds for capital expenditure on secondary schools
1964	St. Vincent's School for children with Moderate Handicap	formally recognised for children with IQ > 35 and pilot project reflecting increased emphasis on children with learning difficulties
1965	Report of the Commission of Inquiry on Mental Handicap	First formal recognition given to the need for a special service for the care and development of persons with 'Mental Handicap'
1966	Investigation in Education Report	First scientific study of Irish educational needs

1966	Report of the Commission of Inquiry on Mental Illness	To review the health services available for the mentally ill in Ireland
1966	Educational Research Centre established at St. Patrick's College Drumcondra	Means of widening the scope of, and making for greater continuity in, educational research efforts in Ireland
1966	Community Schools established	To provide academic and vocational second-level programmes with State funded facilities to be used by the community
1967	Provision of free Secondary education and introduction of free transport	Provision of greater access to centrally funded second-level education
1968	The Rutland Street School Project	Preschool support for children in economically disadvantaged families
1968	Higher Education Authority established	Management of third level education
1969	Remedial Teacher Post established	Provision of remedial education support for pupils in mainstream
1970	Kennedy Report	To survey Reformatory and Industrial Schools (extended to include all children in care)
1970	Report of the Commission on Itinerancy Educational facilities for the children of itinerants Department of Education	Integration Policy guidelines
1970	Handicapped Act	Inclusion of all children in education including pupils with intelligence quotient less the 50
1971	Introduction of the New Curriculum for national schools nationwide	Incorporated a wide range of subjects, utilising child-centred, heuristic and discovery learning methodologies
1971	UN Declarations of Rights of Mentally Retarded Persons (right to education established)	Established inter alia the right to education

1971	First Teacher Centres Established	Regional meeting place for development of social network and in-service training for teachers
1972	Department of Education steering committee	The development of curriculum for moderately mentally handicapped persons
1975	United Nations Declaration of Rights of Disabled Persons	It calls for national and international action and provides a frame of reference to protect the rights of disabled persons
1976	Establishment of the Educational Studies Association	Voluntary body dedicated to the advancement of educational research in Ireland
1977	Department of Education Special Education Circular 23/77	Criteria for the admission of pupils to special classes in national schools
1980	Report of the Working Party, Services for the Mentally Handicapped,	Recommended mainstream preferred option for pupils with mild mental handicap and a continuation of special schools for pupils in the moderate range and recommended counselling and support for parents,
1980	National Economic Social Council Report	To highlight issues in the planning of services for mentally and physically handicapped persons
1980	Report on the Task Force on Child Care Services (Industrial Schools)	To make recommendations on the improvement of services for deprived children and children at risk
1981	The Census of the Mentally Handicapped in the Republic of Ireland	Census included all age groups but only those availing of specific services were identified
1981	United Nations Organisation - International Year of Disabled Persons	To stimulate publicity and create an awareness of disability issues
1982	Corporal Punishment in schools formally abolished	Banned the use of physical punishment

1983	The Education and Training of Severely and Profoundly Mentally Handicapped Children (the Blue Report)	Guidelines for the development of education services, recommended the formal induction training for all teachers and the inclusion of a module in special education, renamed Care Unit to Developmental Educational Centres
1984	Program for Action in Education 1984-1987	Plan of action for provision of education
1984	NAMHI report	Sought respect for the educability of all and sought formal legislation to guarantee services and repeated the call for pre-service training for teachers
1984	Towards a Full Life: Green Paper on Services for Disabled People Department of Health	Provide guidelines for Communities in the provision of inclusive services to allow the 150,000 people with a disability lead the fullest possible life
1987	National Council for Curriculum and Assessment Established (NCCA)	To advise on all matters relating to curriculum and assessment in first and second-level education.
1989	UN Convention on the Rights of the Child	First legally binding international instrument to incorporate the full range of human rights - civil, cultural, economic, political and social rights
1990	Pilot Psychological Services in Schools established	To develop guidelines for the provision of a national education psychological service
1990	Needs and Abilities: A Policy for the Intellectually Disabled – (Department of Health Report)	To review existing services and to recommend guidelines for the development report on teachers in SPLD settings – the 1st time)
1990	European Council resolution on Integration proposed by the Irish Minister for Education and adopted by the EC Council of Ministers	The union recognises and respects the right of persons with disabilities to benefit from measures designed to ensure their independence, social and occupational integration and participation in the life of the community.

1991	Special Education Review Committee established and reported in 1993 (SERC)	To review the existing services for special needs education and to make recommendations on future developments
1992	Education for a Changing World: Green Paper	To initiate constructive public debate on government policy for the provision of education services
1992	UN Convention on the rights of the child in 1992 - ratified by Ireland	The guiding principles of the Convention include non-discrimination; adherence to the best interests of the child; the right to life, survival and development; and the right to participate. They represent the underlying requirements for any and all rights to be realized.
1994	Report on the National Education Convention	Endorsed the inclusive ethos of earlier reports and recognition of the individuality of pupils and their needs
1995	Charting our Education Future: White Paper on Education	Set out key principals to guide the development of sound educational policy and practice across all levels of education and for all citizens
1996	A Strategy for Equality: Report of the Commission on the Status of People with Disabilities	To provide recommendations for the development of services to support the needs of people with a disability.
1997	Services to persons with a mental handicap – An assessment of need 1997-2001	To support the planning and development of services for persons with a mental handicap [sic]
1997	National Intellectual Disability Database Report	Statistical report to enhance planning for residential care for persons with moderate, severe and/or profound intellectual disability
1998	Report of the National Forum on Early Childhood Education	To provide an opportunity for all interested groups to engage in a full exchange of views on early childhood education

1998	Education Act	An Act to make provision in the interest of the common good in the education of every child in the State, including any child with a disability or special educational needs
1998	National Educational Psychological Service, Report of the Planning Group	To provide an agreed plan for an educational psychological service
1999	Ready to Learn: White Paper on Early Childhood Education	To set out government policy on all issues relating to early childhood education
1999	National Disability Authority Act	To provide for the establishment of the National Disability Authority
2000	Equal Status Act	To promote equality and prohibit types of discrimination, harassment and related behaviour
2000	Human Rights Commission Act	To provide further protection for human rights and to establish the human rights commission
2000	Education Welfare Act	To provide for the entitlement of every child in the State to a certain minimum education
2000	Learning Support Guidelines established	To ensure all children achieve appropriate levels of numeracy and literacy in the course of their primary education
2001	Educational Provision and Support for Persons with Autistic Spectrum Disorders: Report of the Task Force on Autism	To review the current range of educational provision and support services available to children with autism in Ireland
2001	Children's Act	To make further provision in relation to the care, protection and control of children
2003	National Council for Special Education established as an independent statutory body	A body to improve the delivery of educational services to persons with special educational needs arising from disabilities with particular emphasis on children

2004	Equality Act	To make further and better provision in relation to equality of treatment in the workplace and elsewhere
2004	Education for Persons with Special Educational Needs Act	To make further provision for the education of people with special education needs in a manner that is informed by best international practice
2005	National Council for Special Education formally established under the EPSEN Act 2004	The EPSEN Act sets out both the general functions of the Council and its specific function in relation to the provisions of the Act
2005	Disability Act	To enable provision to be made for the assessment of health and education needs occasioned to persons with disabilities by their disabilities
2006	Implementation Report: Plan for the phased implementation of the EPSEN Act 2004	National Council for Special Education's plan for the commencement and implementation of the EPSEN Act 2004 which outlines the investments required to give effect to the Act