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Version: Version of Record

Link(s) to article on publisher's website:

[http://www.ncse.ie/uploads/1/Continuum\\_of\\_Provision\\_website\\_summary.pdf](http://www.ncse.ie/uploads/1/Continuum_of_Provision_website_summary.pdf)

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# Continuum of Education Provision for Children with Special Educational Needs

*Review of International Policies and Practices*

VOLUME ONE

NATIONAL COUNCIL FOR SPECIAL EDUCATION RESEARCH REPORT NO.13

Jonathan Rix, Kieron Sheehy,  
Felicity Fletcher-Campbell,  
Martin Crisp and Amanda Harper





An Chomhairle Náisiúnta um Oideachas Speisialta  
National Council for Special Education

# Continuum of Education Provision for Children with Special Educational Needs: Review of International Policies and Practices

VOLUME ONE

Jonathan Rix, Kieron Sheehy, Felicity Fletcher-Campbell, Martin Crisp and  
Amanda Harper

Open University

A report commissioned by the NCSE

2013

The National Council for Special Education has funded this research. Responsibility for the research (including any errors or omissions) remains with the authors. The views and opinions contained in this report are those of the authors and do not necessarily reflect the views or opinions of the Council.

NCSE RESEARCH REPORTS NO: 13

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## Table of Contents

Foreword	vii
Acknowledgements.....	viii
Glossary of Acronyms.....	ix
<b>Executive Summary .....</b>	<b>1</b>
<b>1 Rationale and Background .....</b>	<b>7</b>
1.1 Introduction .....	7
1.2 Aims, Objectives and Research Questions .....	7
<b>2 Summary of Research Methods .....</b>	<b>13</b>
2.1 Phase 1: The Literature and Policy Review .....	13
2.2 Phase 2 – Collection and Use of Data from the Ten Countries .....	18
2.3 P hase 3 – Developing Three Country Case Studies .....	21
2.4 Overall Approach to Data Analysis.....	22
<b>3 The Conceptualisation of the Continuum.....</b>	<b>23</b>
3.1 What is on the Continuum? .....	23
3.2 How we Think about Provision on the Continuum.....	25
3.3 Aims for the Continuum .....	26
3.4 Why there must be Working Together .....	26
3.5 How Children are Placed on the Continuum .....	26
3.6 Challenges for the Continuum .....	27
3.7 Conclusion.....	28
<b>4 Emerging Themes from 55 Administrations.....</b>	<b>34</b>
4.1 Space Issues .....	34
4.2 Staffing Issues.....	36
4.3 Student Issues.....	38
4.4 Support Issues .....	40
4.5 Strategy Issues .....	41
4.6 System Issues.....	44
4.7 Consideration of Emerging Themes.....	48
<b>5 The Irish Context .....</b>	<b>53</b>

5.1	The Irish Context .....	53
5.2	Challenges Arising From Overview of the Irish Context .....	67
5.3	Thematic Analysis.....	69
5.4	Discussion .....	78
<b>6</b>	<b>An Italian Case Study .....</b>	<b>83</b>
6.1	Overview based on Questionnaire Response.....	83
6.2	Findings of the Country Visit .....	91
6.3	Considerations in Relation to the Irish Context .....	115
<b>7</b>	<b>A Norwegian Case Study .....</b>	<b>119</b>
7.1	Overview based on Questionnaire Response.....	119
7.2	Findings of the Country Visit .....	125
7.3	Considerations in Relation to the Irish System .....	146
<b>8</b>	<b>A Japanese Case Study.....</b>	<b>151</b>
8.1	Overview based on Questionnaire Responses .....	151
8.2	Findings of the Country Visit .....	155
8.3	Considerations in Relation to the Irish Context .....	174
<b>9</b>	<b>A Synthesis of Findings in the Context of Ireland .....</b>	<b>177</b>
9.1	An Overarching Conceptual Framework.....	177
9.2	A Synthesis of Findings.....	178
9.3	Conclusion.....	203
	<b>Bibliography .....</b>	<b>211</b>
	<b>Additional References .....</b>	<b>214</b>

## List of Tables and Figures

Table 2.1	Inclusion and exclusion criteria for review citations.....	14
Table 2.2	Number of papers excluded and included at Stage 1 on the basis of criteria .....	14
Table 2.3:	Policy and theory related papers identified for inclusion (n.) .....	14
Table 2.4:	55 administrations included in this review .....	16
Table 2.5:	25 administrations examined to fill in gaps from overview search .....	17
Table 2.6	Initial shortlist from the research team .....	17
Table 2.7:	Ten countries originally identified for in-country research .....	18
Table 2.8	In-country researchers responsible for data provision .....	19
Table 2.9:	Themes addressed in questionnaire .....	19
Table 2.10	Suggested interviewees .....	21
Table 3.1	Categories and number of concepts and sources arising from review .....	23
Table 3.2	The range of continua in evidence in the literature .....	29
Table 5.1	Special school designation and population numbers 2010 .....	56
Table 5.2	Professionals required for assessment categories .....	61
Table 5.3	Number of pupils with additional teaching supports sanctioned by the NCSE 2009-2010 .....	62
Table 5.4	Support hours according to category as originally allocated by the individual allocation model.....	63
Table 5.5	Pupil-teacher-SNA ratios in special schools/special classes .....	65
Table 6.1	Children/pupils with a diagnosis certified by the local health service attending primary and secondary according to new categories (%) .....	84
Table 8.2	Compulsory special school aged pupils with disabilities .....	153
Table 8.3	Number of special classes and children enrolled in special classes in regular schools .....	154
Figure 1.1	The Irish continuum of support (adapted from NEPS, 2010) .....	9
Figure 1.2	The Irish continuum of special educational needs (based on NEPS, 2007 and NEPS, 2010) .....	9
Figure 3.1a	The community of provision as a focused collection of practices, services, policies and individuals.....	32
Figure 3.1b	The community of provision as an interconnected but diffuse collection of practices, services, policies and individuals.....	32
Figure 3.2a	The approaches advocated by the NEPS represented within a community of provision .....	33



Figure 3.2b	The community of provision defined by their engagement with the approaches advocated by the NEPS.....	33
Figure 5.1	The continua of services within Ireland emerging from a policy review ...	68
Figure 6.1	Structures shown to staff to identify class council co-ordinator relationships within a secondary school .....	113
Figure 7.1	Graph representing incremental support needs across years in Norway ..	121
Figure 8.1	Changes in special needs education provision in Japan .....	152
Figure 9.1	The current interconnected but diffuse collection of practices, services, policies and individuals? .....	204
Figure 9.2	The policy ambition for the community of provision as a focussed collection of practices, services, policies and individuals.....	204

## Foreword

The NCSE is pleased to publish this review of international policies and practices on education provision for children with special educational needs.

One of the NCSE's key roles is to conduct and commission research into special education. Another key role is to provide independent policy advice on special education matters to the Minister for Education and Skills. Evidence arising from our research work contributes significantly to informing the development of such advice. Knowledge of international policies and practices and lessons arising can also make an important contribution to the development of policy advice.

This research report provides an extensive bank of information from the international field that we can draw upon in the development of future policy advice. It explores how the notion of the continuum of provision for children with special educational needs is defined in the literature, describes what it looks like and how it operates internationally. The authors summarise the findings and discuss the possible implications for provision in Ireland.

Specifically, the report contains a high level review of policy in fifty-five administrations across fifty countries, a survey of provision in ten of these countries and in-depth case studies in three of these ten countries. In these three countries – Italy, Norway and Japan – we are provided with an overview of legislation; funding models and models of allocation; specialist and generic educational provision, professional qualifications and standards; resources and supports; and we hear from stakeholders within these countries about how such legislation and provision operates. This rich descriptive information is considered in the context of provision in Ireland and provides a detailed suite of evidence for the NCSE to consider in its policy advice role.

I hope that you find this research both interesting and informative.

Teresa Griffin,  
Chief Executive Officer

## **Acknowledgements**

The authors would like to acknowledge the support of Jennifer Doran at NCSE and the support of the NCSE advisory group: Mary Byrne, Aisling Curley, Finn Ó Murchú, Dharragh Hunt and Michael Travers. We would also like to thank the international advisory group: Professor Anne-Lise Arnesen, Dr Charlotte Brownlow, Kenneth Eklindh, Professor Dianne Ferguson, Professor Liudmila Kuznetsova and Professor Melanie Nind. We are especially indebted to Rune Sarromaa Hausstätter, Professor Hideo Nakata and Dr Francesco Zambotti for co-ordinating our country visits. Research co-ordinators did a remarkable job in putting together a programme in each country to meet our very demanding requests. They also accompanied us on many of our visits. We are enormously grateful for the warmth of their welcome, their patience and the insights they provided us with. We are also grateful for the additional in-country support we received from Sabrina Campregher, Dr Heidrun Demo, Mariko Ito and Yurika Kuroda. Thanks also to the transcribers: Janie Baker, Lin Clark, Sally O’Brien, Catherine McNulty, Moira James and to Teresa Davidson and Amy Siu for administrative support. Particular thanks go to Caroline Rix and Debra Sheehy.

## Glossary of Acronyms

ABA	Applied behaviour analysis
APSEA	Atlantic Provinces Special Educational Authority (Canada)
CPD	Continuing professional development
CPA	Canadian Psychological Association
DDA	Commonwealth Disability Discrimination Act (Australia, 1992)
DEECD	Department of Education and Early Childhood Development (Victoria, Australia)
DES	Department of Education and Skills (Ireland)
GTCS	General Teaching Council for Scotland
HSE	Health Service Executive (Ireland)
ITT	Initial teacher training
ICF-CY	International classification of functioning, disability and health for children and youth (World Health Organisation)
ISTAT	Italian National Institute of Statistics
MEXT	Ministry of Education, Culture, Sports, Science and Technology (Japan)
MOEYS	Ministry of Education, Youth and Sport (Cambodia)
NABMSE	National Association of Boards of Management in Special Education
NASS	National Association of Independent Schools and Non-Maintained Special Schools (UK)
NBSS	National Behaviour Support Service
NCSE	National Council for Special Education
NEWB	National Education Welfare Board
NEPS	National Educational Psychological Service
NGO	Non-governmental organisation
PDF	Functional-dynamic profile (Italy)
PPS	Pedagogical Psychological Service (Norway – PPT in Norwegian)
SENO	Special educational needs officer
SNA	Special needs assistant
SEAB	Special Education Appeals Board
SEAS	Special Education Administration System
SENCO	Special needs education coordinators (Japan)
SESS	Special Education Support Service
WHO-ICF	World Health Organisation's International Classification of Functioning, Disability and Health



## Executive Summary

The National Council for Special Education (NCSE) commissioned this research to create a descriptive map of international research which explores the notion of the continuum of education provision for children with special educational needs. The research also aimed to determine and examine the nature of how the continuum of provision is conceptualised, operationalised and enacted in a sample of selected countries. Finally, it aimed to compare other countries and jurisdictions with existing provision and policy in Ireland and, in the context of an inclusive education as enshrined within the EPSEN Act (2004), to identify implications for the development of provision in Ireland.

## Method

*Phase 1: A literature and policy review.* A systematic search of the literature was conducted to create a conceptual map of the notion of a continuum. After detailed thematic data analysis and synthesis, the concept of a community of provision was introduced, as an alternative to the continuum model. This concept was further developed as an ongoing part of the research. A search was then made of electronically available material to examine the policy background of 55 administrations within 50 countries. Research priorities for Ireland were identified through a review of NCSE commissioned research.

*Phase 2: Ten country study.* In-country researchers gathered data for questionnaires in ten selected administrations: Victoria, Australia; Cambodia; Nova Scotia, Canada; Cyprus; Italy; Kenya; Lithuania; Scotland; Norway; and Japan. They also responded to vignettes, short descriptions or stories about hypothetical characters in a particular context.

*Phase 3: In-country visits.* Three of the ten countries were selected as sites for a detailed case study: Italy, Norway and Japan. Pairs of researchers made visits of five days duration to each of the three countries, alongside a two day visit to Ireland. Interviews were conducted with 144 service providers and users, alongside visits to over 20 educational and administrative settings.

*Phase 4: Development of framework.* Following detailed thematic analysis and synthesis of the data across all the phases, the community of provision framework was used for the final analysis and write up.

## Findings from Reviews and Country Visits: the Concept of a Continuum

A clear characteristic from all country studies was of discordant rather than unified provision. People were often unaware of how much they were at odds with each other or of underlying contradictions within their system. However, a traditional model of a continuum of special educational provision was evident in every country. Factors that varied included the number of types of settings, the number and types of categories of impairment, the number of children identified within each category, as well as a raft of issues, for example relating to governance, resources, training, support structures and

funding. The breadth of variables reflected the 29 broad types of continua identified within the initial review and emphasised their overlapping nature.

This study developed six descriptors which emerged from the 29 theoretical continua, and concluded that given the expressed ambitions of policy and theory, these overlapping types would be better represented as a community of provision. The descriptors are: *community space*, *community staffing*, *community of students*, *community support*, *community strategies*, and *community systems*. In a narrow sense, we define a community of provision as the settings and services which work together to provide learning and support for all children and young people within their locality. In recognition of the constraints and opportunities which emerged from this review, however, a broader definition was developed:

**A community of provision** is the collective delivery of services broadly related to learning, health and welfare involving a range of providers within a network of agreements. It is within this community of provision that support for children, families and practitioners is negotiated, mediated and experienced. It is within this community that needs, challenges and opportunities arise and are met. The community of provision requires leadership which coheres and supports practices and strategies that emerge from and enhance collaborative working and planning. It aims, as a whole and within its constituent parts, for the community and organisational structures of each setting and service to be representative and inclusive of a full cross-section of their local communities in all aspects of their provision.

A clear implication of this review is that the multiple strands of Irish provision and its overlapping services, alongside the aspirations of its legislation, mean that education provision for children with special educational needs in Ireland could be represented by the narrow definition of a community of provision. However, this would need to be developed further to be representative of the broader description. Within this definition the term 'inclusive' is taken to mean a context in which people participate alongside and with each other; the aim of a community of provision therefore is that a full cross-section of the community can participate alongside and with each other within all community services and settings. Current Irish legislation and policy points in this direction but maintains caveats that limit its realisation.

Further conceptual shifts emerging from this review of provision would suggest reconsideration should be also given to definitions for special education and special educational needs. Within Ireland the current definition of special educational needs focuses upon the individual deficit, whereas the ideas that emerge from this review suggest an increasing international focus upon learning difficulties arising within the context. In response, special educational needs may be framed as the need for special education that emerges because of restrictions within the curriculum, pedagogy and organisational processes. Moreover, only two factors emerged that seemed to be universally applicable to the notion of special education: additional time and space. Some people identified other characteristics but these were the only factors which all sources could agree upon. Framing special education as educational support that

requires time or space additional or alternative to that which is available for the majority of learners within a community of provision would not constrain the use of particular pedagogic supports or approaches. It would, however, clarify a concept which is clearly open to wide interpretation. It would also broaden the concept in accordance with ideas that emerge from this review.

### Findings from Reviews and Country Visits

The following findings emerged from a review of the NCSE literature and interviews in Ireland. There was a clear suggestion from interviews that the Irish system encouraged approaches to managing resources and support that could be bureaucratic and in the interests of staff and settings rather than learners. The system did not help overcome negative attitudes towards pupils with special educational needs, nor did it help the reconfiguration of how ability and disability are understood. Echoing this wider systemic issue, resource allocation had a strong association with diagnostic labels which once applied stayed in place, so as to maintain access to resources, thus maintaining the concept of and focus upon disability. Despite the introduction of the General Allocation Model at primary level for those with high incidence disabilities, many were concerned with the focus upon achieving a quantity of additional teaching hours rather than considering the quality of those hours.

The need to improve the application process for additional resources was highlighted in the literature and interviews. It was evident that inequities in provision result from socio-economic circumstances, geographical location, setting type and diagnosis of impairment. A wide range of practitioners were also 'time poor', as were many parents, and current assessment processes exacerbated this. It was widely recognised that medical assessments rarely provided teachers with useful information for supporting the child in the school and that information from health had to be 'translated' into educational practices, in order to have relevance. Respondents felt assessments needed to focus more upon outcomes, to be based upon the learning of pupils and to discourage bureaucratic responses. This would allow more time for collaboration between professions with a focus upon children's learning.

There were concerns about the physical segregation between "two tracks" of special and mainstream, and about the separation of pupils from their peers within mainstream settings as a result of additional support. Some pupils may also be in settings inappropriate to their needs, frequently on the basis of the category into which they have been placed. There is a need to encourage movement within provision, to support transition between levels and settings, and to develop links between the two tracks. Health provision was more likely to be situated within special schools, creating challenges for greater collaboration and communication amongst health and educational professionals. There was also concern about developing expertise and resources within special schools to create effective outreach services, with suggestions that special schools were overstretched and protective of resources they struggled hard to attain. The need for mainstream to support those in special settings was also highlighted, as they both could learn from each other.



The issue of mandatory, explicit training for all staff related to inclusion and special educational needs was raised, including as part of initial teacher training. Many teachers were not prepared for working and planning with other adult staff within their class and needed a better understanding of the roles of the special educational needs officers (SENOs), special needs assistants (SNAs) and health staff. There was also a need to untangle the tension between general and special pedagogy. While interviewees believed in a special pedagogy, all described it in the same terms as good teaching for all. There was also a conviction that the need for special support increased as the child moved up the school system.

It was suggested that parents often feel under pressure and at a disadvantage in their relationship with schools; this perception related to professional and administrative attitudes as well as access to settings and resources. The need for key-working and enhanced communication with parents was shared, as was a desire for family support to be formally recognised within school staff's workload. The need to capture the student voice so as to inform services and practice did not emerge from interviews; it was only recognised in NCSE research.

Practices identified in the country reviews could have significant implications within the Irish context. These findings are summarised below.

- *The development of posts to build links within services and between services and service users.* In Italy, Norway and Japan models exist whereby teachers are trained specifically in health issues, support collaboration with staff, and have scheduled training embedded in their staff roles. Staff are also trained in education and aspects of health and social work; they work with all those linked with a class, as well as advising and creating connections between services. Another model from Italy involves a principal or head teacher who is responsible for all settings within a cluster of schools across ages and setting types. They can build networks, and oversee assessment and planning, equitable allocation of funding and staff co-ordination.
- *The development of simple, formal agreements between services.* The need for health and education services to build closer and more effective working relationships is evident internationally. Data from Italy and Japan suggests that employment contracts or short formalised agreements between health and education leaders, involving a few significant agreed deadline dates and service delivery principles to which they can be held accountable, can be effective and provide parents and practitioners with clear, accessible guidelines.
- *The development of staff understanding and collaboration between schools.* A variety of creative options could be considered, such as the Japanese exchange model of sharing teaching staff between mainstream and special schools or the Italian sabbatical training year which allows teachers to share practice, collaborate on in-class research with colleagues and build on links with local universities. Mechanisms from these countries can also facilitate mainstream and special provision to work more closely together. These include shared co-ordinators, planned curriculum time, extended teacher exchange programmes, and mainstream and special staff observing and supporting each other. It was clear that the notion of a shared ethos

underlay the developments in the countries reviewed here. For example, having a shared ethos was seen as the key to special schools opening their facilities and providing high quality teaching to mainstream students.

- *The development of different staffing arrangements within the classroom, so as to create opportunities for new collaborative partnerships.* Drawing on models from Italy and Japan, for example, consideration could be given to four teachers with equal responsibility for two classes, linking a support teacher to a subject teacher rather than a class, and providing a support teacher to a class regardless of its support needs. The need to support collaboration between staff who share responsibility for all students in the class is also evident, as is a contractual requirement to work collaboratively and to provide adequate time for collaborative planning. Practice in these countries also highlights the social aspects of learning within planning.
- *The development of initial teacher training and ongoing professional development.* Across all countries visited, it was evident that training needs to include a substantial focus on inclusive pedagogic tools, either relevant to specific subject areas or more generally. They also require increased opportunity to experience collaboration and effective team teaching. It is also recognised that the broad range of professionals involved with schools need to share periods of training prior to, and subsequent to, qualification, with a focus upon effective collaboration and communication between services.
- *The development of new models of assessment which inform decisions about support, removing the necessity for categories and formal health assessments and placing the emphasis upon educational assessment of individual and collective needs.* The class council in Italy appears to be a powerful model that is worthy of exploration, particularly if one individual (such as a principal) has an overview of provision across a number of settings. The class councils provide assessment guidance on the needs of the class to school administrators, identify class support needs and individual pupil's needs, sharing knowledge about curriculum and pedagogy across subject areas for that class. Plans for the class can include goals and teaching strategies for individuals who may need additional support and are kept under review and updated termly. The councils involve all teachers and support staff who work with the class, parent representatives, and other involved professionals. Within secondary schools, limitations on how often the whole class council can meet mean a class co-ordinator from each class council links with the administration and other class councils, and co-ordinates information sharing. The Italian experience demonstrates the need for clear workload decisions and role descriptions for those working on and with councils.
- *The development of a focus upon the class in resource allocation and deployment.* Evidence from Norway and Italy underlines the practical reasons for focusing both assessment and provision on the class rather than on the individual. An individualised curriculum and support plan risks isolating the pupils and removing them from their peers. A focus upon the class context need not result in individuals losing the focussed support they require as long as they have appropriate co-

ordinated plans produced collaboratively by relevant professionals. Evidence from all countries in this review demonstrates that such planning needs to consider not only the child in the context of the class, but also effective pedagogic tools for inclusion. The need for ongoing dynamic assessment of children, which evaluates effective practices within the learning context, is also evident internationally.

# 1 Rationale and Background

## 1.1 Introduction

This chapter lays out the aims and rationale for the current review and deals with definitional and conceptual issues.

## 1.2 Aims, Objectives and Research Questions

In November 2010 the National Council for Special Education (NCSE) issued an invitation to tender for conducting a review of international policies and practices relating to the continuum of education provision for children with special educational needs (SEN). This review was commissioned in order to enhance their repository of information on other countries and jurisdictions and to provide a critical reference point for consideration in the Irish context when developing policy advice.

Key research questions included:

- What does the continuum of education provision for children with SEN look like in other countries and jurisdictions and how does it currently work?
- What legislation currently underpins and what policies govern the continuum of education provision in these countries and jurisdictions?
- What are the criteria for placing children with different SEN in different settings along the continuum of education provision?
- How does the continuum of education provision for children with SEN in other countries and jurisdictions compare with existing provision and policy in Ireland?
- In the context of an inclusive education as enshrined in the EPSEN Act (2004), what are the implications of this review for the development or implementation of a continuum of education provision for children with SEN in Ireland?

Key tasks were to:

- Conduct a review of the international literature on the continuum of education provision for children with SEN for the purpose of setting a context for the data collection exercise in other countries/jurisdictions and establishing working definitions.
- Drawing on the literature, develop a common framework for the collection of data from other countries/jurisdictions.
- Choose, in consultation with the NCSE, a number of countries/jurisdictions illustrating a broad range of issues, to be explored in more detail for the study, providing a rationale for choosing these countries/jurisdictions.
- Document the legislation that underpins and the key policies that govern special education provision along the continuum in these countries/jurisdictions.

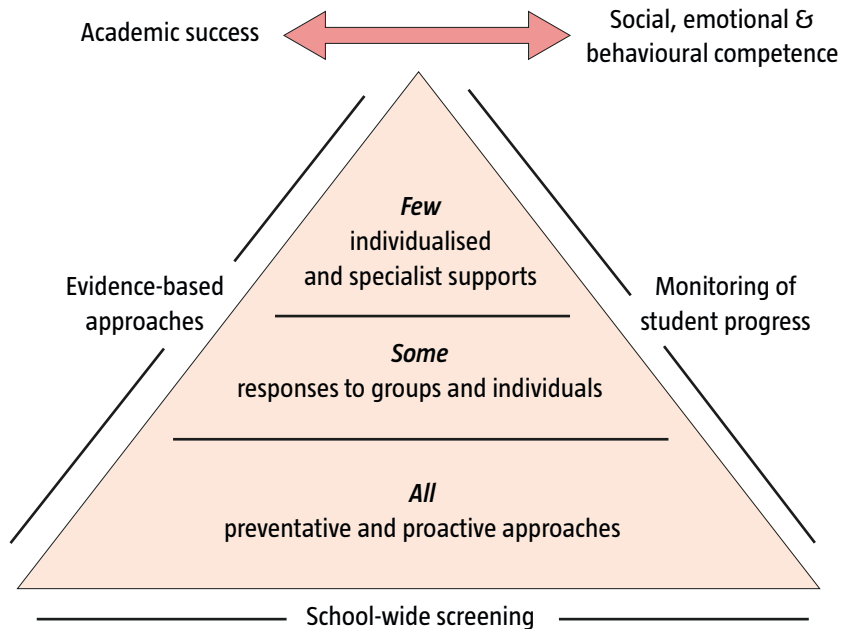
- Describe what the continuum of education provision for children with SEN looks like in these countries/jurisdictions and how it works. Describe the provision in detail covering the following areas:
  - funding models and models for allocation of resources/supports
  - type of resources/supports available at school and classroom level (teaching, special education teaching, teaching assistant, care support, assistive technology, psychological, health supports etc.)
  - type of qualifications or professional standards required for teachers/special education teachers working in settings across the continuum
  - type of resources/supports provided from outside of school, from the education system and from other systems, e.g. health system
  - categories or types of sen catered for along the continuum of provision, i.e. specific sen categories or mixed sen categories for special classes or schools
  - placement/enrolment/eligibility criteria for the placement options and review procedures
  - policies and detailed information on the arrangements surrounding dual enrolment/placement in a special school and mainstream school, a special class and mainstream class, or a special class and special school or across any other relevant setting.
- Choose, in consultation with the NCSE, the countries that will be explored in more detail through country visits, providing a rationale for choosing these countries.
- In relation to the country visits, provide more detailed information and analysis on the manifestation of these policies into practice at a local level.
- Provide an analysis of the trends emerging across these countries/jurisdictions and compare to the Irish context. This comparison and analysis should be located in an overview of the continuum of provision in Ireland and its legislative and policy basis.
- Provide a database of source material and contact details of key personnel so that the NCSE can make future contact with other countries/jurisdictions and keep the information up to date.

### 1.2.1 Rationale and overview of current review

The provision of education for children with special educational needs creates a range of questions related to governance, curriculum, detection and placement (Norwich, 2008). The response to who organises provision, what that provision entails, and to whom and where it is applied varies across and within countries. Frequently the possibilities are framed as forming a continuum. Children and young people are positioned upon a continuum of need (e.g. Martin, 2009), supported within a continuum of provision (e.g. Lynch, 2007) and by a continuum of services (e.g. DeLorenzo, 2008). These interlinking continua constitute a major governance challenge.

The Irish education system in 2011 operates a continuum of services to support students identified upon a continuum of need (see Figure 1.1).

**Figure 1.1 The Irish continuum of support (adapted from NEPS, 2010)**



**Figure 1.2 The Irish continuum of special educational needs (based on NEPS, 2007 and NEPS, 2010)**



Historically in Ireland, continua of this kind have operated in conjunction with a continuum of provision which has included special schools, special classes within mainstream and supported integrated placement in mainstream schools (Shevlin, 2002). With the enactment of the *Education for Persons with Special Educational Needs (EPSEN) Act 2004* emphasis on this latter approach increased, alongside recognition that there is also a place for special classes within mainstream settings and special classes within special schools.

Banks and McCoy (2011) note official sources suggesting that four per cent of primary and post-primary children were assessed children with support (NCSE 2010), and that 0.6 per cent were taught in special classes and 1.36 per cent were taught in special schools, with 17 per cent of children in receipt of support via the General Allocation Model (Department of Education and Skills 2008). Significantly, these figures reflect similar experiences across nations regardless of the provision available. Within Italy, for example, where children are entirely within mainstream schools, there is some evidence that over 5 per cent of children<sup>1</sup> spend all of their time outside the mainstream class (Lanes et al, 2010) and in Sweden, with its mixture of compulsory state and free schools,

<sup>1</sup> A finding from the case study later in this report is that the pupils making up this five per cent are not identified on the basis of severity and type of impairment; rather the figure results from different school practices and values.

1.5 per cent of all pupils attend schools for children with learning disabilities with 0.002 per cent attending other special schools (SNAE, 2010).

The ways in which placements operate can vary from setting to setting, regardless of whether or not they share a title. From the outset this research aimed to look beyond the formal positioning of settings within the continuum of provision, considering characteristics of practice and aspects of their relationships across the continuum; identifying those characteristics and aspects that can be applied within the Irish context. The key tasks, or research aims, as articulated within the NCSE invitation to tender were to:

- create a descriptive map of international research which explores the notion of the continuum of education provision for children with special educational needs
- determine and examine the nature of how the concept of a continuum of provision is conceptualised, operationalised and enacted in a sample of selected countries.

The five key questions in the tender were articulated as three questions within the research:

- What are the main global models of the continuum of provision for special educational needs and what are the distinguishing internal characteristics of these?
- What are the effective means (including legislation, fiscal policy and organisational structures) of developing relationships between components of the continuum in order to facilitate flexibility of provision?
- How can the features of effective models and relationships be applied within the Irish context?

The research had four phases. Phase 1 involved a literature and policy review to identify the conceptualisation of the continuum and to map provision across 55 administrations. Phase 2 involved clarification of findings from Phase 1 using local academics within ten countries identified in Phase 1 and vignette research in those ten countries, involving short descriptions or stories about hypothetical characters in a particular context. Phase 3 involved in-country visits to three of the ten countries to develop detailed case studies. Phase 4 included the development of a framework for understanding the identified models of the continuum of provision and the writing up of the case studies and final report.

### **1.2.2 Definitional and conceptual issues**

This study aimed to identify relevant sources to the continuum of provision and services for children and young people with special educational needs up to end of the secondary education. Definitions vary from country to country, and some countries may not use entirely different terminology in describing and conceptualising their provision and services.

At the outset of this study, the operational definition of the concept of continuum of provision was a physical or locational continuum ranging from full inclusion in an ordinary mainstream classroom to full-time placement in a special school. The

operational definition of a continuum of services was resource allocation associated with any provider ranging across the range of services for children and young people. However, given that an early stage of this project entailed a detailed analysis of the conceptualisation of the continuum in relation to provision and services for pupils with special educational needs, our understanding of the continuum developed and altered.

Special educational needs is a concept that is subject to critical scrutiny: for its emphasis on what is special about a pupil rather than what is ordinary or indeed unique; for its continued role in labelling children and for the preoccupation with needs rather than wants or rights (Roaf and Bines, 1989). Whilst not originally intended as such, the term has been used to refer to within-child difficulties rather than to difficulties that arise in an educational context. In focusing upon special educational needs, emphasis was placed on the learning needs of all those pupils identified as experiencing difficulties in learning of any kind, together with those identified as experiencing a categorised difficulty such as autistic spectrum disorder, sensory impairment, or specific learning difficulties. In referring to provision for special education, relevant terms include special schools, separate provision and segregated provision. These terms were used by all participants in interviews. The operational definition of segregation, as agreed upon by member countries within the European Agency for Development in Special Needs Education (EADSNE, 2011a), is education where the pupil with special needs follows education in separate special classes or special schools for the largest part (80 per cent) or more of the school day. This definition carries an implicit notion of a continuum based upon time and placement.

In addition to the conceptual debate over special educational needs disagreement exists regarding the conceptualisation of inclusion. The original notion of inclusion as the meaningful and effective involvement of an individual within a mainstream setting has shifted considerably over the years (Rix, 2011). The broad range of definitions has been seen as ranging from 'full inclusion' to 'an incomplete position' (Norwich, 2008b:20) with variations which allow for such broad notions of inclusion as participation within an education system (Warnock, 2005). For many it has become associated with children with special education needs rather than the learning needs of all (Hodgkinson, 2006; MacBeath et al, 2006). Definitions of inclusion often distinguish between a school making adjustments to include children (inclusion) and children having to change or fit in with unchanged schools (integration) (Mittler, 2000). It is frequently conceptualised as much more than an issue of placement (Rouse and Florian, 1997). For many it is a matter of the quality of learning and participation of all pupils within a setting: 'a portmanteau of concepts dealing with excellence in education for the target group and others' (Hegarty, 2001). However, practices and language associated with it – the 'mantras of inclusion' (Allan, 2008) – are applied across settings regardless of their effectiveness. For this reason, the term cannot be unproblematically used in isolation. As a consequence of such a broad range of definitions, the term inclusion is used here to mean effective and meaningful involvement within services or provision. We are not defining in detail the nature of the involvement by linking it to other key concepts such as participation or engagement. We have avoided using the term to refer solely to 'placement within the mainstream'. We have avoided using the term in relation to



provision or services that solely identify people for separate provision on the basis of an assessment, attribute or identified characteristic.

The approach taken here reflects the underlying values and practices that we recognise within current Irish legislation and policy, which we have attempted to apply to this research. We recognise the everyday policy reality in which many children receive their education outside of mainstream classrooms on the basis of an assessment, attribute or identified characteristic. The spirit of the Irish legislation, however, is towards education in an inclusive environment. This is encapsulated within Section 2 of the Education for Persons with Special Educational Needs Act 2004 which introduces the notion of the inclusive environment and which defines this by the presence of children who do not have special educational needs:

A child with special educational needs shall be educated in an inclusive environment with children who do not have such needs unless the nature or degree of those needs of the child is such that to do so would be inconsistent with—

- (a) the best interests of the child as determined in accordance with any assessment carried out under this Act, or
- (b) the effective provision of education for children with whom the child is to be educated. (Section 2, EPSEN, 2004)

Inclusive education as defined within the Irish context is therefore taken to mean: 'effective and meaningful involvement within an educational setting of children both with and without special educational needs'. Inclusive pedagogy is taken to mean: 'pedagogy which effectively and meaningfully involves children both with and without special educational needs within an educational setting'.

## 2 Summary of Research Methods

The research had four phases:

- phase 1 involved identifying the conceptualisation of the continuum and mapping provision across 55 administrations
- phase 2 involved clarification of findings from phase 1 using local academics within ten countries identified in phase 1 and vignette research in those ten countries, involving short descriptions or stories about hypothetical characters in a particular context
- phase 3 involved in-country visits to three of the ten countries to develop detailed case studies
- phase 4 involved the development of a framework for understanding the identified models of the continuum of provision and the writing up of the case studies and final report.

This chapter outlines the processes involved in the research stages outlined above. A detailed description is available in Appendix A.

### 2.1 Phase 1: The Literature and Policy Review

#### 2.1.1 Sources

This review used systematic protocols for searching databases and identifying academic literature related to the concept of the continuum. In order to facilitate the establishment of working definitions, the setting of a context and the development of a common framework for the data collection, the literature review sought to answer this question:

How have the continuum of provision and the continuum of services in relation to special educational needs been conceptualised in the literature?

An electronic search of databases, citation indexes and internet sites led to the identification of academic articles related to continua in an educational context. These searches used keyword terms drawn from the educational terminology of different countries and from the British Education Thesaurus. Focus was placed on the term continuum in relation to special education/inclusive education/additional support/additional educational needs, using a wide range of terms. After the removal of duplicates, a total of 2,372 records were reviewed.

#### 2.1.2 Screening process

The citations were independently screened through a two stage process. In Stage 1 they were screened on the basis of their titles and abstracts. This screening was undertaken by four members of the research team working in pairs. This involved the application of the inclusion/exclusion criteria which defined the scope of the review, outlined in Table 2.1 below.

**Table 2.1 Inclusion and exclusion criteria for review citations**

Include citations that:	Exclude citations that:
1. involve education	1. do not involve education
2. relate to special education needs	2. do not relate to special education needs
3. include the term 'continuum'	3. do not include the term 'continuum'
4. link the term continuum to a physical or locational placement or to resource allocation	4. do not link the term continuum to a physical or locational placement or to resource allocation
5. relate to provision or services	5. do not relate to provision or services
6. include people under 18 years	6. do not include people under 18 years
7. are available electronically	7. are not available electronically
8. are available in English.	8. are not available in English.

**Table 2.2 Number of papers excluded and included at Stage 1 on the basis of criteria**

	Excluded	Included
Criterion 1	1,294	
Criterion 2	187	
Criterion 3	128	
Criterion 4	282	
Criterion 5	7	
Criterion 6	16	
Criterion 7	117	
Criterion 8	0	
<b>Total</b>	<b>2,031</b>	<b>341</b>

In Stage 2, two groups of included sources were identified: one group focused on policy related to the continuum of provision or services while the second group reflected theoretically upon the concept of the continuum. It was recognised that the policy focused group may offer implicit insights into the notion of the continuum; however, explicit reflections upon the notion were sought.

The inclusion criteria at Stage 2 related to policy and theory.

**Policy related sources** involved a description of a policy or policy definition; and/or a description of a response to policy; and/or a description of what is being provided.

**Theory related sources** reflected upon the principles and operationalisation of the notion of a continuum (or part of a continuum).

**Table 2.3: Policy and theory related papers identified for inclusion (n.)**

	Theory	Policy (or other exclusion criteria)	Total
<b>Total</b>	86	255	341

At all stages of the identification process, decisions made by pairs of researchers were moderated with other members. At this final stage, four members of the research team accessed electronic copies and examined the 86 sources included under the theory

criterion. Twenty-one sources were excluded at this stage – 17 were unavailable, two were recognised as policy and two were duplicates, leaving 65 papers included in the review.

### 2.1.3 Data extraction

Prior to the data extraction process, the research team identified six papers as key to any understanding of the conceptualisation of the continuum (Booth 1994; Fuchs, Fuchs and Stecker, 2010; Nisbet, 2004; Norwich, 2008; Taylor, 1988; Taylor, 2001). These were included in the final 65 papers which were now divided between four members of the research team for data extraction.

Each paper was assessed for relevance in relation to the inclusion criteria and the overarching research question. Given the nature of the research question it was not felt necessary to give a weighting to the body of evidence provided by the data. Those parts of the document that were appropriate, coherent and relevant to the notion of the continuum were extracted and placed within four separate files. A further two papers were excluded once data extraction itself had started; both were reclassified as being policy-related. This resulted in 63 papers in the final synthesis.

### 2.1.4 Synthesis of the data

The researcher who wrote the synthesis drew upon the data selected by himself and one other researcher. He identified concepts as they emerged from the data within 46 of the papers, breaking down the data into discrete parts so that they could be closely examined and compared for differences and similarities. As the concepts built up, the researcher cross-referenced them, looking for relevant links between phenomena, creating categories which provided overarching themes for the conceptualisation of the continuum. Subsequent to this process, to provide quality assurance, the two other researchers who had independently examined the other remaining sources then assessed the relevance of the categories to the concepts they had identified within the data. They then allocated the concept they had identified to the appropriate categories. The synthesis was then produced on the basis of these agreed categories drawing upon the concepts and extracts to evidence and explicate the notion of the continuum within the literature (see Chapter 3 and Appendix B).

### 2.1.5 Sources for the 55 country review

This search began with clear intentions to identify a broad spread of countries, geographically, economically, politically and culturally. While many countries operate decentralised systems, given the high likelihood of unifying national legislative frameworks, the process could begin with identifying one administration per country.

For all countries, at least two sources of information were used (see Appendix A). For European countries, the primary source was Chapter 10, 'Special Education Support', of Eurydice descriptions of national education systems.<sup>2</sup> Eurydice is the European Commission information network on education and these descriptions are compiled

2 [http://eacea.ec.europa.eu/education/eurydice/eurybase\\_en.php#uk](http://eacea.ec.europa.eu/education/eurydice/eurybase_en.php#uk)

by education ministries or associated agencies. The European Agency for Development in Special Needs Education national overviews were used where these supplemented information available in the Eurydice descriptions. UNESCO International Bureau [http://eacea.ec.europa.eu/education/eurydice/eurybase\\_en.php#uk](http://eacea.ec.europa.eu/education/eurydice/eurybase_en.php#uk) of Education national reports were also checked for supplementary information and are discussed further below. For non-European countries we used the UNESCO International Bureau of Education national reports as the initial primary source where available. We checked the ministry of education websites for each country (or state/province in the cases of nations where education policy is delegated to that level) for website information and policy documents on special needs provision. We also undertook Google searches to identify key reports from non-government international organisations such as UNICEF as well as some relevant national organisation websites.

For countries where information from the above sources was limited, we identified journal literature through bibliographic databases, primarily ERIC (the Education Resources Information Center).<sup>3</sup> Inevitably, the absence of information here still created uncertainty. The absence of information about a certain aspect of a special needs system in a given country could mean that it was not relevant in that country's system; or it may merely signify an information gap in the online resource.

The data was compiled within a detailed spreadsheet, allowing for the creation of a broad overview of the key features of special needs provision as specified within the original NCSE brief. In total we looked at 55 administrations in 50 countries in the time available starting with those suggested by the NCSE steering group, international advisors and the OU research team. Others were looked at to ensure some degree of global coverage.

**Table 2.4: 55 administrations included in this review**

1. Australia (Queensland)	12. China	23. Iceland	34. Netherlands	45. South Africa
2. Australia (Victoria)	13. Croatia	24. Iran	35. New Zealand	46. South Korea (Republic of Korea)
3. Barbados	14. Cuba	25. Ireland	36. Nigeria	47. Spain
4. Belgium (Flemish community)	15. Cyprus	26. Israel	37. Northern Ireland	48. Sweden
5. Belarus	16. Estonia	27. Italy	38. Norway	49. Switzerland
6. Brazil	17. Finland	28. Japan	39. Poland	50. Uganda
7. Cambodia	18. France	29. Jordan	40. Romania	51. US
8. Canada (Nova Scotia)	19. Germany	30. Kenya	41. Russia	52. US State (Connecticut)
9. Canada (Ontario)	20. Greece	31. Latvia	42. Scotland	53. US State (New York)
10. Bulgaria	21. Hungary	32. Lithuania	43. Singapore	54. US (Ohio)
11. Chile	22. India	33. Mexico	44. Slovenia	55. Venezuela

From the detailed spreadsheet we compiled a summary table of key features of each system under each heading (see Appendix E). From this it became easier to group

<sup>3</sup> [www.eric.ed.gov](http://www.eric.ed.gov)

countries with similar systems and to begin to whittle down a shortlist of countries for the next phase of the study. The research team were very aware of the uncertainty inherent in online sources of information and the variability in the online reporting of the features of each administration. The groupings and themes (see Appendix A) established at this point were therefore very tentative and were intended to serve as directional indicators, highlighting where we might need to look more deeply.

### 2.1.6 Moving from 55 to ten countries

As a consequence of these groupings, we chose to focus upon administrations so as to achieve:

1. one administration per country
2. at least two or more countries from each identified grouping
3. opportunities to gain insight into a range of issues linked to the notion of a continuum
4. countries with relevance to the Irish context
5. a geographical spread.

We compiled a list of 25 administrations in 25 countries and then researched these in greater depth, trying to fill in as many gaps as possible.

**Table 2.5: 25 administrations examined to fill in gaps from overview search**

1. Australia (Victoria)	6. China	11. India	16. Lithuania	21. Poland
2. Belgium	7. Cuba	12. Iran	17. Mexico	22. Scotland
3. Brazil	8. Cyprus	13. Italy	18. Netherlands	23. Singapore
4. Cambodia	9. Finland	14. Japan	19. New Zealand	24. Spain
5. Canada (Nova Scotia)	10. Germany	15. Kenya	20. Norway	25. US

We then reviewed the 25 countries and established a shortlist of 14 (see Table 2.6), which was sent to NCSE as a starting point for discussion. Our recommended 14 countries were based on four criteria in order of priority. Each had to:

- represent a model in evidence elsewhere
- offer a particularly useful insight into an aspect of the continuum
- reflect an aspect of the Irish context
- provide a geographical spread.

**Table 2.6 Initial shortlist from the research team**

1. Australia (Victoria)	8. Kenya
2. Cambodia	9. Lithuania
3. Canada (Nova Scotia)	10. Netherlands
4. China	11. Norway
5. Cuba	12. Scotland
6. Cyprus	13. Spain
7. Italy	14. US

Once again we were aware of the relative uncertainty inherent in our data as a consequence of the online sources; however we provided the NCSE with justifications and explanations of features that had helped guide our thinking. We felt that the population size of some countries or the extremes of their population density made them poor comparisons for Ireland, and so we aimed to keep these to a minimum. We also had reasons to be particularly tentative about some suggestions and shared with the NCSE our concerns about focusing upon some administrations; for example, we did not have enough detail about regional variations in some countries. We also provided reasons why we had not included other countries. As a consequence of these discussions with the NCSE, Japan was added to this list.

### 2.1.7 Suggestions for the final ten

On the basis of the data gathered and the rationales laid out above, the research team and advisors agreed that the following seven countries should be focused on in more detail: Victoria, Australia; Cambodia; Nova Scotia, Canada; Italy; Kenya; Lithuania; and Scotland. Further discussion took place before the final three countries were agreed on: Norway, Japan and Cuba. This final list included countries from five continents.

**Table 2.7: Ten countries originally identified for in-country research**

1. Australia (Victoria)	6. Lithuania
2. Cambodia	7. Scotland
3. Canada (Nova Scotia)	8. Norway
4. Italy	9. Japan
5. Kenya	10. Cuba

## 2.2 Phase 2 – Collection and Use of Data from the Ten Countries

### 2.2.1 Identifying and contacting in-country researchers

The in-country researchers were identified because of their experience as academics or as writers of academic reports upon their special education system. Potential researchers were contacted via email requesting their participation in an international review of provision for children identified with special educational needs. A failure to respond from any contacts within Cuba led us to identify a replacement tenth country. After an examination of the available documentation, a discussion took place to determine which of the following three administrations would form our final selection: New York, Cyprus or Spain. All three of these countries seemed to offer excellent opportunities; however, New York seemed to present even more points of interest than the other two and on this basis New York was selected. However, of the eleven academics we contacted in the United States (US) we either got no response or they were unavailable. We then approached Cyprus who agreed to participate. Table 2.8 lists members of the advisory team who co-ordinated the provision of data across the final ten countries.

**Table 2.8 In-country researchers responsible for data provision**

Australia(Victoria)	<ul style="list-style-type: none"> <li>• Dr Mary Keeffe: Associate Professor Inclusive Education, La Trobe University, Australia.</li> </ul>
Cambodia	<ul style="list-style-type: none"> <li>• Mr Un Siren: Vice Chief, Special Education Office, Primary Education Department (PED), Ministry of Education, Youth and Sport (MOEYS), Cambodia.</li> <li>• Mr Thong Rithy: Deputy Director, PED, MOEYS, Cambodia</li> <li>• Prof. Maya Kalyanpur, PhD: Inclusive Education Advisor, ESSSUP/FTI, MOEYS Cambodia.</li> </ul>
Canada (Nova Scotia)	<ul style="list-style-type: none"> <li>• Dr Fred French: Associate Professor, Mount St Vincent University, Canada.</li> </ul>
Cyprus	<ul style="list-style-type: none"> <li>• Dr Eleni Gavrielidou: Associate Lecturer, University of Nicosia, Cyprus.</li> </ul>
Italy	<ul style="list-style-type: none"> <li>• Dr Francesco Zambotti: Research Assistant, Faculty of Education, Free University of Bolzano, Italy.</li> </ul>
Kenya	<ul style="list-style-type: none"> <li>• Mr Festo Malundu Ndonge: Coordinator Special Educational Needs, Department of Educational Psychology, Moi University, Kenya.</li> </ul>
Lithuania	<ul style="list-style-type: none"> <li>• Regina Labiniene: Ministry of Education and Science of the Republic of Lithuania, Lithuania.</li> </ul>
Japan	<ul style="list-style-type: none"> <li>• Assoc. Prof. Jun Yaeda, PhD; Assoc. Prof. Inho Chung, PhD; Lecturer Hiroki Yoneda; Prof. Keiko Kumagai, PhD; Prof. Hideo Nakata, PhD; Prof. Shigeki Sonoyama, PhD; Prof. Akira Yokkaichi, PhD: Research Team, Institute of Disability Sciences, University of Tsukuba, Japan.</li> </ul>
Norway	<ul style="list-style-type: none"> <li>• Rune Sarromaa Hausstätter: Associate Professor in Special Education, Lillehammer University College, Norway.</li> </ul>
Scotland	<ul style="list-style-type: none"> <li>• Professor Sheila Riddell: Director of the Centre for Research in Education Inclusion and Diversity, The Moray House School of Education, University of Edinburgh, Scotland.</li> </ul>

### 2.2.2 Questionnaire design

Each in-country researcher was provided with a questionnaire, an answer template and detailed question guidance devised in close consultation with the NCSE. They focused on a range of themes, outlined in Table 2.9 below.

**Table 2.9: Themes addressed in questionnaire**

1. Current legislation	7. The categorisation of individuals
2. Funding models and models for allocation of resources/supports	8. Placement/enrolment/eligibility criteria
3. Professional standards	9. Numbers of students identified with special educational needs
4. Resources/supports available at school and classroom level	10. Dual enrolment policies
5. Resources/supports provided from outside and from within the education system	11. Contradictions, challenges and strengths of the system
6. Specialist/Generic provision	12. Key organisations, agencies and posts/ individuals.



Individual country summaries were produced and are presented in Appendix G. These data reflected but did not significantly expand upon themes identified from the other sources.

### 2.2.3 Rationale for the vignette study

Each of the in-country researchers also received seven vignettes. Vignette studies have become established as a means of enhancing research into cross-country differences in decision-making in education and health systems (Blömeke et al, 2008; Gupta, Kristensen and Pozzoli, 2010). Vignettes are short descriptions or stories about hypothetical characters in a particular context. They provide concrete examples to which participants can respond and are appropriate for qualitative and quantitative research (Hazel, 1995). They can be used to support comparisons of different groups or cultures' interpretations of a 'uniform' situation (Barter and Renold, 1999). This was the primary focus of the vignette study: to explore how special educational needs might be conceptualised and responded to across different cultures.

### 2.2.4 Development and completion of the vignettes

Our vignette accounts indicated a situation and a child's needs, rather than explicitly naming a diagnostic category (the exception being cerebral palsy and Down syndrome). The range and types of impairments and disabilities contained within the vignettes were refined through discussion with the NCSE and their advisory team. Each situation was built from real life examples known to the researchers. Seven vignettes were constructed, which might be mapped onto a diagnostic category familiar in the Irish context: autistic spectrum disorder; cerebral palsy; dyslexia; learning disabilities; profound and multiple learning disabilities; social, emotional and behavioural difficulties; and deafness.

Each vignette contained a description of a child and their situation followed by a set of questions. There was also a final question related to a particular aspect of each vignette and how this might influence the educational experience of the child. This allowed us to extend the range of special educational needs that we could learn about and informed our understanding of provision for children who might fit more than one category of need.

Each in-country researcher responded to the vignettes and described the relevant policies and practices, how they would be enacted within the local setting through formal and informal processes and the resulting outcome for the young person in terms of their likely educational provision (see Appendix C). Queries from the in-country researchers were responded to by email. The vignettes were also completed by an advisor in Ireland, for comparative purposes.

### 2.2.5 Selection of the three countries

On receipt of the responses from the in-country researchers key points of interest were compiled for each country and, where practicable, for each topic area (see Appendix G). A 'ten country overview' spreadsheet provided an overview of responses to each question. The 'level of mainstream provision' categories utilised in the 55 country analysis were reconsidered. Following this analysis, a summary was provided to the NCSE and their advisory group, with a view to informing discussions about the three country visits.

## 2.3 Phase 3 – Developing Three Country Case Studies

After detailed discussions with the NCSE and their advisors it was agreed that the research team would visit, Italy, Norway and Japan as well as conduct interviews in Ireland, based on the same protocol. The Irish based research was not as intensive as that conducted in the three case countries and did not entail site visits. It did however provide insights into the Irish context and provide comparison data when analysing the other data.

### 2.3.1 Arrangements for the country visits

Visits to these countries were co-ordinated by local contacts:

- the visit to Norway was coordinated by Rune Sarromaa Hausstätter
- the visit to Italy was coordinated by Dr Francesco Zambotti
- the visit to Japan was coordinated by Professor Hideo Nakata
- Interviews in Ireland were coordinated by the NCSE.

These visits involved two researchers from the research team. The in-country research coordinators were informed that the visiting researchers wished to speak to practitioners, parents, policy makers and children within different parts of each education and educational support system. Interviews would be responsive, extended conversations (Rubin and Rubin, 2004). Each visit lasted five days. In the case of Ireland, the research process was conducted over two days. Ethical clearance for the visits was sought from the Open University Human Participants and Materials Ethics Committee.

In each country, requests were made to visit a spread of urban and rural settings, covering early years, primary and secondary provision. Acknowledging that special provision took different forms in the countries we were visiting, requests were also made to visit everyday mainstream classes, special classes within mainstream schools and, if appropriate, a special school. We also asked to have access to any multiagency/multiservice centres. We specified that either during visits or separately (as appropriate), they wished to carry out a series of (ideally three-person) group discussions with a diverse range service users and providers (see table 2.10).

**Table 2.10 Suggested interviewees**

<ul style="list-style-type: none"> <li>• Parents of children receiving support</li> <li>• Children receiving support</li> <li>• Teachers with children with special educational needs in their class</li> <li>• Support staff/teachers (e.g. teaching assistants)</li> <li>• School managers (e.g. heads of special needs/support departments)</li> <li>• Teachers with specific qualifications or job role to work with children with special educational needs (e.g. teachers who work with deaf children or children with behavioural difficulties)</li> </ul>	<ul style="list-style-type: none"> <li>• People who conduct assessments of children</li> <li>• Therapists working in schools (e.g. speech and language therapists, occupational therapists, educational psychologists, behavioural therapists, physiotherapists)</li> <li>• Teacher trainers</li> <li>• School inspectors</li> <li>• Policymakers.</li> </ul>
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### 2.3.2 The visits and data collection

In Ireland we met with 17 individuals in seven group interviews and one individual interview situation. These interviewees had held various posts within the system including mainstream school principal, secondary school principal, special school principal and teachers. They also included parents.

We met with 52 individuals from three regions in northern Italy, in a range of group interview situations. We met pupils and observed practice and facilities in each of the seven educational settings visited, asking questions about aspects of provision. We met with 37 individuals from four communes in southern Norway, in a range of group interview situations. Again, we met pupils and observed practice and facilities in each of the five educational settings visited, and asked questions about aspects of provision. We met with 38 individuals from four prefectures in eastern Japan, in a range of group interview situations. We observed practice and facilities in each of the six educational settings visited, and also asked questions about aspects of provision.

The case studies subsequently produced (see Chapters 7–9) do not represent all education systems that might exist within one country. For example, as was made clear by our hosts, two of the provinces we visited in Italy were comparatively wealthy in relation to other regions. The case studies, therefore, reported on the views as expressed by the range of interested parties interviewed, identifying key elements of each country's system as experienced within the areas we visited and from which our interviewees came. All interviews across the four nations used the same interview framework but the interviews did not follow any prescribed order. Interviews ran for at least one hour. Some went on for over three hours. Some participants were interviewed in more than one setting. Frequently more than one interview took place in the setting and often people joined and left as their daily work schedules required. Within Japan and Italy translators were used while in Norway interviews were conducted in English.

### 2.4 Overall Approach to Data Analysis

The analysis of the data from the literature review, 55 countries review, ten country questionnaires and vignettes and the interviews and visits to the three countries and Ireland and their synthesis was subjected to a thematic analysis derived from grounded theory (Corbin and Strauss, 2008). The process of synthesising the different data strands was recursive in that the identification of themes and the development of the narrative within each theme involved the researchers, individually and collaboratively, revisiting and interrogating the data, with this process informing the manner in which the next stage of data gathering was formulated.

### 3 The Conceptualisation of the Continuum

This chapter presents a summary of the synthesis of the key concepts which theorise the notions of the continuum of provision and continuum of services. The full synthesis which links all statements in this summary to their source is available in Appendix B. Six categories were identified (Table 3.1), unifying 194 concepts evident in extracts taken from 63 papers, arising from a systematic review of the literature.

**Table 3.1 Categories and number of concepts and sources arising from review**

Category	Concepts	Sources
What is on the continuum?	69	42
How we think about provision on the continuum	38	22
Aims for the continuum	13	4
Why there must be working together	18	11
How children are placed on the continuum	21	13
Challenges for the continuum	35	15

#### 3.1 What is on the Continuum?

From the earliest theoretical examples in the 1960s and 1970s, a linear notion of a continuum of settings has been in evidence. Initially, models aimed to represent provision as it was, but the use of the continuum became an aspirational notion. This continuum typically went from residential to special school to special unit to special class to support in an ordinary class to no support, with attendance in each space on a full-time or part-time basis. Even though the underlying principle of this linear continuum has been the same, the language used and some of the understandings of process have varied. The continuum has been represented as a programme or as a series of programmes, identified by space and personnel, with assessment and diagnosis typically identified as the means of facilitating movement between them. In addition, in the earliest models, the residential provision would have been framed as being non-educational, but succumbed to an increasing emphasis on minimising the separation of pupils. It has now reached a point in which many theorise about a blurring between mainstream and special provision, with the continuum of placement being less of a focus than a continuum of response.

The continuum has frequently been applied to a range of services rather than just educational placement, and has been seen to encapsulate not only a wider notion of care but also a spread of individual needs to which care must be delivered. This continuum of care can be seen to begin in everyday settings, with practitioners alert to possible needs, then providing support to other practitioners and families, before engaging in multiagency responses and intensive individual support. It can also be positioned at a policy level however, with a combination of school and community programmes and services operating at different social policy levels and at group or individual levels. They can operate as preventative, targeted or individual approaches, aiming to be interconnected to meet the needs of all children.

The range of identified services across the literature is extensive, covering health, educational and social care, each of which varies in the nature of its provision according to local practices and providers. There is an equally extensive range of practitioners, aiming to provide support at all relevant points in a child's life and potentially across their lifetime. A common element which frames their practice is the definition of the continuum according to the intensity of provision these practitioners provide. This can either be intensity in relation to amount of intervention experienced or the amount of support provided, frequently representing a level of response to the perceived, defined or assessed severity of need.

A further defining feature of some descriptions of the continuum is the presence of support staff and their role in relation to other teachers and the students, as is the nature and intensity of the support provided to staff. There is also a recognised spread of practitioner responses which includes interpreting behaviours differently and adopting different approaches as a result of training or working contexts and different theoretical perspectives on learning and teaching. This spread involves a range of teaching practices including the nature of instruction and focus of activities as well as the level of their assistance. This raises interesting questions for different approaches to teaching and learning within the spread of settings discussed earlier.

The significance of context is also particularly relevant to movement within the systems. The recognition that transitions between everyday events and larger changes can be seen as part of a continuum is evident in specific models but also in many graphic representations of continua. Most representations include a line with arrows at the end, representing the scope of an attribute within the continuum and also movement across it. The intention of the arrow is to suggest flexible movement within a continuum; however, often there is more than one arrow and because no movement is possible on one (e.g. assessed severity of need) it means no movement can occur on the other. Some also point in one direction only. In other instances the arrow represents a shifting emphasis upon an aspect of the provision (e.g. intensity or restrictiveness of provision). In other representations a lack of arrows might be seen to encapsulate a lack of movement and inward looking 'silo' thinking.

Movement within the continuum does not require movement across separated spaces and places. It can be contained within a single setting. This last model reflects a continuum of variables, such as staff numbers and commitment to school values, which are recognised to have a direct impact upon the capacities of a setting. Other variables include which part of the continuum is emphasised (e.g. the mainstream) or which points of transition are emphasised within policy and practice. They can also include the spread of resources, dependent upon varying degrees of rarity, cost, accessibility and technical nature.

The breadth of components and issues for concern suggested by the spread of continua described above brings a spread of regulations about how the parts are arranged and managed, and the nature of roles within them. These regulations have to enable dynamic and accessible structures with participation at many levels, allowing for due process. For many they have to be about identifying and addressing skills and gaps in

capacity, and not based upon theories or economic priorities. This provides a continuum of practical priorities for analysing and developing policy.

### 3.2 How we Think about Provision on the Continuum

The continuum is presented as the best response to student need, but it also reflects the dominant cultural view of efficient and effective support service delivery. The continuum as a concept has not resulted in new ways of doing things. It has re-presented ways of thinking that were around before under a different name. However, it also re-emerges when new models of support are developed, arising from the way in which people apply linear progression to those new models. The point at which any of the continua identified above starts will by necessity produce different responses to situations, with and from children, practitioners, administrators and policy makers. It changes the direction in which people are looking and the manner in which they look. How we view the children is affected too. For example, our view can prioritise needs, which systems are set up to assess, or can create perceptions around the value of certain types of relationships or can suggest that expertise and resources reside in one sector rather than another.

It is clear that for many, the continuum is based upon technical rationality; the belief that to become a professional one must acquire generalised, systematic, theoretical or scientific knowledge; which gives superior status to the individual who has ownership of that knowledge and even greater status to those who research and deepen that knowledge (Schön, 1983). Experts conducting assessment underlie many of the continua, as do professionals engaging in evidence gathering or drawing upon research and specialists operating as consultants. The emphasis upon more training is widely in evidence too.

The ways in which a particular continuum is understood can also have an impact. For example, is a particular continuum a means of organising people amongst services or is it to accomplish different kinds of learning or to achieve equity or to achieve socialisation? The continua can represent quite different theoretical positions. It is possible to represent them as a continuum of values and philosophies, too. These contrasting values and philosophies may lead to the view that special and mainstream thinking is starkly different. It can put different parts of continua in competition with each other, perhaps fighting to maintain some aspect over another.

These tensions are not helped by models of the continuum which situate specialist knowledge in certain parts of the different continua. For example, the continuum of settings can be seen to put both ends of the continuum on the defensive; it can position mainstream as a source of failure and special as a place of failures. It might suggest that there is a right place for everybody, and that this right place can be identified through assessment. It could imply that not everybody is welcome or safe at every point across the continua, that some segregation is necessary and that different levels of intensity of provision cannot be provided generally. It can create spaces which have to be filled. It might imply too that particular types of practice and the need for them can be defined by a type of setting or type of child, and that this can be delivered equally across districts

and regions. However, people's experiences, ambitions or desires may contradict such underlying assumptions.

The contradictions and tensions inherent within the thinking that creates and emerges from the notion of the continuum, perhaps unsurprisingly, result in calls to bring together different ways of viewing the processes within the continuum and to remove the barriers which exist between the parts.

### 3.3 Aims for the Continuum

The number of sources that explored the aims of a continuum was surprisingly few (four). It was seen as a way to avoid stigma, whilst increasing independence and participation. It was a tool for movement as a child's difficulties were remediated, so that whilst the aim was to keep them in the mainstream, there was a solution for challenges that cannot be dealt with in regular schools. It was also seen as a means to maximise use of specialised staff, provide flexible individual support and reduce costs and the need for separate services. The three broad aims would therefore seem to be: impact on the individual students; a focus upon inclusion in the mainstream; and effective use of resources.

### 3.4 Why there must be Working Together

As mentioned above, a consistent theme in the literature is for the different parts of the continuum to work together. More recent models have begun to represent the continuum as a collective response rather than a linear process. These see provision as being around the child or family, positioning the child as the focus of the services. The underlying message is that an effective continuum needs a spread of services and levels of services. These need to be nested within each other and interconnected, including multiple public and private providers using comprehensive community and school-based programmes. The aspiration is to create a cohesive system of prevention, intervention and care, which is as non-intrusive as possible, involving shared responsibility, shared expertise, collaborative planning and delivery and effective communication to join up the parts. This continuum can be locally owned and cooperatively developed. To work effectively it must overcome environmental and systemic challenges which resist the reform, restructuring and transformation of policy, practice and outcomes.

### 3.5 How Children are Placed on the Continuum

The underlying premise is that each case needs to be reviewed individually to place a child appropriately on the continuum, despite the aim to keep them at the most included end. It was noted that appropriate placements cannot be generalised. There were suggestions that decisions should be made on the basis of social and academic outcomes and instructional practices and be accountable to the pupil. But in seeming contrast, the importance of categories for placement was also highlighted, as was the role of scientific evidence, test scores, and the notion of developmental appropriacy.

The concern was of bias within the continuum, where formal processes and resource availability governed placement and students had to prove that movement was justified.

### 3.6 Challenges for the Continuum

Despite the aim to deliver provision on the basis of assessment of need, it seems that the effectiveness of the continuum is very context dependent and lacks an evidence base. Evidence is not readily transferrable within and across continua either, as the continuum is dependent upon local availability, involving staff who may not have relevant training or experience or shared understandings. As a system it may be focussed more upon the diagnosis than the effectiveness of teaching methods. The underlying premise that provision can be matched to need has been challenged, as has the notion that it can only be provided in a particular location. The notion of choice within such a system has also been questioned, as choice is dependent upon diagnosis which in turn is dependent upon severity. Therefore, it is only choice for those with an assessment of comparatively extreme need. It is noted too that choice is typically linked to separation. Within most conceptualisations of the continuum, inclusion can only be an option within the whole rather than a characteristic of the whole. Therefore, even if these continua seek to be effective they cannot be inclusive.

The solution to the challenges of placement is the capacity to move; however, movement along the continuum is reported to be rare. Once a place has been achieved it is maintained, potentially trapping people at a particular point, within a particular setting, within particular programmes, at a particular level. The need to prepare people for the next step along the continuum is highlighted; otherwise, formal processes deliver benign or harmful outcomes, though establishing achievable criteria for movement is problematic.

It is recognised that the full continuum cannot be provided at a local level unless population numbers are very high and all services are centralised. As a consequence the continuum is rarely fully available, tends to be fragmented and cannot operate in a socially inclusive manner. This is reinforced by inherent assumptions within many continua that some people or provision require segregation and that the continua represent a linear movement towards a norm – assumptions which the existence of the concept of the continuum legitimises. In addition, recognising one end of the continuum as inclusive or least restrictive does not stop the provision from being exclusionary or restrictive, and recognising another end as special does not mean that it is doing anything that is special or different from that which is done elsewhere. It also encourages a view that each identified need requires its own service or programme into which the individual can be positioned, which does not encourage recognition of the universal challenges created by systems and process.

There is evidence from the 1980s onwards that the continuum has to include more than outreach services or the co-ordination of schools and resource centres. It has been recognised that there needs to be a shift in concepts, values, processes and outcomes, challenging funding, resourcing, leadership and established roles. Yet the systemic changes called for have not materialised as expected.



It would seem that many of the challenges identified over 30 years ago by Barresi and colleagues (1980:12-14) as needing further research are as pertinent today as they were then. Although many have been researched they remain largely unresolved: Barresi et al highlighted the need to explore flexibility, availability and accessibility of all types of services and programmes for all and their capacity to work together to provide a full range of provision. They questioned the impact upon placement and services of staff shortages, low incidence of an impairment, race, age, gender, rurality, and the existence of separate provision. They also wished to know to what degree services aimed to move people from restrictive provision, how they balanced direct and indirect support, and defined who fell within categories used within the delivery of services. They questioned too whether it was the needs of policy, resource management, or the individual which drove support provision, and how provision was monitored and evaluated. There was a need to know how placement in separate provision was decided upon, what stopped it becoming a dumping ground for those difficult to situate elsewhere, and what gaps emerged at points of transition.

### 3.7 Conclusion

The notion of the continuum has been applied to a broad range of provision. Some continua appear to be primarily concerned with where support takes place; these are frequently closely associated with another group of continua, which are concerned with who receives the support. A third group are primarily concerned with who is providing the support, where they operate, their values and workload. These continua link closely with two others: continua that are concerned with the quantity of support and type of service providing it and continua that focus upon quality of support and how that is developed and reinforced. Finally there appears to be a group of continua that focus upon issues of governance, the nature of programmes, policy and rules and movement within the system.

In Table 3.2 we summarise the types of continuum that were in evidence from this search and attempt to place them into categories of continua. We tentatively place the groupings within six overarching categories; continua of space; continua of staffing; continua of students; continua of support; continua of strategies; and continua of systems.

**Table 3.2 The range of continua in evidence in the literature**

<p><b>Continua of space</b></p> <p>These continua are concerned with where support takes place:</p> <ul style="list-style-type: none"> <li>• Continuum of settings</li> <li>• Continuum of including and segregating provision</li> <li>• Continuum of a single setting</li> <li>• Continuum of age-linked placements.</li> </ul>
<p><b>Continua of staffing</b></p> <p>These continua are concerned with who is providing the support.:</p> <ul style="list-style-type: none"> <li>• Continuum of space and personnel</li> <li>• Continuum of practitioners</li> <li>• Continuum of diverse practitioner responses</li> <li>• Continuum of staff caseload.</li> </ul>
<p><b>Continua of students</b></p> <p>These continua are concerned with who is being supported.:</p> <ul style="list-style-type: none"> <li>• Continuum of need</li> <li>• Continuum of severity of need</li> <li>• Continuum of pupil-type ratios.</li> </ul>
<p><b>Continua of support</b></p> <p>These continua are concerned with the quantity and type of support.:</p> <ul style="list-style-type: none"> <li>• Continuum of intensity of support</li> <li>• Continuum of levels of response related to severity of identified need</li> <li>• Continuum of intervention levels</li> <li>• Continuum of intervention types</li> <li>• Continuum of care</li> <li>• Continuum of vocational support.</li> </ul>
<p><b>Continua of strategies</b></p> <p>These continua are concerned with the quality of support.:</p> <ul style="list-style-type: none"> <li>• Continuum of instruction</li> <li>• Continuum of assessment</li> <li>• Continuum of technology</li> <li>• Continuum of support for staff.</li> </ul>
<p><b>Continua of systems</b></p> <p>These continua are concerned with issues of governance.:</p> <ul style="list-style-type: none"> <li>• Continuum of programmes</li> <li>• Continuum as a programme</li> <li>• Continuum of in-school-community programmes and services</li> <li>• Continuum of policy</li> <li>• Continuum of regulation</li> <li>• Continuum of transitions (through the system)</li> <li>• Continuum of variables (affecting how things work)</li> <li>• Continuum of areas of analysis (of policy and practice).</li> </ul>

As described at the start of Chapter 1, the continuum is at the heart of the Irish conception of special educational provision, services and understanding of the child.

This review has identified the plethora of additional continua which could also be applied, and the tensions they can create with the policy aim of inclusion. Given the nature of any single continuum it is evident that a range of other continua are in play at the same time. However it seems likely that people's understanding of their place within a continuum defines the manner in which they operate, and the manner in which they operate informs their view of the continua and their place within them.

Norwich (2008, 2008b) recognises the dilemma that the linear notion of a continuum of suitable provision causes, particularly at a time when inclusion is an internationally recognised goal for education. His findings, based upon longitudinal, comparative studies with practitioners and administrators in three countries suggest common concerns across cultures about the nature and challenges of current provision and how best to position individuals within that provision.

In attempting to overcome the tensions arising from separate provision for children with special educational needs he suggests it is important to identify two key values: that provision meets individual educational needs and that it instils a sense of belonging and acceptance for all children in ordinary schools. If the aim is to increase participation in mainstream settings, he highlights the challenges of identifying children with special educational needs, where they will be placed for learning, the curriculum they will follow and the governance over decisions about provision. He suggests that in responding to these challenges we need to conceive effective provision as requiring more than one continuum. He identifies five flexible interacting continua, with layers of interpretation, encapsulating: identification as part of general practice and for those at risk or with categorical characteristics; social and academic participation; placement in separate or including settings; curriculum and teaching approaches which involve general or alternative pathways; and governance and local to national levels of responsibility. Norwich recognises that people's views are underpinned by a political and/or ideological position, but his conclusion from interviews with a range of practitioners and administrators is that there is a limited future for special schools. Perhaps more importantly for this present study, he recognises that no single continuum can operate in isolation. He suggests that his continua of provision cannot operate with only one or two dimensions in play, or specific aspects of a dimension working in isolation. It requires all parts to be working together.

Given the range of continua identified within this review, however, it would appear that even Norwich's five flexible interacting continua and their explanatory layers leave to one side a number of other conceptions related to provision. It seems likely that other constructs are available which this review has not covered. But can we exclude these other continua when we are creating a frame for considering provision for children and young people? And can we ignore the negative associations that accompany the concept? And if we have multiple continua how are they woven together? If we regard them as a series of individual threads do we not increase the chance that our focus opens up gaps between them through which people will continue to fall or through which people fear to fall?

Taylor (1988, 2001) identifies many of the challenges that have emerged within this review. He suggests that the notion of the continuum has fallen into disrepute. However,

it still underpins people's conceptualisation of services, and feeds restrictive provision which works against self-determination, integration and independence and focuses upon the extremes of need. It also means that new approaches just become additional slots. He suggests that what is needed is a reconceptualisation of services and supports.

This critique should not come as a surprise given that the notion of the continuum emerged as a means for describing the pre-established systems and not as a means to represent a new model of provision or specifically to drive change. That it has been used by many over the years to represent shifts in thinking or to describe an aspect of complex systems does not overcome its inherent inflexibility and linearity; it is a quantitative concept describing a qualitative experience. It has also been noticeable across this review that the continuum encourages a focus upon the individual, yet aspires to provide services that work in a collective manner. It is frequently framed as encapsulating provision for all at one end and provision for a select few at the other. Given the communal nature of learning processes and the communal aspirations of many services it seems important to develop a concept that reflects the interconnectedness of our systems and the need for flexibility and for multi-dimensional responses: a concept that recognises the context in most countries, including Ireland, where the spirit of legislation is towards inclusion, where the pre-established systems represent a range of public, professional and political communities, where the direction of travel reflects shifting views and complex experiences.

The authors suggest that a community of provision is a better metaphor. A community of provision reflects more broadly the calls for closer working relationships across settings, removes the linear notion from most separate to most included and reflects the growing number of options for learning that are available to all pupils. The assertion of a new metaphor would not remove many of the concerns around placement and ethos which this review of literature has explored. However, it might encourage new models of thinking to emerge which could reinvigorate thinking about possible futures.

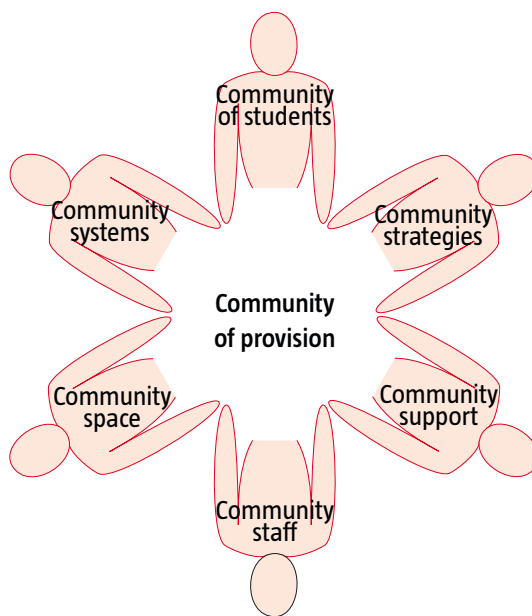
The community of provision would see the inter-related weave of continua identified within this review reframed as a connected whole. There would six overarching community perspectives:

- **community space:** concerned with where support takes place
- **community staffing:** concerned with who is providing the support
- **community of students:** concerned with who is being supported
- **community support:** concerned with the quantity and type of support
- **community strategies:** concerned with the quality of support
- **community systems:** concerned with issues of governance.

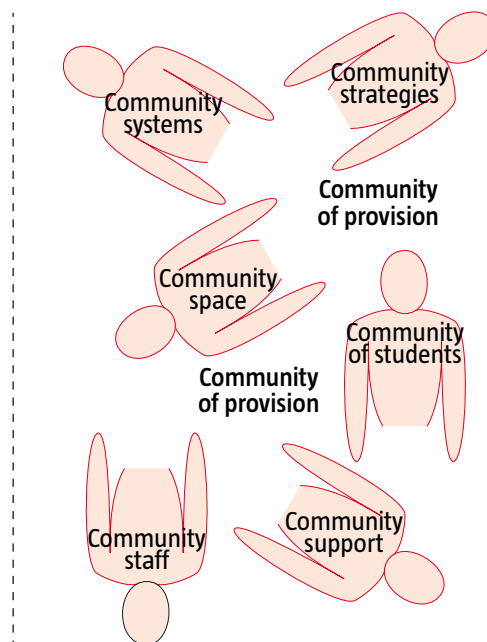
These perspectives should not be seen in isolation from any other part of the overall community. They are the means by which provision is described but they are also the means by which it is delivered. The defining characteristics of this community of provision will be explored in more detail in the final chapter of this report, drawing on the findings from the examination of international provision.

Given the plethora of visual representations of the continua (see Appendix B) the authors cautiously offer the following images of a community of provision, building upon the categories that have emerged in this review.

**Figure 3.1a The community of provision as a focused collection of practices, services, policies and individuals**



**Figure 3.1b The community of provision as an interconnected but diffuse collection of practices, services, policies and individuals**



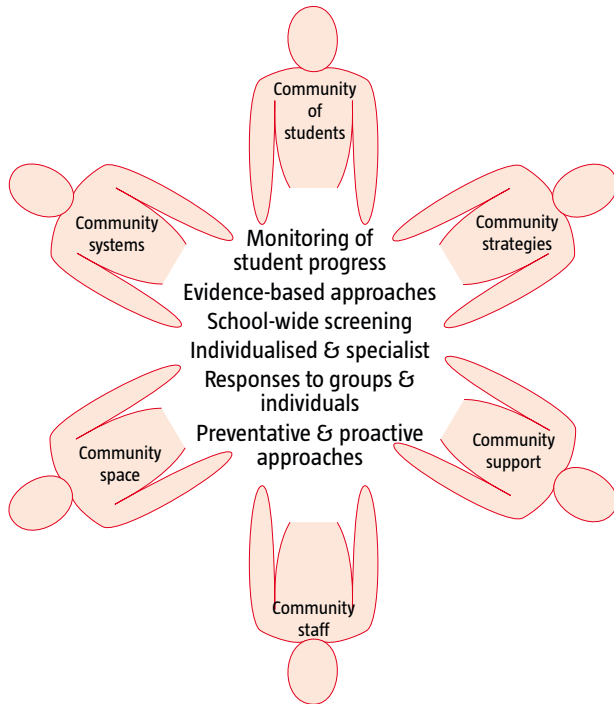
We provide two images; one which represents the inward looking nature of any community (Figure 3.1a) and one which represents the diffuse and separate experience which our categorical worldview brings (Figure 3.1b). Both represent the community of provision at a given moment and both represent opportunities and challenges.

The aim of this representation is to encourage members of the community of provision to reconceptualise their practices in the context of the inclusive notion of the community and the essential multifarious relationships it entails. It also operates at different levels of the system and in different locations and requires different relationships to be established. The appropriate complete image would be three dimensional with overlapping communal clusters, however the three dimensions would not be defined as a pyramid or square or tube but would by necessity be open sided. When looking at the representation we need to be aware that the groupings involved will have a series of other goals and processes, and that this community will ultimately be defined by its network of formal and informal agreements about the nature and extent of its relationships.

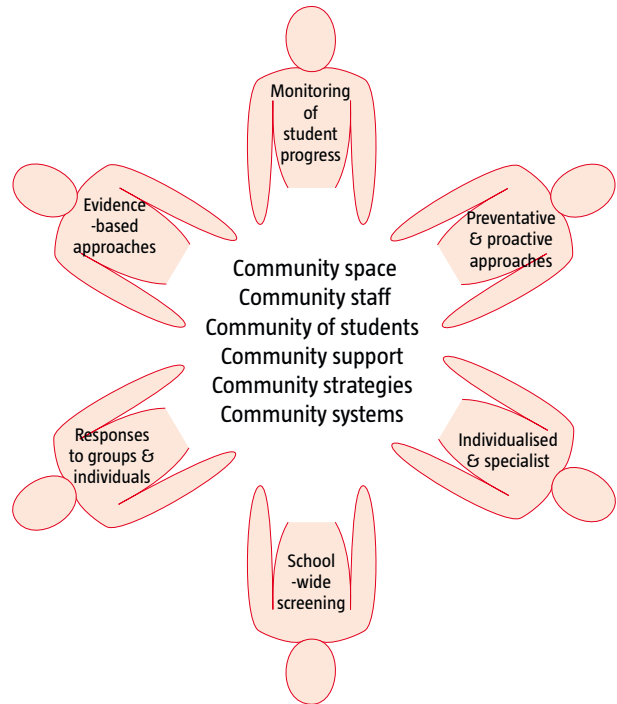
These perspectives are the means by which approaches are understood and delivered; however it is through the approaches adopted by the community that the community itself is defined. We could therefore need to re-present, for example, the model developed by the National Educational Psychological Service (NEPS) in Ireland (cited in Chapter 1) both in relation to the means by which the perspectives come to understand

the model of delivery (Figure 3.2a) and the means by which the model of delivery defines the nature of the perspectives (Figure 3.2b).

**Figure 3.2a The approaches advocated by the NEPS represented within a community of provision**



**Figure 3.2b The community of provision defined by their engagement with the approaches advocated by the NEPS**



The models above fit within the narrow definition of a community of provision (see Chapter 9), as these settings and services already work together to provide learning and support for all children and young people within their locality. However, using the broader notion of a community of provision, which emerges from the subsequent stages of this review, would require a range of legislative and policy developments within the Irish context.

## 4 Emerging Themes from 55 Administrations

The review of online documentation aimed to provide a broad international overview of provision for children with SEN and the policies and practices that underpin that provision. The themes presented in this chapter emerged from a thematic analysis of online material, in the form of international and national reports, policy documents and web pages. This chapter provides a global overview of provision for children with SEN, rather than a detailed breakdown of individual countries' provision. Many practices and processes are touched upon without the relevant country being identified. This approach avoids a number of potential pitfalls: the use of long lists of countries and categories; the unintended suggestion that certain practices and processes are only in evidence in the examples provided; and reductive representations of such practices, based solely on online information. The few occasions where a country is mentioned are for illustrative purposes and do not represent a comprehensive account of that country or administration, or as a judgement of quality.

This chapter represents evidence available from the detailed web search conducted in January–March 2011. It has been structured around the conceptual framework that emerged from a review of literature relating to the notion of the continuum. At the end of the chapter we identify some overarching issues that have emerged, but do so in the knowledge that the data that has informed this review is generally self-reported and represents policy rather than practice. It is also worth noting that only English language sources were used (partly as a result of the nature of many international reports and partly because of the researcher's limited language skills). There was also no specific or uniform date or date range for the data due to the variation and uncertainty in relation to the updating of online sources. In addition, part of the difficulty in assessing systems on the basis of information made available to an international audience is that the authors adopt the assumed international language to encapsulate an aspect of their system. In interpreting that language within another culture there is a danger that we apply our own interpretation which is rooted in the context of our own system. Any lessons from such disparate data must therefore be tentative. A brief summary of findings for each administration is available in Appendix E.

### 4.1 Space Issues

#### 4.1.1 Location

In recent years many countries have introduced legislative changes which were framed as facilitating mainstream inclusion and support for pupils with special educational needs. However, despite introducing new frameworks, the settings in which such frameworks will be delivered bear a striking resemblance to the classic continuum as seen in Deno's (1970) cascade model and Reynold's (1962) hierarchical structure of special education, which included long and short stay institutions, home provision, special schools, special classes and varying degrees of support within mainstream. This spread of provision was in evidence across nearly all the countries in the study, even those who have claimed to have closed their special schools or those who were currently

establishing universal education services. It was evident that some administrations have a recognisable mix of schools; however they were administered and categorised under the different headings based around the service delivering them. Many countries also have a mix of public and private schools.

The range of special schools in evidence was not as broad as might be expected. Administrations recorded organising schools or classes by impairment category, but many countries recorded that there was an inappropriate mix of types of children with special educational needs in their special schools. Residential/boarding schools and institutions were evident in many countries, and some reference was made to special schools running satellite classes and providing an itinerant teaching service in mainstream schools. Other administrations referred to peripatetic services and peripatetic teachers and the use of itinerant teachers for special educational needs. Some countries identified the need for hospital teaching and either the existence or need for distance learning. Home-based support was implicit in many systems but was only occasionally specifically mentioned.

Recognition was made of degrees of integration in many systems which appear quite distinct. For example one appeared to have high levels of inclusion (Ontario, Canada) and one seemed to have high levels of residential provision (Belarus). Some countries recognised that different types of integration existed, whilst in others, inclusion was the only education option in some rural areas. Some countries highlighted that they were running pilot projects or introducing programmes to change their practice, whilst others acknowledged the need to diversify provision. Within the Netherlands it was suggested that the 'Appropriate Education'<sup>4</sup> policy was introduced partly to avoid children becoming lost within the system.

#### 4.1.2 Grouping

Administrations referred to the grouping of learners in various overlapping ways. A commonly cited pattern was to group learners in a separate classroom, alongside peers and in separate lessons; however in some settings this also included programmes supporting students with a specific impairment or a wide range of students. There was discussion of working in small teaching groups, of providing in-class support, and for attendance to be shared between a school and a further education college. Settings allow for adaptations for individuals or groups, which they would deem to be non-significant adaptations. Others refer to flexibility regarding location and time, for example allowing part-time attendance in different classes, including (sometimes for specific impairment categories) spending part of the week in a local school and part-time (or with additional hours) at a special school. A number of administrations including Italy and Cyprus reduced the number of children per class.

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4 Under this policy, school boards have responsibility to provide appropriate education for every pupil that enrolls, regardless of specific educational needs and the support required. By collaborating with other school boards regionally, schools must arrange educational provisions so that every child can be educated taking into consideration their special educational needs. Schools can decide how arrangements are offered.



Given the emphasis and concerns in the literature review about the need for a child to be able to move along the continuum it was interesting that only Norway referred to the need for flexible services in which the child's programme changes annually depending on need. A number of administrations did however refer to flexibility of continuance at a level or stage, or a variation in age of enrolment or an extended school year. A few countries identified the need for services or schools to be as close to home as possible. Some highlighted the availability of transportation either being offered, being free, being met by the school, being available to special schools, or being legislated for. Slovenia suggested that distance between schools means that what is possible (transfer between programmes) is often not practicable, whilst Lithuania recognised it as a rural issue.

## 4.2 Staffing Issues

### 4.2.1 Practitioner roles

Online documents use a range of titles regarding the roles of staff within schools, including classroom teacher, learning support staff, special education teachers, resource teacher, care support staff, advisory teacher and teachers of children who are deaf. The nature of these roles seems to be implicit in their titles; however, the degree of consistency in each role across different settings is not explored. Relatively few sources provided details about the specific practitioners working within schools.

More evidence exists regarding the call for multiagency working between these frequently unspecified professionals. Reference is made to a need for co-operation or improved co-ordination between services with greater integration of service planning and delivery, including cooperation between special and mainstream, and the range of schools.

### 4.2.2 Teacher skills

Administrations frequently commented on the current level of staff skills; one cited staff shortages. Comments were also made regarding low levels of training, the need to improve training, the lack of skills and lack of training. A lack of specialised teachers was also mentioned. Some spoke of a focus on mass up-skilling of teachers around inclusion, whilst for others there was a strong focus on up-skilling staff and administrators or a broader emphasis on up-skilling and developing the workforce to enhance teacher and administrator skills and knowledge.

Suggestions on how skill development would be achieved were made. These included an emphasis on continuing professional development (CPD) for special educational needs, in-school CPD to up-skill staff, masters level special educational needs training for special school teachers and for mainstream teachers, as well as increased initial and continuing training. Others made broader comments here, suggesting that training was being developed. In some administrations special educational needs training was additional or included specialisms while in another all teachers of special educational needs needed to obtain qualifications either via in-service training or initial training. In another case, special educational needs teachers had to specialise in an impairment category or therapy area. In a few countries the requirements seemed slightly firmer; for example

all special educational needs teachers were qualified. It is worth noting however that despite the breadth of concern with this issue, a great many paths seemed to be followed; few countries, if any, seemed to be taking a coherent approach. Perhaps it is unsurprising that in a UNESCO report in 2008, the area in need of greatest development in general teaching qualification in almost all countries was teaching students with special learning needs (TALIS, 2008).

### 4.2.3 Attitudes

Nearly half of the administrations made some kind of comment which either clearly represented a strong values position. A few administrations recognised that categories were problematic and children should not be labelled. Some countries said they were aiming for inclusive provision, but there was a suggestion that mainstream provision might not occur because support services do not implement or follow plans. Other reports spoke of negative attitudes towards inclusion and the fear that inclusion will deny individual special needs, reporting a lack of a universal agreement that inclusion is the way forward, and wondering if they were adopting inclusion because it was an international discourse. Some suggested that policies were being introduced without appropriate timescales or support for practitioners to evaluate their underlying assumptions.

Some reports identified public attitudes as a barrier, while others cited parental shame regarding the impairment or parental reluctance to share private information. Some talked of schools' preference to integrate those who were easy to integrate, with local schools saying children with special educational needs cannot be accommodated, that only children with borderline intellectual impairments were allowed in mainstream, or that there was a focus on including those with a physical impairment. Shared examples included people with severe special educational needs being seen as ineducable, many special educational needs being ignored, and some children being ineligible for any education. Administrations noted a tendency to define pupils with problems as having special educational needs and to refer them to special education. They also noted that there was too much emphasis on support staff.

Suggestions were occasionally made that all schools were expected to organise themselves to accept pupils with special educational needs, that special needs was a natural and integral part of the mainstream, and that there was a shifting ethos from the deficit model to the social model. A number of administrations examined means of encouraging changes in practice, involving location of schools and increasing public awareness, staff numbers and training. There was also a mention of teacher training institutions facilitating growth in training in inclusion, and a new model of special educational needs being taught to classroom teachers. It was recognised that requirements to become a teacher needed to be changed, for those wishing to either teach special education programmes or work with all children. The goal was to increase the number of teachers who could work effectively with special educational needs or to create a focus on education for all.

The need for structural changes to the system was also raised, as were the risks and opportunities created by changing the locus of administrations. Some made a very

broad statement about developing the capacity of professionals to deliver quality services. Others were a bit more precise, for example encouraging schools to appoint those with special educational needs training, establishing new assessment centres or changing inspectorate focus to help schools co-ordinate work to include children with disabilities.<sup>5</sup> Some reports recognised barriers in the system, such as lower pay and working conditions of special educational needs teachers; others referred to barriers that had been overcome, such as the resistance of unions to inclusion.

In discussing the word 'special', one country talked of a continuum of need, three others of a continuum of services, some of the provision made for school categories and some of the provision made for types of impairment. In Israel the self-referencing nature of the term special was discussed, noting that for a child to be defined as 'handicapped', he or she must be taught in a 'special education' framework which is then defined as a framework provided only to children with 'handicaps'. This echoes the tendency mentioned above, to define pupils' problems as special educational needs and to refer them to special education. Some countries recognised the importance of maintaining special schools as a source of expertise, and that this was a political task. A few approaches that are sometimes associated with special provision emerged from these reports: music therapy, recreation, therapeutic recreation, rehabilitation services for children with disabilities, and counselling services – including rehabilitation counselling.

#### 4.2.4 Staffing levels

Some discussion took place about appropriate staffing levels for the support or inclusion of children with special educational needs. There was mention of the need to provide individual support in some administrations. In a few others the use of additional teachers or additional teachers with special educational needs qualifications was mentioned. One administration talked of the possibility of reducing the number of teachers in a class (presumably when the need altered). More typically there was talk about a high teacher-pupils ratio or smaller class sizes if children with a disability were members of a class. Some administrations had clear teacher-child ratios, which depended on impairment category, or the number of assessment-based support hours that a child or class would receive.

### 4.3 Student Issues

#### 4.3.1 Rights

Participating administrations discussed a range of rights associated with education, but only one – the right to an education – was in evidence in more than one country. Some variations occurred on this theme, including the right to avail of and benefit from education and the right to enrol and receive education in state schools.

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5 This document uses the term 'child with a disability' in accordance with NCSE guidance. However the authors of the report, in response to disabled activists working within the social model, would have chosen the term 'disabled child' to emphasise that the person is not disabled by their impairment but by societal responses to them and their impairment. This uncertainty around appropriate language and its meaning is just one example of many which is evident when looking at the use of language across many countries, particularly in relation to special educational needs.

Other rights included the right to education on the same basis as others, and in one administration this right included the right to additional support and to separate provision. This proviso also underpinned a range of other rights. These included: a right to education in accordance with the child's cognitive abilities in the educational environment which is adequate to their state of health; the right to an education appropriate to the child's needs; the right to attend mainstream and special schools; the right to special education; and the right to receive an appropriate education and support in the company of peers. In another administration there was the right to attend the nearest mainstream school and in another to enrol in the local school.

Only the Italian administration cited the right to be included in the mainstream. In other cases, the rights were vague or included a reason why a child could be refused access to a mainstream setting. As a consequence the right simply offers an assurance of being schooled somewhere, perhaps with support. In some countries legislation covers all children and their right to attend mainstream education and so does not specify any particular category of child; there is therefore no separate special education legislation. In order to ensure that children with special educational needs were appropriately resourced, in Iceland for instance, they included the right to special support. A couple of administrations looked beyond the children in the rights they applied. The rights of parents to access tribunals and to make requests for out-of-area placements were also raised. One country seemed to frame rights that may extend beyond education, with the goal of developing the rights of 'fragile and disabled persons'.

### 4.3.2 Characteristics

A key factor in the creation of rights is identifying to whom they apply. In most administrations any formal or implicit right for a pupil with special educational needs only comes into play once that label has been placed on that child. A range of characteristics were in evidence. In Ireland the concept of special educational needs was defined as a deficit within the child which creates barriers to learning, whilst in Norway, special education was provided for those who do not benefit satisfactorily from the regular teaching programme. In Scotland a similar approach was taken; there a child had additional support needs if they could not benefit from school education without additional support. Spain appeared to sit between these two models, identifying pupils with the specific need of educational support as those with temporary and long-term needs. Both Canadian administrations used the term 'pupils with identified exceptionalities', defined as those who required special education to attend and benefit from school. Some administrations defined 'exceptional pupils' for administrative purposes only. In some cases, special educational needs were associated with children experiencing socio-economic deprivation, looked-after children, children from nomadic communities and gifted and talented children.

The number of categories of impairment or special educational needs also varied considerably between countries, ranging from three categories in Brazil to 22 in Kenya. Most categories were for formal allocation of resources. However they were occasionally used for general guidance, administrative purposes, for use in the ministry or were unofficial. A considerable level of inconsistency was found across administrations

regarding what should be in these categories. Different terms may have been cited regarding particular impairments or special educational needs, but once all the obvious similarities were grouped together 60 different categories emerged across the 55 administrations (see Appendix F). People living and working within each administration may have perceived certain terms or categories as being absolute; however, this was undermined in the light of this broader inconsistency. A very small minority of countries made explicit reference to categories or themes which either related to the child in the context of their peers or in the context of socio-economic factors.

### 4.3.3 Meeting needs

The range of health and social care intervention types intended to meet the identified needs of pupils was more consistent than the categories of special educational need. Across the administrations the following services were mentioned: acute health services, community health services, mental health services, paediatric low vision clinics, physical and occupational therapy, psychological services, school health services, social and health care, social work services in schools, speech-language pathology and audiology services. The need to change the intensity of support provided was occasionally mentioned. Behavioural issues and the need for intervention was highlighted across countries, although regarding the Netherlands, it was noted that practitioners need to avoid referral to special education for behaviour.

Frequent mention was made of the need for individual programmes for identified children. In some reports focus was placed on services meeting individually tailored programmes. This was framed as a multidisciplinary or multiagency team in some administrations working in conjunction with parents and school. In the majority of cases there is mention of individual education plans for the pupil, though the term used may vary, and sometimes a very similar term is used when meaning something different to that envisaged by other administrations. Some countries specified that individual education plans had to be rewritten annually and re-evaluated every three years. Others noted simply that they were required, others that they were sometimes used, and one stated that individual education plans were used in the mainstream. In relation to individualised planning, the need to focus upon transitions, including the transition to employment, was also occasionally raised. One report noted the need for flexible funding.

## 4.4 Support Issues

### 4.4.1 Parental and family involvement

Working closely with parents was evident in many administrations. Parents' wishes were taken into consideration in some systems, while in others, parents' wishes had to be taken into consideration or an attempt had to be made for those wishes to be taken into consideration. Some reports noted that the final decision about placement was up to parents or that parents had the right to refuse special education services. A few countries reported that parents initiate the assessment process, but in Victoria, Australia it is the support group for an individual child that does so, which involves the parent(s). In some

other countries, such as Nova Scotia in Canada, Cyprus and Germany, any involved party can initiate screening, whilst in China, it is generally the teacher who does so.

Close involvement and engagement with family, so that services work closely with them, was identified as important in many countries. Respite care was also mentioned. In Victoria, Australia, it was recognised that there was not enough focus on children and families. However, in the United States this was allied with a supposed need for parent counselling and training. In New Zealand, advice for parents about the broad range of support issues was available from district ministry offices and at national level.

## 4.5 Strategy Issues

### 4.5.1 Teaching and learning approaches

A number of administrations recognise the need to identify envisaged approaches to teaching in their classrooms. Although many of these approaches might be expected within a handbook on inclusive practice, and others are very broad in their possible interpretation, it was interesting to the reviewers that no single country cited more than a few of them. A limited focus upon pedagogy was noticeable. Identified approaches were:

- modifying environment
- differentiated pedagogy
- activities to promote individual learning
- diversified materials and resources
- use of Braille
- use of signed communication
- use of symbols
- use of interpreters
- activities with peers
- increased use of computers/ICT
- team teaching
- visual, technical, demonstrational means, toys, objects and materials, exercise books.

It was also noticeable that there was no evidence of any 'special' pedagogies, based, for example, upon a notion of particular learning profiles or needs associated with specific impairment categories. Given the focus of this research one might have expected evidence of a particular approach to teaching and learning as a defining characteristic of special provision. The only non-mainstream, 'special' approach in the list above seems to be experience in a particular communication form rather than a pedagogy. One report termed such communication tools as specific pedagogical supports, which were legislated for (e.g. Braille). There were also a couple of general statements about pedagogical and organisational features of inclusion being identified, and an expectation that teaching method strategies would be used. A number mentioned the

importance of using scientific research-based interventions, although no suggestion was made of what these might be.

Reports cited inflexible curricula, requirements to access the curriculum, a need to adapt a curriculum or to provide an additional curriculum of some sort. Slovenia identified three types of curricula: mainstream, mainstream adapted for support, and special. A special education curriculum was evident in Iran, Japan and Kenya, whilst Venezuela had a special education curriculum designed for pre-school and basic education. In Croatia there was a range of curricula for levels of impairment and school type. Spain called for a flexible curriculum focused upon competencies not deficiencies, whilst Barbados identified the broad ambition of a curriculum commensurate with skills and abilities. Some countries also made mention of the need for a focus upon life skills or life skills classes. The notion of the individual curriculum was also in evidence as was the option of extra teaching in some subjects.

A third strand of adaptation for pupils with special educational needs was related to assessment of learning. There were suggestions of alternative assessment methods, differentiated assessment criteria, special arrangements for examinations, and adaptation of exams. Some referred to alternative materials and resources. In a number of countries, assistive devices such as hearing aids were in evidence. Some spoke more broadly of aids and equipment. Free textbooks and centrally produced teaching materials were noted, as were alternative resource format collection and orientation and mobility services.

#### **4.5.2 Building links and sharing knowledge**

It was important in a lot of administrations to develop effective communications with staff and service users. In Slovenia it was recognised that guidance for teachers was overly complex, whilst in Lithuania the intention was to enhance information availability about services and needs and to provide advice to teachers, specialists, administrators and families. In Victoria, Australia provision included information, planning, case management and guidance officers. The emphasis on planning was evident across administrations. A range of plans were in evidence at various levels within systems. There was evidence of local development plans in relation to inclusion and/or special educational needs, or school plans in these areas, and of school pedagogical plans. In addition to previously mentioned individual education plans, there were also individualised teaching plans and integration plans which outlined the actions a school would take over a longer period of time than that contained in the individual education plan. There was also discussion of co-ordinated support plans across services.

#### **4.5.3 Assessment processes**

A range of diagnostic models were in evidence across the 55 administrations. Educational assessment (including educational development, career education, upbringing, educational performance), medical assessment, social assessment (socio-cultural conditions in the family) and psychological examination were all present. In some administrations assessment was done across time and in different spaces and learning situations, whilst others were using a simple identification checklist or a

screening toolkit for use by teachers and health workers. Some required identification of support and therapy requirements whilst others required medical and educational assessment prior to support provision. Screening in some places began with evaluating teaching strategies, whilst others required an impact assessment, and evidence of school efforts. In the United States, the placement process was done in accordance with the principle of the least restrictive environment; however in Singapore the voluntary organisation running a school established the entry criteria for that particular school, thus creating the opportunity for assessments specific to the individual institution.

In some countries, such as the Netherlands, extensive testing was required before entering the special school system. This seemed to reflect the initial assumption evident elsewhere that all should be taught together. The need for early identification was raised in many reports. This took the form of early identification and assessment of impairments in children, with claims of an increased emphasis on it being (or needing to be) both early and ongoing. A notion of prevention underpinned a number of statements. It was also highlighted that support is possible prior to determination of special educational needs. Some stated that support is needed for those outside special education categories and that the support from special schools for mainstream pupils and staff should occur even without assessment. A number of administrations were also focusing upon pre-school early intervention and pre-school early support programmes.

Delays in identification, assessment and intervention were noted in some reports, as were high levels of bureaucracy and inconsistency or inaccuracy in assessment outcomes. Lack of knowledge of the child being assessed was raised as an issue, as was pressure to get one type of assessment to achieve place in one type of setting. Some reports mentioned the use of medical services for diagnostic or evaluation purposes, and it was noted too that over-medicalised placement procedures were used. As a consequence it was noted that teachers were overly focused on a medical perspective. There was a suggestion too in one report that much assessment is not culturally appropriate. It was also highlighted in a number of countries that there is a need to improve target setting and assessment of outcomes.

A range of individuals and groups had responsibility for carrying out diagnosis and placement. Each country appeared to have created its own individual approach. Approaches tended to be led by one of the following: the school, the special education needs service, the local authority, the expert assessment committee, the health authority, the special school and the multidisciplinary centre. Ireland was the only country that appeared to have a formal individual role tasked with the responsibility for co-ordinating this process.

In a few instances there was an identification, placement and review committee based within each school or a mandatory cooperative student support group (involving family, school and other professionals). In other cases, assessment was teacher-led with teachers calling on others as necessary. The assessment might be school-based and involve health and education services, including regional health and education teams. Assessment professionals were based in various locations. They provided coordination and consultation at a regional special needs centre, a regional guidance centre, or a regional assessment centre. A number of countries dealt with this on a national scale



and had a national assessment centre or a national assessment centre administering regional guidance/placement commissions; in some cases the national ministry conducted assessments. A few countries reported that the local authority co-ordinated assessment processes or that responsibility lay with the school supervisory authority. Administrations also used special school teachers or a committee within special schools to oversee the process, and in some health authorities were strongly involved.

It was suggested that standardised national procedures or more stringent rules on investigation were being introduced. Finland noted that in making the decision to place some in special education, those responsible were obliged to consider retransfer to mainstream. A number of administrations referred to the need to review the assessment, though only rarely was a mandatory review mentioned. There were occasional examples too of an overseeing role, either by an individual or group visiting or situated in a setting. It was noted in some countries that an appeals process was required.

Five administrations referred to the growth in the number of referrals and identification and rising numbers of children with special educational needs. One country put a perceived stark increase in the number of pupils with special educational down to increased referrals for behaviour-related reasons. In some reports this increase was couched in terms of the high cost of facilities and materials for children with special educational needs. In others, the rising cost of special educational needs provision was linked with this rapid growth in special educational needs referrals.

The limited reach of special education was recognised by some administrations, whilst others suggested that inclusive education was a response to the failure of special provision to reach enough people. Another noted limited inclusion.

#### **4.5.4 Maintaining quality**

A number of countries raised concern about standards of support within mainstream schools, and others about standards in special schools. Other administrations raised concerns about the lack of data on student outcomes and the incidence of different types of impairment. The lack of empirical research on inclusive education was also noted, as was the need for a stronger research evidence base. There were some examples too of countries supporting research. A relatively small number of administrations made some reference to inspection. Mention was made of school self-assessment, reports from school co-ordinators to an inspectorate, national education inspectors, guidance centres, and an independent inspectorate, and specific focuses upon special education or inclusion within inspections.

### **4.6 System Issues**

#### **4.6.1 Changing legislation**

Across the globe, it appears that a flurry of legislative activity took place regarding special education. In Finland a new strategy for inclusion for all was developed. In Nigeria a policy to educate children with disabilities alongside peers was adopted. Similarly, in Barbados a new policy for inclusion was developed, alongside the recognition

of a lack of legal framework there. In Russia the first legislation on inclusive education was developed in some areas of the country whilst in the United States there was a new country-wide legislation to be interpreted at state level. In India a commitment was made to mainstream integration, whilst in Jordan there was a national strategy to integrate people with disabilities in society as a whole. In France, a broad legislative approach to equal rights, opportunities, participation and citizenship required changing decrees related to education and learning associated with special educational needs. In Scotland there was a new framework for mechanisms regarding rights and responsibilities (as well as the freedom to interpret broad national legislation at a local level). In Australia, laws were introduced against discrimination, harassment and victimisation.

The introduction of new legislation or shifts in policy inevitably come with unforeseen consequences. In the Netherlands legislation was introduced in 1998 and again in 2011, and a move towards 'backpack funding', where the funding follows the child, in 2003 was followed by a move away from this approach. In Kenya the introduction of free primary education created an influx of special educational needs, whilst in China it was recognised that the tension between goals of academic outcomes and of inclusion were leading to exclusion.

Alongside the move in legislation and policy towards a language of inclusion and integration, an even greater level of support and special provision legislation was in evidence. For example in Belgium a framework was developed of four characteristics (based upon types of need) and five levels of support (linked to funding mechanisms). In South Korea, national legislation expanded special education provision and in Iran bylaws were introduced around supplying specialised staff to mainstream. In Lithuania, the education of children with special educational needs was transferred to municipalities as part of general education and the concept of special educational needs was extended. Scotland also saw a new conceptualisation of support needs, aiming to broaden the term's scope away from issues of impairment. In Poland there were new regulations on psychological and guidance centres and subsequently new regulations on certification by those centres.

There were, however, also examples of countries that had not focused on special education. In Russia it was noted that there was a lack of national legislation around special education except in the early years and in Sweden a new education act led to little change for special educational support.

#### **4.6.2 Funding streams**

A number of countries introduced or were introducing new funding and resourcing systems, but a broad range of models were in evidence. In some instances the money and/or other resources went to the school not the child, using for example a school annual funding formula based on numbers and weightings which took into account numbers of pupils with special educational needs. In other instances, 'backpack funding' was employed, whereby the money was linked to the child. Chile had a voucher funding system for all children, which had differentiated vouchers for those with special educational needs. There were cases of universal annual allocation for additional

support prior to specific additional funding, and of additional funding being based on ratios of service provision for population numbers or of additional funding based on pupil characteristics and numbers and equipment needs. In Queensland, Australia, ongoing documentation of response was required as the basis for additional funding.

A variety of models also emerged regarding the control of funding. The last approach mentioned above, for example, was overseen at a local level. Frequently, countries were responsible for distributing additional funding, or gave additional funds to local authorities to support special education. In some instances the funds raised came from central, state and local sources, in others central funding was directed to state/regional, district and local authority levels or directly to the local level. There was evidence too of different mechanisms at different levels within administrations. In one country central funding to the local municipality was made per capita according to degree of impairment. In another administration there were schemes to fund mainstream attendance for mild and moderate special educational need and block funding to special schools.

Responsibility for managing funds lay with different levels of authority. In some instances it lay with school boards, with the school 'owner', or with committees at school level. In others it lay with the ministry or with a government created agency, or the programme had to be formulated by part of the ministry of education. In Ontario, Canada the government minister was responsible for prescribing that school boards implement the appropriate special education programme. There were also examples where responsibility lay at the regional or canton level<sup>6</sup>, or was spread across services and communities. In Singapore responsibility lay with voluntary organisations funded by education and social services. It is worth noting that there was evidence of a requirement that special schools had to be established and run by municipalities.

Of the 55 administrations only eight made reference to educators' involvement within assessment, diagnosis and/or advisory roles. Six mentioned educational or pedagogical psychologists being involved within assessment and advice, three cited teachers and three cited special teachers. It seems possible that education professionals and class teachers in particular play a subsidiary role in formal assessments that lead to funding and/or placement.

### 4.6.3 Services

Just as funding operated at different levels within the system, so did the services which support schools, families and pupils. There were examples of:

- regionally based support personnel
- regionally based multiagency services including advisory visiting teachers
- regional centres supporting schools with multiagency teams
- regional special education centres for early intervention which involved social services, therapists, child development institutions, education, youth and welfare

<sup>6</sup> A canton is a state within a country, usually used in reference to the subdivisions of the Swiss confederation.

- regional resource centres specialising in particular categories of impairment
- a national agency of regional resource centres funded centrally and via the municipality
- psycho-pedagogical centres (providing support, guidance, assessment).

There were also local support and resource centres that provided teachers and therapists in an itinerant and consultative role, and locally-based multidisciplinary teams carrying out assessment, recommending placements and co-ordinating services. Many administrations linked these local services to a school, a special school or a cluster of schools. It was also commonplace for a named teacher to act as a single school co-ordinator of special education. They served as a link to school administration with responsibility for planning, monitoring, advising, coordinating and managing support and sometimes assessment.

Other providers were also much in evidence. For example in Singapore special education was positioned as part of social services. In Kenya there was a wide range of development partners, whilst in Russia the drive for inclusion came from non-governmental organisations. In many countries there was a strong private sector for special education, sometimes for specific impairment groups. In some administrations these private schools or pupils within them received the same funds as public schools or had to receive public support services. In Brazil, the ministry of education recognised that its use and funding of charitable institutions had held back the development of inclusion in the mainstream. It was evident across administrations that these other providers frequently had their own agenda which did not necessarily fit with the priorities of government or other providers.

#### 4.6.4 Concerns over equity

A range of equity issues emerged from across the nations. A few administrations highlighted the provision of support to address disadvantage. Some countries were dealing with particular issues, for example a high birth rate, meaning that over half of people with disabilities were under 20 years. There was a recognition too that people with intellectual disabilities were particularly vulnerable to discrimination. In many administrations a high proportion of children were not in education. These were frequently children with impairments and those with the profoundest need, who were often categorised as 'home-schooling' or 'no schooling'. In some reports it was noted that universal education was still the goal, and in a couple it was recognised that access for girls with disabilities was a particularly significant issue. The issue of rurality also emerged for various countries, with a clear urban-rural divide. Significant rural issues were identified and specified as in need of attention. There was recognition that poor and rural areas lack access to schools and services, that there were a lower numbers of qualified teachers rurally, and that these issues impact in particular upon those on the margins of the dominant culture, such as those categorised as 'first nationals'.

Of particular importance was the recognition that policies aiming to include pupils continued to identify and isolate those pupils. One report noted that the need for education was undermined if employment was not a real possibility and that there was

limited vocational training. Some countries mentioned the lack of support resources and personnel; others mentioned the lack of funding or referred to ongoing barriers to access and participation.

## 4.7 Consideration of Emerging Themes

A number of clear statements can be made on the basis of this analysis of the systems of 55 administrations. No two countries dealt with the issue of support for pupils with special educational needs in the same way. No two countries had the same mechanisms for assessment, resource distribution, in-class support or support service provision. No two countries viewed who needs support and the nature of the support they provide in quite same way. The unifying theme was not the policies, practices and attitudes but the international language used. This means that we feel we are all talking about the same thing when we are not.

What is missing from these descriptions is the experience of being within each system and why particular approaches had evolved as they had within each administration. The key issue of what was happening within the class and within the school was not recorded within these international documents in a manner that allows us to unpack the real issues of education. Drawing lessons from such disparate data is therefore a risky business. It is not possible to identify clear patterns which point to obvious lessons without making assumptions about validity and reliability. A country that voiced all the values of inclusion, and had legislation that aimed to include all within the mainstream may have practices within the class which excluded and diminished just as much as a country with a range of separate institutions. The following discussion needs to be considered in light of these concerns.

### 4.7.1 Space issues

The traditional continuum of provision was still widely in evidence in most countries. Many non-mainstream settings within this model are still frequently organised around impairment types and marginalised social groupings, but there has been a move away from this practice towards generalised settings. The interplay of private, state and religious provision was still an underlying tension within this. There would appear to be a number of countries that have made considerable strides away from the traditional continuum model however, although most would seem to have narrowed their spread and recreated themselves to varying degrees within mainstream settings. A couple of administrations might be making significant steps in this direction; more certainly individual settings and/or individual classes have done so. Whichever system was in place there seems to be a risk that children will become stuck at a particular point or be lost within the system.

Attempts to restructure the arrangement of classes and to introduce a diverse range of groupings appeared to be a common response to this concern with losing the child within the system, but may not have resolved their becoming stuck at a particular point. This was partly because these arrangements mirrored the traditional continuum and were constrained by bureaucratic and curricular criteria. An apparent lack of a genuine

and frequent reassessment of need, and assessment of the context in which the need was arising, was evident. There seemed to be a greater emphasis upon being able to stay in one place for longer rather than trying something new. The opportunity for dual enrolment/placement, for example, was noticeable by its infrequency.

#### 4.7.2 Staffing issues

There seemed to be some consistency about one role within the system. The classroom teacher was prevalent. The size of the class and the level of support they received seemed far more variable, with no fixed systems for deciding this. Ratios and workload seemed not to be defined by a global understanding of what was needed to support a child in their learning, but rather by local fashions; presumably driven by local political and economic realities.

The trained special education teacher (under different terms) also seemed to be frequently available, but was by no means everywhere. Some systems also had an individual responsible for care or for assisting with teaching, with socialisation or a mixture of the three roles. Their location also varied across different countries. The range of external support staff was relatively consistent, depending upon local capacity, and the call for them all to work together was evident, but the capacity to do so seemed lacking; why this was so is not clear.

There seemed to be a general belief that teachers and other classroom staff lacked skills; but it was not clear what skills it was they were supposed to be lacking. Citations of this issue were fairly generalised or somewhat contradictory. There did not appear to be a consistent approach to training, but it was evident that very few countries provided adequate initial teacher training in either of the two paradigms – inclusive practice or impairment categories. CPD was in evidence but seemed to be equally sparse and incoherent. This seemed to be a fairly simple issue to resolve in initial teacher training (ITT), given that this training was primarily a top-down process, but slightly harder through CPD once practitioners were in the field. The broad and shifting spread of training across generations was not raised. Similarly, discussion of unifying practitioner training so they had a common framework for collaborative working was noticeable by its scarcity.

Across nations there seemed to be a rise in the number of children identified as not able to cope with the mainstream curriculum. This was both costly and a possible motivator for change. There seemed to be a growing recognition that categories were problematic not only economically, but also pedagogically and personally. Negative attitudes towards pupils with disabilities still seemed strongly in evidence in many places and a few attempts had been made to challenge this. Some aspects of the policy message were that this should change; however, other aspects seemed bound to perpetuate marginalisation. The division between mainstream and special was recognised in a few places as a key component in this, not just because the category of ‘special’ frequently had lower status but also because it is a marker of negative difference.

The self-referencing nature of definitions of ‘special’ and the failure of the mainstream to engage with its responsibilities to all students were also in evidence, perpetuating

the need for its maintenance. This seemed a more compelling argument to define the essence of 'special' rather than any kind of evidence based upon pedagogy or curriculum.

### 4.7.3 Student issues

The eclectic mix of rights suggests that they were not as clear a driver of change as some people might anticipate. Generally the right to access emerged as being very limited and dependent upon local variables. One of those issues noticeable by its absence was that of parental capacity to work within the system and use it to their child's advantage.

The nature of children with special educational needs also emerged as something which might not be as it seems. The broad and contradictory range of definitions for special educational needs was the first point of division. Most countries also used categories for formal allocation of resources; however the remarkable number of categories that emerged across countries does undermine any sense that these categories represent an objective truth about special educational needs. The shift away from categories, taken by a few countries, seemed to be an important step in overcoming the negative, isolationist component of 'special', but one that did not resolve the challenge of how appropriate support can be delivered within a mainstream system which cause so many pupils difficulty.

The role of practitioners from outside the school was much in evidence but no discussion was made of their effectiveness within the educational context. Similarly individual educational plans were used in a variety of ways, but discussion of their effectiveness was also missing. A range of other plans were reported, operating at different levels of the system, but it was noticeable that most focused upon the individualised or deficit child, and far fewer upon the broader systems and structures for all pupils. They did however provide some possible models for engaging with the pupil's experience of the school as opposed to the school's experience of the pupil.

### 4.7.4 Support issues

The position of parents was touched upon, but mainly in passing. The tendency was for their participation to be attached as a requirement or an aspiration rather than as partner within the school. The lack of an outlined appeal system was noticeable in many reports. Parent participation within assessment was often reported as absent or subsidiary. There seemed to be very few systems which supported a parent to come to a decision as part of a collective understanding of the needs of their child.

The small amount of advice and support to encourage participation seemed to be take place at the surface level of distributing information and advisory services, rather than empowering them within the school community. The lack of discussion of parents as school decision makers or as members of assessment panels or any other creative response to encourage participation was another issue noticeable by its absence. There was also very little mention of providing support to negotiate the systems around them; key-working, for example was not raised.

#### 4.7.5 Strategy issues

Given the inevitable focus upon the category of 'special' in all of these reports, it is worth emphasising the lack of any mention of relevant pedagogies; for example some people might have expected applied behaviour analysis to be mentioned given its association with particular categories of impairment, but this was not the case. Specific pedagogical supports were evident, however. With the enthusiasm in some quarters for adopting a response-to-intervention approach, it was interesting to note that this approach did not appear, and neither did any suggestion of what a scientific research-based intervention might be. A more typical response was to change the curriculum, creating an alternative learning context from the other pupils. Life skills was the only component of this curriculum that was outlined. Given that in many countries special educational needs was defined in some way by the pupil's difficulty in accessing the curriculum it seemed that this issue might require greater critique. When allied with the observations about how little was discussed in relation to pedagogy it seemed that the global view was that special educational needs emerge from the child. This could be seen as one of the contradictory positions which challenge an international rhetoric of inclusion, and also an important factor in retaining the idea of the child as something that can be represented effectively through assessment and categorisation.

One strategy that might have counterbalanced this – information sharing with practitioners – was recognised to be lacking in some administrations. The inconsistency around training poses another challenge in this area. Yet another might be a greater focus upon outcomes as a measure of the effectiveness of systems. This last issue was beginning to be recognised more widely; however, no suggestion was made that any administration had arrived at an effective manner in which this could be achieved.

#### 4.7.6 System issues

Policymakers and legislators have created a wide variety of frameworks with varying degrees of inclusivity and separation, inevitably with unforeseen circumstances. It was evident that change was neither dramatic nor consistent across the globe. The range of funding mechanisms exemplifies this. Funding was managed at various levels of the system, with various control mechanisms and sources of funding, but it was noticeable that reliance upon the teacher as an assessor of need was very rarely considered a robust enough assessment approach for funders. This low level of trust was emphasised by the over-riding reliance upon health professionals within the assessment process, which was linked to funding. It seemed that no country required these health professionals to have any teaching qualifications, nor were any calling for it. There is perhaps an assumption amongst policy makers that medically trained staff automatically understand the educational needs of children and related issues facing schools.

A stronger movement towards collaborative service provision was reported for many jurisdictions. However it was interesting to note that most countries referred to this as something they were working towards. Its benefits were implicit within the reports. Just why there should be a closer link between health and education was not discussed. The call for collaboration between special schools and mainstream schools was also evident.



An interesting question arises here: where should responsibility for this relationship lie? Is it for special schools to develop outreach services or is it the responsibility for mainstream schools to make the link with special schools so they can begin to learn from each other? It would perhaps be useful to develop the capacity of the mainstream to open up the experience contained within special provision.

Just as funding was reported to operate at different levels within the system, so too were the services that support schools, families and pupils. Some variation in structures emerged but where detail was available it seemed that little variation occurred in terms of the personnel involved. In bringing services together it appeared that administrations wished to overcome the other issues raised around training and trust within the system. Most of these regional support systems however were reported to have a predominantly health identity and to be distant from many settings; this created a tension around notions of increasing collaborative working. One model being developed in a number of countries, which seemed to provide a solution more rooted within education, was the cluster approach, in which schools share knowledge and resources, and manage services. This would seem to offer an opportunity to shift the balance of trust within the system, providing a route to overcoming the delays which were evident internationally.

A useful reminder contained within the review was a recognition that other providers frequently had their own agenda. For policy makers trying to develop new ways of working, these added layers of complexity to the task. A specified, school-based role, with the aim of bringing cohesion to this issue, seemed a sensible approach. However, as has been mentioned in relation to other aspects of special, this also created a purported expert within the system and potentially shifted responsibility away from other individuals.

The shift of responsibility is very much in evidence within the assessment approaches associated with funding. The diagnostic, medical model dominated, but many jurisdiction-based reports acknowledged there was a space for the voice of the teacher and parent. It was noticeable that a number of countries that had taken significant steps towards the inclusive paradigm maintained a strong diagnostic, medical assessment in some form. A shift towards a more teacher-centred assessment system was evident in some systems, which had maintained their separate provision.

In many countries there was evidence of the development of teams, committees or centres who had responsibility for assessment associated with resources. However complaints were made about over-medicalised processes, suggesting that a strong health focus made it harder to move away from the educational problems associated with the individualised deficit model. A significant point arising from this global study was the recognition that policies aiming to include pupils continue to identify and isolate those pupils. Given funding pressures and the ongoing barriers to access and participation it might be worth placing more emphasis upon planning for inclusive systems and slightly less on the need to plan for individuals' learning needs. After all, all learning needs arise in the context of the system, even if we choose to label and fund them as special.

## 5 The Irish Context

This chapter has two broad sections. The first section provides a background to the current policies within Ireland and key issues which have been previously identified in the literature in relation to special educational needs provision. This description of the Irish policy framework has been identified through a review of Irish legislative documents and NCSE publications. This original collation of policy material was completed on August 5th, 2011; however attempts have been made to reflect the changes which have occurred to the resourcing model since this date.

The second section reports on a thematic analysis of findings from a series of eight interviews with 17 individuals, involving small groups of practitioners, policy makers, parent representatives and members of various support services. The interviews took place in Dublin on the 27th and 28th September, 2011. They were informed by the earlier review of policy and research, and were intended to inform further the visits to Italy, Norway and Japan. Ireland was added to the review after discussion with the NCSE and the advisory group, so as to provide comparison data based on the same interview protocol which could inform the other country visits. Unlike the subsequent in-country studies, the Ireland study was briefer in duration and did not include any visits to schools or discussion with staff or parents in their schools.

### 5.1 The Irish Context

#### 5.1.1 Current legislation

Since the Education Act (1998) schools in Ireland have been required to use their resources to identify and provide for the educational needs of students with disabilities or other special educational needs, with the following objective:

To give practical effect to the constitutional rights of children, including children who have a disability or who have other special educational needs, as they relate to education (Section 6a).

These rights were reinforced with the promotion of equality and prohibition of discrimination and harassment within the Equal Status Act (2000) and Equality Act (2004), by the Disability Act (2005) and by the Education (Welfare) Act (2000) which required that the National Educational Welfare Board ensures attendance at a recognised school and achieves a recognised minimum education, promoting and encouraging their attendance and full participation in school life. The Education for Persons with Special Educational Needs (EPSEN) Act (Gov. of Ireland, 2004) was enacted in 2004:

to make further provision for the education of people with special educational needs, to provide that the education of people with such needs shall, wherever possible, take place in an inclusive environment with those who do not have such needs, to provide that people with special educational needs shall have the same right to avail of, and benefit from, appropriate education as do their peers who do not have such needs (extract taken from preamble to EPSEN Act).

Sections of the Act were still on hold at the time of writing because of budgetary constraints. The following sections had been commenced 1, 2, 14 (1) (a), 14(1) (c), 14 (2) to 14 (4), 19 to 37, and 40 to 53 (Minister for Education and Science, 2008) providing for the establishment of the Inclusive Education Principle and the National Council for Special Education (NCSE). However, elements of the legislation related to the Special Education Appeals Board (SEAB), individual education plans and assessment by or on behalf of the health board or the NCSE were still on hold.

The Act established the principle of education within an 'inclusive environment', unless it was deemed not to be in the best interests of a child based upon an assessment of their needs or was deemed contrary to the effective provision of other children in that setting (Section 2). The Act laid out assessment procedures (including timeframes) and the development of education plans, along with the rights of parents within these processes. It also saw the establishment of the NCSE and the SEAB.

The SEAB was established to hear and determine appeals under the Act. It was tasked with assisting through mediation, to reach agreement where possible on matters of appeal, and to do so with a minimum of formality. Their role was not only to reach decisions between parents and authorities, but also between organisations within the system. Three members were appointed to the Board for a three year term in 2007 in advance of the then expected full implementation of the EPSEN Act. Board members developed the processes and procedures which would be required to allow for a smooth appellant system once the relevant sections of the Act, which would allow appeals to be undertaken, were commenced. In the interim there were no grounds for any appeals to be made to the SEAB. However, once the initial period of office of the members of the SEAB elapsed, a decision was taken not to make new appointments for a further term as this part of the Act has still not commenced.

The relationship between these different parts of the system was also established within the EPSEN Act. A new key role was created within EPSEN to facilitate this: the special educational needs organiser (SENO – see Section 5.27). This individual was to operate as the NCSE required, supporting in the assessment and resource allocation process. Despite the appointment of more than 80 SENOs, the challenge of ensuring the co-ordination of services so schools have the capacity to include children with special educational needs clearly still exists (Rose et al, 2010; Ware et al, 2009).

EPSEN also amended the 1998 Education Act, by substituting a new definition of 'disability':

a restriction in the capacity of the person to participate in and benefit from education on account of an enduring physical, sensory, mental health or learning disability, or any other condition which results in a person learning differently from a person without that condition. (Section 52)

Given the emphasis upon education within an inclusive environment, it is noteworthy that this definition does not draw upon a social model conception of disability, and rather places the deficit within the individual. It is noteworthy too, that the same definition is used for special educational needs. Special educational needs within the

Irish context therefore do not arise as a result of the context in which the child is learning, but as a result of a deficit within the child. The definition of disability within the Disability Act 2005 is slightly different, but maintains this focus upon the individual:

‘[D]isability’, in relation to a person, means a substantial restriction in the capacity of the person to carry on a profession, business or occupation in the State or to participate in social or cultural life in the State by reason of an enduring physical, sensory, mental health or intellectual impairment. (Section 2.1)

The Act also has relevance to this current study as children up to age five (but not children age six and over) are assessed under its procedures prior to attending school (unless they have a private assessment). In their review of Irish and international practice and standards in relation to diagnosis, Desforges and Lindsay (2010) report that some practitioners feel the Act creates a diversion of resources away from school-aged young people.

Despite this range of legislative changes, challenges still exist around overcoming the potential for bias in resource allocation as a result of education setting, socio-economic circumstances and geographical location (Ware et al, 2009).

### 5.1.2 Types of provision

Compulsory education in Ireland starts at age six; but in 2008-2009, 44.4 per cent of four year olds and all five year olds were enrolled in infant classes in primary schools. Compulsory education ends at 16 years. There are three levels of generic provision (Eurybase, 2010): pre-compulsory; first level (primary schools cover ages six to 12); and second level (community/comprehensive/vocational /voluntary secondary schools) for those aged 12 to 16 years.<sup>7</sup>

In an NCSE commissioned review of parents’ views on their experiences of the support provided to their child, it was noted that a clear challenge is how to assist with coordination of transition between the levels of provision (PWC, 2010) This was noted too in Ware et al’s (2009) review of the role and operation of special schools and special classes. Issues, too, were identified by Rose et al (2010) in their review of literature on special and inclusive education in the Republic of Ireland between 2000-2009, around how best to develop an appropriate curriculum for pupils with special educational needs who attend schools across the full spread of provision.

Within mainstream schools there are special classes. Ware et al (2009) stated that numbers of these classes were not available at the time. However in 2010 the NCSE reported that approximately 3,000 pupils were enrolled in special classes for children with special educational needs arising from a disability, of which approximately 2,630 children were at primary level and 369 pupils were at post-primary level (NCSE, 2010 cited in NCSE, 2011). Many students in mainstream classes can spend the whole day within this class, and a challenge exists around how to overcome an internal exclusion within mainstream settings (Ware et al, 2009).

<sup>7</sup> While compulsory school age is 16 years, these schools cater for pupils up to 18 years.

### 5.1.3 Roles of in-class support

Within mainstream settings additional support is provided by learning support or resource teachers. Learning support/resource teachers are part of every school's staff. They provide additional tuition and support for pupils with learning difficulties and are appointed via the General Allocation Model. The role of the resource teacher is to provide additional teaching capacity to mainstream primary and post-primary schools with pupils with special educational needs and they are allocated through an Individual Allocation Model involving an application through the local SENO. The resource teacher works under the direction of the principal and is involved in advising and liaising with class teachers, parents, and relevant professionals.

Within both the mainstream and special sectors a key role is played by Special Needs Assistants (SNAs). SNAs are allocated to schools in respect of children with special educational needs and their allocation is subject to eligibility criteria laid down by the Department of Education and Skills. The duties of SNAs are assigned by the principal acting on behalf of the board of management and are supposed to be solely related to care needs, being strictly of a non-teaching nature.

#### 5.1.3.1 Special schools

There are 105 special schools, designated for particular categories of impairment (NCSE, 2011), though the range of needs within any one school is much wider than the designation might suggest and has been the case historically (Ware et al, 2009). In addition, there are sometimes informal arrangements for 'dual placement' where a child is officially on the roll of one school (usually a special school) but attendance is split between that school and a mainstream school. This need to manage dual placement possibilities presents challenges to the current funding and support mechanisms (Ware et al, 2009).

The special schools are not evenly distributed around the country either, but are mostly clustered around the urban centres of Cork and Dublin, serving the larger density populations of these areas.

**Table 5.1 Special school designation and population numbers 2010**

Official DES designation	No. of schools	No. of pupils
Physical disability	7	343
Hearing impairment	3	153
Visual impairment	1	44
Emotional/disturbance and/or behavioural problems	12	366
Mild general learning disability	30	2,657
Moderate general learning disability	33	2,140
Severe/profound general learning disability	9	249
Autism/Autistic spectrum disorder	5	141
Specific learning disability	4	173
Multiple disabilities	1	72
Total	105	6,338

Source: NCSE 2011

There are also schools for children from the Travelling community, hospital schools, schools attached to child detention centres, special care units and high support units and the 13 new special schools for children with autistic spectrum disorder, which were part of the applied behavioural analysis (ABA) pilot scheme funded by the Department of Education and Skills (NCSE, 2011). Schools attached to detention centres, special care units and high support units are resourced directly by the Department rather than through the NCSE, as are hospital schools.

#### 5.1.3.2 Home tuition

For children who cannot access any of these schooling options a home tuition scheme is available. In a small number of cases, parents of children with special educational needs exercise their right to home-school their child; however home tuition scheme is mostly for:

- Children with a significant medical condition, likely to result in ongoing major disruption to school attendance.
- Children with special educational needs as an interim measure whilst awaiting an alternative educational placement (up to 20 hours per week).
- Children aged 2.5 to five years who have been assessed under the Disability Act as having autistic spectrum disorder (ASD) and as requiring early educational intervention but without an available school-based early intervention class. (Ten hours tuition per week are provided for those aged up to three years of age and 20 hours for those aged between three and five years).

#### 5.1.4 Pre-school resources and support

Since January 2010, a free Early Childhood Care and Education (ECCE) scheme has been on offer to all children between three years two months and four years seven months, providing a free year of early childhood care and education for children of pre-school age. However, those assessed with a disability may spread their free pre-school year over two years by attending part-time. The assessment of need for health and education services for the 0-5 year age group (under the Disability Act, 2005) is the responsibility of the Department of Health and Children through the Health Service Executive (HSE), though the HSE can arrange for the NCSE to organise an educational assessment where it is deemed to be appropriate.

The ECCE scheme is in addition to the Department of Education and Skill's Early Start Programme which provides focused pre-school education for disadvantaged children, including but not focused on, pre-school children with special educational needs. Early intervention special classes for young children identified with autistic spectrum disorders (ASD) have also been set up in mainstream and special schools. The Health Service Executive and/or voluntary bodies also provide a range of early intervention services for pre-school children on the basis of an assessment of severe or profound general learning disabilities, multiple disabilities or autistic spectrum disorders (NCSE, 2011). A child is referred to the early intervention team by a paediatrician, GP, public health nurse or by a parent. This team generally includes such practitioners as an area medical officer or community paediatrician, clinical psychologist, counselling nurse, early intervention

specialist, occupational therapist, physiotherapist, social worker and speech and language therapist, as well as other medical specialists and relevant voluntary sector service providers available to the team. The team assesses the child and with the family develops a family partnership plan or individual family service plan.

### **5.1.5 Additional support**

Specific funding streams are available for a range of supports and services. (Funding is discussed in Sections 5.2.9 and 5.2.10.) The nature of additional supports and services are outlined below.

#### **5.1.5.1 The Visiting Teacher Service**

The Visiting Teacher Service for children with hearing and visual impairment provides teachers with specialist qualifications to visit pre-school children in their homes and/or children at school. Their role is to model appropriate teaching approaches for parents and teachers as well as to advise them on the management of a child's special educational needs. These peripatetic staff also advise on the provision of assistive technology.

#### **5.1.5.2 Extended school year**

Pupils with a severe/profound general learning disability or those identified with an autistic spectrum disorder can extend their school year to an additional four weeks tuition, which can be provided either at school or at home. Schools voluntarily enrol in this scheme, but the aim is to provide the extension in the child's own school. A home tuition grant is available for eligible pupils for whom the extended school year is not available.

#### **5.1.5.3 Accommodations**

Pupils with special educational needs can receive adjustments to assessment, instruction, environment or resources to support them in achieving an assessment of the learning outcomes of the curriculum in the Junior and Leaving Certificate examinations at post-primary level. Accommodations may include additional time for examinations.

#### **5.1.5.4 National Educational Psychological Service**

Schools also call upon the services of the National Educational Psychological Service (NEPS). This service was established in 1999 with particular regard for children with special educational needs. The service aims to support children's behavioural, emotional, social and educational development through the application of psychological theory and practice. It works with parents, teachers and children in identifying educational needs, carrying out assessments with the written consent of parents or guardians, and providing oral and written feedback to them and teachers. The aim is to identify a child's strengths and weaknesses so that adults involved with that child can change their practices in order to help the child overcome their difficulty. The service also provides support in the event of a critical incident. In addition, schools can commission assessments for up to two per cent of their pupil population using the

Scheme for Commissioning Psychological Assessment, where they are unable to access a NEPS psychological assessment.

#### **5.1.5.5 Health Service Executive**

Support for pupils with special educational needs is also provided by the Health Service Executive (HSE). The pathway of care operates at four levels: the primary care level where the primary care team work with the school, child and parent; the network level, where the early intervention team, school age team and CAMHS are brought together to provide team intervention; the sub-specialisms service level where specialist teams support the network and primary care levels; and the national/regional level where specialist medical services are situated. The pathway aims to provide access and support for individuals and families from such staff as a clinical psychologist, community nurse, occupational therapist, paediatrician, physiotherapist, respite co-ordinator, social worker, and speech and language therapist, as well as specialists in particular fields. Assessment for this support is conducted under the Disability Act 2005 by an HSE assessment officer. It was originally intended that this Act and the EPSEN Act would work in conjunction, but this has not occurred due to the delay in fully implementing both Acts. The section of the Disability Act relating to assessments for those aged between six and 18 years has not been enacted.

#### **5.1.5.6 Mental health**

Schools can also access children and adolescent mental health teams consisting of consultant child psychiatrists, clinical psychologists, clinical nurse specialists, social workers, family therapists, psychiatric nurses and childcare workers. The service accepts referrals from clinical psychologists and educational psychologists through the school, and provides multidisciplinary assessment and intervention to children and adolescents with serious emotional and behavioural difficulties.

#### **5.1.5.7 Behaviour support**

The National Behaviour Support Service (NBSS) provides support and expertise to partner post-primary schools on issues related to behaviour. They provide a three-tier continuum model of support (NBSS, 2009). Level 1 operates at the whole-school level, devising and implementing school-wide policies and strategies around particular issues; Level 2 operates at the targeted group level; and Level 3 operates at the individual level, referring pupils to a support classroom where they are supported by two teachers for part of the school day. The services are also developing a programme of occupational therapists working with pupils in the support classroom, and a wraparound service with families and a range of professionals.

#### **5.1.5.8 Collaboration**

With such a broad range of support services, there is a demand for greater collaboration between health and educational professionals and between health professionals employed by different services (PWC, 2010; Desforges and Lindsay, 2010), as well as encouraging greater communication between them too (Rose et al, 2010). This



enhanced communication needs to include parents, ensuring they are kept informed and that they are listened to (PWC, 2010). There are cautious calls too for special schools to develop effective consultative outreach services which draw upon their additional resource and experience and potential for expertise (Ware et al, 2009). The need for greater collaboration between the services was also referred to in the EPSEN and Disability Acts. Underpinning this greater collaboration is a need for schools and teachers to better understand the role of key non-teaching professionals (Rose et al, 2010). Schools have access to a range of guidance for planning and best utilising this support, including the National Council for Curriculum and Assessment's Guidelines for Teachers of Students with General Learning Disabilities (2007). However, the wide variations between areas in relation to needs has also been recognised, as have the overall population differences, and the significant variations in demographic and geographic conditions such as density of population, socio-economic factors, age profile, transport infrastructure and available provision (HSE, 2009).

### 5.1.6 The categorisation of individuals

The model of assessment and intervention within Ireland is underpinned by a conviction 'that special educational needs occur along a continuum from mild to severe and from transient to long-term' (NEPS, 2007; NEPS, 2010). Pupils with special educational needs in Ireland are placed upon this continuum within categories which broadly map onto the provision available. These categories are divided into two groupings: 'high incidence disabilities' refers to disabilities as clarified in DES circulars which occur with a greater frequency in the general population, whilst 'low incidence disabilities' refers to disabilities defined in DES circulars which occur with less frequency in the general population. The categories currently recognised by the DES and NCSE are detailed within the first appendix of Circular Sp Ed 02/05. The 14 categories are:

- Physical disability
- Hearing impairment
- Visual impairment
- Emotional disturbance
- Severe emotional disturbance
- Moderate general learning disability
- Severe/profound general learning disability
- Autistic spectrum disorders
- Assessed syndrome in conjunction with one of the above disabilities
- Specific speech and language disorder
- Multiple disabilities
- Specific learning disability (high incidence)
- Mild general learning disability (high incidence)
- Borderline mild general learning disability (high incidence).

### 5.1.7 Allocation to settings

The allocation of pupils to specific placements results from a combination of adherence to the terms of DES circulars, recommendations contained in professional reports and parental choice. Desforges and Lindsay (2010) summarised the professionals required for each category of assessment as outlined in Circular Sp Ed 02/05; this summary is presented below.

**Table 5.2 Professionals required for assessment categories**

Category of low incidence disability	Professional report required
Physical disability	Medical doctor or occupational therapist. Psychologist report may be required.
Hearing impairment	Audiologist report, verified by visiting teacher of the pupil with a hearing impairment. Psychologist report may be required.
Visual impairment	Ophthalmologist report, verified by visiting teacher of the pupil with a hearing impairment. Psychologist report may be required.
Emotional disturbance	Psychiatrist or psychologist report.
Severe emotional disturbance	Psychiatrist or psychologist report.
Autistic spectrum disorders	Multidisciplinary team or psychologist report.
Specific speech and language disorder	Speech and language therapist and psychologist report.
Assessed syndrome in conjunction with one of the above disabilities	Psychologist or other specialist report.
Multiple disabilities	Appropriate professional reports confirming two or more from the above list of disabilities.
Moderate general learning disability	Psychologist report
Severe/profound learning disability	Psychologist report

Source: Desforges and Lindsay (2010) and Sp Ed 02/05.

#### 5.1.7.1 Special educational needs organisers

A key role within the allocation process is also played by the special educational needs organisers (SENOs) introduced through the EPSEN 2004 Act. The SENOs are appointed by the NCSE to provide a direct service to schools and to the parents of children with special educational needs within geographical areas. They are appointed on the basis of their knowledge and experience of providing services to children with disabilities, with backgrounds in teaching, nursing, psychology and management, and are supposed to operate within a network, sharing experiences and expertise. SENOs plan, co-ordinate and review the provision of additional education supports to schools that enrol children with special educational needs and act as a source of information to schools and parents.

There is a recognised need to improve the process of applying for support. Some parents have expressed concern about the length of time it takes to get an assessment. They have also highlighted the need for better communication between education and health practitioners (PWC, 2010). Clear timetables were outlined within the EPSEN 2004 legislation and subsequent policy documents but these have not been enacted. A challenge exists to develop approaches to the process of resource allocation that

break the link with an assessment and resultant categorisation of the child (Desforges and Lindsay, 2010). This goes alongside a need for more consistent and systematic approaches to recording the progress of pupils with special educational needs (Desforges and Lindsay, 2010), which do not rely upon the formal categorisation, and which ensure the capacity of individuals to move along the continuum (Ware et al, 2009).

### 5.1.8 Numbers receiving support

In the 2009-2010 school year there were approximately 34,140 pupils with special educational needs in mainstream primary and post-primary schools for whom the school was sanctioned additional resource teaching support by the NCSE. There were approximately 16,600 children with low incidence disabilities in primary schools in the school year 2009-2010 (3.3 per cent of the total primary school population) and approximately 17,500 pupils with both low and high incidence special educational needs in post-primary (5 per cent of the total post-primary school population) (NCSE, 2011). This does not represent the total numbers of pupils with special educational needs allocated additional resources in primary schools however, as the General Allocation Model (GAM) supports pupils with high incidence special educational needs at the primary level. In 2010, approximately 6,340 children with special educational needs were attending special schools, with an additional 3,000 pupils enrolled in special classes for children of which approximately 2,630 children were at primary level and 369 pupils were at post-primary level (NCSE, 2011).

**Table 5.3 Number of pupils with additional teaching supports sanctioned by the NCSE 2009-2010<sup>8</sup>**

Academic Year: 2009-2010	Post-primary	Primary	Total
Assessed syndrome	88	253	341
Autistic spectrum disorders	1,090	2,953	4,043
Borderline mild general learning disability	3,689		3,689
Emotional/behavioural disturbance	2,054	3,730	5,784
Hearing impairment	325	649	974
Mild general learning disability	3,611		3,611
Moderate general learning disability	244	511	755
Multiple disabilities	510	1,429	1,939
Physical disability	1,394	2,757	4,151
Severe emotional/behavioural disturbance	390	726	1,116
Severe/profound general learning disability	31	24	55
Specific learning disability	3,417		3,417
Specific speech and language disorder	493	3,314	3,807
Visual impairment	176	283	459
Total pupils	17,512	16,629	34,141

Source: NCSE 2011

<sup>8</sup> The NCSE Special Education Administration System (SEAS) is a computerised administrative system to support the efficient review, management and implementation of local NCSE services including the provision of data for management, policy and research purposes.

### 5.1.9 Funding models and models for allocation of resources and supports

It is a major challenge to balance general funding to a setting and specific funding for identified need (Desforges and Lindsay, 2010). Support for students with special educational needs is funded via two components, one for low incidence special educational needs (individual allocation model) and the other for high incidence special educational needs (general allocation model).

#### 5.1.9.1 Individual allocation model

The individual allocation model allocates additional teaching resources to primary and post-primary schools for the support of individual pupils who have been assessed as having a low incidence disability and complex and enduring special educational needs. The model allocates hours of support according to the category of low incidence disability into which the child is placed.

Descriptions and criteria for low incidence disabilities were provided in Circular Sp Ed 02/05, together with hours of resource teaching support available to the school per week. Subsequent changes, which reduced these allocations by 15 per cent, are not reflected in Table 5.4.

**Table 5.4 Support hours according to category as originally allocated by the individual allocation model**

Low incidence disability	Hours of resource teaching per week
Physical disability	3
Hearing impairment	4
Visual impairment	3.5
Emotional disturbance	3.5
Severe emotional disturbance	5
Moderate general learning disability	3.5
Severe/profound learning disability	5
Autistic spectrum disorders	5
Specific speech and language disorder	4
Assessed syndrome in conjunction with one of the above low incidence disabilities	3-5 (taking into account the pupil's special educational needs including level of general learning disability)
Multiple disabilities	5

Source: Sp Ed Circular 02/05

#### 5.1.9.2 Special needs assistants (SNAs)

Special needs assistants (SNAs) are allocated to primary, post-primary and special schools to address care needs of pupils with special educational needs subject to the eligibility criteria laid down by the DES circulars 07/02 and 02/05 as discussed above. Applications for SNA supports are made to SENOs by schools. As outlined above, they consider applications in relation to DES policy and current SNA resources within the school. The SENO decides on the pupil eligibility based on assessment and school

capacity to meet the care needs of the child. In the 2009-2010 academic year, SNA support was allocated to 13,016 pupils (including pupils enrolled in special classes) in primary and post-primary schools (NCSE, 2011). The National Recovery Plan 2011-14 (Government of Ireland, 2010, cited in NCSE, 2011) identified a cap on SNA numbers at 2011 levels (10,575 WTEs).

### 5.1.9.3 General Allocation Model

The General Allocation Model is a resource allocation model originally for primary schools, intended to provide a more systemic approach to the provision of support, based on school characteristics. Circular SP ED 02/05 specifies three groups of pupils for whom additional teaching resources are allocated under the general allocation model. These are:

- those with special educational needs arising from high incidence disabilities
- those who are eligible for learning support teaching (achievement at or below the tenth percentile in standardised tests of reading or maths)
- those with learning difficulties, including pupils identified with mild speech and language difficulties, or with mild social or emotional difficulties, or with mild co-ordination or attention control difficulties associated with identified conditions such as dyspraxia, attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD).

Schools are responsible for identifying the resource needs of their pupils, using a staged model of assessment, identification and programme planning. This involves a class teacher screening and providing support at Stage 1, the creation of a learning programme involving a resource teacher or learning support teacher, with NEPs psychologists involved where applicable, at Stage 2 and further assessment with specialist practitioners at Stage 3. It is assumed however that teachers can gather considerable information on a child, without recourse to a full psychological assessment, which can be used to formulate a plan of action so as to improve things for an individual child or group of children. Many schools will choose to create individual education plans for children. The NCSE provided guidelines on the individual education plan process in 2006; however the legislative requirement to create individual education plans, as envisaged in the EPSEN Act 2004, has been put on hold.

Post-primary schools are provided with a general allocation of learning support teaching hours to support students with high incidence disabilities and those eligible for learning support.

### 5.1.9.4 Special schools

Within special schools, class teachers are allocated on a pupil-teacher ratio basis, according to the assessment profile of children enrolled in the school/class as per NCSE Circular 03/2010 and DES Circular 38/2010. These staffing ratios are applied with a degree of flexibility so to meet the needs of children with complex special educational needs. These ratios also hold for special classes within mainstream schools.

**Table 5.5 Pupil-teacher-SNA ratios in special schools/special classes**

Category	Ratio of SNA to class group	Pupil-teacher ratio
Physical disability	1:1	10:1
Hearing impairment	1:4	7:1
Visual impairment	1:4	8:1
Emotional disturbance	1:4	8:1
Severe emotional disturbance	1:1	6:1
Mild general learning disability	1:4	11:1
Moderate general learning disability	1:2	8:1
Severe/profound general learning disability	2:1	6:1
Autistic spectrum disorders	2:1	6:1
Specific learning disability	–	9:1
Specific speech and language disorder	1:3	7:1
Multiple disabilities	1:1	6:1

Source: DES Circular38/10, DES

#### 5.1.10 Additional funding

Additional funding and support for students with special educational needs enrolled in both mainstream and special schools is provided under a variety of headings:

- enhanced capitation grants
- special transport scheme
- grants for special equipment
- grants for assistive technology
- home tuition schemes for students with special educational needs who are unable, through illness, to attend school or who are awaiting a suitable educational placement (NCSE, 2011).

#### 5.1.11 Staff training and qualifications

The Teaching Council is the professional body for teaching in Ireland. It describes a continuum of teacher education which encompasses initial teacher education, induction, early and continuing professional development and late career support, with a focus upon innovation, integration and improvement and each level (Teaching Council, 2011). To qualify as a primary school teacher, practitioners now must have followed a recognised three year full-time programme<sup>9</sup>, leading to the Bachelor of Education (B.Ed.) degree or a recognised graduate diploma in education (primary level) combined with a primary degree at Level 8 or a Level 9 on the National Framework of Qualifications. Post-primary teachers gain a primary degree in at least one subject from the post-primary schools' curriculum, followed by a postgraduate qualification in education such as the Professional Diploma in Education (PDE). Alternatively, they gain a degree based on a concurrent course of academic study and teacher training. Most of the colleges of

<sup>9</sup> This is to be extended to four years.

education and some universities offer programmes leading to a postgraduate diploma in special educational needs. In addition, most university education departments offer postgraduate programmes in special educational needs studies at masters and doctoral level. However Ware et al (2009) found that only between one-quarter and one-third of teachers based in special schools who took part in their study had undertaken specialist training at diploma level or higher, and that nearly 40 per cent of teachers had 'restricted recognition', holding Montessori qualifications for teaching in early years' settings and special schools only. They noted, however, considerable numbers accessing relevant short courses and seminars mainly provided through the Special Education Support Service (SESS).

Operating under the remit of the Teacher Education Section (TES) of the Department of Education and Skills, since it was established in 2003, the SESS has aimed to co-ordinate, develop and deliver a range of professional development for school personnel. It also provides support structures to enhance the quality of learning and teaching in relation to special educational provision. Staff have a range of CPD opportunities, including distance learning models, face-to-face programmes, online learning, telephone and email support, short seminars, in-school models of support and post-graduate programmes. The key focus of the SESS is school-led CPD, enabling schools to identify professional development needs relevant to their context and then to apply for financial and advisory support from the service.

A range of challenges have been identified in this area. There is a need to develop and encourage training for support staff (Rose et al, 2010; Desforges and Lindsay, 2010; Ware et al, 2009). A major challenge also exists in enhancing staff beliefs in the capabilities of pupils with special educational needs (Rose et al, 2010); this seems to go alongside a reconfiguration of practitioner conceptualisation of ability and disability (Rose et al, 2010; Desforges and Lindsay, 2010) and the development of teachers' knowledge of effective inclusive pedagogy (Rose et al, 2010).

#### **5.1.12 Evaluation of provision**

Evaluation of education provision, including provision for students with special educational needs, is assigned to the Inspectorate, a division of the Department of Education and Skills. They also have input into a range of initiatives to promote social inclusion for those experiencing educational disadvantage. Since 2003 other aspects of the Inspectorate's role in the provision of resources for pupils with special educational needs have been subsumed by the NCSE. The Inspectorate's obligations in relation to educational provision are set out in Section 13 of the Education Act, 1998. As part of this legislation inspectors are required to assess the implementation and effectiveness of any programmes of education which have been devised in respect of individual students who have a disability or other special educational needs (13.3.a, i,III).

Since 2003-2004 schools have undergone whole school evaluation, though given the number of schools and inspectors this is not an annual assessment. The whole school evaluation is intended to involve the whole school community and to be a supportive and participatory experience. The evaluation frames the experience of the school under the headings of management, planning, curriculum provision, learning and teaching,

and support for students (Citizen's Information, 2011). The standard of provision for children with special educational needs can be assessed under any of these headings. The whole school evaluation team consider school policy on the admission, enrolment and participation of pupils with specific and general educational needs, including the numbers involved, and the provision of individual support and classroom inclusion. The DES is now moving towards a greater focus on school self-evaluation with draft guidelines under discussion.

## 5.2 Challenges Arising From Overview of the Irish Context

At this time of budgetary restraint and with the consequent restrictions on staffing and expenditure, the following challenges are still to be faced:

- how to ensure capacity to move along the continuum (Ware et al, 2009)
- how to overcome internal exclusion of special classes within mainstream settings (Ware et al, 2009)
- how to manage dual placement possibilities (Ware et al, 2009)
- how to encourage greater collaboration between health and educational professionals and between health professionals employed by different services (PWC, 2010; Desforges and Lindsay, 2010)
- how to encourage greater communication between health and educational professionals and between health professionals employed by different services (Rose et al, 2010)
- how to reconfigure a conceptualisation of ability and disability (Rose et al, 2010; Desforges and Lindsay, 2010)
- how to enhance staff belief in pupils with special educational needs (Rose et al, 2010)
- how to better understand the role of key non-teaching professionals (Rose et al, 2010)
- how to capture and utilise the student voice (Rose et al, 2010; Desforges and Lindsay, 2010)
- how to overcome a student's sense of social isolation (Rose et al, 2010)
- how to enhance communication with parents (PWC, 2010)
- how to ensure that parental views are listened to and that parents are kept informed (PWC, 2010)
- how to improve the process of applying for support (PWC, 2010)
- how to develop and encourage training for support staff (Rose et al, 2010; Desforges and Lindsay, 2010; Ware et al, 2009)
- how to develop knowledge of effective inclusive pedagogy for teachers (Rose et al, 2010)
- how to develop appropriate curriculum for pupils with special educational needs (Rose et al, 2010)
- how to develop approaches to the process of resource allocation that break the link with an assessment and resultant categorisation of the child (Desforges and Lindsay, 2010)



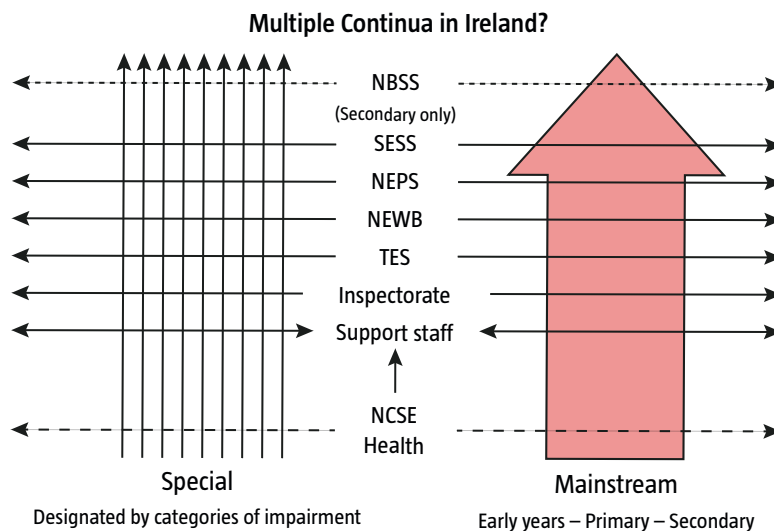
- how to develop more consistent and more systematic approaches to recording the progress of pupils with special educational needs (Desforges and Lindsay, 2010)
- how to develop greater understanding of the use of technology (NCSE, unpublished)
- how to balance general funding to a setting and specific funding for identified need (Desforges and Lindsay, 2010)
- how to overcome bias in resource allocation as a result of education setting, socio-economic circumstances and geographical location (Ware et al, 2009)
- how to develop effective consultative outreach services by special schools (Ware et al, 2009)
- how to assist with coordination of transition between stages (PWC, 2010) (Ware et al, 2009)
- how to ensure co-ordination of services so schools have the capacity to include children with special educational needs (Rose et al, 2010; Ware et al, 2009).

Alongside the request for tender for this study, these issues identified within the literature helped frame the interviews, questionnaires and vignettes which are reported upon here, particularly serving as probing points during the in-country visits.

### 5.2.1 Multiple continua within Ireland

Within this brief overview of the Irish system there has been mention of a number of continua and tiered services operating across types of schools and mostly across the age range. Given the embedded notion of the continuum within the Irish system it seems appropriate to summarise and represent the range of services we have been exploring as a network of overlapping continua (see Figure 5.1). Given the complexity of the service provision and the wide range of children, schools and practitioners it involves, such a representation leaves out a number of key players. It also separates continua which in current everyday operation are to some degree interconnected.

**Figure 5.1 The continua of services within Ireland emerging from a policy review**



Not represented includes: children, teachers, parents, universities, charities, policy makers, geographical spread, practices, assessment, transitions, curriculum, pedagogy, funding streams and values

### 5.3 Thematic Analysis

The themes discussed in this section emerged from the interview data. The following is not an attempt to provide a definitive picture of the challenges faced within the Irish context. It reports on the views as expressed by a relatively small number of interviewees. In addition to the small sample, it is important to note that the interview environment may have framed or shaped the types of issues that were raised. The participants were selected by the NCSE, and were interviewed and recorded within the Department of Education and Skills building itself. This may have created an implied power relationship and expectations regarding the types of issues that could be raised and the manner in which they could be discussed.

#### 5.3.1 The pervasive influence of a 'medical' diagnosis of special educational needs on educational processes

Across the interviews, the importance of obtaining a diagnosis for children was raised. This did not concern the need for a diagnosis in general to inform a holistic understanding of children within their school. The issue was the importance of children being diagnosed with one of the specific categories of disability that are recognised as attracting resources. Despite the existence of the general allocation model, this factor was seen to have a significant impact at different levels of the education system, and had a pervasive influence on the relationship between health and education, schools, teachers, parents and children.

The primary issue was that obtaining educational resources for children with special educational needs depended on assessments often, but not exclusively, derived from outside the education system. The significance of getting children categorised in this way was indicated across all levels of schooling and support services. Obtaining a diagnosis that 'carries weight' in the educational system therefore could become a goal for teachers and parents in order to secure a resource for an individual child. They negotiated the health and education system towards the successful outcome of getting exactly the 'right words' on a child's assessment; this affected which services a child could access. A view expressed was that a child who is being supported via the General Allocation Model is not entitled to any specific support and merely receives what the school can give them.

The need to negotiate the health and education system towards successful outcomes can shape a school's relationship with parents. For some parents there is an expectation that the principal will be the gatekeeper on beginning this process. They are seen as having the contacts, understanding the system and being the person to tell the parent 'yes or no'. Parents who do not want to engage with, or to postpone, this process can be viewed negatively and seen as not accepting that their child has 'something wrong' with them.

The route to obtain support hours through assessment can lead teachers to encourage parents to see their children in this negative way. Their child's needs have to be accepted as wrong, so that they can be categorised and supply the necessary resources. The use of diagnostic criteria in this way was also perceived to be using health structures and services to control access to limited educational resources; as a means of gate keeping.

The way in which some resources were managed through allocation resulting from specific categories was seen as having a profound impact on the system and how it operated and was navigated by those who use it. The special education system was perceived as being managed through bureaucratic responses to situations, and being as much about a rhetoric of integration, collaboration and co-operation as about practical activity. There was a sense of an 'industry' that focused on getting the correct word onto paper, which created pressure on services to supply the 'correct words'. This might require several assessments for administrative purposes, at the cost of carrying out direct work with children. As a consequence it was suggested that therapists were solely focusing upon report writing for schools, and felt frustrated and under enormous pressure. There was a feeling of time being wasted on assessment which could be used for intervention, and that there was a shortage of staff.

The bureaucratic nature of this process was perceived as insensitive to the children's level of need, being driven by an administrative assignment of hours to specific categories. It was pointed out, for example, that children with extremely different levels of support need would receive the same resource hours as a consequence of the categorical assessment system. It could also create problems for school organisation. Given the nature of the school year and unexpected changes in numbers of pupils and staff, mainstream schools could find themselves needing to make a case for additional support after the planned allocation of resources have occurred. The educational system deadlines for submission of reports might not always fit with the timing of the assessments for particular children. It was suggested, in relation to special schools, that pupils who arrive in the middle of the year are unlikely to have the necessary report in time to meet the NCSE deadline for an application for staffing.

Similar bureaucratic constraints were described in relation to obtaining assistance from one of the support services within school. In this context, teachers had to contact the service via post in order to provide an authorisation signature from their principal. Without that signature the service did not have access to the setting. This request led to the offer of attending a training course to obtain further information and support, with the offer itself communicated through letter. This approach supported the planning of appropriate training but potentially increased response times for meeting needs within the system and meant that all training was dependent upon management priorities.

### 5.3.2 The mixed blessings of labelling children

Labelling as well as accessing resources can help protect the resources that a child, or their class, might need. The label is owned by the child. It was suggested that the use of labels has an attraction for families; however they reinforce the sense of support as a gift rather than a right, something which a label increases your chance of receiving.

One downside of this individual owning of 'your category' was a perceived tension between supporting children in an inclusive way and teachers and parents seeing themselves pushed to 'officially categorise' their children's differences. These labels were also 'sticky' and remain with children as they grow up, frequently carrying with them a stigma associated with that label. It was suggested that labels associated with behaviour in particular are carried through a person's life; that they are seen as a route

to resources, but the long-term perceptions that travel with that child as they move on are not considered. The loss of a label, however, means the loss of resources to a class, usually a colleague within the school or reduction of someone's allocated hours. This brings an implicit pressure not to question or review a resource producing label. It was explained that even if a child does not require support from an SNA any longer the setting would want to keep the SNA to work with other children.

This can create a situation where positive developments, which might be celebrated, become framed negatively in terms of resource loss. Therefore once a child is labelled in the process of seeking resources they are likely to keep that label. The story was told of a colleague who had never known of a child with a label of emotional/behavioural disorder who had been cured. Once the diagnosis had been made and the hours identified, the child's label was never reviewed.

This is exacerbated by a fear that resources may not be forthcoming in future if schools or parents acknowledged that a child's needs had changed, or even that their label was no longer appropriate. As a consequence of these constraints the resource implications of the initial assessment are extended across time. A label that might be temporary, such as emotional/behavioural disorder, in effect carries a permanent and long-term cost for the education system, with a permanent and long-term benefit for the school. The link between categorical diagnosis and resources has created a situation in which children are less likely to have their progress evaluated.

The introduction of individual education plans which might counteract this situation was perceived as not well enough developed to act as an appropriate review mechanism. The lack of a mandatory status was seen to mean that these plans only represented best practice. Teachers seemed to be placed in situations where a lack of focus on educational outcomes could be implicitly encouraged. Since these labels are hard to lose, the system of responding to special educational needs becomes an additive one, rather than being dynamic or negotiated as children and their educational situations change and develop.

### 5.3.3 The special needs assistant as educational lightning rod

The category labels were used as tools in the 'fight' to keep or obtain resources. The word 'fight', which was often used, suggested that gaining resources through labels was difficult and debilitating. It was suggested that this drains parents of energy. However, achieving these resources, hours and quick access to the SNA, were all seen as measures of quality.

In the 'battle' for hours the SNA appeared to have become a lightning rod, attracting intense debate and being a site of conflict in relation to support and provision. Children with severe behavioural difficulties comprised the biggest category of SEN allocated this resource, where the child 'is a danger to themselves or others' (as defined in the first appendix of Circular Sp Ed 02/05). It was pointed out that the number of pupils being allocated support because of behavioural difficulties might lead people to believe Ireland was not a safe country for teachers. The suggestion was also that it is an easy category to use, despite its seriousness and the tendency not to review it.

Having obtained an SNA to meet the child's needs in school, any changes to this appointment could be perceived as a cut, and therefore by fought by parents, schools

and the media. In many cases SNAs were seen as ‘belonging’ to an individual child. The quality of provision was perceived purely in terms having hours for a specific person to work with a specific child. A contentious public issue was that of a child having ‘their own’ SNA, rather than a school using this provision to meet educational needs.

This situation reflected the allocation of resources to a school based on an individualised need, and the protection of this need/resource during a time of austerity. In this context the SNA resource was seen as filling the gap in other services for children with special educational needs and consequently something for which people would fight. It was pointed out that professionals, aware of the shortage of support from other services, would even recommend an SNA when writing assessment reports.

One dynamic in this situation was that a professional whose role was explicitly that of care, could come under an implicit pressure to go beyond this remit, and could be perceived as having broader responsibilities. In particular, SNAs, who should not be teaching, frequently were. This created a tension regarding their relative level of training and status, particularly when allocated as a response to children’s severe social, emotional and behaviour difficulties. A child who might be seen as requiring psychology or behavioural services or speech and language therapy might only have regular access to an SNA. Consequently SNAs were perceived as meeting a need within the school, which may not reflect how their role was originally intended or designated, but which appeared to have become an essential part of how schools work. SNAs were perceived as being used in a variety of ways to meet the needs of the school and so changes to their ‘hours’ had an impact far beyond that which would be predicted based on their original defined role alone. This made it difficult to move to other ways of working, such as several pupils having ‘shared access’.

#### **5.3.4 The nature of inclusive pedagogy**

The pervasive emphasis on obtaining resources through categorisation might be expected to influence the models of pedagogy that were described, and the ways in which the curriculum was delivered to children with special educational needs. One first step in including children was indicated as allocating to them someone ‘different’, to support them in school. It was suggested that in being assigned a resource teacher, the student would know who their special or extra support teacher was. One option was that this teacher might work with the child out of the class to give them the skills to function successfully within it. The key feature of this special teaching approach was its individual focus. It was suggested that this specific, more individual approach would involve going over material in more detail, with more frequent checking than in the main class.

This type of individualised teaching and practice focused on the curriculum the children would need to deal with in mainstream classes and examinations. In terms of pedagogy it was seen as identical to the mainstream approach. It reduced the amount of time children had in mainstream lessons, through withdrawal from specific curriculum areas, and used this time to intensively repeat key aspects of the curriculum, develop general skills and attempt to prepare children for what would be coming up back in the mainstream class. The classroom practices, to which children returned, remained unchanged in terms of the class teacher’s delivery of the curriculum.

Another approach called team teaching was described as supporting children directly in the classroom through a change in practice. In this way of working teachers planned and delivered lessons together, with one having primary responsibility for children with special educational needs within the classroom. However, they were 'free' to work with all children. The barriers to implementing this type of approach are discussed later. In this way of working inclusive pedagogy was framed as differentiation of content, with the 'special education' teacher being able to facilitate this across the whole class.

In developing an inclusive teaching approach, a significant theme was helping adult professionals to work together effectively in the classroom. This was partly a training issue, in that trainee teachers were not commonly prepared for how to negotiate and plan together, to liaise effectively where dual placement was an option or inform their classroom practice through work with health and social service professionals. This situation could profoundly influence team teaching or how support staff were deployed within the classroom. It was suggested that some teachers enjoy team teaching and others do not. As a consequence those working in a supporting role have to compromise their way of working depending upon their relationship with the teacher. There was also an attitudinal factor in which the class teacher might not take responsibility for a child with special educational needs within their class but had assigned this completely, or largely to, a support teacher or SNA.

It is worth emphasising here that examples of excellent practice were described, but that this was seen as the work of innovative individuals and their relationships rather than being supported inherently by the education system. Other discussions of inclusive pedagogy also centred on differentiation and its challenges, for example the very wide range of differentiation that could be required or if the class teacher did not see the curriculum for children with special educational needs as part of their remit.

The support teacher who wished to work with an inclusive differentiated approach needed to negotiate this in relation to what the class teacher would accept and an individual child could do. Inclusive pedagogy was negotiated by 'support' teachers and its success was influenced by their position within, and the ethos of, the school. Differentiation of mainstream curricula might not be perceived as worthwhile for all pupils and for some teachers, differentiation was a scale that pupils could 'fall off'. Inclusive pedagogy was constructed, in our interviews, as good teaching but with extra resources, to allow in-class differentiation and withdrawal revision, lesson preparation and skills building. In terms of the nature of the pedagogy itself a common agreement was that there was not a distinctive special or inclusive pedagogy. It was suggested by more than one interviewee that it was all a matter of good teaching.

'Special pedagogy' was seen as being defined by a locational factor and the degree of direct support offered to children or ways to access the curriculum (e.g. through signing). It was described as being in a literal sense about where learning takes place, involving different group sizes and ratios of staff. It was also suggested that in these different locations there could be a different intensity and focus of support. This would still rely on general 'good teaching' even though special knowledge (e.g. of visual impairment or autistic spectrum disorder) might be useful.

Inclusive pedagogy was also about 'good teaching', but its negotiated nature was seen as affecting more than the use of differentiation. Teachers needed to be aware of the changing nature of their class, as they learned, developed and tried out new strategies. Less commonly mentioned was the practice where children might work together in 'mixed' groups with the tasks and outcomes differentiated for group members.

Effective pedagogy was also constructed as varying according to the setting. This allowed teachers to change their approaches responsibly and responsively for the benefit of the class. An example given of this was the flexible use of streaming to ensure the effective use of support in class and as an alternative to a withdrawal model. In a situation of streaming, it was seen as inappropriate for one teacher to solely work in the lower sets with children with special needs, presenting a challenge for timetabling and class grouping. Another discussion noted the far reaching benefits of mixed ability teaching, despite the 'dilution' of support staff across classes that this entailed. One interviewee described how mixed ability was the best thing their school had done in ten years, not only having a positive impact upon student attitude and upon enrolment, but also spreading resource needs across the school. The teachers saw mixed ability teaching as part of an inclusive pedagogy because it meant that children remained in classes with their peers, but felt that it was important that this approach could be reviewed and changed if another approach was judged to be more beneficial.

Enabling attendance at a mainstream school for children, who could have otherwise been sent to a special school, was described in terms that suggested it was a habit. The school principal created the whole school ethos for this to occur and the school managed these processes without them becoming the focus of the teacher and parent activity. An interviewee recalled children with complex learning difficulties arriving and it not being an issue for teachers or students. Their perception was that because of a whole school response and because the individuals received appropriate support it was a place anyone could settle into.

This inclusive habit allowed teachers to focus on teaching and developing their teaching approaches. Support services reported success when encouraging the development of inclusive 'habits' in schools rather than dealing with 'every single individual case'. Instigating such an approach might have depended on a fresh perspective on problem solving at a school and class level and a view that diversity within the classroom was an everyday event. It was suggested that teachers need to plan well, be aware of a range of strategies and be flexible enough to adapt, whilst having the kind, caring and firm characteristics typically identified with good teaching. This perspective also allowed for flexibility over roles and how 'the class' was viewed. Having time to take stock of their teaching and planning was crucial to this approach. This occurred when the culture of the school supported open discussion about attitudes, progress and resources, and allowed teachers to try out new thought-through alternatives. As touched upon above, this culture and these habits were seen to begin with the values and practices of the principal of the school.

### 5.3.5 Barriers to change

Across the groups we interviewed there was a noticeable agreement on some key issues. This was evident when identifying the barriers that hampered the movement towards more collective ways of working.

One suggestion was that special schools might act as resource centres for mainstream schools, for example through the provision of outreach services and dual placement, allowing pupils access to a broader range of educational opportunities and experiences. However, the capacity of special schools to share their practices was questioned by a number of interviewees. An issue emerged around a possible disparity in responsibilities between special and mainstream head teachers. It was suggested that the special school head teacher was potentially managing a broader and larger range of staff than their colleagues in a similar sized mainstream school. This could encompass teachers, SNAs, a school nurse and liaison with paramedics. However, the principal's allowance was based purely on the number of teachers in the school, rather than the number of staff they are coordinating. It was suggested that this perceived disparity created a barrier to special school head teachers taking a lead or taking on additional responsibilities to develop outreach for children in mainstream schools.

The dual placement of pupils was seen as offering a bridge for pupils, and staff, between the special and mainstream schools. This would allow mainstream schools to share pupil support with their special school colleagues. For example 'dual attendance' occurs where a child is officially on the roll of one school (usually a special school) but attendance is split between that school and a mainstream school and with dual enrolment/dual registration, the pupil is on the roll of both schools (see Ware et al, 2009 for a detailed discussion). This has previously been raised as presenting a challenge to the current funding and support mechanisms (Ware et al, 2009).

Although dual placement was identified as a possibility, the pressures against it were also evident. It was suggested that central government were not that interested in it, and that there was a significant issue around the allocation of funds to the placements concerned. It was described how, in some areas, the SNA would be the person who moved with the child between the two schools and became the point of contact for them. There was little time for teachers to meet and plan how the dual placement would work in terms of curriculum, and no additional (individual) teaching support within the mainstream. The process was seen as potentially complicated in terms of transport, insurance and liaison and where 'one school has to take the responsibility'. Where dual placement occurred parents may feel that they are reducing the likelihood of their child transferring seamlessly to the post-school services that are associated with special schools. In principle the idea of dual placement was seen as a way of special and mainstream schools working together and sharing expertise. In practice the children's experience and parents' options regarding dual placement was described as varying across the country and being dependent on individual and local initiatives.

It was reported that there were significant geographical variations in the services available, educational options and ease of access to information. Furthermore disparities of knowledge about services between our interviewees suggested that



teachers and parents were not necessarily aware of country-wide initiatives, such as early intervention or that there was a specific SENO for their school.

A service was described to us which aimed to provide links between the various practitioners and families. This charitable service funded health professionals to visit mainstream schools for children with physical impairments. In addition to providing assessment reports, they attended school meetings to discuss children's needs, such as physical and mobility needs or curriculum access issues. They had the potential to link directly with the SENO. In this way they could provide a bridge between therapists and teachers, and their discussion could be sites for the 'translation' of health advice into educational recommendations. In this pilot project they aimed to 'join up' health services for families and make a link to education that could be useful within the classroom. Although a local pilot project, this suggested a positive way forward and might bring together the multiple voices that decide and deliver resources. This could enable meaningful collaboration between health and educational professionals and also between different health professionals.

### 5.3.6 Trust in the system

In seeking to change practices or explore new ways of working there was a fear that change might result in resources being lost to the school in the future. For example, during a discussion on how the system could deploy support based upon need and not categories, one interviewee pointed out that their school would still need the resource for someone else and would be concerned that they would not get the funding back the next year for another pupil.

There was a consensus about the aspects of education that could be the foci of positive changes towards greater inclusion. Yet a lack of trust in future responses from 'the system' in the prevailing economic climate undermined the way in which such changes would be perceived. For example, it was suggested that people working across the sectors would not reconfigure their ideas of disability because it would be seen as a means of making savings, and that this lack of trust would not have been evident in 2007, when additional resources were forthcoming. This lack of trust effectively locked people in a system which they themselves would like to change. The area of special education was also indicated as a potentially litigious one. Whilst need was equated with resources it could be seen to protect schools, but it could also prevent them taking risks and doing things they think might have a positive outcome.

This issue of trust is of particular importance in the work of the SENO. This professional who supports the assessment and resource allocation process is a relatively new and developing role in the system. They have an overview of the services a school receives and can help to coordinate these efficiently in supporting children with special educational needs. Allocations of additional teaching hours and SNA support were determined by SENO within the DES policy parameters that relate to the child's category of disability and the nature and extent of special education and care needs. In this context they negotiated their overview, in the knowledge of whole school resources, with the requests for individual support and recommendations from health and education professionals. It was suggested that it takes longer for the SENO to

establish trust and that this trust could be broken and lost quite suddenly. An additional challenge some face is that in having social or healthcare backgrounds their knowledge of educational matters is questioned. This in turn can lead to challenges being made to their professional judgements.

This issue of establishing trust, and the impact of decisions that are perceived to break it, had a particular resonance in small communities. A perceived lack of understanding of this context undermined parents' and teachers' trust in the responses of the support system and their personnel. Generally, there was a strong sense that parents felt 'on the back foot' when making choices about schools for their children. They could lack access to information about the schools that are available to them, but also sensed that schools might not welcome their child. Their distrust was reflected in their perception that their children were not unconditionally welcome. It was suggested that there was a mindset that parents should feel grateful for support and acceptance of their children. This was seen as an indictment of the system and those involved in it. As a consequence, parents could be placed in the position of negotiating the conditions for their child's entrance to school from a position of uncertainty.

### 5.3.7 The location of resource provision

Some children with special educational needs require treatment from health services such as speech therapy, occupational therapy and physiotherapy. A major concern for parents was how to support their children in accessing these services. We were told by parents, teachers and health professionals that the therapist would not visit the mainstream school or work with children unless the parents also came to the school and attended the session during the school day. This was both an issue around consent and sharing of information, but as a consequence they described an insistence upon parental attendance.

Alternatively parents needed to take their children out of school for therapy appointments. This absence was noted as having a considerable impact on the child's school day and a negative effect on the parent's working week. It also meant the specialist and their activities were not integrated within the learning context and teachers did not benefit from access to specialist knowledge and skills. Those supporting parents suggested that this was one reason why parents frequently focused upon resources in their discussions.

Therapy was clearly positioned as not being a mainstream educational activity. In complete contrast, in special schools there was a sense that the therapists would see children in the schools as part of a regular pattern of work and parental attendance was not a prerequisite. Therapy was presented as far more accessible and 'on tap' for children and manageable for parents. Within these schools physical spaces for therapy were also created. This ease of access to health services within special school settings was also seen as a significant factor in some parent's choice of school. It was suggested that this was particularly the case in rural areas where health resources may be at a distance. This impact of rurality was compounded by a lack of parental and professional knowledge about the support structures that exist. As a consequence, parents frequently had to rely on word of mouth to find out about the schools and services that were available to them and their children.

## 5.4 Discussion

The following section summarises the themes that emerged from the interviews, highlighting links with previous NCSE commissioned literature, to clarify issues into which the subsequent in-country visits might provide insights.

### 5.4.1 Community space

Educational professionals told us how special schools appeared to be accommodating a broader range of pupils than previously, rather than only reflecting a primary categorisation of need. The strengths of the special schools in terms of access to health services and experience of working with children with diverse needs positioned them as an excellent basis from which pupils might be supported to move to other schools for all or part of their educational lives. The barriers that hampered such movement could keep children in situations that were no longer wholly appropriate in the short term, but were described as being balanced by the long term benefits of smoother transitions to post-school services.

Children in Ireland were described both in the interviews and literature (Ware et al, 2009) as being hampered from moving between the spaces of special and mainstream schools, and within mainstream spaces. Interviewees pointed to issues of responsibility and accountability (e.g. insurance, teaching cover) in what was perceived as a litigious culture. The location of special schools meant that some pupils needed to travel to them and it was not always easy to try out a supported move to a local school.

There was support for the option of dual placement in principle but the need for one school to take responsibility for a child could act as a barrier to movement, particularly if this responsibility meant that an unfair share of duties or costs were borne by one of the participating members. When transfer occurred it was reported to be negotiated locally and informally. It was suggested that the SNA can possibly support the child in two locations. However, it was felt that this did not address the teaching support that might be required or need to be covered (despite resource teaching being available for such support).

The location of health funded therapists within special schools, and their relative rarity in mainstream situations, created a barrier to choosing mainstream schools for some parents. In mainstream schools most parents needed to take their children away from education to attend therapy. This influenced their degree of, and perceptions of, school choice and the potential for children to move between schools.

Within special classes teachers were able to prepare pupils for engaging with mainstream curriculum tasks. This had helped to overcome 'internal exclusion' through a focused support on the factors that gave children success in the class. This was a significant factor in allowing pupils in classes to move more easily into mainstream places. It relied on teachers having a good knowledge of the mainstream class curriculum and activities. It progressed further where support and class teachers worked together in the mainstream class, in ways that allowed a flexible team teaching approach. In looking at how pupils moved across a continuum of space, the ways in which teachers were supported and included across these spaces became a key issue.

### 5.4.2 Community staffing

There was a recognition within the interviews of a need, also identified within the literature (Rose et al, 2010; Desforges and Lindsay, 2010), to change the ways in which people think about ability and disability and to enhance their belief in pupils with special educational needs. Interviewees suggested it could be reassuring for children with special educational needs to have 'their teacher' identified, however this might constrain the roles of the special teacher and the class teacher and the facilitation of participation in a mainstream class. They noted a tension between being a special class teacher and being an equal partner within a teaching team for some lessons. One way in which this was managed was teachers taking responsibility for both areas at some time. However, if poorly organised this could result in teachers with little commitment to supporting children with special educational needs being given a few hours of individual support work.

Parents of children who needed health related support services found that these staff were more readily available, and with fewer conditions (such as parental attendance), within special schools. Health and psychological professionals were under particular pressure to produce assessments associated with resource allocation. This reduced their time to work on interventions or support children and teachers in educational settings. The requirements of seeking diagnostic categories to allow an educational response was seen as unhelpful to their workload and ways of working by both health and educational professionals. The conceptualisation that underpinned the resource assessment of children was not necessarily an education conceptualisation. The information that accompanied such assessment needed 'translation' into educational practices, in order to have relevance.

Despite the strong emphasis upon developing collaboration and communication within the literature (PWC, 2010; Desforges and Lindsay, 2010; Rose et al, 2010), except for the pilot which aimed to facilitate services to join up, none of the discussants suggested that health service provision could be delivered in a way that did not disrupt the child's education. A factor in this may be that health services such as speech therapy are in 'short supply' and so any access was welcomed. However, the situation as described did not appear to serve the educational needs of the children, in mainstream, as well as it might.

Previous research (e.g. Ware et al, 2009) suggested that schools needed to better understand the role of key non-teaching professionals. Our research suggested that, in the case of the SNA, educational professionals did not necessarily lack this understanding; however, when SNAs were assigned to children to address severe behavioural problems, rather than care needs alone, the perception of their duties blurred into the areas of psychological and educational intervention. If the child's needs were not reviewed, then SNAs' activities could become diffuse, and seen as filling gaps in the support of other services or administration. The SENO role was not always understood by teachers. Additionally, despite the SENO working within tight legislative parameters, the interviewees' comments framed their relationship with the SENO in terms of developing trust and the need to successfully negotiate a broad range of support needs with schools.

### 5.4.3 Community of students

Despite a strong emphasis within the literature on the need to capture and utilise student voice (Rose et al, 2010; Desforges and Lindsay, 2010) and a concern with students' sense of social isolation (Rose et al, 2010), little emerged within the interviews to suggest that this was a priority. The focus on the students was framed less in terms of understanding who they might be and how they fit into the systems and more in terms of strategies to meet individual and diverse student needs. The discussion framed such support around assessment and developing a flexible approach to how groups are structured and taught, alongside how 'special' and other teachers work together. Interviewees discussed team teaching, joint planning and how the curriculum was delivered to those pupils who might require additional support to access it. This needed to be negotiated with support from the principal, with particular regard to school-wide issues, for example the curriculum having a strong outcome (individual assessment) focus.

### 5.4.4 Community support

The issue of trust was a vital consideration in ensuring effective working practices in a climate of staff shortages and cuts. In this climate the medicalised category label was an effective tool that parents and schools used to fight to maintain them and not to review them. The discourse of 'fighting for hours' was pervasive and quality was measured at face value in terms of such hours. This provided protection for the rights of individual children, but teachers, parents and health professional described how in some instances this could also maintain poor educational practices. The examples they gave indicted the 'Velcro model' of one-to-one support or the possible allocation of 'hours' to staff without the motivation or planning opportunities to support children whose needs may be complex and changing. This could hamper teachers and schools who wished to work in different ways and could reduce flexibility within the system.

Knowledge of services and practice was seen as not evenly distributed through the education and health systems and there was a perception of a wide variation geographically in resources and support. Echoing the view in the literature that communication with parents needs to be enhanced (PWC, 2010), interviewees highlighted the ongoing role played by 'word of mouth' for parents when choosing schools for children with special educational needs. This affected their choice of schools and units. Having access to information relevant to their situation and contact with services that coordinate and understand these services was seen as important by parents and teachers. Parents described how they could face a situation in which they have to discover and access a range of services for their children. They could be placed in the position of gaining an understanding of the different working practices of different organisations. Several initiatives were reported that might provide this access to information, including: internet-based resources, information booklets, and the development of a home liaison/key-working role to support parents with managing health, education and social care options. Underlining the need identified in the literature (PWC, 2010) for listening to parental views, interviewees suggested that parent's experiences throughout their children's education began with a feeling of being 'on the back foot' when thinking about the school their child might attend. They

described how parents negotiated access from a position of low power and might be grateful to accept that which is the norm for other parents. Such situations could favour parents with the social capital to navigate the system, and the time and money to ensure that their choices are supported. Where responses depended on an assessment, some parents were able to choose to pay for this privately. Some parents may be more easily able to support their children in mainstream as they have the time to take them to the therapies they need outside school. These choices are not possible for other parents, underlining the need to improve the process for applying for support (PWC, 2010).

#### 5.4.5 Community strategies

The current models of assessment of need can be seen as reducing the focus on educational responses and maintaining a focus on the mechanisms of the assessment process. Although the General Allocation Model exists, our interviewees highlighted their focus on assessing individual children, one by one, increasing demand on the system in an additive fashion. This echoed the finding in the literature that the process of resource allocation needs to break the link between assessment and result categorisation (Desforges and Lindsay, 2010). Initiatives to change this focus towards pedagogy and educational interventions seemed to be undermined by the association of assessment category with resources. For example, dual placement was seen as being part of or a development towards an inclusive system. It was supported, in principle, by practitioners and policy makers. Barriers seemed to emerge from current financial and legal structures however. Once a child's 'category' was determined, a single school was funded and took responsibility for the child, after which subsequent sharing was not simple to arrange. This perception of a focus upon assessment for resources would also seem to present a challenge to a recommendation for developing more consistent, systematic approaches to recording pupil progress (Desforges and Lindsay, 2010).

The challenge of developing knowledge of inclusive pedagogy emerged both from the literature (Rose et al, 2010) and from the interviews. Developing effective pedagogies for pupils with special educational needs was highlighted in terms of how and where such pedagogies were delivered. There was a consensus that good quality teaching worked for all pupils. This may be more intensively focused, and allow for different rates of progress and starting points, but the essential approach is seen as being the same for all pupils. Specialist knowledge was suggested by teachers as essential for groups such as children diagnosed as having autistic spectrum disorder or profound and multiple learning difficulties, in order to access the curriculum, but this informed rather than recreated pedagogy. This area requires further investigation as, in the current context, discussion of pedagogy became channelled into discussion of resource allocation.

In terms of offering a curriculum that was appropriate for children with special educational needs (Rose et al, 2010) several options were described, which supported, modified or ran parallel to the mainstream examined curriculum (such as the Junior Certificate Schools Programme). One issue would be to extend awareness of these approaches, possibly incorporated into the type of training and experience indicated for developing inclusive pedagogies. This experience was seen as lacking in initial teacher training by interviewees.

Another focus was how training might be delivered for support staff (Rose et al, 2010; Desforges and Lindsay, 2010; Ware et al, 2009). Within the interviews there was discussion about staff being trained as classroom teams, within their individual roles or in relation to a particular category of need. All of the training options that were indicated were based on separate events for education professionals with different titles. If in-class teams are to be developed then this needed to be reflected in the way training was delivered. It was also suggested by health service and educational professionals that teachers and school governors might be trained in how to work with health and social service professions to establish greater collaboration. There was a perceived need for both health and educational professions to have access to such training. Based on our discussions, the area that required critical consideration was the status and provision of such services within mainstream education.

#### 5.4.6 Community systems

There was some concern that the General Allocation Model did not always work well in areas of disadvantage. At secondary level (where the GAM was not available at the time of the interviews) diagnosis arising out of a professional assessment was seen as a way to bolster this change in funding, creating a necessity for assessing children who would not have been assessed at primary level. This added to the challenge identified elsewhere of how to assist with coordination of transition between stages (PWC, 2010; Ware et al, 2009). It also underlined the identified need to balance general funding and specific funding (Desforges and Lindsay, 2010). In an exam-focused second level climate, flexibility of teaching styles may be constrained partly through subject timetabling and children moving between multiple teachers. This could place a burden on a teacher supporting a child across lessons and make effective liaison difficult.

The need for formal assessments, based on cognitive, behavioural and physical assessments has benefits in seeking an equitable and transparent distribution of limited resources for children with the greatest needs. The constraining elements of the current situation, both social and administrative, are tightly interwoven, but will need to be restructured if a bias in resource allocation is to be overcome, as has been identified in relation to types of educational setting, socio-economic circumstances and geographical location (Ware et al, 2009).

The factors that affect the possibility of dual placement, for example who has responsibility for staffing, issues of insurance and fear of litigation, also reduced the options for children who 'fall out' of mainstream education during the transfer stages of education. By tackling the barriers that affect this situation children would be able to use the community services that exist and benefit from the curricula and social support of both settings. Although low in frequency, removal of the settings' barrier associated with 'equitable responsibility for individual children' would also support special schools in developing consultative outreach approaches, thus meeting the challenge identified in the literature (Ware et al, 2009) and interviews. This was seen as one way of supporting a greater exchange of expertise within the system. The need for ensuring greater co-ordination of services more generally, so schools can include children with special educational needs, was also a common theme within the literature (Rose et al, 2010; Ware et al, 2009) and interviews.

## 6 An Italian Case Study

### 6.1 Overview based on Questionnaire Response

#### 6.1.1 Current legislation

In 1977 Law No. 517 established the scholastic integration model within the Italian school system. All pupils with disabilities from the ages of six to 14 years within primary and middle schools had to be included, with the teachers of the class preparing an educational plan. The pupil was to have a specialised teacher for didactic<sup>10</sup> support. Administrative and financial plans had to be made by the State, the local authority and the local health authority. The 1992 framework law no. 104 granted the right to education in the ordinary classes at every level, including university.

#### 6.1.2 The categorisation of individuals

The categorisation of individuals was not based on specific standards of classification and terminology; however within diagnosis three general terms were typically used:

- disability (originally handicapped person in the frame law [104/1992])
- profound disability
- specific learning disability (i.e. dyslexia, dyscalculia, dysgraphia and dysorthographia).

The equivalent terms for special educational needs in Italy, *bisogni educativi speciali* (BES) was also very widely used. It typically indicated every kind of educational need, either temporary or long term, related to a specific disability, or to social and/or cultural disadvantages. Frequently the term BES was used in conjunction with the World Health Organisation's International Classification of Functioning, Disability and Health (WHO-ICF). Given the lack of clear categories the collation of national data was sparse. Prior to 2009, the Ministry of Education in Italy used three categories: psychophysical disability, visual disability and auditory disability.

Since 2009-2010 the Ministry of Education has adopted a more specific classification in cooperation with the Italian National Institute of Statistics (ISTAT) (see Table 6.1).

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10 Note on the term 'didactic': The term didactic was most often used to describe teaching methods in Italy and Norway. While in some contexts this term has had, and may still have, a negative connotation, it is also used as a more formal way of denoting pedagogics, or 'techniques of teaching'. Any negative connotation certainly seemed to be entirely lacking in the countries visited.



**Table 6.1 Children/pupils with a diagnosis certified by the local health service attending primary and secondary according to new categories (%)**

Category*	% of categorised children in primary level	% of categorised children in second level
Blindness	0.7	0.8
Ipovision	4.6	3.6
Profound deafness	1.8	1.3
Ipoacusic	4.3	3.7
Motor	14.3	11.2
Specific learning disability	26.4	34.3
Specific language disturbances	25.8	17.9
Generic developmental disturbances	17.6	12
Mental retardation	40.1	43
ADHD	26.0	23.9
Relational and affective disturbances	23.9	20
Behavioral disturbances	17.5	17.4
Praecox psychiatric disturbances	0.6	1.3
Other	14.2	15.4

\* Terms were translated by the in-country researcher.

Source: ISTAT, 2011

Numbers of children identified as having disabilities has been constantly growing in recent years (going from 138,600 in 2001 to 200,464, or 45 per cent, in 2010). During the school year of 2009-2010, 2.24 per cent of the school population was identified as having disabilities, rising throughout kindergarten (1.2 per cent) to primary school (2.6 per cent) to lower secondary school (3.3 per cent) before falling at upper secondary school to 1.8 per cent. The majority of these students were male with 32.6 per cent being female in primary schools and 37.3 per cent being female in lower secondary school.

### 6.1.3 Funding models and models for allocation of resources and supports

The state school system was free of charge for every student during compulsory school and secondary schools. However, five regions within Italy had special autonomy. The local laws had to be approved by the national Ministry, however; and provision had been in line with national laws and guidelines. There were 20 regions, 110 provinces and approximately 8000 communes.

The national ministry allocated an annual support budget for the school system. This was calculated on the basis of the number of pupils certified by the local health system as having a special need, who attended school during the previous school year, divided per Italian region. A small part of this funding went to the 96 territorial support centres and the rest went to the regional scholastic office. This office, under a director of services, allocated the fund among schools, setting the number of support teachers and allocating remaining resources for particular projects and resources identified by school principals. This allocation was done on the basis of the needs identified at the provincial level, and within the provinces at a commune level. The provincial administration could

also seek funds to foster inclusion, in particular financing projects and initiatives among schools.

The commune, together with charity associations and social cooperatives was responsible for school furniture and school buildings, care assistants and transport to schools. Social cooperatives were often funded by local health and social services and/or by private donations. Speech therapists and psychological support were part of the health system, which had dedicated funding not related to schools.

A clinical and functional diagnosis was a precondition for access to dedicated resources. It was applied for by the family and drawn up by a health specialist or social services. Without this kind of certification of disability, or until the diagnostic process was activated, no special resources were offered to the class where the pupil with special needs was being taught. Drawing upon this diagnosis and further assessments (described in Section 6.1.6), a multidisciplinary group called Gruppo di lavoro handicap operativo (GLH) and a cross-curricular class council advised the school principal about resource needs. The funds were allocated by the regional or provincial school office (support teachers) or by social services based upon the school principal's request and in accordance with funds available for the region or department. If there was available finance the resource would be assigned to the pupil's class. The resource was not for the individual child.

#### 6.1.4 Specialist and generic provision

The school system was divided into three parts:

- primary school (scuole elementare), comprising five classes for pupils aged six to eleven years
- lower secondary school (scuola media), comprising three classes for pupils aged eleven to 14 years
- upper secondary school (scuola superiore) comprising five classes for pupils aged 15 to 19 years.

Kindergartens (three grades, from three to six years) operated outside of the compulsory framework, but the majority of children attended. These were frequently state schools, very often managed by the municipalities, though there were many private kindergartens, especially in the south of Italy. Children with identified disabilities had the right to access all parts of the system, without any kind of restriction. It was reported that many attend private schools, though some informal restrictions might operate in these settings.

Each school had to promote inclusion through a dedicated team, often called the operative handicap working team (Gruppo di lavoro handicap operativo, GLHO or GLH). This group was responsible for general educational planning about inclusion within the school, and for assessment of provision and the effectiveness of planning aiming to foster inclusion. The law also required schools, local authorities and local health authorities to have formal agreements establishing procedures and criteria for collaboration and activity co-ordination. This involved a working group (frequently

referred to as a GLIP or GLIR). The school was also responsible for 'continuity projects' to facilitate the passage from one school level to the next one.

There was no official segregatory or separate statutory special provision, though there were some unofficial special classes (called laboratories) within a small minority of schools. The in-country researcher stated that it was very hard to determine what really happens within schools, and the situations could vary a lot from school to school. He cited an online survey of over 2,300 teachers and school professionals (Ianes, Demo and Zambotti, 2010) which suggested three types of provision across the age range and school types:

- a. Full inclusion: pupil spends all the time within the class;
- b. Partial inclusion: the pupil spends part of their time within the class; and
- c. Exclusion: the pupil spends all of their time outside the class.

The survey suggested that the partial inclusion path was around 55 per cent, the exclusion path was around five per cent, and the full inclusion path was around 35 per cent. Although there was some shifting in the percentages these pathways had significant representation from all the categories used in the research. It was evident that the path the child followed depended upon teachers' team choices and schools' trends and not upon the nature and severity of the impairment.

There were a small number of special schools still present in Italy dedicated almost exclusively to pupils with visual impairments, deafness or severe cognitive impairment (around one per cent of pupil with disabilities). Official documents suggested that such institutions represented 0.13 per cent of all schools (Gobbo, 2009). However there was no formal collation of figures and data on this provision were not easily obtained. In 2010, the weekly online newspaper 'Vita' presented some research data about special schools in Italy. These data showed that in 2005-2006, 83 special schools still existed in Italy (65 state schools and 18 private schools) and that 2,302 pupils were attending special schools. These separate schools also provided training for support staff, and professional training for jobs associated with people with visual impairments (such as massage for physical therapy, telephone switchboard operation, basket weaving, etc.). These schools were usually at secondary level, and were also attended by 'the not yet disabled'.<sup>11</sup> In some schools they would form the majority of pupils, in others the minority (DEAFVOC, 2004).

Kindergartens, primary and lower secondary sections could be set up in rehabilitation centres and hospitals for children temporarily unable to attend school. Children who were hospitalised for at least 30 days were admitted to these classes. Alternatively, those who could not attend school for at least 30 days could be taught at home according to a specific plan involving a range of teaching staff. This latter service was currently developing with the intention of reducing the stay in hospital in favour of home health assistance.

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11 A term used by disability activists to describe those without an impairment.

### 6.1.5 Dual enrolment and/or attendance policies

Students could spend part of their school time in different settings for therapeutic reasons, but these were not part of the school system. This provision had to be included within the individualised educational plan agreed between family, school, health and/or social service. Pupils with disabilities and special educational needs often attended extra school-time centres during the afternoon to receive homework assistance, learning support and health care. These were frequently private initiatives or were managed by local authorities, social cooperatives, social services or charities. Frequently they were not free. If needed, professionals from these services participated in the interdisciplinary group responsible for the individualised educational plan.

### 6.1.6 Placement, enrolment and eligibility criteria

Parents enrolled their child(ren) in their local school of choice. To be enrolled as a student with a disability and to claim additional resources or rights they had to also obtain a functional diagnosis from the health services. No more than two pupils with certification could be enrolled within the same class. (Exceptionally a maximum of three was permitted if pupils had slight functioning difficulties.) The maximum number of students in class was limited until 2007 to 25 student per class if one pupil with a functional diagnosis was enrolled in it and 20 students per class, if two pupils with a functional diagnosis were enrolled in it. After 2007 this limit became aspirational and could be exceeded, because of prevailing economic constraints.

Legislation required that an assessment was conducted by a team within health services involving a specialist of the reported pathology, a child psychiatrist, a rehabilitation therapist and social services. This assessment aimed to provide an analytical description of the psycho-physical conditions and capacity of the pupil. The Ministry of Education had begun to encourage the use of the international classification framework (ICF) and the ICF for children and youth (ICF-CY). The request for assessment came from the family (not by the school, or directly by the health service). The output of this process was the functional diagnosis. This informed the development of the dynamic-functional profile (PDF) and the individualised educational plan (PEI) by the parents, the school principal (and didactic coordinators responsible for inclusion, if employed by the school), class teachers (mainstream and support), health service specialists, social service specialists and other professionals who had responsibilities within the plan. The PDF related to the functions of the child within the learning context and the PEI focused upon academic and social inclusion.

The individual teachers under the auspices of the class council collectively wrote a personalised learning plan (Piano educativo personalizzato, PEP) or an individualized learning plan for the pupil, drawing upon the functional diagnosis, PDF and PEI. The PEP focused upon the didactic methods and strategies to be used to achieve personalised learning goals during school time and required constant review by teachers and the school principal and updating on the basis of progress or difficulties experienced by the pupil during daily activities.

In lower and upper secondary school, special provision was expected to be delivered through the individualised learning plan for the pupil and the final exams' formula. Parents were expected to choose between a simplified learning plan or a differentiated learning plan. The simplified learning plan led to regular exams and recognised qualifications and enabled access to higher levels of education. The subject teacher had to indicate minimum goals, which aligned with those of the other classmates, which could be reduced in number or adapted with individualised materials and tests. A differentiated learning plan meant that at the end of lower secondary school the pupil did not access regular exams, and could achieve academic credits which would not provide access to higher educational levels and workplaces. The subject teachers identified the appropriate content for the pupil's differentiated learning plan; however, final decisions were made by a class council (see Section 6.2.6.2) and could include substituting areas of the curriculum with different types of activity (e.g. psychomotor, recreational and musical activity).

### 6.1.7 Professional qualifications and standards

Prior to 1997, the majority of kindergarten and primary school teachers in Italy did not attend university but only a specialist secondary school. Since then mainstream teachers working with all children at all levels had certified teacher training delivered through the universities. For kindergarten and primary school there had been a four year degree course; however from 2011-2012 teachers have to complete a five years masters degree, which included extensive focus upon additional support and an internship of at least 600 hours. Lower secondary and secondary school teachers had to have a post-graduate teaching qualification; however since 2011-2012 they have to complete a masters of arts, focused upon on subject specific teaching methods and involving an internship for at least 475 hours.

All qualified teachers could work as support teachers; however an additional training with specific didactic activities, for at least 400 hours and dedicated internship for at least 100 hours, was expected of these teachers. In practice this resulted in a five year training process. However, since 2011-2012 this became six years training, though much of the original additional training was now incorporated into all teacher training at kindergarten and primary level. This provided learning activities for at least 60 academic credit points and dedicated internship in schools for at least 300 hours.

Educational and cultural assistants<sup>12</sup> (assistente educativo culturale, AEC) did not have specific training, but most had a university degree in social education or educational psychology. Communication facilitators (especially for pupils with blindness, deafness or the autistic spectrum disorder) had a university degree and specialised in communication facilitation with certified knowledge of specific languages and techniques from national associations and institutes.

Mainstream teachers already teaching at school could access the academic specialisation for support teaching and in-service teachers without a university degree but with high-school diploma could access the primary education degree and

12 Not a teaching role, but supporting academic integration via social activities (see Section 6.18).

specialization for support teaching. CPD was always managed by the local school office during each school year for all teachers and support teachers. The amount of time for CPD varies across regions. There were specific training projects for support teachers about specific disabilities or methodologies and there were shared training courses (mainstream and support teachers) about such matters as inclusion, scholastic integration and the use of didactic technology. The training courses were managed directly by school principals or by the provincial school office. No inspection or formal assessment was made of school standards.

### 6.1.8 Resources and supports available at school and classroom level

The class teacher had a legal responsibility for the learning of all pupils, including those with a diagnosis, as did the support teacher. Support teachers were assigned to the class attended by a pupil with a diagnosis and not the pupil him/herself. The presence of two teachers was intended to encourage innovative teaching and inclusive practices, as well as to provide individualised support. The national ratio was one support teacher to every two pupils with a diagnosis, but since 2008 financial constraints mean that ratios as high as one support teacher to every five pupils could be found in some southern regions. The numbers of support teachers grew by 27 per cent from 2001 to 2010; there were 89,164 in 2009-2010.

The maximum number of hours per week that a single support teacher could be in each class was:

- 25 hours at kindergarten
- 22 hours at primary school
- 18 hours at secondary school.

More than one support teacher could be assigned to a single class where a full coverage of school time was needed, though usually no more than two support teachers were used. Some support teachers were allocated to a class on a full-time basis if enough provision was required. Support teachers working as temporary teachers (not yet as permanent teachers within the system) also had the right to be allocated to the same class for subsequent years, in order to guarantee 'didactic continuity' for the pupils.

The contents of the regular curriculum and tests were adapted to pupils' needs and skills, based upon the PEP. This plan was constantly shared, updated and assessed by the teachers' team and class council. Teachers were free to adapt the curriculum on the basis of PEI indications, for the benefit of the pupil's learning, but they had to remain within the national boundaries for the curriculum for each subject area.

There were no national tools for measuring progressions and outcome; nor were there standardised examinations. A screening process aimed at identifying risks of specific learning disabilities was introduced. This used standardised tests conducted by external health professionals within the class and funded by the local school system. These took place during years one, two and four of primary school. Teachers were responsible for assessment of learning activity and progress during the school career. Health specialists were responsible for assessment of developmental tasks during therapy. Both shared their observations during team meetings, together with parents.

Within school there were at least three other professional figures described as being particularly important for inclusion. The number of hours assigned to each class for those figures was always dependent upon the PEI group evaluations and available finances.

- The educational and cultural assistants (assistente educativo culturale, AEC) were employed by social cooperatives or local commune. They did not teach, but were supposed to support academic integration through developing social activities within the class or helping individuals with their daily routines (e.g. eating, using the toilet, break time). They would often work with teachers on specific projects.
- Communication facilitators were specifically trained in communication techniques (including augmentative and alternative communication, AAC) for pupils with severe cognitive disabilities or relational impairments, such as autistic spectrum disorder. They were in class with the pupils or worked in a separate space with an individual or small group. Specific communication facilitators for pupils with deafness took a specific role mediating communication in class together with teachers and all pupils.
- Personal care assistants did not have specific qualifications, but supported pupils with issues of personal hygiene. They would often be school caretakers who received specific training about children's personal hygiene. They were either paid for by the school or were employees of social cooperatives.

### **6.1.9 Resources and supports provided from outside the school**

Generally speaking therapeutic support was delivered outside of schools. Parents were allowed time off work to take their children to these sessions. All the services connected with personal health, counselling, physiotherapy, speech therapy or psychomotricity as well as social assistance and welfare were part of the statutory health and social services and were free for charge. The public health service was often overloaded with requests.

Many services were also provided by private providers (paid for directly by the family or operating within the national health service). For example, school psychology services were delivered within schools on an independent contractual basis and their integration, if available at all, was limited. There were also many private centres for specific therapies and psychomotricity, which could carry out assessment procedures if a qualified neuropsychiatrist was present (a qualified educational psychologist could diagnose a specific learning disability) and if the centre was officially operating with the national health service.

Support was also available from the private or municipal cooperatives and associations who were responsible for the extra school time for children with disabilities. They usually managed occupational therapy services, vocational services and transport. Centres were attended after school time. Whether they charged depended on municipal or charitable finances. Provision varied considerably across the regions. These associations and cooperatives were often the only support when an individual left school; they also played an important role as pressure groups, family supporters and providers of information. There were also recreational centres after school or in holidays which

were seen to be extremely important for children's socialisation, and which were run by charities, voluntary organisations or the parish.

## 6.2 Findings of the Country Visit

The following description reports on the views of 52 individuals at eleven interview sites in three regions in northern Italy. Conclusions based upon a relatively small sample had to be tentative. Italy is a very diverse country having to deal with a broad spectrum of inclusion issues; for example in one kindergarten we visited there were 66 non-Italian pupils and around ten different languages spoken. This case study does not attempt to represent the whole of the Italian system. It reports on the views as expressed by the range of interested parties interviewed, identifying key elements of the Italian system as experienced within these three regions. However, our interviewees clearly felt that their views could be applied to much of their national system.

### 6.2.1 Community space

#### 6.2.1.1 Participating in-class

Across all the interviews the starting point was that the school was a place for everyone. Parents referred to the warm welcoming atmosphere their children received from staff, other children and parents. There was one mention of other parents complaining about 'the presence of people with disability within the class because this child was disturbing the learning activities of the class' (interview site 8); but the group agreed it rarely happened. Teachers and support staff talked about how children with severe and profound learning difficulties 'must be here in the school' (interview site 4); that this mix enriched children's learning, the school, and society. One school signalled the importance of open access by putting their integrated class nearest the entrance so it was the first thing parents and visitors saw on entering the school.

The desire to include the child within class and within class activities was talked about at all levels of the system. Teachers and support staff from a secondary school discussed a student with complex learning and behaviour difficulties, and how they planned and organised the classes in hours so that the pupil could share and participate in the normal curriculum with the others for at least five or ten minutes each hour, as well as organising a small group activity for her at least once a week. Within the kindergarten the teachers and support staff talked about having moments alone with a child, as well as the whole group coming together. They gave an example of a music therapist they worked with and how they did not do the therapy in school, but made it part of everyone's learning. In another setting they described how they would take speech and language activities given to one child outside the setting and how 'these kinds of activities which originated specifically for this child, all the class will do the same game together' (interview site 1). In the special school too, they talked about creating a balanced mix between children with deafness and those who could hear within each class. Parents also talked about their child doing the same work as all the other children, about teachers emphasising that even if a child had difficulties 'his internal feelings were the same as theirs' (interview site 8).



Placement became more complicated at the lower and upper secondary boundary. At age 14 many students moved to professional training, vocational schools, while others would go to technical school, and a few would go to secondary school, which offered classical studies and scientific studies. However they only needed to spend two years in the upper secondary system. Unless parents insisted on a particular school, young people with learning difficulties were most likely to move to the vocational or technical schools or would remain at the lower secondary schools following a differentiated learning plan:

They have different levels of intermodal work. From individual work, to small group, to another small group in the school. They have kitchen, they have laboratory to work with wood, work with bicycles but also outside school. And outside the school they have network with cooperatives, three networks/ contacts; so professional vocational school, lowest level, more close to the school. And there they attend, for example, activities in laboratories, because they are older so it helps them then to have to decide what are they going to do after exam. (Interview site 5, in discussion with teaching and in-school staff)

The professional development and academic staff suggested that even though upper secondary schools could not refuse to accept a young person, frequently parents chose to move their children to social centres run by the social cooperatives. These typically had a focus on a specific kind of impairment, such as autistic spectrum disorder. It was pointed out however that many of these social cooperatives offered services to a range of marginalised groups. It was suggested that this was an integrative response to lifelong marginalisation.

Teachers and support staff recognised that circumstances could encourage working with a child outside the class, 'but it's not the right solution' (interview site 0). There was some agreement too, that behaviour difficulties caused more problems for placement than learning and social difficulties. A minority view amongst teachers and support staff was that despite a lot of talk 'about inside, outside, it depends on the child's needs. There's no right or wrong' (interview site 3). More typically the problem was described as contextual. In the same primary setting as the last interviewee they talked about two children, one who was outside the class more hours than they were in it, and another who was outside for three or four hours a week; they framed the first situation as a teacher failing and the second as a curriculum issue. In both cases they were 'trying to let him stay in the classroom' (interview site 3).

Teachers and support staff discussed working one-to-one, in small groups or dividing the class in two and working in different spaces and with different staff, with the work outside the classroom being 'planned for a certain activity for a period of time' (interview site 4). In many descriptions, the classroom was not closed, but was part of a network linking with other children and teachers, across classes and years, joining groups based around their interests as well as timetable expediency.

The advisory and support service staff talked about the changing notion of the class and its modalities of working:

They can have different groups working in different parts of the school but that is still the class. It doesn't matter if they're working outside of the room they're still in the class. When they talk about class they're not meaning classroom, the walls or the room (interview site 9, in discussion with advisory and support service staff).

## 6.2.2 Community staffing

### 6.2.2.1 Shifting values

Many people talked about the fundamental shift in values which took place with the closure of the special schools:

They just close the special schools and they open the mainstream schools, that's it. They [pointing at colleagues] were there. They speak of wild integration. (Interview site 5, in discussion with teaching and in-school staff)

There was an underlying belief in this legislation and that although it has been difficult there was much to be proud of. It was suggested that the system had grown up and society had become more inclusive. There was belief that people were far more open to disability, and that the system would enable that openness to spread to different cultural groupings as schools include more migrant families. There was a recognition too that there was still a long way to go, and that the increased emphasis on collective and collaborative working was still making its way down from the level of policy makers and parent associations. However there were concerns that the increasingly inclusive experience of children was under threat because of political decisions which focused upon finance and not upon what has been achieved.

The staff also raised concerns about the government's growing emphasis upon tests like the OECD Programme for International Student Assessment (PISA):

because they're not testing important skills as you said so that for them is important skills like sociability, deal[ing] with people. (Interview site 5, in discussion with teaching and in-school staff)

They raised concerns about an increasing emphasis on competition within education, because 'these examinations are not just about how they work but also about students, the background' (interview site 3). The increasingly full curriculum also caused concerns, reducing time to 'do extra activity to simulate different interests, different intelligences that are not strictly related to this subject' (interview site 4).

### 6.2.2.2 A health and education divide

A systemic issue which was frequently mentioned is the divide between health and education. The health service was linked to the schools via the parents. Certification and therapeutic support were initiated by parental requests to the health services and the need for family engagement was highlighted in every setting. We were told that it was

rare for doctors to refuse to give a certification, but that frequently parents did not wish to apply (see Section 6.2.4.1 for further discussion).

Parents felt that they had to mediate between the two systems, passing information and activities to the school as and when possible. It was rare for health services to deliver their services in the school context. Some parents seemed happy to maintain separate health visits, not only because it allowed them to keep in touch with what was going on; one parent pointed out that her daughter 'will never accept' (interview site 8) being removed from class for therapy, because it highlighted her difference.

Only in the special school was there regular medical input from a psychologist, 'logoped' (speech therapist) and audiologist. In one other school they said that health services, namely physiotherapy and occupational therapy, would attend the school if there were four students who needed visiting. The school also felt that it was important for the children to be met in school.

Typically health service visits to schools were conducted to attend the meetings with teachers, family and social services which were required three times a year. These sometimes took place twice a year and were not regarded as sufficient to plan and communicate between schools and the healthcare providers. These meetings also frequently produced documents which teachers felt over-used medical language, numerical scores or terminology related to the WHO-ICF. This situation was improving, but even the functional documents produced by the health staff frequently used medical language which teachers said they could not understand clearly. Translating medical information into an appropriate didactic response was seen by some as a duty of the school, not the health system. However it was recognised that responsibility for connecting the systems had not been clarified; as a consequence effective communication depended upon local circumstances. For example, policy and administrative staff in one province suggested that some doctors wanted to be involved because they recognised the school as the social context in which children could achieve competencies and knowledge, which they could not achieve within a medical context, whilst others were not interested in such collaboration, partly because of lack of a financial incentive.

This challenge for health practitioners needed to be seen in the context of educators who some suggested did not readily talk about individual-deficit conditions:

The teachers who don't want to use or talk about this [what is autistic spectrum disorder] within the social context so there are difficulties about this. (Interview site 6, in discussion with teaching and in-school staff)

There was a clear recognition of a contradiction in taking educational advice from someone who has never taught, about children who were difficult to teach, particularly when their advice works against the teacher's own training; for example recommending special corners, permanent one-to-one support, or describing children as reaching their level. Teachers and support staff in one setting told us that the therapist came with their [therapeutic] point of view, which was often not right from their [teacher's] teaching perspective. In another setting they told us, 'school is a symbol of normality and inclusive

social inclusion, but what happens inside [a] rehabilitation centre or in the hospital means difference' (interview site 5).

Despite teaching and in-school staff stating that teachers 'never do rehabilitation, they do education' (interview site 5), there was a recognition that information was required about technological developments and to support a child's health. Parents also spoke of teachers contacting therapists informally (and with parental permission) to discuss learning issues, and of one school principal who allowed a medical centre to work within the school as it was helpful to the therapeutic outcomes; however this service had been reduced. As parents recognised, teachers engaged in the activities specialists provided if they focused upon learning and helped them to do their job better. However, in those few situations in which the families had chosen to work with specific therapists and specific approaches using a particular methodology, the school had not managed the programme.

The divide between the two services was also presented as being a consequence of hierarchies within the system. The director of the special school suggested that it was inevitable that the two sides fought; he felt that the distinction made between the two had created a power struggle. He felt that he avoided conflict because he paid for the services. He suggested this power imbalance was exacerbated by the low status of teachers in society, making it hard for them to build networks. It also meant that they doubted their professionalism in the face of other professions. Advisory and support service staff (themselves health professionals) suggested that health professionals generally felt that schools had a duty to learn from them and to gain their competencies, that they were 'higher than the teacher' (interview site 9). This professional hierarchy arose because specialists appeared to have specific knowledge whilst the teacher seemed to have a wider, more generalist knowledge base. This medically trained practitioner suggested however that it was beholden on him to gain the competencies of the school, to learn their competencies and language. He suggested that the new generation of psychology was changing its position, and they needed to integrate psychology and teaching methods together, to find one bridging language by learning a bit about each other's field.

One support teacher felt that what was needed was someone to translate for him; that there were two tracks and you needed someone to shout between them. One solution initiated within one province had been to create the post of pedagogical assistant. They worked with one other pedagogical assistant and three teachers, planning the weekly learning activities, working directly with the children and (with parental permission) mediating with the health system, whilst maintaining the focus upon pedagogy and teaching. These post holders were qualified teachers, who had also studied for an additional year in order to become support teachers, followed by a provincial training course. They had developed their understanding of other professions and how to mediate them. Within this province a local agreement was also in place, established by law, signed by those in charge of health and education which agreed the annual deadlines and activities between the two services. This clearly written, four page document enabled parents to hold the two services to account if the appropriate services were not delivered as required. It also contextualised discussions within the class council

between teachers, family and pedagogical assistants, as well as discussions with the director of teaching services.

Another solution, provided by a private organisation working in conjunction with a province, was emerging from an assessment and early intervention project at kindergarten and primary school levels. The schools accessed assessment tools from a medical and health board, which they adapted for everyday classroom teaching, providing back up advice but avoiding medical visitors coming into schools. As was recognised by those working on the project it did not overcome concerns amongst teachers of using the medical, individualised child focus; the teachers saw their responsibility as overcoming barriers emerging from the context for all their learners.

### **6.2.2.3 Shifting classroom roles**

One role mentioned above was initiated within one province, that of the pedagogical assistant. There were however many different classroom roles and many different interpretations of those roles. Two roles were fairly clear cut: those of the teacher and the support teacher. The class teacher had responsibility for all the children in the class. The support teacher shared responsibility for class planning and teaching, with an additional focus upon ensuring the inclusion of those identified with certified and uncertified additional needs. The class and these pupils were supported by a range of other possible support staff. Many of these titles did not emerge in the response to the original questionnaire (see Section 6.1.8); the same title was often seen to operate in different ways in different settings, whilst the same functions could be allocated to a different title. This variation highlights the autonomy of the different provinces, communes and schools within the overall framework of Italian legislation. In each case the number of hours assigned to a class was dependent upon the PEI group evaluations and available finances of their employers, either the social cooperatives or local commune.

The following roles were described in a discussion with teaching and in-school staff at interview site 6. The educator's assistant helped teaching staff with learning processes, including preparing learning materials. They might be with a class for ten hours a week, with a support teacher there for another ten hours. The personal care assistant was a professional educator from social cooperatives supporting children's personal care and needs. The autonomy assistant was someone with minimal training to help with personal hygiene. The home aid assistants, professional educators and social workers supported families, for example taking children to the therapies. However, the personal care assistant role was described elsewhere in the same terms as the autonomy assistant. It was suggested that this role was particularly in evidence within secondary schools, and was one taken on by school cleaning and maintenance staff after additional training. In another province staff referred to a similar role as the assistant for integration. A variation on the educational assistant was also described elsewhere by professional development and academic staff. The educational and cultural assistant was there for an individual child, and though they were trained as professional educators and could work with the class they could not take legal responsibility for the class. Their aim was to facilitate relationships and develop specific projects to support socialisation

processes. They might also work with students who require cultural support, such as those who come from other countries.

The key tension within this situation related to where the responsibility really lay within the class, in the everyday reality of the pupils. Management structures varied between communes, but the legal responsibility for the whole class lay with the teacher and with the support teacher. However the support teacher's support hours were shared with the educational and cultural assistant (or the educator's assistant). The support teacher and the educational and cultural assistant (or educator's assistant) frequently did the same work, planning and teaching projects together. However, the cultural and support assistant could not work alone with the class and had no formal role within the PEP. These two barriers add to the other difficulties in developing collaborative practice between the support teacher and the educational and cultural assistant (or educator's assistant) as well as with the class teacher. They also exacerbate the tendency of some teachers to devolve responsibility to the support teacher and the educational and cultural assistant (or educator's assistant) for the pupils with certification and uncertified additional needs.

#### **6.2.2.4 Collaborative approaches to learning**

A recurring theme amongst all the interview discussions was the need for collaboration. As mentioned above, closer working was highlighted by some as a solution for the health and education divide. Policy and administrative staff in one province felt that the most important component in successful inclusion was creative invention involving a range of professionals in group working.

Collaboration was seen to change attitudes. A speech therapist working with the special school reportedly transformed her way of working in relation to colleagues because of her involvement in the children's daily lives. Similarly, a doctor, on recognising that there were more than one child in need of support came to realise that collective discussion was essential to develop effective practice. For similar reasons the policy and administrative staff felt that the nature of the integrated class necessitated the specialised teacher operating in a mediatory role between the network of partners supporting the child.

Cooperative work between support teachers and class teachers was also essential if schools wished to avoid the 'small special class within a mainstream class' (interview site 8). It was evident from all our discussions with teaching and in-school staff that they felt they were working in a collaborative way much of the time. As was explained to us in a secondary school setting:

She has now two experiences as class teacher, where children with different classes – and different children – have severe disability and they manage very well the situation with support teachers; so well that sometimes the support teacher is teaching to the whole class and she, they change their roles so and actually not understand who is support teacher and who is class teacher.  
(Interview site 6, in discussion with teaching and in-school staff)

Teaching and in-school staff within a primary setting described how the subject teachers for the three classes in each year meet every month, and how the year teachers also met monthly, to discuss the children and issues which were emerging for them. They recorded specific observations about children; individual classes and support teachers could then use these when writing the PEP and longer term PDF. A teacher in another setting regarded his school highly because they could collectively discuss, confront and solve problems.

Practitioners recognised that managing planning amongst different teachers, particularly for complex support cases did create difficulties. One teacher stated 'complex thing needs to be shared' (interview site 6). Her concern was that the capacity to share was reduced by one person having special training and being identified as the expert. Their comments also suggested that planning for the pupils with certification and uncertified additional needs was seen as an add-on:

You plan the activity for all the group, the other one [teacher] plan the activity with children, the same activity, looking at their special needs. (Interview site 3, in discussion with teaching and in-school staff)

The professional development and academic staff suggested that much of the cooperative work which interviewees referred to as team teaching might not be quite as collaborative as the term implied. They suggested that having two teachers who were both responsible was both difficult and rare, and that team teaching might often mean 'one teacher conducting the class, and another one adapting for children that have special needs' (interview site 9). They also suggested that many teachers refused to collaborate, leaving the support staff to work and plan alone. They cited the statistic that 60 per cent of schools left the daily teaching planning up to the support staff, suggesting however that this was not about not wanting the children in the class:

People who are planning like this trust in integration; they are not against inclusion. They are trying to manage inclusion in a good way probably many of them think that it is not possible to manage inclusion in other ways. (Interview site 7, in discussion with professional development and academic staff)

It was suggested by the professional development and academic staff that a hierarchy within the classroom contributed to this, whereby a good support teacher might be accepted as an equal, 'a proper teacher' (interview site 9), whilst a class teacher was always a proper teacher. In discussion with teaching and in-school staff, more than one support teacher made it clear that they had to fight with teachers to be recognised. It was suggested that if they were not strong they would end up outside the class. Ironically, given their supposed importance within the system, parents also felt that the chance of children staying in the class depended on the parental capacity to be taken seriously. They too felt that it frequently required the support teacher to activate the class teacher, but recognised that it was not an easy task. One suggested it requires always 'thinking there is someone who needs some simplified materials' (interview site 8).

### 6.2.2.5 Time to collaborate

As with so many of these themes, in discussions the caveat was always raised that all of this very much depended upon the person and upon the place in which they were working. Use of time was a key factor in this. Staff in a kindergarten raised concerns about the time made available for meetings with healthcare providers and other practitioners around PEPs and other plans. The 20 hours per year was seen as half of what was needed; this means the system relied upon staff goodwill.

One principal suggested, at a meeting with other teaching and in-school staff, that between 20 per cent and 30 per cent of teachers in their school were planning and teaching in the collaborative manner he wished to see. The rest of the staff concurred. In another secondary school they said: “The other 50, 60 per cent [of teachers] they are struggling [with collaboration]. The 30, 40 per cent doesn’t count the working hours’ (interview site 5). These comments took place within secondary settings however, which operates under different employment contracts. As staff in different settings explained, nationally within the primary and kindergarten contract, two hours a week were set aside for this collaborative planning process; however, within secondary schools all the planning was left to the goodwill of teachers. Unsurprisingly, secondary school practitioners framed collaboration around conversations between class teachers and support staff during lessons.

Various interviewees said that time for collaboration had been identified as a key issue within a national ministerial working group aiming to redefine secondary school legislation. Staff felt that two hours a week was manageable, but that even one hour would give them ‘a moment to reflect about your teaching activities’ (interview site 6). Even though no decision had yet been made at a national level, they agreed that an hour a week would give them the opportunity to work at least once a term with each teacher to share ‘the common vision about the child’ (interview site 6) which could inform their subsequent subject planning.

The time constraints also affected the capacity of staff to teach collaboratively. It was suggested for instance that small group work took more planning time, as did developing diverse or new strategies. Teaching and in-school staff within a primary setting talked about the importance of joint planning time and the opportunity to talk about working with each other. They described how they used to combine classes, create groups based around interests or projects, across years as well as within years. However cuts in staffing and more importantly changes to the curriculum had constrained the time available to work in this inclusive, creative way.

The task was complicated further when the support staff were working with the child outside the class for periods of the day. The class teacher was more likely to lose their sense of direct responsibility for these pupils. This could create gaps in teacher knowledge. Parents and support staff highlighted the risk that when the class teacher was alone they ‘could do nothing with her child’ (interview site 8). It was for this reason that parents suggested that parent associations should be involved in training teachers about ‘their whole responsibility’.



Although our interviews did not explore in depth this sense of responsibility as enacted by practitioners within the class, their desire to plan and question collaboratively was evidently driven by the belief that all pupils should be participating in-class:

Maybe the first impression [when a child with PMLD arrives in the class] that you have, it can be a bit scary. But it doesn't go on for a long time. The most part of the teacher is that they will work very hard in the school.... They start to plan and try to find resources also all of the other professional assistants and they try to apply some good practices that they achieve during the years in a new situation. Of course there are some teachers who are more trained than the others and can plan resources and they have more attitude.... The fact of being a team you know will give you more resources and will support you. (Interview site 6, in discussion with teaching and in-school staff)

### 6.2.3 Community of students

#### 6.2.3.1 The school as a social service

A frequent notion evident in the interviews was that school was fundamentally about socialising children:

They start from the learning need but it's all more general about socialisation. (Interview site 3, in discussion with teaching and in-school staff)

The staff in one setting felt they shared an understanding with parents that the most important thing for pupils was 'to know how to deal with people' (interview site 5). Another group of staff in the same school, whilst talking about the closure of special schools, said that a fear at the time was that mainstream schools were 'just for knowledge, and that society and sociable skills were outside; but now we talk about education rights' (interview site 5). It was recognised that the way in which teachers worked with the child and the nature of people working within schools had changed. Interviewees described how each school had to produce a social budget as well as a financial budget, which would include all its activities with a social benefit, including its involvement with associations, social cooperatives and private organisations.

Schools typically stayed open for a full day (from 7.30 am to 5.30 pm in one province visited), and each school employed a school chef who not only produced high quality meals using locally produced food, but also cooked cakes and other celebratory foods for the children. Teachers and support staff talked about the importance of children being kept at school beyond the main part of the school day in order to support the family, for example, when there was another sibling at home whose behaviour was causing problems. The special school talked of maintaining contact with children during holidays, even visiting children who lived further afield and trying to help them build relationships within their local town. They discussed running five Sunday morning sports activities outside the school in a 'supportive group' because some of the pupils 'couldn't do sport' (interview site 7).

Pupils would not be left alone without a teacher or support teacher in attendance. The educational and cultural support assistants could have a role in the learning process, but

they could not take responsibility for the class. The class teacher should be at the heart of the pupil's experience, not only planning and working with the network around the family, but also with the other teaching and support staff. Often the experience for pupils with certification and uncertified additional needs was that this role was not taken by the class teacher but by the support teacher, who was not with them across the whole school day. The system depends very much upon the people in a particular place and their established ways of working and underlying views on how best to include a pupil. Even within small, localised systems, according to the policy and administrative staff, it was not possible to ensure inclusive outcomes. They felt that so much depends on training at all levels, but particularly for the teacher in the class, because they were 'daily with children' (interview site 10).

Teaching and in-school staff within rural schools also talked about their relationship with children and families as members of the same local community. They talked about the need to keep their roles separate. It was not a big issue; it just had to be done if they wished to build the necessary relationships with all students in the school. Friendship outside the schools could not be allowed to impact on this. Parents also recognised the challenge of attending and obtaining services within these smaller schools and communities, mentioning their child's reliance upon school and the willingness of the support teacher to attend some meetings.

### **6.2.3.2 Support without certification**

Many children within the system who might benefit from additional resources would not be receiving any because of delays in gaining certification or because they were facing challenges which did not entitle them to support teacher hours. In these circumstances the position of the support teacher as a class resource could work in their favour. If the class teacher and support teacher had a collaborative working relationship and used inclusive teaching approaches then the child would benefit from the same additional resource available to all. If their needs were identified as coterminous with the needs of others in the class they might also experience support with them in a small group approach. In all the schools we visited these were the two outcomes described to us:

Interviewee: He has difficulties but they don't know exactly what's the problem.

These children have the support teacher.

Interviewer: But only one has the certificate?

Interviewee: Yes.

Interviewer: But they both get the same amount of support?

Interviewee: Yes, all the time.

(Interview site 4, in discussion with teaching and in-school staff)

However, if the teacher, perhaps under pressure from the parents, situated an individual child one-to-one with a support teacher then the other children would not get the kind of support from which they might otherwise benefit. This tension between the individual and collective rights to support was implicit in much that was discussed and was briefly touched upon explicitly by some interviewees. In one secondary school they mentioned

the need to establish a plan in these circumstances, even if the goal was to achieve what the same aims as the rest of the class.

In one of the provinces the experience of these children with less access to additional resources was at the heart of their response to staffing. In this province they had placed pedagogical assistants within every class regardless of whether there was a child with certification. In most cases therefore, when a child with certification entered the class the size of the class dropped but the staffing level could remain the same. The advantage that the child with certification brought, as one parent put it, was the 'possibility to work in a different way' (interview site 8). It gave staff and pupils the opportunity to develop their skills and expectations. The view of the policy and administrative staff was that this approach had not increased costs either. Instead of paying people who travelled around, they were paying for them to be in one place.

## 6.2.4 Community support

### 6.2.4.1 Engaging with the family

As touched upon earlier, many organisations worked with schools that were outside the education system, dealing with a broad range of social issues. Pupils often attended extra school-time centres during the afternoon where they received homework assistance, learning support and healthcare. As reported by the in-country researcher, many social services in Italy were delivered through social cooperatives. One such cited organisation was the National Association of Families of People with Intellectual and/or Relational Disabilities (Associazione Nazionale Famiglie di Disabili Intellettivi e Relazionali, ANFFAS). They aimed to function as an advisory, advocacy and pressure group, developing research, training and facilities for people with intellectual disabilities and their families. They also ran centres that provided therapists and psychologists. Parents were divided over the quality of support they received. They highlighted a lack of support when the child was born, and suggested the association 'sees the child in a very relaxed way.... They say "we have a lot of time"'. One parent suggested there needed to be more urgency:

She would be happy if someone could tell her which kind of exercise are good for therapy, which kind of teaching she could do as a mum, as a brother to help the child to improve but nobody tells this kind of things in Italy right now. Only if you go privately and you pay for this someone will tell you something like this.  
(Interview site 8, in discussion with parents and support staff)

It was suggested too that associations were the means by which marginalised parents could put legal pressure upon the system. At no time in our interviews was the need for parental appeal against decisions identified. Parents said many did go to the law to receive what their child was entitled to; however, they noted 'in practice nothing happens because the legislative law system in Italy is extremely slow' (interview site 8). We were told by a number of interviewees that a consequence of this parental pressure was that the ratio of support teacher to children has decreased in some provinces from 1:2 down to 1:1.7.

Given the range of services and the complexity of their relationships it was perhaps unsurprising that some parents felt they needed to be multi-skilled and proactive. The

parents we interviewed saw themselves as specialists, understanding different point of views, and making sure that if things were not working they were changed.

The need to support parents' role was encapsulated in the PEP. As teaching and in-school staff described it, this multidisciplinary document was a construction of the different points of view of families, schools and the health system and 'so it is very difficult to use this tool as a common shared planning tool' (interview site 6). This issue has been raised already in relation to the health and education divide, but the parent brought another set of values and needs, and had to engage with a lifetime of divided languages on behalf of their child. It was the parent who initiated support from the health system and was thereby the route to certification and associated resources for the class. If they chose to do this privately that was acceptable too. Schools required authorisation from parents if they were to meet separately with healthcare providers; and as policy, administrative staff, teaching and in-school support staff recognised, it was essential to explain to parents what happened at such meetings. The parent was also responsible for taking the child to therapy and was often the ongoing link with the health providers. They had a legal right to have the equivalent of three days per month for such activity. One parent talked of attending 16 meetings in a month:

Her son has two meetings in state health services, one is managed by the association, and one private speech therapist because the state only gave her half an hour, and so she always have to ask the grandma to take. Once a week he goes on the bus with the support teacher. (Interview site 8, in discussion with parents and support staff)

The significance of engaging parents was also in evidence at the special school. There it was suggested that changes which took place in the 1970s caused difficulties for many families. Difficulties also occurred for parents of the hearing children, who were unsure that they could benefit from such a change. A key factor in the success of the school however was the fact that they selected families from the hearing community who accepted the ethos of the school.

In all of the interviews concerns were raised about families who would not ask for (or respond to suggestions to ask for) assistance and assessment. This reticence was put down to a refusal to accept difference as a problem and a dislike of labels. However one parent pointed out that they had asked for fewer support hours because they wanted the class teacher to take responsibility for their child, and that:

at the end of the school the class teacher, mainstream class teacher, thanked them because of this change, because they feel more responsibility about the child, because they were more involved within the learning process. (Interview site 8, in discussion with parents and support staff)

A couple of interviewees also mentioned that some parents disagreed with the support teacher being a resource for the class. The advisory and support service staff suggested, 'A very important role for support teacher is to explain to parents whether at least partial inclusion is possible' (interview site 8). It was interesting to note that no other

interviewees framed inclusion in terms of being possible or not, since they saw the teacher practices as defining what was possible.

### 6.2.5 Community strategies

#### 6.2.5.1 The nature of support

Despite the support teacher being allocated to the class, in one setting a teacher did suggest the resource for some pupils should not be used this way:

Speaking in general a child with autism always have a one-to-one support for the whole time in class time.... They need someone who will follow the activity and push them to concentrate on the materials. (Interview site 6, in discussion with teaching and in-school staff)

Within the same school, the newly arrived principal observed that pupils with certification and uncertified additional needs tended to be taught using the same methods, repetitively, with a focus on a limited range of topics. The advisory and support service staff suggested, however, that two competing approaches existed in Italy, one in which a support teacher took responsibility and the other in which it was the class teacher who adopted a new strategy. The professional development and academic staff suggested that for 30 per cent of the time, such inclusion 'is really advanced' (interview site 9) but that in the majority of situations it was still delegated to support resources. Part of this was explained as older children without certification not wanting to be taught by the support teachers. Another issue was the short amount of time the support teacher spent with some children and therefore the challenge all parties faced in building up a close working relationship. One solution discussed was a school (not included in this research) which linked the support teacher with another teacher, breaking the link to both the child and the class.

A commonly mentioned strategy, which picks up on the specific simplified learning plan, was for the class teacher to plan the main lesson and the support staff to simplify and personalise the materials, drawing upon the same sources as much as possible. The cited advantage of this *simplified learning plan* was that the student was not restricted to this track. The staff made it clear that the aim was to move away from simplification and that this was achieved with many students.

In one secondary school, interviewees suggested there was a unified school approach; at the start of the lesson teachers shared three basic pieces of information and introduced an activity that all the class could do. Additional tasks were added as the pupils progressed. They encouraged group working, involving different learning levels and some peer tutoring for all pupils, not just those with certification. The aim was to never leave a child alone.

The importance of encouraging peer interaction and autonomy, encouraging both personal freedom and democratic responsibility was also in evidence. Children in the kindergarten created the rules for the class and were encouraged to set up and regulate whole class activities without adult direction. Symbols and visual images were used all around the class by all students, both as a means of identifying ownership, functions and routines but also to express desires and needs. Photographs were used as a means

of communicating with families about events at school and home. Older children frequently picked up games and organised activities with younger children. Similarly, in one lower secondary school pupils were expected to create the class rules and to carry out an annual self-assessment of their feelings and perceptions about the school, learning, disciplines and subject areas. It was noted however that class councils did not involve children in their discussions nor in their evaluations of the child.

### 6.2.5.2 Didactics for all

The legislative requirement for teachers to develop didactic plans, explaining what they would teach and how, was evident in much of what people said regarding their ways of working. Only once, for example, was there a suggestion that teachers situated the learning problem within the child. This was not evidenced from anything that was said in any of the interviews however; rather it was an observation by advisory and support service staff. Their suggestion was that teachers felt the family were to blame if a child fails to learn and for ‘the motivation and emotional feeling of the child’ (interview site 9). The suggestion was that teachers did not ‘suspect that it exists, the methodologies, strategy, and the steps to teach these skills’ (interview site 9). In contrast, the director of the special school felt that teachers were ‘strict’ in their thinking about didactics, focusing on topics and content with the practitioner at the centre, and that even though they considered the context they did not consider the process and the child. He felt that teachers needed to focus more on: ‘the problem and [...] the learning problem of the child’ (interview site 7).

In our interviews however, all teachers talked about the need to consider what methods worked and felt that it was the context that mattered; which included the school, the leadership, the children and the parents:

It doesn't depend on the problem of the child. It's not this. It doesn't depend on disability. Because every child, he has a disability in a context, a special context. So consequences are different. (Interview site 5, in discussion with teaching and in-school staff)

For example, when asked why five per cent of students were said to be out of class in some schools they were categorical in their response, noting that this resulted from the principal's approach, the training of teachers and support teachers and the capacity of the family to demand high standards; it did not reveal something about the children themselves. Professional development and academic staff also explained how their universities were no longer using the clinical model of autistic spectrum disorder in discussions with teachers but were focused on the learning aspects, ‘on the way and the methodologies of the didactic, the way it works with people with autism’ (interview site 6).

In discussing training they had attended, another group of teachers recognised that in translating medical information into practical daily activity, ‘what they achieved was not only good for autism but also the possibility to spread that methodological work with other kinds of disabilities’ (interview site 6). It also helped them to value their own roles as professionals. Similarly, the director of the special school felt that his staff were forced to think about effective didactic strategies at multiple levels, and to recognise that all

pupils had slightly different learning strategies. He felt that people frequently looked at tools (such as computer software) as a didactic solution to in-class problems when in reality the problem was fundamentally about communication. Working with the diverse population of his school taught them this lesson.

It was noticeable that the notion of a special pedagogy was lacking from all interviews. There was recognition that some skills were rarely used and that in the current system these skills, such as communication with pupils who were deaf, were spread too thinly. It was noted too, that experience with particular communities enabled settings to act in a mediating role. However, only the special school voiced the need to mediate between the deaf and hearing communities, by overcoming resistance to signing and spreading its use more widely.

In nearly all the interviews people talked about the need to use many strategies and to recognise that what worked for one group could also benefit another group. For example, simplified materials for children with learning difficulties could be of use to those whose first language was not Italian. Strategies that engage children with dyslexia could be of use to many other developing readers:

Special pedagogy is special for SEN children but for children who haven't got this special needs, it's just pedagogy. (Interview site 9, in discussion with professional development and academic staff)

It was suggested that people with Down syndrome were doing well not because teachers had learned new skills but because teachers had the resource of peers. Perhaps unsurprisingly people suggested that teachers needed to develop their teaching skills for all pupils at university. There were suggestions that teachers needed to not only develop skills such as simplification and strategies for reading, but also to recognise the need to adapt ways of working and to feel comfortable doing so:

A good way of teaching – that means good team working; good class teachers ... know ... the subject, the topics of the lesson and how to adapt this topic to the children. (Interview site 8, in discussion with parents and support staff)

Of course achieving this standard was another challenge.

### **6.2.5.3 The training divide?**

The professional development and academic staff informed us that the average age to become a permanent class teacher in school was 48 years. After completing their training, teachers put their names onto regional lists for a teaching post. As a result someone in Sicily could be offered a short-term post in Trento if it should come up.

The desire to maintain flexibility of staffing led to some settings choosing to keep some staff on a supply contract. One interviewee felt the system was taking advantage of her. She was highly qualified as a teacher and support teacher. She had two university degrees and had worked on ten month contracts as a supply support teacher for a number of years; prior to that she had been an education assistant. She had been waiting seven years for a more permanent post. Each year she had to establish trust and

working relationships and persuade colleagues of her competence. She suggested that sometimes she was treated as a resource for the child (when it suited colleagues) and other times (again, when it suited colleagues) as a resource for the class.

Given the long wait to achieve permanent status many teachers began their career in one of the other support roles. Professional development and academic staff stated that 80 per cent of support teachers went on to become class teachers. A consequence of this was that teachers within the system were increasingly likely to have been support teachers. Teaching and in-school staff in all settings commented on how this served as an informal training in collaboration, and created an understanding of the challenges faced by colleagues. Support staff noted that teachers who had been support staff themselves were generally more receptive to working collaboratively and within a genuine team teaching role.

Not all new teachers had come through this support role however, particularly at secondary level. Teachers in kindergarten and primary school had a different training path than those in secondary school. The issue was particularly problematic in relation to upper secondary schools. Unlike the other sectors the upper secondary schools had not been reformed since 1924. Teaching in upper secondary school – with a strong level of support from school management – was very focused on the subject being taught. So whilst teachers at the other levels were expected to have five years of training, including 60 credit points relating to support teaching or special needs, secondary school trainees only had to have six credit points about support teaching. As the professional development and academic staff explained:

It's something that happens when you go out of primary school after the fifth class and you go to the first class of lower secondary school. It seems that you don't need to have any knowledge about support teaching to teach. The same child would just simply change the school level, but during that summer something happened to this child we don't need to do anything else about teaching. (Interview site 8)

As a consequence upper secondary school teachers missed out on courses such as those described in the interviews in which trainee teachers had to work collaboratively and were collectively graded. Instead, and in keeping with the legislative focus upon didactics, a key part of the training for subject teachers was didactics specific to that subject area. So, for example, the history faculty was supposed to prepare specific training on becoming a history teacher in secondary schools. However the history faculty was unlikely to have knowledge of teaching in secondary schools, let alone of didactics specific to that subject area. In contrast, the support teachers within the secondary system would have had considerably more training in didactics for all. At this point therefore the level of shared experience between the support teachers and teachers ends.

Problematically, the government have focused upon international tests such as Pisa and consequently see standardised knowledge as an indicator of excellence. It was suggested that this might put a further brake on changes to the secondary system.

The complex mix of schools and training programmes was exacerbated by the changes to staff qualification requirements over the years. It was evident that schools had



teachers with a great many qualifications teaching alongside those with none. In one school, only one member of staff had been to university and what she had studied was not related to her teaching. The staff felt that even though university could broaden horizons, experience within school was more important. It was suggested elsewhere however that because classrooms were rooted historically in a teacher-centred approach, new teachers arrived with a predisposition towards this model. As a result their instinctive response was to replicate this model, and schools that wished to develop more engaged, inclusive pedagogy needed the means to challenge this.

Perhaps it was unsurprising therefore that staff at one secondary school highlighted the need for new colleagues to receive training in working with pupils with certification and uncertified additional needs, and that a post had been created to co-ordinate that training. They also highlighted the importance of experienced teachers supporting new colleagues, and the need for all staff to be able to have in-service training, at short notice, when an issue arose about which no staff member had experience. In this latter situation the contacts parents had established with health services was also highlighted as a potential training resource.

It was worth noting too, that though practitioners in Italy talked about lacking experience of working with pupils with particular needs, there was no mention of lacking the skills. There was always a sense that if they could not readily access the appropriate ways of working there would be a colleague with whom they could talk it through. This assumption might not always reflect the reality and might not always produce the best way of working, but it did underline a confidence regarding working with all pupils; including those that other systems would position as impossible for the mainstream. Such a response also underlines an issue for all in-service training. The focus of study was very much down to the individual and the priorities of colleagues and management. A mismatch between the theoretical meaning of particular practices and their enactment can have significant long-term impacts. Professional development and academic staff highlighted this, particularly in relation to team teaching (see Section 6.2.2.4). They talked about the need to situate team teaching within all teacher training, to model it within that training and to grade for collaborative working.

#### **6.2.5.4 Creating a framework approach**

There were still calls for teacher training to provide teachers with an apparently conclusive set of tools. For example, the advisory and support service staff suggested that most teachers don't understand how people learn, nor did they know how to develop children's skills in an everyday way. Because teachers did not have a single model to follow, 'they are not able to understand on what level are these children stuck' (interview site 9). In a similar search for clear-cut guidance, staff at a kindergarten highlighted how they could not send children to a health specialist and so they had to be trained in the specific needs of specific impairments.

The tension between a focus upon individual and collective strategies was evident in the interviewees' descriptions of the work by the some of the 'territorial centres for resources and service for the handicapped' (CTRHs). These 'centres for integration' provide resource books, software and specific programmes as well as consultants for training

purposes and as a support for schools. The aim was to provide different training courses to teachers and support teachers within an inclusive didactic framework. Many of these courses had a strong medical component with theorised approaches to teaching that follow on from clinical research; however others emerged from classroom practice. The aim was to develop this information amongst the teaching community to inform their reflections and facilitate finding solutions. The key was to create a range of common understandings and a breadth of knowledge across that community so that solutions, if not immediately accessible, were at least close at hand. Developing such a framework was a challenge within the ten hours a year which staff in this particular province had in their contracts. However, in some provinces, one teacher in each school was given a one year sabbatical in which to develop their knowledge of issues around inclusion, which they would then share with colleagues.

Non-governmental organisations also played a role in training. A number of interviewees and schools we visited had worked with a particular publishing and training organisation to varying degrees. This private organisation was established to develop integration practice and knowledge about inclusive practice. It worked with teachers in a number of provinces, particularly in northern Italy, and aimed to organise a 'common learning training path for the whole system' (interview site 2). This organisation aimed to work with teachers who were already trained and to develop their knowledge of specific typologies of needs or difficulties so that they become a resource for other teachers who want specific support. It developed analytical programmes for teachers to conduct with guidance; it was also trying to disseminate specific strategies such as applied behaviour analysis [ABA]:

So teachers know many different methodologies and can choose amongst those strategies to apply within the classroom within the group not only with the child. (Interview site 9, in discussion with professional development and academic staff)

The arrival of private organisations was not welcomed with open arms however. This was partly, perhaps, because the focus upon specific labels with different needs and pedagogies was at odds with the current approach to didactics, encouraging a move towards a diagnostic health-based view of the child:

When the company enter the education they are aware of many complaining about it, so the system wasn't great and it was not welcome not by everybody at least. Okay you can enter until this line and not across the line; it is your responsibility until that point and then the system will manage all the stuff. (Interview site 9, in discussion with professional development and academic staff)

Teaching and support staff talked about using materials from this company 'so it became part of the usual way of teaching and learning' (interview site 2) and mentioned that the materials at the end were not the same as those they initially received.

### 6.2.5.5 Maintaining the quality of provision

It was pointed out by interviewees across the range of settings that there were no legal mechanisms by which the quality of support could be assessed and enforced:

There are no standards of quality so it's impossible to go to the law because you can't say they are working not good, they are working bad.... You can go to the law only for things that are procedurally written. (Interview site 8, in discussion with parents and support staff)

The professional development and academic staff explained that there was no way to evaluate the quantity and quality of support at a national level either. In addition school principals or didactic co-ordinators did not have effective means to require teachers to work in a particular way. In discussion with policy and administrative staff in one province it was evident however that the directors of services did have some means of encouraging good practice. The schools co-ordinators were expected to directly assess the teachers annually, and if they had been assessed for five years as very good teachers they received an additional increment to their pay on top of the yearly progression. Those who received this increment would then be expected and encouraged to access further training. However, if the assessment was poor for a two year period then the teacher would not receive their yearly progression.

## 6.2.6 Community systems

### 6.2.6.1 The special sector

A strong indicator of the complications was the ongoing existence of special provision. The statistic cited in the preliminary questionnaire that five per cent of students spent most or all of their day outside the main class was not evident in the provinces we visited. All the settings claimed that either only one or two students or none at all spent much time out of the class. Similarly, despite the supposed closure of all special schools in 1977, and the figure cited to us of 83 special schools<sup>13</sup> across the whole of Italy, we were told of another piece of ongoing academic research that had identified over 22 special schools in one region alone. However this research was reporting on a large region and it was unclear what the researchers had meant by a special school:

Interviewee A: If you have a rehabilitation centre who has one class within the rehabilitation centre who is working a couple of hours with children, is this a special school for you or not? For me it is, because they are using teachers from the teachers list.

Interviewee B: Some aren't, because they are private.

Interviewee A: Really, it is a phenomena that has not been under the spotlight. (Interview site 9, in discussion with professional development and academic staff)

<sup>13</sup> It was not possible to obtain exact details about the nature of the special schools in Italy. The report authors were left with the impression however, that these schools were all privately run, frequently by religious groups, and that they could have a mix of independently-funded and commune-funded pupils.

Many people did not even know that any special schools existed. Their existence seems to emerge for parents from the local grapevine. We were informed that the call for segregated provision was a topic which was re-emerging; however there was no support for special schools from any of our interviewees, except for the director of the school for deaf children, which we visited. Even the psychologist, who wanted to have centres for children identified as being on the autistic spectrum, noted the importance of these only operating in the afternoon, after school.

The school for deaf children revealed the underlying response to separate education within the Italian context. Up to 1974, the school was residential, but anticipating the change in law, this school decided to open their doors to hearing children. In 2011, the school had 400 students, of whom 56 were deaf. The organisation was run by the Catholic church. The students who were deaf were funded by the province to attend, whilst a fee applied to the other students, which was paid for by their parents. The school was popular because of its high standards, with 60 per cent of children who were deaf and nearly all the hearing children going on to university. The director of this school did not know how many special schools there were in Italy, though he did attend conferences with other Catholic special schools, and his perception was that:

they are working good actually right now; and for the others there are many difficulties for them, because they can't find their partners in the field where they are working. (Interview site 7, in discussion with teaching and in-school staff)

Interviewees explained that Italian schools were generally facing a period of austerity. This was particularly marked in the south of the country; interviewees reported a far higher level of certification there, this being seen as one of the few ways of gaining extra resources for a school. This was also reported to cause delays of between six and eight months in the process of certification. However, out of all the interviews, lack of resources was only mentioned as an issue in passing on two occasions; and on one of those this lack of resources was put down to changes in the curriculum, which led to a greater focus upon the subjects being studied. Some people even felt that it was:

a meritocratic system. The more your school is good the more resources you get. (Interview site 9, in discussion with advisory and support service staff)

It was certainly clear that, for many years, investments had been made into resources that benefit inclusive practice. All the schools we visited had very wide corridors and ramp access. This was not a result of recent changes, but had been part of the original planning or in redesigns which had taken place as long ago as the 1980s.

The response broadly seemed to be a move away from individualised support to collective support. For example within one kindergarten they had gone above the required staffing levels for both the integrated and the normally staffed classroom. The administration felt that they could be flexible in how they responded to staffing needs, saying that as a small province they could know all the teachers and their strengths and weaknesses and so could adjust to meet their support needs. This shift also represented a response to the expressed view across most interview sites that a flaw in the system

was the reliance upon support teachers and assistants when working with pupils with certification and uncertified additional needs.

The tendency to delegate responsibility and subsequently teach some students separately was highlighted by many interviewees as an unintended outcome of the 1992 legislation. Subsequent legislation (in particular 2009 Document No. 4 – August) better defined the responsibilities of different professionals within the intention of overcoming this. One lower secondary school interviewee suggested that a key factor in the mentality of delegation was the specialised core in the training of support teachers. This issue was also identified within the special school as being a constraint of the integration as practised in much of the mainstream. The director recognised that having a special teacher meant that the class teacher frequently passed on their responsibility for certain children to the special teacher. Within his school therefore he had introduced paired classes, each of which had four teachers between them, moving between classes as best suited the needs of the children, the subject and the timetable.

#### **6.2.6.2 The role of the class**

Every school in Italy had a series of class councils. The class councils at every school level were made up of all the teachers and support staff who worked with a particular class and parent representatives for that class. The council focused upon the educational activities and didactics of the class, evaluating its progress as a unit as well as the progress of individual pupils. They also had responsibility for the development and maintenance of the Personalised Education Plan (Plano Educativo Personalizzato, PEP or IEP) for pupils with certification, and for school relationships with their health professionals. Within one of the primary schools included in this study, the class council met monthly; in the secondary setting they met a couple of times a year. Who attends these meetings and their format varies across settings. In one primary school the parents attended four times a year, in another, as well as individual class meetings, a meeting took place once a year for all parent representatives of all the classes in the year. However, as was clear from the secondary school, parents might not attend every meeting:

Parents are not there during the evaluation time. The class council of November where it invites parents, teachers to present analysis of the class, and each co-ordinator give a view of all the class, and teacher they talk about their subjects. How they feel the feedback of the class to their teaching. (Interview site 5, in discussion with teaching and in-school staff)

The number of parents on the class council varied between settings. The general consensus was that more parent representatives (between two and four) were required at secondary level and less at primary (between one and two) because of a decreasing level of parental involvement as their children moved up the system. Their role was to collaborate with teachers; to ‘talk about problems, proposals, projects’ (interview site 3). Parents were elected onto the council by other parents, and interviewees said that all parents tended to vote.

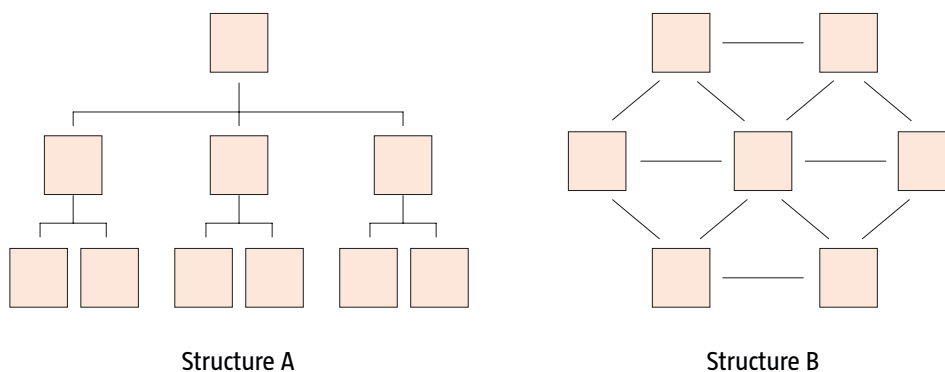
Alongside this family engagement, the council was intended to be a key communication tool within the system, reinforcing both the socialising and academic function of the school:

The class council has the power and the role to push teachers to plan and share the common point of view about the children and the common view about didactic projects within the class; also to let teachers to change their role within the class context. (Interview site 6, in discussion with teaching and in-school staff)

The class council would for example come to an agreement with parents of a supported children about whether their child would follow a simplified learning plan or a differentiated learning plan. The former could lead to state exams, whilst the latter would not. In either case the council would assess and monitor the plan and would have the final say over its contents.

Given the large number of teachers and support staff who could be working with a class, some settings also appointed a class co-ordinator to mediate between the council members, other class councils and the senior management. This role seemed to be mainly utilised within the secondary schools where there were many subject teachers and fewer whole class council meetings. When asked if the co-ordinator relationships felt like a top down Structure A model or a collaborative Structure B model (see Figure 6.1), they agreed it was B. Interviewees also stressed the importance of parents being part of this network and of the co-ordinator in maintaining contact with them.

**Figure 6.1 Structures shown to staff to identify class council co-ordinator relationships within a secondary school**



Some class co-ordinators might be support teachers; others might be class teachers with spare time on their timetable. The role was an important one however. Secondary school co-ordinators received 40 hours of external training across a two year period. Co-ordinators might have up to two classes, and receive 45–55 hours per class in that school year. They were paid for part of that time; the other part came from reduced roles in other areas of the school, such as break duties.

Class councils to varying degrees had a direct input into resource allocation. The council could ask social service and other kinds of social cooperatives outside the school to work with pupils either within or outside the school. They also played a role within the *Gruppi di Lavoro per l'Handicap* (Handicap Working Group, DLH) who were involved in the application for funding and resources. As described earlier, the number of hours assigned to each class was assessed and requested by the GLH and financially managed by the regional or provincial school office. This central role for the practitioners in requesting allocation of funding enabled some provinces to break the link between certification and funding and in the process

to broaden the scope for support. Schools visited in one province created the equivalent of individual education plans regardless of whether or not a child had certification. They then asked for resources accordingly. Teaching and in-school staff reported how this had encouraged teachers to adapt their teaching for a wider range of students. The change was partly a response to negative consequences of being forced to get a certification and label for a child to access resources; also, as one principal pointed out:

They don't need the certification. It's not the certification that says that the child needs special activity, that is the teacher. The teacher can understand. It's not the doctor, who doesn't understand. (Interview site 5, in discussion with teaching and in-school staff)

The view held by this principal was that staff knew what was needed better than anyone. As a result resources were allocated related to staff time, certification, context and number of pupils in a class. When the context component of this formula was explained it demonstrated considerable trust in the educational evaluation of need:

If we have integrate a child with learning difficulties in a class with... 25 students and 15 are foreign, so have difficulties, and four are social service, it's a really complex situation. The same child I let him get inside in another school, with the context is different, small classes, parents.... I need less resources there. I don't need as much resources in that place so it's not the disability of the child, it's just the context. (Interview site 5, in discussion with teaching and in-school staff)

An important element in this trust was that observation for plans could be done by teachers and support staff alone, if that was appropriate. Discussions about the levels of support required within each class could also arise from the class councils:

They choose [the balance of support] in relations with the child, the needs of the child, the flexibility of the timetable in this class, how good the main teacher is.... We know that teacher is very good teacher. They [the weak and strong teachers] have advantages from this idea. They are giving support to the ones who need it . This is a question which will open critical discussion.... Critical in a sense of positive because it starts to become project to decide how many hours, that there are two teachers and when. This becomes a project so they analyse their resources that they have so they have very good teacher, and then good moment in the morning, in the afternoon. They have good student and also the subjects. The kind of disabilities, everything is like a chain. (Interview site5, in discussion with teaching and in-school staff)

It was also recognised that the role of the principal within the Italian system was an important part of maintaining equitable distribution of resources. The principal typically leads a collection of schools. For example, one we met was in charge of one secondary school, two primary school and two kindergartens; we were informed of another who managed seven schools, each of which was located in a different commune. This helps the system to have an overview not only of the context but also to avoid the allocation of more resources to one school simply because they had more certifications.

### 6.3 Considerations in Relation to the Irish Context

The Italian system still has a long way to travel. The direction indicated by our interviewees was that the system needed to further develop its flexibility around funding, its training around approaches to teaching for all, and its capacity for planning and collaborative working relationships; however flexibility was difficult to inculcate within schools because they maintained traditional approaches, had little unified training and the workforce had disparate career paths. Economic pressures in Italy were forcing reductions in expenditure on all aspects of education. This encouraged increasing the number of children with certification within a class, increasing the size of the class in which they were placed, and increasing their hours with less qualified staff. However there seemed to be an underlying robustness to the interviewees' commitment to inclusive practice. There was a sense that although leadership was important in establishing and maintaining inclusive practice, it operated at many levels within the system. For example, more than one interviewee told us that if a setting really had established effective practices then a new principal with different priorities would not undermine them. Principals could require teachers to organise their lessons in a particular way; however the suggestion was that it was very hard to shift staff ways of working.

The capacity for pupils to move between different spaces was to some degree facilitated by its integrated system. By focusing upon all children in one class, aiming to teach them together, whilst following the same curriculum, the Italian model was able to overcome the physical barriers inherent within a system with special schools and classes. It was evident that segregation still exists in much of the Italian system, with some children spending most if not all of their time outside the class. However, as was evident from our visit to three provinces this was not the case in all parts of the country and was dependent upon contextual factors and not the nature of a pupil's certification. The issue of movement within this system therefore seems to reflect the capacity of staff to conceptualise and enact teaching approaches which can include the child, and the support they receive to enable this, rather than a formalised or external assessment process.

One model which particularly stands out from this case study was the special school that opened its doors to the wider community. The director of this Italian special school recognised the strength of the model, but acknowledged that some of the issues would be harder to resolve for other communities of people with disabilities. Nonetheless, this model was certainly worth further consideration by special schools who wish to encourage a more inclusive system. It provides an opportunity to share resources, to encourage the reconceptualisation of the term special and to both deepen and spread knowledge and skills within special schools.

The clear separation of health and education caused a range of problems, which at first seemed familiar to those in Ireland. However, the considerable distance between the two services and the conviction that health did not do education and education did not do therapy meant that the two services did not spend much time chasing after or creating space for each other. Access to therapy was outside school, and support was to some degree available for families. It was possible to have relatively simple agreements which enabled services to work effectively with each other. Schools were able to provide



support as well, even if the health system was slow in delivering certification. Clearly there needed to be better communication between the two services. The pedagogic assistant, highly trained within education, support and mediating services, seemed a useful model in this regard.

Within the Italian system there was a powerful conceptualisation of the context as being the barrier to inclusion. This challenged many of the negative connotations associated with the medical model as discussed in relation to Ireland. Disability was disassociated to a large degree from both resources and medical notions of the in-person deficit. Didactics and responsiveness to contextual factors dominated much of the thinking around support and classroom practice.

This focus on context was also evident in the conviction that education needs to stay focused on the socialisation of the child, and that schools had an essential duty in this regard. The breakdown in this process, which could occur for pupils with certification and uncertified additional needs as they move further up the school system, into the subject-focused secondary settings, was counteracted to some degree by the range of school types and services which were on offer.

The position of the parent within the system was relatively powerful; however they had to trust that schools were providing the levels of support appropriate for their child, as they did not have a right to one-to-one support. Their position on the class council did give them a possibility of having a meaningful voice in decisions affecting both the learning of the children and the funding of the setting. The school's apparent commitment to provide wider social support was also of value to families.

A fundamental benefit of this system was its intention to target funding towards schools and classes and not directly to the child. The process of an assessment formula, leading to provision for a class, enables parents and children to recognise they were a direct benefit to the system as opposed to a drain upon it. It also shifts a system away from thinking that one-to-one support was the right of a child at the expense of others, thereby allowing resources to support a range of learners.

The range of practitioner types within the schools complicates the means by which support was delivered. A number of models emerged from this study however which could counterbalance this. One was the use of four teachers to work with two classes; another was to link a support teacher to a subject teacher rather than a class; while a third was to provide a support teacher to a class regardless of its support needs. The use of the class council in this regard was also of benefit, not only because it encouraged a focus upon the class and the children's needs, but also because it focused upon the needs of the staff working with them.

The need to support collaboration between practitioners was also very clear within this study, as were the underlying constraints placed upon collaborative working by the construction of the staff roles and the traditional pressures of the curriculum and subject areas. Clearly a lack of collaborative opportunities at secondary level was problematic, adding to the other underlying problems of this sector. The use of a class co-ordinator seemed a practical solution to some of these communication and co-ordination problems, particularly given their capacity to work in conjunction with the class council.

This role cannot make up for the lack of clear opportunities for staff to develop their practice together nor to develop a richer conceptualisation of team teaching. Discussions with teacher educators highlighted their plans to situate team teaching within training and to grade for collaborative working.

### 6.3.1 Issues emerging from interviews

A number of issues emerged from the views of interviewees which had bearing on issues raised either within the literature or from the discussions in Ireland. These are summarised below.

#### Space

- Maintaining students on the main curriculum enabled them to reengage with exam-based study.
- The key issue in the learning situation was the context, which included the school, the leadership, the children and the parents.
- Collaboration and co-operation were essential for overcoming segregation.
- The notion of the class needed to be flexible.

#### Staffing

- Teachers were resistant to collaborative planning if it was left to goodwill.
- Working as a support teacher improved one's capacity to work collaboratively.
- A belief that you lack skills to work with some kinds of pupils was a result of the teacher culture in which you work.
- Shared class roles required shared job descriptions and statuses.
- Providing staff with a sabbatical created space for sharing knowledge and driving change in the system.
- A concise agreement at senior level between services with agreed deadlines could provide a successful framework for collaboration, delivery and accountability.
- Communications between class grouping facilitated management.
- Teachers needed to have flexibility and time to work beyond the formal curriculum.

#### Students

- Schools could measure social outcomes of education.
- Staff could be tasked with encouraging socialisation processes.

#### Support

- Parents benefited from a legal right to time to mediate between services.
- There was a place for a trained educator who mediated between all the services, the child and the family.
- Schools had a social function which extended beyond the school day and had social costs and benefits which could be planned.
- Notions of education and therapy arose from two different languages.

### Strategies

- Team teaching was misinterpreted as involving one teacher leading the class and the other working with a small group.
- If support staff and class teachers had very different training their capacity to work collaboratively was impeded.
- Additional training for specific individuals around support reduced motivation for others to share in collective and collaborative responses to support.
- Teacher training needed to focus on effective didactics and in-class support.
- Effective didactics were unlikely to be taught by university specialists trained in specific subject areas but not in school education and education of typically marginalised students.
- Teacher training needed to move away from clinical descriptions of impairment and to situate the understanding of all children within the learning context.
- Team teaching needed to be part of teacher training.
- All training required a substantial element which focused upon support, inclusive didactics, collaboration with colleagues and other services.
- The individualised education plan shifted the focus onto the child in isolation making it harder to deliver with a group of children.
- Teachers free to teach within curricula which focused broadly upon competences, abilities, skills and knowledge rather than detailed frameworks had more space to respond to student need.

### Systems

- The focus upon standardised tests and closed subject areas made it harder to develop inclusive practice.
- Evaluation of collective class processes was a valuable tool for teaching, pupil support and funding.
- Teachers could play a role in the allocation of funds.
- Funding did not need to be linked to achieving a label.
- Genuine commitment to collective support reduced a need for individual support without raising costs and offered an opportunity to transform practice.
- Leadership over multiple settings was a coherent option which provided an economic and community overview.
- The legal requirement to provide additional resources did not have to depend upon certification by health professionals.
- Smaller local control allowed management of resources more flexibly, in a more responsive manner relevant to the context.
- Planning for inclusion (involving identified individuals responsible for inclusion) was required at all levels from the region to the province to the school to the class to the child; however the plans at the top needed to be responsive to the plans coming up from the child, class and school.

## 7 A Norwegian Case Study

### 7.1 Overview based on Questionnaire Response

#### 7.1.1 Current legislation

Norway was divided into 19 administrative regions and, within these, approximately 430 communes. Communes were responsible for the administration of education. Schooling was compulsory for pupils in years one to ten (ages six to 15 years). Children in years eleven to 13 (ages 16 to 18 years) had the right to go to school and thus there was the potential for the use of alternative education provision for some young people of this age.

The Education Act 1998, which came into force in August 1999 in Norway, gave all pupils the right to adapted education (Section 1.3) – education that was ‘adapted to the abilities and aptitudes of individual pupils’. In addition, pupils who did not, or were unable, to benefit satisfactorily from ordinary tuition had the right to special education (Chapter 5). Chapter 5 also stated that in assessing the kind of instruction to be provided, particular emphasis should be placed on a pupil’s developmental prospects and that courses offered should mean the pupil received adequate benefit from the instruction as a whole in relation to other pupils and in relation to realistic educational objectives. The legislation ensured the right to special education below compulsory school age. The in-country researcher reported that Section 1.3 and Chapter 5 of the Act were seen by many as being in conflict and that this was discussed within policy documents. It was argued that if adapted education was sufficiently robust, it could provide for the educational needs of all children and thus provision made by Chapter 5 was redundant. Both chapters presently remain.

A key policy agenda was *Equity in Education for All* (Utdanningsdirektoratet, 2008). This was seen as a national goal and overriding principle which applied to all areas of education. Its aim was to encourage everyone to take responsibility in their work and social life, enabling them to have an education and occupation which reflects their abilities and interests and not the influence of traditional social structures and processes. The policy required positive discrimination, at a national systemic level and at an individual level. It required adapting the education to individual abilities and aptitudes, placing a responsibility on the school owner (the local or county authority), and the administration and staff at the educational institution ‘to provide satisfactory and adequate teaching based on the individual’s abilities and aptitudes’. In addition to this, inclusive education, adapted education and special education were all positioned as key parts of this policy agenda (Utdanningsdirektoratet, 2008). Inclusion was seen as a process and a goal. To achieve this each school was expected to deliver ‘adapted’ education, adapting material, methods and structures at individual and group levels to ensure individuals developed basic skills and satisfied competence objectives. All aspects of the learning environment ought to take student variations into consideration. By implication all children’s learning had to be encompassed within the adaptive curriculum through adaptive pedagogy and resources. However the system also maintained the right for special education for those who did not satisfactorily benefit from the regular teaching programme.

### 7.1.2 The categorisation of individuals

There was no official typology of categories of special need in use in Norway but the Pedagogical Psychological Service (PPS or PPT in Norwegian) – which undertook the assessment of need – used concepts such as ‘dyslexia’ and ‘social and emotional difficulties’. The questionnaire return suggested that this made it easier for the PPS to confirm the child’s need for special education. Data about incidence were not kept by category of need – only for the total population receiving special education.

### 7.1.3 Funding models and models for allocation of resources and support

Almost one fifth of the national school budget was spent on special education (special teaching and the PPS). The commune was responsible for how this funding was directed. It was also responsible for the establishment and running of the PPS. Many communes were very small, however, and therefore did not have a large staff base or ready access to a range of professionals. Frequently these services would be run solely by educationalists, who would contact psychology (including educational psychologists), therapeutic and other health services only when they felt it was appropriate.

The costs of adaptive teaching for all pupils with special needs (including transport, technical aids etc) was met by the school owner (e.g. the commune). Funding had to be provided by the commune to deliver the goals and offer the provision identified by the Pedagogical Psychological Service. How this was done was defined at the commune level. However, it meant that a school with a lot of children with special needs was likely to have less money for those without the assessment because they needed to use the money on children with the assessment. If a new child received an assessment this special provision would be taken from the overall school budget.

At a national level the Norwegian Directorate for Education and Training was the executive agency for the Ministry of Education and Research, responsible for the development of kindergarten, primary and secondary education. In addition to supervising school owners (communes, county authorities and private schools) it was also responsible for the Support System for Special Education (Statped), state-owned schools and the educational direction of the National Education Centres. In addition, the Directorate for Education and Training provided support to schools, continuing education for teachers and development of educational resources. It was responsible for the development of school curricula, and for preparing examinations, national tests and diagnostic tests for primary and secondary education. The administrative authorities for education and for health were not coterminous: the latter were larger and covered a wider geographical area than the former so decision-making occurred at different levels and in different places.

### 7.1.4 Specialist and generic provision<sup>14</sup>

All children had the right to attend the local, mainstream school. However, ways of defining the local school could differ from commune to commune. There was therefore no systematic provision at national level. As of 1st October, 2011, there were 3,000

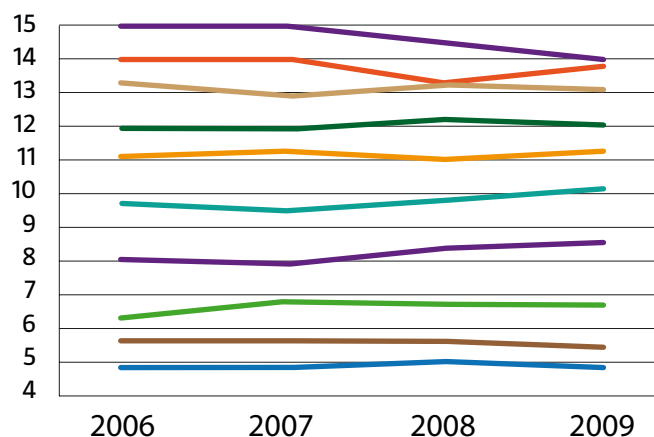
<sup>14</sup> All statistics are from <http://www.ssb.no>

primary and lower secondary schools in Norway, of which 172 were private schools, the remainder being local authority, county or state schools. There were 1,749 primary schools, 758 combined primary and lower secondary, and 493 lower secondary schools. Forty per cent of the schools had between 100 and 300 pupils, 33 per cent had fewer than 100 pupils, and 27 per cent had more than 300 pupils.

The Education Act made no distinction between different forms of special education. Measures ranged from an extra teacher to help certain pupils with specific lessons to individually adapted teaching plans that differed greatly from what we traditionally associate with primary and lower secondary education. Special assistants, requiring no specific qualifications, also often supported these children. Most children at preschool age who needed special education assistance were offered facilities in ordinary kindergarten institutions. Very few were offered places in special kindergarten institutions or in special departments (for example, for children who are deaf).

Numbers of pupils in receipt of special education had been steadily rising, going from 6.3 per cent in 2007 to 8.6 per cent of all pupils in 2012. While the official policy goal was to identify children with special educational needs as early as possible, the use of special teaching increased steadily through the grades of schooling. In 2011 7.4 per cent of children with special educational needs were in the first to the seventh grade and 11.2 per cent were in the eighth to the tenth grade. The in-country researcher suggested that even if the official political goal was to identify children with special needs as early as possible, the steady increase of special teaching from grades one to ten resulted in a Norwegian interviewee saying that 'we practise late intervention rather than early intervention'. National statistics showed that in 2011, four per cent were in special education in the year one cohort, rising to eleven per cent in the year ten cohort. The in-country researcher included the following graph (Figure 7.1) to demonstrate this phenomenon over the preceding years, with each coloured line representing the percentage from year two at the bottom to year ten at the top.

**Figure 7.1 Graph representing incremental support needs across years in Norway**



Source: Haustatter, 2011

The view of the in-country researcher was that there was no systematic provision of special teaching in Norway and that the use of special teaching was very different from school to school. In the primary and lower secondary levels, special education was

mostly provided in the ordinary school. Small municipalities were mainly offering special teaching in mainstream school settings – about 75 per cent of this in small groups (one to five children). Some schools had established more systematic ‘special groups’ on a regular basis (this was more common in secondary school (grades eight to ten) than in primary school (grades one to seven). Some of the big cities had special schools or ‘strengthened schools’ – with extra resources and teaching capacity. In 2010, 0.8 per cent of pupils of school age were in full-time special education (segregated) and 7.6 per cent were in part-time, special education (in ordinary school). This was an overall increase from 5.6 per cent in 2002 to 8.4 per cent in 2010. However, official figures in 2010 suggested it was a lower percentage in special school. They recorded that 614,020 pupils were in primary and lower secondary schools and 1,881 were in special schools. Nonetheless, the in-country researcher also reported that the number of children in segregated settings had decreased from 2009 to 2010.

### 7.1.5 Dual enrolment and attendance policies

There was no formal policy of dual enrolment in Norway. However depending upon commune policy, pupils could spend part of their week in an alternative setting.

### 7.1.6 Placement, enrolment and eligibility criteria

The Education Act 1998 required that before the commune made a decision concerning special education or special educational assistance, an expert assessment should be made of the pupil’s specific needs. This assessment determined whether the pupil needed special education, and the kind of instruction which should be provided.

The expert assessment aimed to consider and determine the following:

- the pupil’s learning outcome from ordinary educational provision
- learning difficulties the pupil had and other special conditions relevant to their education
- realistic educational objectives for the pupil
- whether it was possible to provide help for the pupil’s difficulties within the ordinary educational provisions
- what kind of instruction it was appropriate to provide.

If the decision of the commune differed from the expert assessment, they had to explain the grounds for their decision.

The necessary investigations were initiated by either the pupil or the parents of the pupil, who could require the school to establish whether the pupil needed special education and, if so, the form of education that the pupil needed. The teaching staff had to consider the pupil’s needs and report to the head teacher whether in their view the pupil needed special education. Before an expert assessment was carried out and before a decision was taken to begin special education, the consent of the pupil or the parents of the pupil had to be obtained. The pupil or the parents of the pupil had the right to examine the expert assessment and state their views before any decision was made. The

intention was for special education to be planned in collaboration with the pupil and the pupil's parents and for it to reflect their views.

No specific difficulty or medical diagnosis automatically gave a right to special education. The assessment of pupils, which decided whether they were entitled to special teaching, was undertaken by the PPS. This service also advised the schools about pupils whom teachers considered were 'not benefiting from' the ordinary curriculum. The PPS articulated the problem and designed an appropriate educational programme via an individual education plan with concomitant resource allocation. The PPS relied on the health service for medical diagnoses for conditions such as autistic spectrum disorder and itself focused on the pedagogical assessment.<sup>15</sup> The PPS might be contacted to assess a child by the health service, day care institutions and schools but only with the permission of parents. Parents might also approach the service directly.

### 7.1.7 Professional qualification and standards

Mainstream teachers worked with all children. The minimum qualification to teach in pre-primary schools required three years of training at university colleges of education. To teach in primary schools as a general subject teacher required four years of training or as a single subject teacher three years of training. In lower secondary schools, an undergraduate university degree was required with one year of an additional subject. A higher university degree plus an additional one year of teacher training was required to teach in upper secondary schools. The nature and content of Masters degrees in special education varied greatly between institutions of higher education. Continuing professional development was organised at a commune level for individual schools, across schools and for individual teachers, frequently in conjunction with local universities. It was also offered by the Support System for Special Education (Statped).

There were no national standards relating to special education qualifications. The in-country researcher noted that in Norway the state system did not monitor the quality of teaching and special educational provision, just whether formal processes had been followed correctly (which he suggested in many cases was not). Staff qualifications were monitored by the school principal and owners and were delivered through teacher training colleges. Special teachers in integrated settings providing part-time or full-time special education were mainstream teachers usually with 30 credits or more in special education from a university or college. Teachers in Norway working with pupils with special educational needs were not required to have formal education or training in special education although, by tradition, many did. Teaching assistants or special assistants could also work in schools with no qualifications under the monitoring and direction of the principal and school owner. So could social pedagogues known as *vernepleier* (see Section 7.1.8), who would have a social work based, three year qualification.

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<sup>15</sup> During our interviews with PPS staff, a figure of 20 per cent was quoted to us as the volume of pupil assessments referred to the health service. Given that a health assessment is not necessarily relevant to an educational assessment, this figure is significant.



### 7.1.8 Resources and support available at school and classroom level

Adapted teaching in the primary and lower secondary school was carried out within these frameworks:

- ordinary teaching
- ordinary teaching reinforced by extra teaching resources (used for dividing classes, dual teacher system, group teaching, and individual teaching)
- special education in accordance with individual decisions, carried out on the basis of assessment, where the teaching was usually based on an individual teaching plan
- teaching in special units (separate schools or departments for special education) as for special education in accordance with individual decisions.

The Education Act (Section 5.5) had the following requirement:

Individual subject curricula shall be prepared for pupils receiving special education. Such curricula shall specify educational objectives and content and indicate how the teaching is to be carried out. Each half-year, the school shall prepare a written summary of the education received by the pupil and an assessment of the pupil's development.

The school had to send this summary and assessment to the pupil, their parents and the commune.

Working with pupils with special educational needs in schools were ordinary teachers (who were required to be able to offer 'adaptive' education to all pupils in their classes), special teachers (who had usually, but not necessarily, followed an additional course of professional development), and some therapists such as speech or music therapists. Assistants were used increasingly for children in special education programmes in school, as were *vernepleier*. *Vernepleier* were similar to the Danish social pedagogue. They worked with the young person wherever he or she was situated – i.e. in the family home or the school or during social activities. They focused on holistic learning, rather than the formal school curriculum, and took responsibility for care needs, general welfare and behaviour therapy. *Vernepleier* worked across age ranges and school phases (it was possible for a *vernepleier* to stay with the young person into his/her adult life). Within schools, *vernepleier* negotiated transition arrangements for a young person or provided separate curriculum activities (for example, physical activities such as cycling or skiing) when it was considered that those on offer at the school were inappropriate for the young person.

The school compiled specific teaching plans for every subject and every class. These plans attempted to have local relevance and to draw upon children's prior knowledge, using teaching methods appropriate to the needs of the individual pupil. The commune was responsible for supplying necessary teaching aids and equipment.

### 7.1.9 Resources and support provided from outside the school

The Education Act (Section 5.6) required that each commune provided an educational and psychological counselling service:

The service shall assist the school in work on competence enhancement and organisational development in order to improve the adaptation of the education for pupils with special needs. The educational and psychological counselling service shall ensure that expert assessments were prepared where this was required by the Act.

At the national level, a series of 13 public and 2 private National Support Centres for Special Education (Statped) provided advice and guidance about specific special educational needs and disabilities. These were funded by the Directorate for Education and Training (see Section 7.14). These centres were soon to be merged to form four mixed-team centres each serving a geographical region of the country. The Statped centres were created when the national special schools were closed in 1993. They could give direct help to schools in collaboration with the local PPS and, in these circumstances, were generally regarded as being at a higher level of expertise than that service. In addition, any parent might contact a relevant Statped centre and receive up to three hours of free advice about their child. Statped staff worked on a contract basis with schools, with a clearly identified entry and exit point – the latter could be extended at the discretion of the individual member of staff working with a particular case. Individual members of staff could refer to colleagues at another Statped centre if a particular pupil had multiple needs; the pupil's case file was shared so that parents did not have to retell their story from the beginning to another professional within Statped. Statped centres also offered courses to teachers on specific special educational needs, held curriculum resources for teachers to consult, engaged in their own research and disseminated information via a newsletter distributed nationally.

## 7.2 Findings of the Country Visit

The following description reports on the views of 37 individuals at eleven interview sites in four communes in southern Norway. Conclusions based upon a relatively small sample had to be tentative. This case study does not attempt to represent the whole of the Norwegian system. It reports on the views as expressed by the range of interested parties interviewed, identifying key elements of the Norwegian system as experienced within these four communes. However, our interviewees clearly felt that their views could be applied to much of their national system.

### 7.2.1 Community space

#### 7.2.1.1 Use of spaces within schools

Within the Norwegian system there was the expectation that all children went to their neighbourhood school. However, despite the policy commitment to inclusion, the system could still promote segregation within apparently cohesive units, with pupils, in

both mainstream and strengthened (special) schools, spending most of the school day in separate rooms. Staff at the special school noted that:

some of the children come here from elementary schools or secondary schools. They have not belonged. They have been segregated within their own schools within the school day so they have been physically integrated but not included. (Interview site 13, in discussion with teaching and school staff)

The prevalence of one-to-one teaching in a separate space was found in the special school as well. Despite attempts by management to move to small group work, pupils had their own separate rooms where they would work uninterrupted with a special teacher. This was described by teaching and school staff as an old habit, arising from a wish not to be interrupted or distracted, as something 'into our veins' (interview site 13) and hard to eradicate, even after the PPS criticised over-reliance upon one-to-one support: 'We would like to see more of the students in groups.'

### **7.2.1.2 Use of space resulting from conceptions of 'special'**

Interviewees suggested that the concepts and tensions between 'adaptive' and 'special' were formed from the 'legacy' of the previous policy context. This resulted in the belief that a young person with learning difficulties needed to be with his/her peers but, nevertheless, needed to learn something different from what the class group were learning. The consequence was not only withdrawal from the classroom but also internal exclusion within the classroom, where pupils were being taught at the back of classrooms by a special teacher while their peers were engaged in something completely different around them. A teacher commented that she was engaged in this sort of practice 20 years ago and another interviewee commented that inclusive pedagogy had not developed since then:

Learning institutions like ours and similar, they are more into doing stuff they have been doing for years and years and the things they know and I don't think that today's practice in teaching pedagogy is very much based in evidence based practices – what works. (Interview site 19, in discussion with professional development and academic staff)

There was a belief that different practices could be inserted into various spaces – rather than the spaces themselves being modified:

They [head teachers] have heard about inclusive education and they have heard about adaptive education but I think it is also fair to say that also principals believe there exists a special education that can solve specific problems and that is how they understand that area. (Interview site 19, in discussion with professional development and academic staff)

There was awareness of the considerable difficulties in moving to an inclusive system without having fully prepared for how it can work in practice or having reconceptualised the business of the classroom: the available space was not seen as a theatre of action. The legislation alone did not necessarily aid or change the practical situation. The

tension was between the legacy practices and the new practices needed to support the operationalisation of inclusive classrooms. Problems arose where pedagogic practice and, indeed, whole school organisation, continued as it had in previous policy contexts. In such circumstances, 'integration' was possible but it was doubtful that inclusion happened but by chance: despite a great many policy shifts it was recognised that the space was accommodating but not being reformed.

### 7.2.1.3 Inclusion in different phases

We were able to visit each of the three organisational phases of education in Norway: kindergarten (early years), primary and secondary (split into lower secondary and high school). Attitudes towards, and possibilities for, inclusion differed according to phase.

In kindergarten, inclusion was accepted and realised without any difficulties and all the children learnt together. Kindergarten staff talked about a favourable pupil:teacher ratio to enable very small groups of children to work with one or two adults and receive a high level of personal attention. Assessment of need was integrated with the learning activities rather than being an isolated activity, as it appeared to be in later phases of education. Support staff from the Pedagogical Psychological Service were working alongside the regular staff and were clearly respected as colleagues: staff spoke of learning from the PPS colleague as she engaged with the pupils in the classrooms. It was observed by interviewees that very young pupils were also naturally 'inclusive' and did not notice difference as acutely as older children.

Teaching and school staff described how inclusion was possible in primary schools, and 'very easy' (interview site 11) when the children were young. They suggested that the curriculum was reasonably flexible and the 'gap' in response to tasks was able to be accommodated. The mindset of staff was seen as being more attuned to inclusive practice, as well, and the pupils were considered to be flexible in their response to their peers. The relationship became more constrained with years of schooling through primary and secondary phases, with a widening gap at the start of lower secondary. An interviewee commented:

... because the older they got, the tougher the curriculum got, the more theoretical, the less they were part of their group of peers in the school. So the difference between them and their peers grew as they grew older, so they had little to do, or less and less to do in the mainstream school.' (Interview site 12, in discussion with teaching and school staff)

It was suggested that at secondary schools pupils saw other pupils as different and that children who stood out struggled to make friends. One interviewee commented that adolescents with special educational needs could not communicate with others of the same chronological age because of their 'low mental age' and of being 'too physically large' to be with children of the same mental age. Another interviewee recognised that this attitude ignored the emotional journey that pupils had taken together, the things that had been learnt from this, and their capacity to be carers outside the school context; however she also noted that caring for another age group 'is a different thing' (interview site 12).

It was generally agreed that pupils needing special education could spend more time in mainstream classes in the primary phase than in the secondary phase. This was attributed to a greater focus on subjects, the necessity for pupils to achieve positive outcomes in terms of grades in national standards of achievement and the fact that teachers were teaching separate subjects and thus spent limited time with any one class group:

If I am a geography teacher here [lower secondary school] I can see a child with Down syndrome two hours a week and it is easy to think 'Oh, what is he doing here?' (Interview site 11, in discussion with teaching and school staff)

The advisory and support service staff also suggested that since teachers were 'measured on how well your students achieve their goals' it was easy to explain 'the difference in culture' (interview site 18). The importance of national assessment grades was itself influenced by international comparators, which had an influence on what pupils were expected to do in the classroom:

The Pisa tests told Norway we are not good in, our children are not good in reading and writing. So we must start earlier. (Interview site 11, in discussion with teaching and school staff)

Top-down pressure exerted subtle influence on lower parts of the system. The demands of the lower secondary curriculum meant that the necessary skills to meet these had to be acquired earlier in pupils' educational careers. It was felt that in teaching 'basic things like reading, writing and basic maths', schools had 'not been good enough' and did not prepare students for 'this very theoretical lower secondary' (interview site 12).

It was recognised by a couple of the interviewees that if outcomes are generated by a rigid pedagogy, those pupils who will never achieve the outcomes, or who will not achieve them with that pedagogy, will be excluded. Thus, by the Norwegian definition of special education a pupil who needed to learn via multi-sensory teaching to reinforce inputs would need special education. However, there was some evidence that change in pedagogy could occur incrementally. One special educator working in a secondary school mainly with a particular pupil remarked that she had made differentiated materials, suitable for the whole class, available from the start of the year: 'in the beginning, nobody wanted them, at the end of the school year everybody wanted them' (interview site 12).

There was a clear recognition that the increasing rigidity in the system as pupils moved through school inhibited the inclusion of pupils who were perceived to need special education. By this token, special education was a function of the demands of the regular education system which was, thus, itself preventing the very inclusion that the law was promoting, and enforcing the use of other spaces.

An interviewee reported that the 'offers' of the special school and the mainstream school were seen to be mutually exclusive:

One of the things that parents tell me ... is that they feel they have to make a choice. Either they send their kids to ... special schools ... and they might have

a social life, they might develop great social skills and have a nice day [but] they don't feel they learn anything. Or they can send them to regular school, try to integrate them in a regular class, the kids don't fit in, they don't feel they are equal to the other students, but they learn something ... they achieve something academically ... the main problem being the resources that these schools are able to and allowed to use for each child. (Interview site 14, in discussion with parents and support staff)

But staff at the special school reported that some mainstream schools had managed to create an inclusive space despite the barriers that inhibited others:

I know where they are actually part of a group. The group cares. There are examples of kids that can be part of a group for a number of years. Even though the curriculum is getting more and more theoretical all the time and the kids are getting older and going out to play soccer and all that and couldn't care less, you'd think, about the guy in a wheelchair – and yet, some places, some students are having one heck of a time together with other students in normal schools. And so why does it happen somewhere and not all of them? (Interview site 13, in discussion with teaching and school staff)

#### 7.2.1.4 Special schools and alternative provision

A further consideration was that, despite there being no national special schools, communes had discretion to provide education in segregated schools in response to local need. Advisory and support staff noted that it was 'a lie' (interview site 18) to say there were no special schools. They suggested that even though no one could give numbers there were a lot of them for people with learning disabilities and for those needing behaviour support, because they were not easy for schools to manage. Data on total numbers of commune-run special schools or their rolls did not seem to be available to the national support service staff either. Individual PPS staff would know how many pupils were attending special schools in their commune but would not know about other communes' provision – although data were kept at national level (see Section 7.14). Arrangements could be made for just a couple of pupils. For example, a parent talked effusively of a school she had worked at where they had a shed to accommodate a child with Down syndrome, so that this pupil could still see the other children while studying on her own:

The concept [strengthened school] is very vague. I know one community not far from here. They found a special teacher, they had an assistant they came up with a room and they called it a strengthened department. The education took ... a couple of students. And then you have the other end of the scale, which is [this school] with highly competent teachers and with experienced assistants and very good facilities. (Interview site 13, in discussion with teaching and school staff)

Furthermore, special schools operated provision on a part-time basis for pupils enrolled at ordinary schools. For example, the 'strengthened' (special) school which we visited

had about a dozen full-time pupils and about 40 who visited for perhaps one or two days a week for the sensory stimulation that was available (e.g. a hydrotherapy pool and music therapy). This school accepted pupils from neighbouring communes (although it was considered that a maximum journey time for a pupil should be no more than about 45 minutes). Another site that we were told about offered provision for about a dozen pupils with mental health difficulties. These cohorts of pupils could change over a short time scale so the total number of pupils receiving support from such special school provision both within and across communes was likely to be considerably greater than the number of full-time places available at any one time.

The local provision we encountered in one commune seemed to be widely known about but not formally acknowledged. It appeared to be a unique arrangement, rather than part of a strategic development. This provision was at a farm and the person who ran the farm was commended for being able to engage young people with mental health difficulties or learning difficulties; the provision was expanding on account of its popularity. Attendees participated in the regular routines of the farm, some attending for a day or two a week and others attending full time.

## 7.2.2 Community staffing

### 7.2.2.1 Situating the problem

We were told that teachers tended to focus on ‘the problem’ and were keen to learn its cause. Some interviewees recognised that while this was laudable – in that it was taking the case seriously and gathering information about it – it could also move responsibility for action from the teacher to another professional. It might encourage an assumption that additional resources were needed to address the ‘problem’. An interviewee told us that:

in general, teachers, when they face students with special needs or problems ... don’t really know how to look at the problem. They just see the problem, the reason why there is a problem, and when they have a problem they have very few strategies on how to deal with this. If you have a behavioural problem in your class they see the problem and they want to get rid of it as soon as possible. (Interview site 19, in discussion with professional development and academic staff)

This interviewee suggested that teachers tended towards wanting to ‘give them a pill and make them better’ because they wanted to ‘focus a lot more on the learning’. This contrasted with the approach of the *vernepleier*. Their focus was on identifying ways around the perceived problem, and learning from it rather than attributing it to something within the individual. Professional development and academic staff suggested the *vernepleier* were more playful, wanting to work problems out and not take a diagnostic approach. They saw them as focusing upon social skills and integration and the ‘kids’ ability to participate in the system they are in’ (interview site 19). This interviewee thus saw *vernepleier* as the solution as they did not seek further resources to address the difficulties. Teachers, however, wanted further resources to address problems – although they would regard the *vernepleier* as such a resource.

In later discussions with a *vernepleier* however, the approach which the professional development and academic staff interviewee had suggested was not in evidence. The *vernepleier* positioned a pupil entirely within the medical model of disability when discussing why the pupil needed an individualised programme, and he delivered this programme from a room in a building separate from the child's peers, with no time in their company. This very caring practitioner evidently saw the children as the problem.

### 7.2.2.2 The impact of training on practitioner responses

The attitudes of practitioners working within schools were directly linked by interviewees to issues around training. For example, the greater focus on the formal curriculum and subject-based knowledge which was said to start on transition to lower secondary school was linked by some interviewees to the different backgrounds of teachers in the different phases. We were told that the older generation of secondary school teachers tended to be graduates whereas those in primary schools were more likely to have followed a vocational training. It was suggested too by support service staff that there was a 'history that teachers who can't manage a class do the special needs education' and that 'they have got a lot of people who have not qualified as [a] teacher but can have vocational skills' (interview site 18).

There was further evidence that different attitudes towards teaching and special education may have been occasioned by different theoretical allegiances flowing from different professional and vocational education experiences. Interviewees were clear that they had been exposed to different traditions in their training, in particular with regard to special education training. At a provincial administration office (interview site 20) they noted that to be a teacher you 'go to the university', but if you wanted to be a special teacher you went to 'a special institute at university and they have another angle with the special pedagogy' and as a result 'we have two cultures meeting here':

It's becoming a large problem because the state government are talking about including the students in the classroom and the special pedagogies are having a major focus on the disabilities – dyslexia – and this was a small conflict but it's getting bigger and bigger. (Interview site 20, in discussion with advisory and support service staff)

This division was also evident within the underlying values in relation to the training of special teachers who were exposed to different university curricula and different paradigms within these:

From the beginning the alternative [here] was not based on the pedagogical way of thinking about special pedagogies. So political theory, how I should say, sociological theories and theories of pedagogies – they are what it was based on.... The oldest tradition is based in the special school, the special teacher training school ... ; they are following the historical trend focusing on different learning problems or errors. (Interview site 19, in discussion with professional development and academic staff)



Interviewees across a range of sites referred to the range of distinct traditions among different colleges and courses. For example, staff and students at an institute of higher education discussed the different courses for those who wished to qualify to teach and for those who wished to specialise in pedagogy. Students from the latter might have aspirations to work within the PPS or go into another career where some understanding of theories of teaching and learning would be an advantage: the police service was cited as an example. No opportunity was evident for these students of different qualifications to share their learning. For example, those studying to work in schools as *vernepleier* did not share any of their training with teachers in training, even though they were studying in the same building. Teachers were aware of, and extremely loyal to, their initial training institution and could identify where their training differed from that of their colleagues. The implication was that this made it harder to adjust to each other's perspectives and to work together.

### 7.2.2.3 Other professionals involved in special education

The training and education of a range of different professional groups (e.g. teachers, therapists and medical practitioners) could result in different approaches to the same child with special needs. For example the *vernepleier's* training was aligned with social work and child welfare work whilst embracing learning theory. Professional development and academic staff noted how people needed to work together:

Sometimes it is the doctor who is in charge ... Other times it might be the physiotherapist because that is important right now. So everybody has to step down of course and say 'OK I am stepping down but I am here if you need me.' Some other profession is doing the job. (Interview site 19, in discussion with professional development and academic staff)

Rather than being complementary, the approaches were often in conflict. The professional development and academic staff reiterated the view about different university perspectives, and widened it to different perspectives between universities and schools, suggesting that schools feel that they deal with the reality of children, that they 'meet the conflicts in the classroom' while universities theorise about them. They described the *vernepleier's* perspective on disability and 'how to fix your behaviour' (interview site 12) in contrast to a pedagogues' approach, which was different again to that of a range of medical practitioners. They described how these two cultures and ways of thinking left one asking 'What's the right one?'

Several interviewees, from a range of backgrounds, described the importance of 'speaking the language' of other groups – for example, the need for the PPS to communicate with teachers in school and for teachers to be able to communicate with parents. A long-time teacher of special education noted that:

a special educator has to be good at working with lots of people and various people ... people from health services and ... she must talk a lot of languages .... Parents talk what they think, teachers talk what they think ... and the doctor, he has another language, and the special teacher must [speak these languages]

and the children's language. (Interview site 12, in discussion with advisory and support staff)

This type of communication was perceived as a boundary-crossing strategy. However, we were not given evidence elsewhere that it functioned effectively. Typically, the lack of communication was presented as a barrier to professionals working together, compounding the differences generated by training in different professional specialisms related to pupils with disabilities (e.g. *vernepleier*, psychologists and medical staff).

#### 7.2.2.4 Understanding of staff's 'expertise'

Interviewees across all settings noted a deep respect for, and desire to listen to, 'expertise'. Much seemed to depend on the perceptions of the position and role of the respective colleague. For example, one interviewee commented that teachers would not take advice about their pedagogy (as opposed to a programme for an individual pupil) because members of the PPS were not teachers and:

no, because you are sitting on another horse; you are sitting on the assessment horse making all the tests. (Interview site 20, in discussion with advisory and support service staff)

In this case, assessment had become divorced from teaching and the PPS staff were seen as occupying a different box. However, the nature of this expertise was not defined and there was certainly no common understanding of what expertise was needed to support inclusive education. For many interviewees this uncertainty could be resolved by special education, even though this too lacked definition. This in turn encouraged separation from adapted education, on which all teachers could have a hold but none could clearly explain. These layers of uncertainty at the heart of policy meant that for some, Statped functioned at a higher level, as a final, authoritative arbitrator:

[Statped] are diplomats and go to schools because there is a quarrel between the parents and the school and the PPS and they try to calm everybody down because they have to work together.... If you go to Statped that's a national support system or to support those in charge of municipalities and commune administrators. (Interview site 19, in discussion with professional development and academic staff)

The authoritative message was further reinforced by the distinctiveness of the different Statped offices each of which brought together experts around a particular disability or condition – for example, acquired brain injury – with the aim of focusing professional dialogue, exchanging expertise, and developing ideas and joint research:

Teachers think that that is kind of their educational god. We do what they say and that is right. I am right in a case that now, I am waiting for a report from Statped in language and I know they are going to write a lot of things that the teachers think we will have to do. (Interview site 14, in discussion with parents and support staff)

Interviewees recognised, however, the danger of this expertise becoming reified, with the focus on the diagnoses and the functioning of the individual pupils, which was removed from the general pedagogy to which the child was exposed to on a day-to-day basis. This, perhaps, explained why in some cases, practitioners had no knowledge of or dealings with Statped and did not see the national service as being relevant to their professional practice.

Statped expertise, qua resource, was highly regarded and respected and found to be of great value (usually by those 'half-way' to expertise such as staff in a strengthened school). It was also perceived as an unknown quantity (among those who had had no dealings with Statped staff or courses), while it was respected but concomitantly feared by those who were one stage removed but were responsible for implementing guidance:

There was a report and it said something about that Statped give expectations to the schools, to the teachers, that they kind of fear because they are not capable to do it and that gives again the local pressure to the PPT to come to school and help. (Interview site 14, in discussion with teaching and school staff)

There was a degree of uncertainty as to where the service fitted in the support structure and who benefited from it. An interviewee at the university suggested that Statped felt they had to be 'more than PPT' (interview site 19), that they had an identity problem, in which they felt themselves to be more knowledgeable than universities and other services, and that because of this, authorities had difficulties positioning their service alongside others. The interviewee suggested that this difficulty had been evident ever since the service emerged from the old special schools in 1992, and that Statped would 'diminish down to zero in some years'.

#### **7.2.2.5 An additional space or an alternative expertise?**

Given the respect for other staff's professional 'expertise', perhaps reinforced by the additional, or different, professional or vocational training, it was interesting that when several interviewees commented very favourably on the local alternative educational provision – the farm – they did so because the person running the farm just had a flare for working with young people. They identified the value to the pupil in going to an alternative setting and mixing with a different group of peers, but their primary focus was the person who ran the provision. One parent suggested 'she just had insight, she was just the right person for it' (interview site 15). This contrasted with her view of formal support:

I think that some of the problem is that the special teacher ... what you learn is about all things. You haven't learnt specially about Asperger and so you don't have the knowledge ... you have a lot of knowledge but not the right knowledge. (Interview site 15, in discussion with parents and support staff)

This tendency to emphasise the formal approach emerged in surprising ways. Many interviewees described a richly varied career in education and an experience of different schools and administrative roles and positions. However, no one talked about drawing upon this potential pool of knowledge. Practitioners seemed happy to move in and

out of positional leadership (e.g. from being deputy head or principal of a school to support teacher; from special educator to mainstream teacher; from PPS to a variety of teaching roles or to roles in Statped) and thus had firsthand experience of the particular opportunities and tensions within other roles. However, it seemed to be the case that practitioners slipped into different roles in a largely vertical system and did not use their experience elsewhere to influence the next role they assumed. There was considerable respect shown by practitioners for their colleagues further up the hierarchy and there was little evidence of distributed leadership.

### 7.2.3 Community of students

#### 7.2.3.1 Attitudes to inclusion and the child

Education policy was clearly related to social awareness and acceptance of 'difference': during a rehearsal for a whole-school 'National Day' entertainment-focused production, we saw all kinds of children participating in singing and dancing on equal terms; many of these children would have been in special provision elsewhere. Interviewees across all sites saw a positive value in having all children working alongside each other. In discussion with parents and support staff for example, a story was told of a parent who was told by another parent how happy he was that his son had children with disabilities in his class and what his son was learning from the experience, without realising he was talking to the father of one of those children with disabilities (interview site 14).

Despite this broad focus upon the social function of schooling, the 'pupil voice' was not in evidence. Apart from references to school councils, most interviewees seemed to believe that children were in school to be taught and to engage with the national curriculum. Staff from the strengthened school saw, in addition, a care role, pointing out that pupils could not learn until they were physically comfortable. Further, there was the realisation in the strengthened school and early years settings, but not voiced in the primary and secondary mainstream schools, that giving pupils physical experiences (for example, of light, warmth and sound via sensory stimulation) was valuable.

The *vernepleier*, from a different training route, placed value on experiences (e.g. outdoor pursuits with specially adapted equipment) and social interaction both in and out of school. The *vernepleier* said that they regarded the young person 'holistically', engaging with his/her parents and out-of-school life. However, since a *vernepleier* could follow a child around through his /her school day, this sort of approach to a young person with significant learning difficulties was regarded by other interviewees as 'expertise' and not something that could be negotiated by everyday staff within the ordinary classroom.

The *vernepleier* placed value on the pupil qua child and person, working to his/her strengths and working around perceived problems. While a member of the support services told us that they listened to children – 'What are the pupils telling us ... about [what] he or she is learning?' (interview site 18) – this approach was not so apparent in schools. There was not always the responsive listening to young people that might have reduced some of the perceived problems. For example, a special teacher wondered why

a child should be made to write when she could have given verbal answers; or made to read when she could have had pictures to communicate, or accompany, a written text.

One interviewee expressed the idea that a child was 'in a problem' rather than 'being a problem': this focused attention on the environment and implied a scrutiny of that environment rather than a detached scrutiny of the child's problem. Such an approach was not evident across all the interviews however.

## 7.2.4 Community support

### 7.2.4.1 Attitudes to pupils' parents

Parents reported that they felt welcome in school – and we should remember that the school was serving the local community in which they were living. Professionals we interviewed commented that head teachers took the views of parents seriously and parents held some power over a school's response to a pupil requiring special education. Articulate parents who were fighting for particular resources for their own and others' children admitted that they were probably regarded as a bit of nuisance but they did not report being rejected by the school even if, with hindsight, they felt that a particular course of action taken by a school at a particular point in their child's life was not an appropriate or adequate one. However, it was acknowledged that articulate and persistent parents tended to be 'heard' more than others.

### 7.2.4.2 What is adaptive normal provision?

The quantity and type of support received by pupils within the system rested on what was considered to be 'benefiting from normal' (adaptive) education. As touched upon earlier, the formal curriculum exerted a considerable influence within Norwegian schools and teachers were clear about the tools necessary to access this. Thus they were concerned if a pupil could not use these tools and non-use implied the necessity for special education to enable this usage:

I think we have to discuss what is it to be normal? What is it to benefit from normal education? For me the most important things for all children is to learn to read, to write something. You have to. Reading, in my opinion, is really important, and you have to understand some basic maths and you have to understand some basic things from daily life.' (Interview site 12, in discussion with teaching and school staff)

Deviance from the normal curriculum was definitely regarded as 'special education'. Teachers questioned why pupils could not do what their peers were doing rather than whether they needed to do that activity at all. Teaching and school staff in one interview suggested that if a child was not following the curriculum as intended then they wondered why and would 'do some tests ... contact the PPT'. If the child in question was not benefitting from this, special plans were made and 'they have to have special education' (interview site 11). As discussed in Section 7.2.2, this approach had some basis in teachers' alignment to subject specialisms, but it was also closely linked to wider traditional responses and expectations:

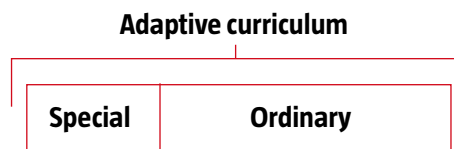
What school[s] know how to do it is to give more help for a kid that is having a problem in maths, Norwegian or English classes. Give them more maths or have a good teacher try to teach math in a better way. This kind of setting up, schools are good at, but in arranging schools for everyone to be included, for everyone to be a good part of school, systems that do not allow bullying or harassing of kids and stuff ... teachers don't know that well enough. (Interview site 19, in discussion with professional development and academic staff)

Many interviewees, including a senior administrator, suggested that teaching in Norway 'used to be more or less a private thing for the teacher' (interview site 21) – that is, the teacher operated in isolation and without interference within his or her classroom and was responsible for the quality of teaching and learning within that classroom. Teachers were extremely diligent and keen to do their best for their pupils. Nevertheless, their priorities (shaped by external expectations) may not have been coterminous with those factors that facilitate inclusive classrooms. They were not able to cross the boundaries on their own, nor engage in, or have support for, joint endeavours at the boundaries. An academic and former school senior manager stated that they knew of hundreds of teachers focused on good exam results rather than integrating children into their class. They noted that these teachers had been trained in subject areas and were 'not taught how to work for integration and how to do special ed. work' (interview site 19). They suggested that this was one reason why roles such as the *vernepleier* were needed.

The type of support that teachers provided within the class appeared to revert to their practice before the legislative reform. A move towards delivering inclusive support as part of everyday teaching as was expected within policy was compounded by the rigidity of what teachers were expected to do in their lessons, i.e. teach the national curriculum, and what they expected of themselves, i.e. to teach as they have always done.

#### 7.2.4.3 The use of special education

Interestingly, practitioners in Norway tended not to speak of 'pupils with special educational needs' so much as 'pupils needing special education'. The following diagram was drawn for us:



Special education was seen as distinctive and somehow different in kind from what was provided as part of the regular adaptive curriculum. The need for special education was identified following assessment. There was a readily recognised, but not so readily explained, distinction between 'ordinary adaptive education', which was every teacher's responsibility and should be offered by all teachers, and special education, which was considered to be additional, designed for the individual, and dependent on specialist expertise, knowledge or skills. Those with whom we spoke often found it hard to delineate the practical difference between ordinary adaptive and special adaptive education but they believed that there was a difference and that some pupils needed the latter:

Interviewee: He needed to have training to talk, to say words in the right way, to extend the words he could use and to learn the numbers and everything like that. So he needed very special training and it was done outside the class.

Interviewer: But what you have just described is education?

Interviewee: Yes

Interviewer: So it becomes special training because he needs additional [...]

Interviewee: Yes, yes.

(Interview site 12, in discussion with teaching and school staff)

We were not able to form a clear picture of the difference. Different individuals suggested different elements and there was no discernible common conceptual framework and certainly no definitive list. As was evident from definitions within *Equity in Education for All* (see Section 7.11) these concepts defined each other. Inclusive education required the system to be adaptive, whilst adapted education focused upon the individual without becoming entirely individualised teaching, but involved special education and individual education plans for those who were not benefiting from (inclusion in) the regular teaching programme. Even though 'school owners' were responsible for the delivery of special education, there was no national directive as to the form that it should take. The most persuasive examples were elements needing special skills, such as signing, or behavioural support for young people who found it hard to concentrate, or young people needing personal care before they were receptive to more formal learning in the classroom. However, in each of these cases there was no evidence of special pedagogy: rather, 'ordinary' things being undertaken in extraordinary circumstances. And when it was considered that pupils did need to be segregated, it seemed to be for non-educational reasons and to set up the conditions for more formal learning to take place, although it could be argued that these young people were learning but on their own terms and in their own way. While 'extreme' cases were relatively clear, the problems lay in the middle ground, in the ordinary school, where it was unclear where the boundaries between adaptive and special education lay and what, indeed, criteria could be applied to determine them.

## 7.2.5 Community strategies

### 7.2.5.1 The role of the PPS in defining the term special

At an operational level, special was defined by the PPS: if the PPS assessed the pupil and subsequently awarded an additional resource (usually additional teacher time) to address that pupil's needs, then the pupil was involved in special education. Allocations were made on an individual basis – not by formula. By definition, the needs of this pupil were over and above what the PPS assessor considered ordinary classrooms should be expected to meet. This led to a situation whereby teachers looked at those pupils who had an individual education plan drawn up by the PPS and assumed that those pupils, by definition, needed special education and were beyond the boundaries of ordinary adaptive education. Clearly, a vicious circle could be drawn:

Interviewee: Adaptive teaching? It is, it should be all the children in the class.

A good teacher should go into the classroom and have thought about how to

reach most of the children in that class. Special education is for children with very special difficulties ...

Interviewer: And how do you know when those difficulties are so special that it is not being accommodated by adaptive education?

Interviewee: Then I think about the children with expert assessment, like the PPT. (Interview site 12, in discussion with teaching and school staff)

'Special education' became norm-referenced in relation to the pupil and focused on the pupil rather than the learning environment. Furthermore, it was determined by individual practitioners in the PPS. Interviewees across settings recognised that the understanding of the term special was driven by experience at case level within particular schools rather than by national level policy in relation to formulae or with reference to performance in national curriculum grades or reading ages.

Some interviewees recalled the previous organisation of the support services: the services covered a wider geographical area across communes, giving scope for larger, multidisciplinary, teams. This contrasted with the subsequent organisation within which each commune had its own PPS, so there could be a single practitioner or a small team with a range of expertise limited by the size (by population) of a commune. It was recognised that this meant:

The PP has the responsibility to work out expert reports but they are not, they should not have for themselves the experts to make that report.... It is more rhetoric that we say that the PP service can make or are able to make their expert reports. (Interview site 20, in discussion with advisory and support service staff)

Given this diversity across the country, it is unsurprising that operational definitions of special need became relative. Not only were there different criteria for assessment; differences also occurred in terms of schools' responses to pupils who learnt differently and understandings (often on account of head teacher stance – as discussed below) of adaptive education:

The result of that is that a school that are good at adapted education, they have fewer children that need special education ... And we can also see that it is a difference from the schools what they call that and how many children they have special education. And you can also see what one school call special education is adapted education at the other [school]. Because when you have special education you have an administrative decision for each child [...] and to get that decision you have to make an expert assessment first. And for some children you can do the same. You can help them without having them through an expert assessment. (Interview site 21, in discussion with policy and administrative staff)

#### **7.2.5.2 Delivering the support that is needed?**

While interviewees at the provincial administration office referred to the importance of noting a pupil's strengths, weaknesses and capabilities in context, the emphasis



amongst teaching staff was on the individual pupil rather than on scrutiny of the management of the classroom in which that pupil and his/her peers were learning. The implicit assumption was that the classroom provided the adaptive education but special education went beyond the normal expectation of the adaptive education and required additional resources. Furthermore, there was some evidence that the assessment could be threatening for the schools:

The PPT should go in and describe what kind of education this person is getting today and evaluate that in a way, in some way or another in the mainstream, the situation of the child. That is the point, and for that job the PPT are using a lot of assessments or tests to test the child.... We use that to prove if the school is right or wrong in claiming that child is not benefitting. (Interview site 20, in discussion with advisory and support staff)

Statped worked around a model which recognised the importance of bringing together an accurate diagnosis (the starting point and usually derived from intensive testing), an analysis of the implications of that diagnosis (what the individual could/could not do), the pedagogical skills and subject knowledge needed to work to those strengths and weaknesses, and a positive attitude towards, and knowledge of, the pupils. Professional development and academic staff also identified these traits; they noted the need to 'use the label' to inform one's teaching (or else it was better not to have it), and the need to be an 'including teacher' who cares, understands pedagogy, their subject and the child (interview site 19). But this was perceived as difficult to implement 'on the ground':

The head teachers are a key because we have to try to make them good and we have to support them in their work and we can also have to help them with how to, with the staff. It is not so easy to go in and do the job for them because we can lose their authority in some ways. [...] A smart and good head teacher will solve that in a way: he can include most of the staff. But if you have some others, they have bigger problems to do that. The staff are also different so I think in reality that is a challenge to come around that. I don't have an easy answer and I don't think we succeed all the time.' (Interview site 21, in discussion with policy and administrative staff)

This administrator was articulating the problem of going into a different context as an outsider and trying to influence practice in that context without removing responsibility from, or undermining, the practitioners. The head teacher was seen here as a critical agent in the process. This was reiterated elsewhere. It was noted for example how two head teachers could both follow the law, but their schools could have big differences in practice and in the system for special needs and 'all will be inside the system' (interview site 15). Speaking of a lower secondary school pupil with severe learning difficulties who was currently working with a peer group, a support teacher remarked:

I think that X will go on [with peer group in mainstream class] because they [the school] have got it under their skins. But it also depends who is going to be the next head [teacher]. If he or she doesn't think that is so important then they

can totally change this also. (Interview site 14, in discussion with parents and support staff)

In situations where ordinary teachers were dependent on special teachers and assessors to determine programmes for pupils in their class, there was a slight unease about who was responsible for the pupil: the ordinary teacher or the special educator who was providing the special education which was outside the parameters of the ordinary teacher.

Gaining access to assessment from the PPT was crucial to gaining access to the additional resources (in terms of special educator time and, occasionally, equipment such as a computer) that would follow the assessment and reassure the ordinary teacher – and the parent – that the pupil’s needs were being addressed. However, because the report was prescriptive and was not necessarily accompanied by developmental support for the teacher(s) having to implement an individual education plan, there were instances where the equipment was provided but not used because it was not pedagogically relevant to the teacher(s) working with the young person. An example was where a pupil with specific learning difficulties had been allocated a computer with relevant software but it remained unused as no one had shown the pupil how to engage with the software or integrate computer use into classroom routines.

There was also a concern that, while assessment reports were valued, their implementation in schools was not possible on account of budgetary pressures:

I go there with an open mind, yes, and I know how they [Statped] work and I wrote those reports myself too, but they tighten up and lead us into something that may at the same time be good for the kid but in the system, in the school system, they tighten the resources and it is a balancing thing ... (Interview site 12, in discussion with teaching and in-school staff)

Furthermore, too ‘tight’ a prescription for addressing the pupil’s needs could add another layer of difficulty and budgetary pressure. Teaching and in-school staff noted that parents in particular can become very protective of their children’s allocated hours. Such a situation arises if the support is focused on the individual rather than on securing a purposeful and supportive learning environment for individuals. It was recognised that money is not everything in situations which are inflexible pedagogically.

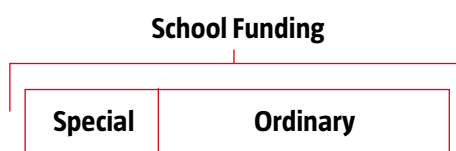
## 7.2.6 Community systems

### 7.2.6.1 Managing resources

Access to the PPS varied according to commune (and whether the location was rural or urban). There was also reference to a hierarchy of needs in terms of resourcing: sensory impairments were said to be favoured while behaviour difficulties and specific learning difficulties were less likely to be prioritised. Access to resources also depended on the degree to which a ‘wait and see’ approach prevailed. This approach could arise from a belief that the adapted curriculum was capable of supporting a child’s learning or from

a concern over the availability of resources – even if, according to the legal position, this should not have been a concern.

Interviewees told us that although they fully realised that it was unlawful, individual education plans might not be fulfilled if resources were unavailable given that schools had both to balance their budgets and to provide education for all pupils. Budgets were not limitless and, thus, more resources going into the special education budget meant less in the general education budget. The education budget at both municipal and institutional levels was generally presented to us as two parallel categories.



While the boundary between these two categories was flexible, so that either the special or the ordinary budget could augment or diminish, the perimeter of the combined categories was not moveable. Thus one had to be reduced to pay the other:

And we have a frame of money and the frame will get bigger so the special education took all the resources from the ordinary. (Interview site 21, in discussion with policy and administrative staff)

Principals of schools were at the centre of the dilemma as they had to ensure that the school's budget balanced. They were between the law – which was that resources determined by the PPS had to be put in place – and the necessity to have regard for the education of all pupils in the school:

We give advice and the schools can't listen to our advice because they have too little money, too little resources. And the parents get some hope and think, 'oh my child can be helped by these advisers' and we say, 'sorry, we don't have these resources' and then it goes to discussion around. If it is really bad they complain and then the reality is that parents do often lose the battle. (Interview site 18, in discussion with advisory and support staff)

Some interviewees also saw merit in a 'wait and see' approach. They suggested that despite the fact that it secured resources, there were disadvantages with early intervention and considered that it could be just another manifestation of the tendency to find problems rather than seek solutions by changing personal and community practice. Professional development and academic staff suggested that 'late intervention' avoided a deterministic approach to potential problems, since 'it is not a problem before it is a problem' whilst with early intervention 'you have to create the problem before it is a problem' (interview site 19).

Parents and support staff noted that the 'wait and see' approach could be circumvented, as a consequence of 'a class difference' (interview site 14), since some parents with resources could ensure 'things goes much better'. As parents became more aware of the possibility of special education for their child, they sought it and it became a 'high stakes' issue although some practitioners feared that there was too little evaluation of the use of the resource:

And so we have parents who say that my child should have a teacher, at least one hour a week. It does not seem that they are interested in whether that teacher is doing something that is useful for the child or not as long as they are a teacher. (Interview site 19, in discussion with professional development and academic staff)

The growing demands on the budget had met with resistance at both national and local level. As a senior administrator in a provincial administration office explained, schools were rewarded for triggering an administrative decision which resulted in special education, and so they became 'clever' (interview site 21) at producing them. However when administrators looked at the sites it did not seem as if they needed that resource more than other schools. There was thus an awareness that the focus on the individual's right to special education could detract attention from consideration of how mainstream classrooms could be reformed to allow more pupils to learn effectively within the parameters of 'adaptive education'. That is, an alternative approach would be to enhance the repertoire of skills and techniques available within adaptive education. But this would mean retaining money in the 'ordinary' budget and not letting it migrate to the 'special' budget.

As discussed in Section 7.2.5.2, there was a recognition that contexts differed and there were different resources (broadly understood) to address different needs in different schools. This could result from such issues as rurality, the size of the community, teacher education and their experience with particular learning needs. There was also recognition that schools had pressures on the 'ordinary' (general) part of the budget which meant that they were unable to respond to all demands without an increase in the total budget. It was explained to us that, while Norway had remained relatively unscathed by the global financial crisis, measures to prevent inflation in the national economy prevented increases in the national education budget. In addition, increases in teachers' salaries, to keep abreast of increases in the salaries of other professionals, meant that there was the danger that the total education workforce would have to be reduced to maintain the level of the total education budget. This had inevitable implications for 'additional' resources.

### **7.2.6.2 The legacy of previous policy**

The singular, rather than incremental, nature of the change to inclusive schooling within Norway via the closure of special schools was a confident and clear move at the national level. The practitioners to whom we spoke were all very aware of their professional responsibilities and of the moral force of the legislation. They commented that no teacher would openly question the national policy and it was 'not politically correct' to challenge inclusion as a theoretical concept. Nonetheless, however clear and confident a radical change, the previous policy context always leaves a legacy. The critical issues are how this is managed and the influence it can have on the new policy context.

We have already touched upon the origins of Statped and PPS, as well as pedagogic paradigms, teaching practices, the curriculum and notions of special and normal. Of influence as regards consideration of the implementation of change in Norway was

the structure of the education system whereby communes have responsibility for the organisation of education within a geographical area. As there were 430 communes for a population of around five million, some administrative authorities were very small. This left room for local decision-making, resulting in diverse provision and also local differences as regards the availability of expertise:

It's the small municipalities that make problems because they are so small they don't work well together either and the government really wants them to join up ..., there is so much resources because they are supposed to do all the same as the bigger ones so they tie up a lot of the resources and the schools, the smaller schools have a problem with recruiting good enough teachers. (Interview site 19, in discussion with professional development and academic staff)

Compensatory measures included giving more resources to the small communes. The legacy from the previous policy context also included the knowledge and experience of the previous situation among practitioners and local policy makers, who are often far removed from the national policy-making process. It is, thus, unsurprising, almost to be expected, that there was recourse to a previous modus operandi as a solution to perceived problems in the enactment of the new policy. This was not simply the negative resistance which is commonly associated with any change but, rather, a positive attempt to do the best by those whom the new policy (in this case inclusion policy) was designed to benefit. It is important to point this out as it explained the systemic disturbance that we found in Norway amidst the very positive attitudes of all our discussants towards pupils with special educational needs. One of our interviewees commented that the inclusion policy was initiated within an education system that could be considered 'conservative' while another commented that, although the external system had changed, practice within it had not changed or had only appeared to do so before it reverted to previous practice.

Another interviewee observed that some of what could be considered 'good practice' in the previous arrangement had been lost and thus there were no joint enterprises over which to share experiences and expertise. Some support teachers were doing much the same things in 2011 as they had been doing two decades previously, when they first arrived in mainstream schools from special schools:

We lost so many systems, [they] disappeared – like the way you cooperate, the way you share – because there wasn't anyone to share your experience with. Like equipment, like different ways of communication, specialisation. You had no possibilities. So actually then way back, when I was here with this little boy, I did exactly close to the same things.... Well, I have a question; Why haven't we come further than this? ... Where are we now? Is this the right way to work? ... And that really is the question because the system around us hasn't changed much. What is going on in the ordinary education is still the same. There isn't much change. (Interview site 12, in discussion with teaching and in-school staff)

This interviewee suggested that there had to be a shift in the way that ordinary teachers, concerned with 'ordinary' adaptive education, worked in order to accommodate

greater diversity of learning within their classrooms. The sentiment of this interviewee was echoed by the observations of another who had also experienced the time of the initiation of the policy for inclusion and the closure of special schools; this interviewee spoke of being left alone in a mainstream school having been accustomed to being part of a team in the special school that was closed:

It was a challenge because I came from the system where I had a lot of colleagues working with the same things, the same problems... When I came to the ordinary school and had the responsibility for these five children and I was alone, I had to work 26 hours a week with my pupils and I had nobody ... I had a separate room for my children ... but it didn't work out being alone. After one month I sat crying in the staffroom and I really went to pieces and then I had an assistant. (Interview site 14, in discussion with parents and support staff)

A support teacher (in interview site 15) contrasted the way a pupil was valued within an alternative setting (the farm) and the way the school addressed the pupil's needs. She suggested that the school had 'their own way to teach and their own way to do things and they are very strict about rules', and that this meant they did not have the 'opportunity to move and make changes for the students'. In contrast the leader of the alternative provision was more flexible, altered the way she behaved and responded to the different students, and the students responded as well. This difference did not appear to have anything to do with resources because the school 'had enough money to have a full assistant and a full teacher'. Again, the perception was that schools were reluctant to change.

When asked why inclusion was so hard to realise, an interviewee commented:

I guess it is a little of many things. A little to do with workload, a little to do with money. It has got to do with curriculum. And it has also got to do with attitudes because people have different attitudes. Some are more interested in doing this kind of work; others are more protective of their established way of doing their work. (Interview site 12, in discussion with teachers and school staff)

### 7.2.6.3 Policy in development

Interviewees in Norway described changes that were occurring within the education system. The intention was to focus more on the class than on individuals within it and to shift funding to the class rather than individuals:

It is a new white paper, which says that the PPT, it has been said several times, that [the] PPT now has to change the focus from the individual pupil to the classroom. They have to change their working profile, going in and making observations in the classroom. Maybe it is the teaching that has the problems, not the pupils. (Interview site 18, in discussion with advisory and support staff)

This would involve a change in the type of assessment carried out by PPS staff:

As a PPT I work with students from 16 to 19 [years] and some studies there, handcrafts for example, they are doing that, and within these classes I know there will be students who will have problems and I can tell to the staff, to the headmaster, in this class in this subject, in spring, I could say you should have two teachers and one assistant ... to prevent problem, yes very early, you can say that. And if there is a problem in the autumn in this class I would say 'Can I come and see how do they use the two teacher system? How are they working?' Making some observations. 'What is the assistant doing?' (Interview site 20, in discussion with advisory and support staff)

An associated aim, explained by a senior administrator at a provincial administration office, was to move resources back into the so-called 'ordinary' part of the budget and reduce the 'special' proportion of the budget. The new model was that schools were given an aggregate, proportional amount with respect to pupils with individual needs and they could use this as they thought most appropriate with respect to the classes in which those pupils were being educated:

We have said if you can manage to put it back here you can keep the money. We did this more with, it is not the way one school get a lot and another a little but it is more equal.... So we are using the same amount of money this year as last year but last year we had eight per cent of the pupils in special education and this autumn it is 5.8 per cent. [The special budget] has been reduced. (Interview site 21, in discussion with policy and administrative staff)

A consequence of this reduction in special education was a reduction in workload for the PPS to support the change in the kind of work they do in the schools. It was hoped that this would give them more time to advise administrative and school staff. Such changes were a positive response to some of the weaknesses that had been identified by those working in the system and, though they were welcomed, staff at the strengthened school considered that their implementation might be challenging:

I think it is, you have a super tanker in the harbour and have a tow boat to try and move it and we replace the tow boat with a row boat. That is how it would work. It would be contradictory to the whole system and how it should work. I think that they have tried and tried to have the focus shifting from the individual ... in the system, to the group, but it fails. It does not work because the teachers and the parents say 'look at my child .... Look at [my child] in the corner'. (Interview site 13, in discussion with teaching and in-school staff)

### 7.3 Considerations in Relation to the Irish System

We found the Norwegian case study full of anomalies. On the one hand, there was total commitment to inclusion, in terms of national policy, and widespread endorsement of the principle of the entitlement of all pupils to receive an appropriate education and be educated with their peers within their community. There was a desire to meet the learning needs of all pupils. There was a formidable resource of expertise in specific disabilities

(within Statped, the PPS and the health system more broadly) as well as respect for this expertise. There was also considerable investment in, and respect for, both initial training and in additional, post-qualification training. Professionals from outside education (i.e. the *vernepleier*) were welcomed in schools. Value was put on assessment and respect paid to this insofar as the outcomes from assessment were binding irrespective of their financial cost. A range of professionals were available to support the needs of young people in the setting in which they were being educated. Decision-making about an individual pupil did not take place at a distance from the pupil.

All these aspects of the system were very positive and had great potential for supporting an inclusive education system. However, all the resource elements were those that could support, and had supported, pupils with learning needs in an education system that provided segregated placements and/or integration where considered appropriate. That is, the infrastructure around 'special education' was not necessarily the most conducive to promoting and supporting inclusive schools and classrooms and was informed and influenced by what had been appropriate in the previous regime. We found recognition that pedagogic practices and curriculum expectations had not really changed since the legal framework changed.

Assumptions about pupils' abilities and disabilities, what they needed to learn and how best they could learn it, were maintained from a previous policy context and long established theoretical positions. Expertise did not seem to be brought together to develop new practices for the new challenges of a new policy context; rather, old solutions were applied to these new challenges and the essence of the new challenges was deemed to be manageable within existing communities of practice which had established their own cultures, professional behaviours and reifications over many years within the previous policy context. Specialist teaching was relocated into the mainstream school but not refocused. There was no boundary-crossing around a common enterprise (developing inclusive practice): rather, the repositioning of existing boundaries (between 'special' and 'ordinary') within different locations and scenarios.

Thus we saw, and were told about, internal exclusion – both within a classroom and in individual learning in withdrawal settings; strict adherence to the national curriculum and formal learning outcomes; and experts who respected each other but did not seem to be empowered to work with each other around a joint endeavour to design something new. Teaching pupils 'who needed special education' was not regarded as a boundary object that could have facilitated the boundary crossing that many found difficult. It was almost as though teachers' adherence to an unchanged concept of professional expertise was inhibiting them from applying their creativity to facilitating the learning of those pupils whom previously they had not had to consider their responsibility:

So school is a system that catches you in a sort of frame that you don't think about how things are functioning outside school – you forget the most basic needs. (Interview site 12, in discussion with teaching and in-school staff)

Furthermore, despite new legislative ambitions, the administrative elements of the system perpetuated 'old' ways of operating: for example, the division of the budget at both school and commune level into two categories – 'special' and 'ordinary' – rather



than a recognising that it was in reality one budget with which the needs of all pupils had to be accommodated; and the necessity for a formal assessment from an external 'third party' agency to identify 'special need' and allocate resources to the individual pupil requiring 'special education'.

Yet when there was 'thinking outside the box', those who saw it recognised it and applauded it – one cited example was the provision at the farm. This setting was outside of formal structures, of recognised and traditional sources of expertise, but was seen to be successful in engaging young people in learning when they had not previously been participants in the traditional settings.

The clear view from our interviewees is that the change necessary on the closure of special schools and the foundation of an inclusive education system took place on an integration model and was accommodated within the previous policy context rather than radically changing that context. Thus the medical model of 'diagnosis' and suggesting a strategy and resources for an individual pupil persisted to the neglect of developing expertise in scrutinising the environment of a school or classroom to see how it could develop to accommodate all the pupils who were members of the classroom community. A strict divide between 'ordinary' and 'special' was maintained although this divide was locally determined on very frail grounds insofar as it related to the pedagogic possibilities present in the context. The development of new expertise which sought collaborative solutions to new challenges and confronted the special/ordinary divide by considering inclusive pedagogy had not taken place. We should point out that this is unsurprising and Norway stands alongside other national education systems in being influenced by international comparisons and maintaining tried and trusted pedagogies to support its education system. It is suggested, however, that a move to an inclusive situation is a radical one and cannot necessarily rely on 'tried and trusted' methods to put it into effect.

A number of messages emerged for Ireland from the data from Norway; these are summarised below.

### Space

- Despite a context that was fully supportive of the concept of inclusive education, traditional segregated spaces for learning emerged where mainstream classrooms were not perceived to meet the needs of all pupils who belonged there.
- Pupils drifted to segregated placements when they were perceived as problematic in the 'ordinary' setting.
- Identification of what was 'problematic' differed among settings and was influenced by perceptions of expertise and resources available within particular settings.
- The allocation of additional resources to individual pupils could encourage the movement of those pupils to segregated settings (e.g. because they facilitated or resourced one-to-one teaching which might be better conducted in a withdrawal situation).

### Staffing

- The resources of time and specific expertise, however generous and readily available, could be used to meet the needs of individual pupils in an isolated and disjointed way if there was no collaborative effort to enhance the capacity of the pupils' setting to develop inclusive pedagogy.
- The time needed to design inclusive approaches to class needs and for inter-professional and interagency collaboration was not always reflected in practitioners' workloads.
- A clear distinction between health and education enabled the delineation of the unique contribution of health professionals to the pupil's learning needs rather than this contribution being limited to a justification for the allocation of resources (e.g. so that it is clear why a (health) diagnosis of autistic spectrum disorder is needed to support a pedagogic assessment).
- Serial input from different professionals to the assessment and learning plan for an individual pupil could be more resource-heavy than collaborative working centred on the learning of a pupil or a class.

### Students

- A system based on the assumption that children go to their neighbourhood school was a sound starting point for making children feel part of their community and did not appear to result in any significant demand for parental choice of school.
- If a system that promoted inclusion did not initiate strategies to ensure that students with special educational needs had opportunities for positive learning experiences with their peers, these students' everyday school experience differed little from that of those in a system promoting segregated education.
- A rigid common curriculum focusing on maximising formal standards of achievement inhibited opportunities for listening and responding to pupil voice.

### Support

- Helping families to access specific individual support – rather than an appropriate inclusive education for their child – may have helped to perpetuate the belief that resources should be allocated to individual pupils.
- The message coming from kindergartens in Norway is that social cohesion is achieved through working and playing together. If this lesson was applied to primary and secondary school settings, it might usefully challenge the perception that inclusive education is necessarily more difficult as children progress through the school grades.

### Strategies

- Different training routes and traditions for professionals working with pupils with special educational needs played a part in promoting separation and difference. There was a lack of joint endeavours within which different routes and

traditions could be perceived as complementary and could reduce the belief in the incompatibility of some training traditions.

- Pedagogy and expectations about 'norms' of outcomes from the education system at different levels were not always sufficiently malleable to embrace inclusive education.
- Assessment strategies tended to advise the individual how to work within a context rather than to focus on both the individual and the context in which he/she was working; this reduced their capacity to effect change in the context.
- The distinctiveness of support staff was not always sufficiently clearly delineated so there was confusion as to whether they were merely giving the opportunity for teachers to have time and space to work more intensively with particular pupils or groups of pupils, or engaging in qualitatively different pedagogy.
- The focus on 'subject teaching' played a part in inhibiting the development of inclusive pedagogy and that which focused on a group's learning experiences rather than what individuals acquire.

### **Systems**

- Resource allocation methodologies related to specific additional hours to which a individual pupil had a right, rather than the way in which they were enabled to be included in the class.
- The allocation of additional resources with respect to the 'difference' of individuals and definition of 'difference' by the resources allocated encouraged a ready identification of difference and a belief that this difference was unmanageable without additional resources.
- Resources that were allocated to a particular pupil were less likely to effect systemic change than those allocated to a setting to develop that context.
- Planning for transition between stages of schooling did not lead to any challenge of the demands on the child at the new stage or scrutiny of the effects of these new demands on the inclusive education experienced by the child in the previous phase.
- A systemic focus upon inclusive schools as needing more support service input or more support teachers cannot be challenged if there is no detailed identification of schools' needs in terms of developing broader inclusive practices.

## 8 A Japanese Case Study

### 8.1 Overview based on Questionnaire Responses

When describing Japanese schools in this report, we will use the term 'regular' as opposed to 'mainstream', as this was term most commonly used in the detailed questionnaire and by the in-country translator during this case study.

#### 8.1.1 Current legislation

The School Education Law of Japan was amended in 2007. This amendment brought in a shift from provision based on categories of disability to provision based on the needs of individual pupils. In response to an increase in the number of children 'with multiple disabilities', this change in legislation enabled individual regular and special schools to accept pupils with impairments from several different categories. The amendment to the School Education Law also introduced the term special needs education. Special needs education was that concerned with bringing about 'social participation and independence' and the need to 'understand the educational needs of each individual student' in order to enable students to 'enhance, improve or overcome difficulties in life and learning' (Ministry of Education, Culture, Sport, Science and Technology (MEXT), 2008).

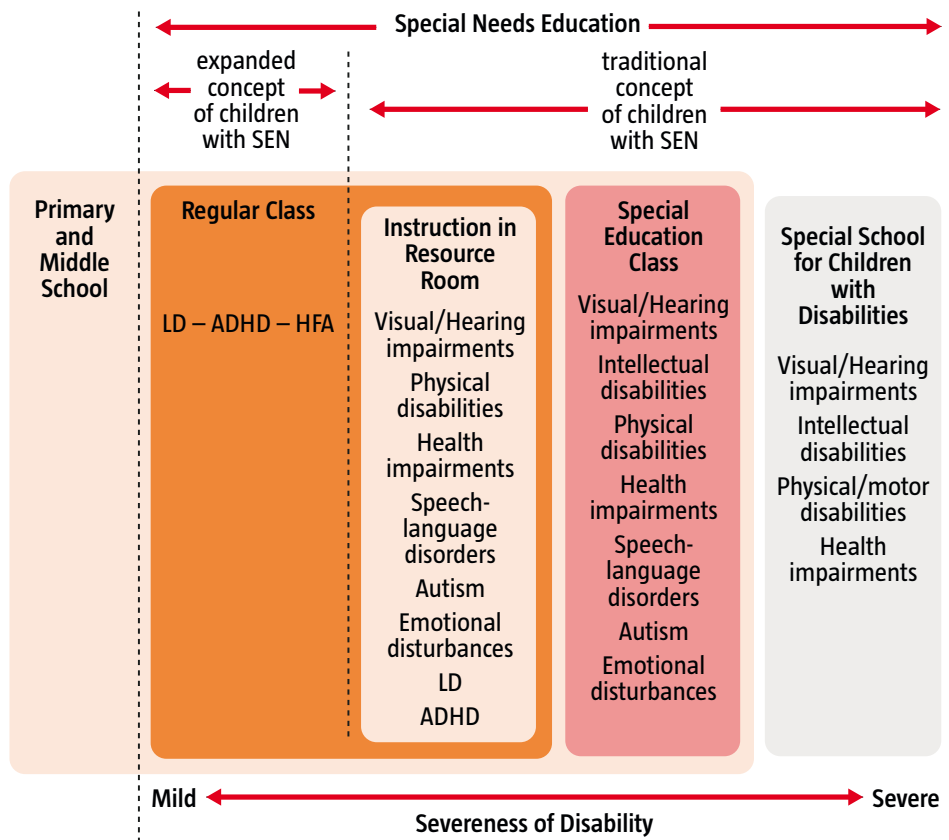
Schools for special needs education were for children identified as having comparatively severe impairments, and comprised four phases: kindergarten, primary, junior high school and high school. The primary and junior high school phases constituted compulsory education in Japan.

As well as in special schools, special needs education was also provided in regular schools in two main ways. Special classes in regular elementary and junior high schools (and also hospitals) were small classes for pupils with 'comparatively mild disabilities'. They might also be part of a branch class in a hospital. Resource rooms in regular elementary and junior high schools were for pupils placed in regular classes for most of the time but who required special instruction for a short time each week.

The questionnaire response also stated that 'various efforts' were made in regular classes in accordance with the approach set out by the Ministry of Education, Culture, Sport, Science and Technology (2011), including intervention in small groups, team-teaching, instruction according to different achievement levels and the use of support assistants.

The following representation, based on a diagram provided by the in-country researchers, illustrates how special needs education differs from the way provision was previously organised in Japan.

Figure 8.1 Changes in special needs education provision in Japan



Since 2003 the Ministry of Education, Culture, Sport, Science and Technology had commissioned all prefectures to implement the Project for the Promotion of the Special Needs Education System. The aim of this project was to establish a comprehensive education support system in regular primary and junior high school classes for children referred to in the questionnaire response as having 'developmental disabilities'. The initial project had been expanded to include kindergartens and high schools.

### 8.1.2 The categorisation of individuals

The following eleven categories of need were used in Japan:

- visual impairment
- hearing impairment
- intellectual disabilities
- physical / motor disabilities
- health impairment
- speech and language impairment
- autistic spectrum disorder
- emotional disturbance
- learning disabilities
- attention deficit hyperactivity disorder
- multiple disabilities.

The diagram in Section 8.1.1 shows the groups of children covered by the legislation on provisions for children identified as requiring special needs education.

### 8.1.3 Funding models and models for allocation of resources and supports

In Japan compulsory education was free. The process for making placement decisions was the responsibility of the city education board and systems and procedures varied from city to city.

The questionnaire and other responses from the in-country researchers provided limited information about how funding was allocated, but stated that in one prefecture (prefecture C) education budgets were allocated by the prefectural government at municipal level. The Ministry of Education, Culture, Sports, Science and Technology (MEXT) (2008) estimated that the cost of provision per student in special schools was about ten times that of those in regular schools.

### 8.1.4 Specialist and generic provision

As at May 2009, in Japan there were 83 schools for the blind, 116 schools for the deaf, 632 schools for pupils with intellectual disabilities, 295 schools for those with physical/motor disorders and 129 schools for children with health impairment. Additionally, the in-country researchers stated that a very small number of children (54 as at May 2009) were educated at home, and also that there was little difference in provision across Japan, even between rural and urban settings.

Table 8.1 shows the increase over time in the number of pupils attending special schools in Japan. It is particularly notable that the number of pupils attending schools for children with intellectual disabilities increased significantly, whereas the number of pupils at other types of special schools either remained roughly the same or decreased.

**Table 8.2 Compulsory special school aged pupils with disabilities**

	Total no. of children	School for the blind	School for the deaf	Children with disabilities			
				Total	Intellectual	Physical/Motor	Health
1955	28,142	9,090	18,694	358	60	61	237
1965	44,316	9,933	19,684	14,699	4,923	7,931	1,845
1975	63,548	9,015	13,897	40,636	19,081	16,927	4,628
1979	88,847	8,330	11,911	68,606	40,422	19,871	8,313
1985	95,401	6,780	9,404	79,217	52,061	19,937	7,219
1995	86,834	4,611	7,257	74,966	52,102	18,131	4,733
2000	90,104	4,089	6,818	79,197	57,078	17,886	4,233
2005	101,612	3,809	6,639	91,164	68,328	18,713	4,123
2006	104,592	3,688	6,544	94,360	71,453	18,717	4,190
2007	108,173	* Pupils with a disability: 72,540 Pupils with additional disability: 35,633					
2008	112,334	* Pupils with a disability: 76,567 Pupils with additional disability: 35,767					
2009	117,035	* Pupils with a disability: 80,024 Pupils with additional disability: 37,011					

Source: MEXT, Office of Primary and Secondary Education, Special Needs Division (2010)

We note here that although the 2007 amendment to the School Education Law anticipated that many Japanese children, who would previously have been placed in a special school, would instead be educated within regular schools, the statistics for 2009 showed that, initially at least, the number of pupils educated in special schools continued to rise.

Although the number of special classes in regular schools increased significantly leading up to and since the shift to special needs education, they were first established in Japan following the 1947 School Education Law, as Table 8.2 shows.

**Table 8.3 Number of special classes and children enrolled in special classes in regular schools**

	No. of classes			No. of children		
	Elementary school	Middle school	Total	Elementary school	Middle school	Total
1955	930	242	1,172	20,497	3,983	24,480
1965	5,485	3,044	8,529	51,450	30,221	81,671
1975	13,313	7,260	20,573	84,204	48,165	132,269
1985	15,095	6,938	22,033	69,629	34,363	103,992
1995	15,125	7,167	22,092	43,850	22,189	66,039
2005	23,706	10,308	34,014	67,685	29,126	96,811
2006	24,994	10,952	35,946	73,151	31,393	104,544
2007	26,297	11,644	37,941	78,856	34,521	113,377
2008	27,674	12,330	40,004	86,331	37,835	124,166
2009	29,053	13,014	42,067	93,488	41,678	135,166

Source: MEXT, Office of Primary and Secondary Education, Special Needs Division (2010)

### 8.1.5 Dual enrolment and/or attendance policies

The in-country researchers were not aware of any formal policies or arrangements for dual enrolment or attendance.

### 8.1.6 Placement, enrolment and eligibility criteria

Placement of pupils identified as requiring special needs education was based on discussion with schools, parents and expert committees. Initially needs were identified in a mandatory pre-school check-up for all children. The in-country researchers stated that parents of children identified as requiring special needs education were increasingly selecting and deciding where their child was to be educated.

Class sizes were small in special needs schools and special needs classes. According to the Law on Standard Class Composition and Teaching Staff Numbers in Compulsory Education at Schools, the standard number of students per class in special needs schools (elementary and middle school divisions) was six (three for classes of pupils with multiple disabilities), and this number could not be exceeded. For special needs classes at regular schools, the standard number of students was eight. However, in 2006,

(prior to the 2007 law which formally brought in special needs education) the average number of pupils in each class in both special needs schools and in special needs classes at regular schools was three. In 2006, there was an average of 1.61 students (pre-school and above) for each full-time teacher at special needs schools. As a comparison average class sizes in regular classes were 28 in elementary schools and 33 in junior high schools.

### 8.1.7 Professional qualifications and standards

Special school teachers and teachers in special classes and resource rooms in regular schools in Japan were required to have obtained the government issued special needs education license, but by 2009 only approximately 70 per cent of teachers in special schools and around 32 per cent of teachers in special classes in regular schools had met this requirement.

### 8.1.8 Resources and supports available at school and classroom level

Pupils with special educational needs were supported within school through team teaching, small group instruction, differentiated teaching, support assistants and special curricula for small classes. Since 2007 the Ministry of Education, Culture, Sport, Science and Technology had encouraged local government to promote peripatetic counselling, teacher training and 'enlightenment activities'.

The in-country researchers reported that support was additionally provided by the following means:

- in-school committees
- special needs education coordinators (SENCOs)
- separate curriculum for special schools
- individualised education support plans
- activities to promote independence in the curriculum.

The in-country researchers stated that in special schools and special classes in regular schools, evaluation of pupils was conducted through observation or examination of daily activities by class teachers. Formal evaluations were carried out at the end of each of the three semesters, and the outcomes were reported to parents. For pupils attending resource rooms in regular schools evaluation was conducted through examinations at the end of each semester.

### 8.1.9 Resources and supports provided from outside the school

Special schools shared expertise and SENCOs with regular schools, and had school doctors within communities. Special schools employed or had access to professional and paramedical staff, and receive support from hospitals, the welfare system and job placement offices in communities.

## 8.2 Findings of the Country Visit

The following description reports on the views of 38 individuals at nine interview sites. The views given concern practice in four prefectures. In addition to interviews, we



observed practice and facilities in each of the seven educational settings visited, and asked questions about aspects of provision during these observations. Conclusions were based upon a small sample and must be tentative. This case study does not attempt to represent the whole of the Japanese system. It reports on the views as expressed by the range of interested parties interviewed, identifying key elements of the Japanese system as experienced within these four prefectures.

## 8.2.1 Community space

### 8.2.1.1 Movement between placement options

In Section 8.1.1 we outlined the three locations where special needs education was stated to be provided within Japan: special needs school; special class in a regular school; and resource room in a regular school. Within this broad categorisation we observed six placement arrangements for children identified as requiring special needs education:

- regular class in regular school without additional assigned adult support
- regular class in regular school with additional support
- regular class in regular school with some time spent in a resource room
- special needs class in a regular school
- small class (between two and eight pupils) in a special school
- individual tuition in a special school.

In the schools visited there was a degree of flexibility in the balance between the length of time spent by pupils in regular classes and resource rooms. We noted a similar flexibility in the private kindergarten, where the deployment of assistants was reviewed in response to children's progress:

He [is] a little bit autistic and very sensitive to the sound. And also the language problem but now the language problem has been very improved so with the support of the teacher and the peers he is doing much better so there is no personal assistant now. (Interview site 23, in discussion with teaching and in-school staff)

However, movement between regular schools and special schools appeared to be less flexible. An Education Board member stated that at the age of six:

normally children go to their regular elementary school but (for) those with some found disability or mentally or physically, thinking ahead for their futures ... there is a committee so that for each child thinking the long way ahead and which will be the best way or most beneficial for this particular kid. (Interview site 30, in discussion with policy and administrative staff)

This emphasis on the longer term suggests that, once made, such decisions were intended to be permanent, although not necessarily completely irreversible. For example, a parent interviewed at the special school in prefecture B provided an account of a child whose placement in a regular school resulted in her feeling that 'she's causing

trouble here .... that's not a good thing for her'. Consequently she moved to a special school, which was:

much easier because special school welcomes everyone ... one year experience or two years' experience in regular school made her determined to come back to the special school (Interview site 27, in discussion with parents and support staff)

The sense here of a special school projecting a more welcoming and supportive ethos than a regular school for a particular child was consistent with some of the examples we discuss in Section 8.2.6.2. This suggested that where movement between regular and special schools did occur, it was more likely to be from regular to special than vice versa.

## 8.2.2 Community staffing

### 8.2.2.1 Roles and responsibilities: regular classes

Adult-pupil ratios in many of the resource rooms and special classes we observed were very low and consistent with those described in Section 8.1.6. In contrast, the regular classes we visited typically comprised around 30 children and it was noticeable that in most instances the class teacher was the only adult present; in only a few classes one assistant was also present. Desks within most regular classes both in elementary and junior high schools were arranged individually facing the front of the classroom, and the impression was generally of children working on their own. These features seemed to be out of line with the range of approaches stipulated by MEXT as described in Section 8.1.1.

Our observation about the relative scarcity of additional adult support was corroborated by interview answers given by regular class teachers and the following explanation from the principal of an elementary school in prefecture C:

Most of the time it's just one classroom teacher and depending on the subject, like math for example, team teaching with two teachers but not always, once in a while ... and also a special assistant for a child with special educational needs ... and not only the assistant some regular teacher might join them depending on the subject. When she thinks it is appropriate for her to be there she [the coordinator] joins the class. (Interview site 24, in discussion with teaching and in-school staff)

It is important to note that when learning support was provided in regular classes, it was delivered by qualified teachers, and this principal's explanation suggests a degree of flexibility in their deployment in his school to facilitate this. The roles of assistants in the classroom were consistently described as consisting only of non-teaching duties; for example, an assistant supporting a pupil with behavioural, emotional and social difficulties in the same elementary school was not a licensed teacher. She was employed by the municipal government, and:

not supposed to teach but she helps the child learn and tidy up things and putting things in order. (Interview site 24, in discussion with teaching and in-school staff)

A different example of a non-teaching support role was the assistant in a regular class in a junior high school in prefecture C (interview site 26) who sat between two pupils with hearing impairments, transcribing the teacher's words onto a laptop computer. In the feeder elementary school the same role was undertaken by students from the local university. The role's purpose was translated into English as to 'guarantee information' and was provided for these two pupils for four mornings each week. An application of this role, which was able to benefit pupils much more widely within the school, occurred during collective events in the school hall when the transcription was projected onto a big screen.

The nature of these and other specific non-teaching roles undertaken in regular classes were consistent with the principle for special needs education to help pupils 'overcome difficulties in life and learning'. (see Section 8.1.1).

### 8.2.2.2 Roles and responsibilities: resource rooms

As stated in Section 8.1.7, in Japan it was considered necessary for teachers based in special classes and resource rooms in regular schools as well as special school teachers to achieve a qualification in special needs education (the special licence) in addition to the basic licence required for teaching in regular education from pre-school to high school, although at present not all teachers involved in special needs education had met this requirement. Most of the teachers supporting children in resource rooms that we observed and learned about in our discussions did hold the special licence; some did not, but nevertheless were able to bring a wealth of experience and expertise to their role.

For example, the teacher in a resource room in an elementary school in prefecture A was:

a regular teacher, no special qualifications and no special licence. For many years she worked in the school for the deaf so she had many experiences in handling the children with hearing problems. (Interview site 23, in discussion with teaching and in-school staff)

Similarly, the teacher in a resource room in an elementary school in prefecture C for children requiring speech and language therapy:

is not a speech therapist but she has had a lot of professional training for this kind of therapy, she ... can even write ... professional papers. (Interview site 25, in discussion with teaching and in-school staff)

In a resource room for children with developmental delay in the elementary school in prefecture A (interview site 23), individuals and small groups of varying sizes attended for regular sessions of intensive support away from their regular class. The staff of this resource room comprised four teachers. This enabled one-to-one teaching to take place, but team teaching and small group teaching was also carried out. At present three of the staff were special licence teachers, but because it had not been possible to find a fourth, an assistant 'who could do the job of a teacher' well had been employed to maintain the required adult-child ratio. By working closely as part of a team of experienced qualified teachers, the assistant was able to develop her own skills and expertise. This pragmatic and flexible approach to staffing not only benefitted the children who currently attended

the resource room; children from a number of nearby schools also attended this resource room, providing further evidence of flexibility in the way that provision was organised within this city, to enable resources to be shared effectively between schools. We also observed similar inter-school arrangements for resource rooms for speech and language and hearing impairment. The head of this resource room was one of two coordinators of special needs education at the school. The official requirement was for a regular school to have one coordinator, and he reported that this was adhered to in most schools. However, because of the extensive outreach and training that formed part of his role, the school had decided to appoint two coordinators.

Another model of resource room staffing was the employment by schools of health professionals such as audiologists and speech therapists. We discuss an example of this approach in Section 8.2.2.5.

### **8.2.2.3 Roles and responsibilities: special classes in regular schools**

Most of the special classes in regular schools that we visited were the responsibility of one teacher. The number of pupils present ranged from three to eight. As stated in Section 8.16, teacher-pupil ratios for special classes in regular schools were stipulated by the government and were confirmed by the principal of the elementary school in prefecture A:

From six to eight students is the average class and one teacher and one assistant, that's standard. (Interview site 23, in discussion with teaching and in-school staff)

However, the special class in this school for pupils described as having learning difficulties comprised only three pupils, suggesting that there was flexibility within the system to vary ratios. Talking about this class, the principal stated that:

if its number increases like six people, seven people, then the burden on the teacher is very great so the city provides some extra staff. (Interview site 23, in discussion with teaching and in-school staff)

Where an assistant was also present in a special class within a regular school, roles were again clearly delineated:

She is not a teacher, just an assistant. (Interview site 23, in discussion with teaching and in-school staff)

However, in contrast to the assistants that we observed supporting specific pupils in regular classes, the assistants we encountered in special classes were assigned to provide support to the class as a whole under the supervision of the teacher.

### **8.2.2.4 Roles and responsibilities: special schools**

Teaching in special schools is carried out solely by qualified teachers, as is special education in regular schools.

At the time of research, there were 370 pupils on the roll of the special school for children with physical and intellectual disabilities in prefecture C. The principal explained the school's staff was made up of:

... about 118 [teachers] and the other supporting staff like cooking and nurses and assistants so altogether it will be about 220, because the physical handicapped [is] very severe we have three nurses always stationed here ... a doctor is not here but they have contracts so whenever there is something we can contact the doctors.... In one class [the average is] six students and two teachers, and sometimes three teachers. (Interview site 28, in discussion with teaching and in-school staff)

Teacher-pupil ratios in special schools were also stipulated by the government, as were those in resource rooms and special classes in regular schools. The following responses from the special school in prefecture C again suggested that a degree of flexibility was allowed and indicated that exact ratios were determined according to disability type:

[It's] not always one-to-one, here the ratio of the student-teacher is two to one or one to two or whichever. More teachers are working in the physical handicapped area, one to 1.5, one teacher and 1.5 student. In the mental disability depending on ages, maybe one to two or three, or one to two or one to three. (Interview site 28, in discussion with teaching and in-school staff)

#### **8.2.2.5 Health or education?**

In Japan the interaction between education and medical services as they related to special needs education was evolving. In prefecture C we visited a special school for two categories of children, described to us as physical and intellectual disability. This was a very new purpose-built school with excellent access and facilities. It represented an interesting interpretation of the concept of a school for more than one category of disability, in that children from each category were educated in very separate areas of the school, each headed by its own vice-principal.

Staff at the school provided insight into the evolving relationship between education and health. They stated that by establishing a large special school for 'the most severe cases', the prefectural government was able to pay for two medical professionals to work within the school for a contractual number of hours each year. This was part of the service agreement that also enables the school to call on doctors as required (see Section 8.2.2.4). The principal stated that this contractual arrangement 'finally' becoming established was a very positive development. During our visit we observed a medical professional working therapeutically with children, with their teachers also present:

It enhances professional skills of the teachers which is very helpful and the teachers can learn a lot through those people. (Interview site 28, in discussion with teaching and in-school staff)

At present, access to medical professionals in this way within a school appears to be rare. Parents interviewed in the private kindergarten in prefecture A (interview site 22) and

the special school for 'children with intellectual disabilities' in prefecture B (interview site 27) informed us that they were required to take their children to a hospital or other facility for specialist services. However, the principal of this special school in prefecture C expressed his hope that as the shift from education for 'children with disabilities' to special needs education continued, the model of education and health professionals working together more in schools would be extended:

The connection between education, health and medical care is just beginning to emerge so it can go other parts and spread and could cover ... mainstream schools. The level of the disability [...] at mainstream school is ... milder, with medium ... so the care should go first to the most severe cases. (Interview site 18, in discussion with teaching and in-school staff)

The principal stated that in the meantime the school was trying to establish a committee made up of practitioners and administrators from both medical and education services. The aim of the committee would be to consider and provide outreach in response to requests for support from schools.

A different model for the provision of medical services within a school had been established in the regular elementary school that we visited in prefecture A (interview site 23). A separate unit for children with speech and language difficulties and hearing impairment was located within the school, along the same corridor as the regular classrooms. Parents were encouraged to attend and were made welcome, as we observed during our visit. Seating was provided for them as well as a playroom for younger children. In effect this unit comprised a number of resource rooms, but also represented a creative and effective blurring of health and education functions and enhanced support and communication to parents. During our visit, we observed pupils being supported by a range of professionals from health and education: a regular teacher with expertise in supporting children's speech and language development; a speech and language therapist; an audiologist and an occupational therapist. The occupational therapist was employed by the health authority and visited the school from the clinic at which she was based. However, the speech therapist and audiologist were employed by the school with the school principal as their line manager. The principal considered this arrangement a vital part of the inclusive approach he had developed in the school, and that as principal, it was essential he was 'aware of the work and the children with special class at individual level'.

A blurring of the divide between health and education roles was also evidenced in a regular elementary school in prefecture C (interview site 25). Here, as part of the resource room area for children with hearing impairments, a fully sound-proofed audiology room with professional equipment had been established. Regular teachers within the school had been trained to use the equipment, and were able to regularly check how well children were hearing. Although the readings taken did not constitute an examination by a medical professional, they provided invaluable real time information that enabled teachers to provide appropriate support on a daily basis.

Another role that characterised the fluid relationship between health and education was that of the yogo (nursing) teacher. This role had come to greater prominence following

the shift to special needs education. Yogo teachers were employed directly by regular schools as well as special schools. A yogo teacher in the special school for intellectual disabilities in prefecture B explained the role:

In Japan [a yogo teacher is] a regular school teacher with responsibility [for some nursing tasks] ... Recently ... the yogo teacher is increasingly recognised as a very important person who has received a special additional training to become a yogo teacher after getting the licence of a teacher ... [The government is encouraging the role], so ... several years ago only one teacher was assigned ... assigned but now each special school has two teachers.... And also some schools have a nurse so that gives some medical treatment and here there are no kids that require some special medical treatment so that's why there is no nurse here. (Interview site 27, in discussion with teaching and in-school staff)

As this description suggests, the yogo teacher role covers general health care needs rather than providing more specific medical treatment to individual children. However, it was another role that illustrates the positive potential of treating health and educational responsibilities as not being entirely separate.

### 8.2.3 Community of students

#### 8.2.3.1 A sense of belonging

Two fundamental ways that Japanese schools had been restructured as a result of the shift from education for children with disabilities models towards that of special needs education were: (i) individual special schools could now provide for more than one type of disability; and (ii) regular schools were bound by law to provide special needs education, which is provided primarily through establishing special classes and resource rooms. Whilst both changes might theoretically be construed as steps along the road to a more inclusive education system, they also brought with them the risk of increasing some students' sense of social isolation.

In the ten country summary document for Japan (see Appendix G), a key point from the responses received was the assertion that there was no difference in provision for pupils with special educational needs between urban and rural locations. This assertion was underpinned by the extensive use of school buses to transport pupils to special schools, sometimes requiring journey times in excess of one hour. At the special school in prefecture C (interview site 28), this had enabled pupils to benefit from excellent facilities, very low teacher-pupil ratios and access to medical personnel in comparison with what might be available for them more locally. However, this approach removed many students from their local community; parents at the special school in prefecture B expressed strong feelings about this, despite acknowledging that the special school was the most appropriate setting for their child, given what was available in their region. One parent contrasted her child's current situation with what he previously experienced in a different prefecture, where he had attended his local regular school:

The boy doesn't meet all the other people in the neighbourhood so the neighbourhood people don't know [him] ... in the shopping centre if he goes into a panic, if somebody knows him very well then she can get help, but if all the people don't know him, [they] looks at him very coldly ... where we previously lived there was always somebody that knew him. (Interview site 27, in discussion with parents and support staff)

Notwithstanding this significant exclusionary issue, all of the schools we visited demonstrated a clear commitment to making their pupils feel welcome and valued members of the school community. In both special and regular settings, the principal and most of the teaching staff greeted students outside the school building as they arrived each morning, and waved goodbye to them as they left at the end of the day. This approach undertaken to help all pupils feel part of the wider school community seemed particularly important for those placed in classes with small numbers.

Although there did not appear to be any formal dual enrolment arrangements in Japan, the principal of the special school in prefecture B indicated that there was commitment in some schools to develop this idea, which enabled pupils opportunities to interact with peers from their local community:

Maybe from three days ... up to ten days they spend their time in the mainstream school and have some opportunities for interaction ... [how it is working] depends on the school, the attitude. (Interview site 27, in discussion with teaching and in-school staff)

It was not clear from this response how regularly these placements occurred, although it appeared that such arrangements were relatively informal at the time of research.

In the regular schools, a common approach aimed at pupils developing a sense of belonging to the school was for pupils placed in special classes to join in with children in regular classes for morning roll call, during the lunch break, at the end of the day, in assemblies and other whole school activities, as well as for some curriculum sessions. This approach was exemplified by the following response:

One of their classmates ... isn't here today ... he's in the mainstream class because ... they try to get every member of this class at least some of the week to be within mainstream. (Interview site 23, in discussion with teaching and in-school staff)

However, the view of the principal of the same school that such an arrangement was 'dependent on the classes' suggested that they might be more concerned with social interaction rather than academic learning.

### 8.2.3.2 A pupil voice?

Throughout our visit, the practitioners we interviewed articulated a strong commitment to understanding and responding to the educational needs of individual pupils in line with the stated aims of special needs education. This was exemplified in much



of the practice that we observed. However, there was a limited sense of pupils' voices contributing to the process, as exemplified by the following responses:

They try to establish aims and tasks for each child in consultation with the parents so parents' voices may be reflected but not the kid himself. (Interview site 28, in discussion with teaching and in-school staff)

... the customised individualised education programme, that's where the teacher drafts the main policy and hears the parents' ideas and sometimes the child joins it and then he makes ... the planning of education for each individual child ... he explains to the child and parent. (Interview site 23, in discussion with teaching and in-school staff)

The first response was from the principal of the special school in prefecture C, and suggested a belief that at least for some pupils it was not possible or appropriate for them to contribute to the planning process for the provision of their support and resources. However, the second response, from the head of a resource room for pupils with developmental disorders in a regular elementary school, did assign importance to the pupil's voice and participation, although with some qualifications:

In the drafting of the policy itself the children [with developmental disorders] don't participate but he shows [them] this is how we are going to do it and clarifies their aims and ideas ... the like six graders, they're aware of their own tasks and challenges ... a focus on their own target so that a child will know how to reach it and get an experience of being positively evaluated. (Interview site 23, in discussion with teaching and in-school staff)

In the way that individualised programmes were planned to enable pupils to 'enhance, improve or overcome difficulties in life and learning' (MEXT, 2008), there was more of a sense of special needs education being something that was determined for children rather than a process which they could play a part in shaping.

## 8.2.4 Community support

### 8.2.4.1 Engaging with families

In Section 8.2.2.5 we described how a unit comprising resource rooms for children with speech and language impairments and hearing impairments had been set up to be accessible and welcoming to parents, thereby enhancing support to and communication with parents. Further examples of support provided to families was the outreach work undertaken by the deputy principal of a special school (see Section 8.2.5.3) and the head of a resource room for developmental delay (see Section 8.2.2.2) respectively:

... consultations with the teachers in the mainstream schools and guidance, and also with the parents, giving guidance and consultation to parents and teachers and also the kindergarten nurseries. (Interview site 28, in discussion with teaching and in-school staff)

He goes to other schools for the children who come ... he explains how to treat the child to the parent and the classroom teachers of other schools so he spreads the expertise to other people concerned with a particular child's education. (Interview site 23, in discussion with teaching and in-school staff)

In all of the regular and special schools that we visited, parents reported that channels of support and communication between the school and families of children receiving special needs education were strong. Practitioners also emphasised the importance of engaging regularly with parents in all of the schools visited. The principal of the special school in prefecture B outlined a formal channel through which the views of parents were listened to:

The parents evaluate the system and the school itself evaluates itself and they go on they can move forward, the evaluations of the parents [are] disclosed to the public, each parent assesses the education quality of the school. (Interview site 27, in discussion with teaching and in-school staff)

The head teacher of a regular primary school in prefecture A demonstrated a proactive and sensitive approach to the attitudinal dimension of inclusion:

[Attitudes to disabled people or children with impairments in society?] I talk to the parents all day, always talk to the parents ... all other parents and the teachers are trying to calm those reservations to promote more positive attitude among the hesitant parents. (Interview site 23, in discussion with teaching and in-school staff)

## 8.2.5 Community strategies

### 8.2.5.1 Identifying an appropriate placement

In Section 8.2.6.2 we describe how placement was discussed with schools, parents and the expert committees, and that a key point where decisions were made was at entry to elementary school. Much of the initial assessment and identification of need was made as a result of mandatory pre-school check-ups for all children. The parent of a child at the private kindergarten in prefecture A described how this process had worked for her child:

At the age of one and a half and age three the city does a ... physical and mental check-up of all the children and at the age of three they pointed out that ... he did have some problems in the language development so he was referred to a centre where there are about 20 children and where there are healthcare staff and he went there twice a month. (Interview site 22, in discussion with parents and support staff)

It appears, though, that where responsibility lay for carrying out the type of screening described by this parent varied across the country. The principal of the kindergarten stated that:

[here] education is mainly responsible.... In another city it's the welfare side or the health side. (Interview site 22, in discussion with teaching and in-school staff)

She also outlined how additional funding to provide support for children attending kindergarten was dependent on a formal diagnosis, and the accompanying 'label' that came with it. Although the principal's personal view was that obtaining a label should not be necessary, she described how:

it is difficult without the labelling ... To get one additional teacher means ... financial support from the city, they need to have some diagnoses or assessment from the medical institute or the welfare institute. (Interview site 22, in discussion with teaching and in-school staff)

When a pupil did not have a formal diagnosis and was placed in a regular class, the process of securing additional funding for the provision of special needs education was not straightforward. However, as explained by the principal of a regular elementary school in prefecture C, when teachers within a school identified that a child required additional support to overcome learning difficulties, it might still be possible to obtain additional funds for this:

Many kids have the formal certificate ... but some parents refuse to go to the hospital or to the clinic for a formal assessment, but when the teachers find it really necessary for the boy they can send a request to the city to get finance.... Maybe if it is within the limit of resources, yes [the city would support that]. Even with medical record, if the parent refuses [for their child] to be enrolled in the special class she will not be entitled to enter the special class. (Interview site 24, in discussion with teaching and in-school staff)

An education board member in prefecture C (interview site 30) considered that one reason for the increase in demand for special needs education in Japan was the greater understanding and acceptance of disability within Japanese society that had developed in recent years; previously parents would often 'try to hide the fact that their child might have a problem'. However, as the above example suggested, some parents were resistant to a placement for their child that drew attention to them as 'special'. This might be attributable to the segregated nature of the Japanese system. As we outlined in Section 8.2.2 most special needs education took place outside of the regular classroom, and support roles within regular classrooms were predominantly non-teaching ones, usually involving one-to-one support. An insight into parental sensitivity in this respect, as well as an understanding response from the setting, was provided by the kindergarten principal when she discussed a child, whose IQ had been assessed as 70:

[He is] on the borderline but ... because of the parents' wishes we have not assigned an ... assistant and [we will] see how it goes and if he needs one the kindergarten will review it.... He sees a doctor too, a psychiatrist, so we will consult with the doctor and the parents about how he should be placed and whether he will need a special assistant or ... a special programme for him, or

whether they will see, just as right now. (Interview site 22, in discussion with teaching and in-school staff)

### 8.2.5.2 A special pedagogy?

MEXT (2011) stated that special needs education was 'education for students with disabilities, in consideration of their individual educational needs, which aims at full development of their capabilities and at their independence and social participation'. We sought to explore the extent to which practitioners in Japan considered this to require a special pedagogy, or whether it was primarily about levels of support and resources, or offering special or adapted curricula or programmes.

Most responses to this subject related to levels of support and resources or special or adapted curricula or programmes. For example, the pre-service training for teachers in prefecture D was said to include the 'method of disability'. The professor stated that this content was similar to that provided across Japan, comprising:

how to construct a class, how to prepare materials, special materials and how to evaluate the level of disability of the children. (Interview site 29, in discussion with professional development and academic staff)

We received responses from practitioners mentioning different texts and materials, the same materials with additional support and special programmes in all of the settings, both regular and special; however, only the deputy principal at the special school in prefecture C explicitly identified the use of any pedagogical approaches different from those used in regular classes. She talked specifically about behavioural analysis, which she stated the school might use for some children. She also described an overall approach which involved selecting from a range of theoretical approaches in response to the needs of individual children. She was very clear in her view that whilst provision had to respond to children's individual needs, there was not a different underpinning belief about how children identified as requiring special needs education learn:

There's no such model like this. The results of the assessment or the reservations from the parents and all the different kind of information are put together ... to design a personalised educational programme. (Interview site 28, in discussion teaching and in-school staff)

This view was echoed by the coordinator for special needs education in a regular elementary primary school in prefecture A:

Pedagogy that works for ... children with special needs works for all the other kids too, that's my personal opinion. (Interview site 23, in discussion with teaching and in-school staff)

Based on the views of practitioners in the visited settings, the justification for special schools and special classes within regular schools was considered to be an issue around teacher-pupil ratios and specialist resources rather than resulting from the existence of a special pedagogy.

Many of the practitioners interviewed expressed the view that for some children the only option was a special school because a regular class could not offer the special curriculum or programme that they need. We asked interviewees to explain how the content of the special or adapted programmes or curricula they referred to differed from what was offered in regular classes. The responses we received were consistent with MEXT's conceived purpose of special needs education being to 'enhance, improve or overcome difficulties in life and learning' (see Section 8.1.1). For example, the professor discussing practice within prefecture D stated that for pupils in regular classes, academic subjects comprised the main focus of the curriculum, while subjects such as 'social skills' and 'living skills' were also addressed in special classes:

That would be the difference, for example, how to take off your clothes and how to put them on, and preparing the meals and how to eat it and, as they get older, how to clean the room and tidying up. (Interview site 29, in discussion with professional development and academic staff)

However, some interviewees stated that 'living skills' such as going to the toilet and preparing to spend a night away from home (the latter example was cited in both regular and special schools) formed part of the curriculum for all children. Inevitably developing these skills with different children required varying amounts of time, intensity of support and additional equipment. For some children certain skills might not be achievable; other aspects of social participation and living an independent and fulfilling life might be seen as more of a priority for them.

### **8.2.5.3 Staff training and development**

Policy makers had identified as a problem the low proportion of teachers currently delivering special needs education who possessed the supplementary special license in addition to the basic license required to teach in regular schools. Of course, having such a qualification did not necessarily translate into effective practice. Some of the examples discussed in Section 8.2.2 and the teacher and training exchanges discussed below in this section illustrated that alongside, or even instead of, a formal qualification, opportunities to network and share expertise and attend training could play an important part in the development of effective practitioners.

The shift from Education for Children with Disabilities to Special Needs Education brought about by the amended School Education Law in 2007 resulted in a change to the make-up of the qualification for special needs education teachers:

The former separate certificates for teachers at special schools for the blind, Deaf and children with intellectual disabilities, physical/motor disabilities, and health impairments have been brought together as a single special needs teaching certificate, and the single category Special Needs Education is divided into five sub-categories: visual impairments, auditory impairments, intellectual disabilities, physical/motor disabilities and health impairments. Regardless of which sub-category teachers obtain their certificate in, they must also complete a general course in all kinds of disabilities including mild/moderate disabilities and severe/multiple disabilities. (Yoneda, Noguchi and Nakata, 2010)

Under the amended law, it was the responsibility of special schools to become the centre for special needs education within their community and to share their expertise by providing advice and support to teachers and students in regular schools. Both of the special schools we visited were developing this aspect of their practice. For the deputy principal in one of the special schools (interview site 28), outreach work to regular schools within the region formed a major part of her role.

In addition to providing ongoing support and advice, the deputy principal also contributed to running the programme for the exchange of teachers organised by the prefectural government. Under this programme, a teacher from a regular school could be seconded for three years to a special school to gain experience and develop the skills and techniques used there, with a teacher from the special school transferring to the regular school for the same period. This programme aimed to establish deep links and embed a culture of collaboration and collegiality between the special and regular settings that would enhance the way that children were supported in both. A linked programme provided the opportunity for teachers based in regular schools to spend much shorter amounts of time in a special school to develop their knowledge and skills relating to supporting specific pupils.

In Japan teachers were expected to rotate among schools every six years, a requirement that interviewees confirmed was adhered to closely. This was seen as a positive feature for the professional development of teachers in all aspects of practice; in respect of the shift to special needs education specifically, this would increase propagation of knowledge and expertise throughout the profession as children with a wider range of needs attend regular schools.

Interviewees from regular schools described other regular opportunities for training and exchanging information and expertise several times a year:

There's training for us ... at the prefectural level, the same role teachers get together and exchange information ... and do some research together.  
(Interview site 23, in discussion with teaching and in-school staff)

The coordinator and the other teachers all hold a seminar with the help of the university professors ... or some doctors from the hospitals and they learn about ... the nature of the disabilities and how to cope with those children. Not only from this school but many teachers from many other schools get together and do the training together and obtain a shared understanding of the problems.  
(Interview site 24, in discussion with teaching and in-school staff)

These more formal training arrangements form part of the Project for the Promotion of the Special Needs Education System described in Section 8.1.1. This project was, at the time of research, being extended to include the non-compulsory phases of children's education, kindergartens and high schools. The aim was that this would bring about greater consistency in special needs education provision throughout every child's schooling.

A culture of regular networking and exchange of information was also evident in the private kindergarten we visited, which was one member of a federation of 33 private

kindergarten. However, as the principal pointed out, this might not necessarily be universal practice within the private sector:

In [this] city there are 33 private kindergartens ..., a long history of all the teachers meeting together [to] receive training and exchange views and opinions. This is a very unusual, [this] city is doing this but not everywhere. (Interview site 22, in discussion with teaching and in-school staff)

This commitment to continuing professional development appeared firmly embedded in the system as a whole and into some individual staff roles in particular. In a similar way to the deputy principal of the special school described above, the head of the resource room for pupils with developmental delay in a regular elementary school (interview site 23) described in Section 8.2.22 included in his responsibilities visits to other schools in order to provide support and training to the parents and teachers of the pupils he works with.

## 8.2.6 Community systems

### 8.2.6.1 Funding special needs education

Implementing the changes required following the amendment to the School Education Law in 2007 necessitated significant investment. Examples such as the new purpose-built special school in prefecture C and the facilities and low teacher-pupil ratios we observed in resource rooms and special classes in regular schools (see Sections 8.2.2.1, 8.2.2.4, 8.2.5.3) seemed to represent a commitment to allocate substantial funding towards implementing the new policy. However, the lack of wheelchair access we noted in some regular schools did raise questions as to whether some areas of need had been prioritised, possibly for financial reasons:

... In another prefecture there was one kid, one parent who wanted to go to choose this mainstream school but the school said they have to change the structure of the building, they have to build extra handrails, have to make it barrier free and it will cost a lot of money so the school rejected the entrance of the kid and the parent brought it to the court and the school lost. So it is not the attitude but it's the physical things like rebuilding and designing. (Interview site 30, in discussion with policy and administrative staff)

This was the only example we heard of a placement decision being challenged legally; as we discuss in Section 8.2.6.2 the Convention of the Rights of Persons with Disabilities had yet to be ratified in Japan, and a group of parents of children in the kindergarten in prefecture A responded unanimously that they would not consider going to court to contest a placement decision, but time constraints did not allow us to follow up this response.

In a presentation about prefecture D, the professor described the 2008 budget for special needs education as 'very conspicuously high' (it was approximately 40 per cent higher than for subsequent years). He described the reason for this initial investment and the underpinning principle behind it as follows:

It is due to the reconstruction of the school buildings.... The prefecture policy is to establish a special school even for one student but ... building infrastructure

... establishing special schools is not enough for the kids with special needs. The issue beside the school building ... is the care of the children and parents as well as the quality of the teachers teaching skills. (Interview site 29, in discussion with professional development and academic staff)

We asked for clarification as to how feasible or even desirable it was to set up a school for just one pupil within a remote rural area or island, or whether it was more likely that in practice a special class would be set up within a regular school; as the professor continued to explain:

The number of children is very, very small [on some islands] with a multi-grade class in one classroom ... for one teacher there are four to five students. Usually the children with developmental disorder can go into that school.... In such a case a parent presents a request to establish a special class for him.... The total population is very small so even by setting up one class it does mean that he is not completely separate, there are other interactions. The locality itself is very inclusive. (Interview site 29, in discussion with professional development and academic staff)

Of course, committing additional funding on the scale reported above presents significant challenges. In prefecture C, the pressures on staffing had been partially alleviated by demographic factors:

At the prefecture level the number of children is decreasing so the number of teachers should be decreased too but in reality the number of teachers is not decreasing but rather increasing because of the need for the special needs education.... Some critics say the number of children is decreasing, why do you increase number of teachers? But the situation is very good for the special needs. (Interview site 30, in discussion with policy and administrative staff)

#### **8.2.6.2 Placement decisions and the role of parental choice**

Japan was a signatory to the Convention of the Rights of Persons with Disabilities, which includes the right to inclusive education; however this had not yet been ratified, as Japan continued to develop the necessary legislation. Nevertheless, the changes brought about by the 2007 amendment to the School Education Law had begun the process of including children in regular schools who would previously have been placed in special schools. Policy stated that the final decision on placement was made by the parents, although the reality was more complex.

In prefecture C the process for making placement decisions was the responsibility of the city education board; the board members interviewed stressed, however, that systems and procedures varied from city to city. The process outlined below covers children approaching the entry age for elementary school, and those already attending school for whom a change of placement was being considered.

A multiagency committee of between 15 and 20 members convenes typically ten times per year; each meeting considers approximately 20 cases. The committee typically comprises:



- a principal and a teacher from a special school
- a regular and special class teacher from elementary and junior high schools
- a city welfare official
- three doctors
- one or two specialist university professors
- representatives from centres for children in care
- education board members.

In addition a teacher or other individual with specific knowledge of each individual case would attend. In response to the reservations we expressed about the potential for disagreement or uncertainty within such a large committee, the education board members explained that the judgement of the school or kindergarten carried significant weight:

because that's where they have mainly spent many hours observing the child and knowing them very well ...the school gets a rough idea which way the child should go and together with the records and data of the assessment result, the checklist we mentioned earlier, what he can do and what he cannot do, based on those materials and ... additional information they discuss it so that within the school roughly the direction is already determined. But the ones that are newly coming in, the school case worker goes to the kindergarten and sees how the children [are], some of their behaviours and meet with the parents and get what the parents think about and what they want and then they bring it to the committee. (Interview site 30, in discussion with policy and administrative staff)

However the board members acknowledged that sometimes the committee's decision about 'the optimum environment for that child' was contrary to the wishes of the parents. In such cases the parents still took the final decision, but it seemed evident that sometimes there was strong pressure for parents to accept the committee's decision:

It might sometimes take lots of time to persuade the parent to bring the parents' ideas to the course of the committee's. (Interview site 30, in discussion with policy and administrative staff)

A parent of a pupil in the special school in prefecture B provided some insight into one way this pressure might be exerted. In the first instance the parents wanted their child to attend a regular school, but this school's representatives outlined the reasons they felt the child should not be placed there, and stated:

If you insist on sending a child then you should accompany him all the time. Maybe the first few days stay all day together with the boy. So what the boy cannot do the parents should fill in the gap. (Interview site 27, in discussion with parents and support staff)

It was important to record here, however, that for the parents of another child currently attending the same special school, this was their choice of placement from the outset. They believed that, because of the social and emotional difficulties their child

experienced, the smaller class sizes and the nature of the curriculum at the special school offered the best learning environment for the child.

The education board in prefecture C conceded that with limited funds available it could be necessary to 'send the money to the [...] highest priority that was most needed or the severest'. The response of one board member suggested that at present, for some cases at least, this was more likely to involve placement in special school rather than adapting facilities and practices in regular schools:

if you pursue the ideal, if you stick to the ideal ... will [the children] be really able to communicate smoothly and share smoothly that one question? That's one of the topics that the school teachers are faced with and also in the hardware side, hardware, the buildings, the stairs, the elevators and barrier free equipment and then the class, the designing of the class will be different and it does cost money, so if you could clear on those issues then you can bring it to the ideal way but that's very difficult. (Interview site 30, in discussion with policy and administrative staff)

This dilemma was reinforced by an elementary school principal within the same city in discussing four children 'with very severe impairments' whose parents wanted their children to be placed in his school:

we are very carefully discussing the issue now for the next year and those parents and the kids are coming here to visit and observing the classes and have discussions with the parents. There's kids even with diapers that want to come here but the school, it's a little bit too much for the school to accept so in those cases we have to tell them that you are not welcome ... but the parents still really wants to send him [to this school] ... It's a very difficult, very sensitive issue. Within limited resources we would like to do the best but it is sometimes very difficult. (Interview site 24, in discussion with teaching and in-school staff)

However, the issue of where a pupil was placed might differ between prefectures. A parent of a pupil in the special school for children with intellectual disabilities in prefecture B recounted her experience when moving from one part of the country to another. Her remarks suggested a greater willingness in the previous location to place children requiring special needs education in regular schools:

Regardless of their disability the school accepted the child even with disability and it was a natural way of course. (Interview site 27, in discussion with parents and support staff)

This parent reported that the regular school had made adaptations to the building and designed a special programme for her son. Then, in his third year at elementary school, his father's employment required them to move to their current location, where teachers advised them to 'not expect the same things here' and the education board also recommended that his needs would be best met in the special school.

### 8.3 Considerations in Relation to the Irish Context

The 2007 amendment to the School Education Law anticipated that many Japanese children, who would previously have been placed in a special school, would instead be educated within regular schools. Although this appears to be the case for a number of children, the statistics presented in Table 9.1 (see Section 9.14) show that, initially at least, the number of pupils educated in special schools continued to rise following this legislative change.

The underpinning principle of the new system was that provision was based on the needs of individual pupils. Furthermore the right to inclusive education had not yet been ratified in Japan. The outcome was a system characterised by contradictions. On the one hand it remained a segregated system. Yet within the system, the way in which changes required by the 2007 amendment were implemented showed that a commitment to developing inclusive practice was already evident in some areas of provision. It seems clear, though, that the strength of this commitment varied considerably between locations.

There was significant investment in both regular and special schools to ensure that appropriate resources and expertise were in place to support pupils assessed as requiring special needs education. There was a rich and growing resource of expertise in specific disabilities, with effective systems in place for its dissemination. Opportunities for formal training were well embedded and arrangements for more informal networking and information sharing between practitioners appeared to be well established. A range of professionals were available onsite to support the needs of pupils in the settings included in this research.

The model of special schools as the centre of a community's special needs education seemed especially relevant to the Irish context. It was important not to view this as just a one way process, involving only special schools supporting teachers and pupils in regular schools. Special schools could also benefit from the experience and expertise that had developed through schools supporting the needs of all pupils within regular settings. The extended teacher exchange programme seemed a particularly powerful embodiment of this.

Another important outcome of this two way process was the opportunity it offered to encourage practitioners to re-evaluate what was meant by 'special' education, and for developing practice based on inclusive pedagogy rather than on beliefs about the need for a special pedagogy. This case study suggested that the mindset necessary to bring about this shift was already in place, albeit perhaps latently; the justification for provision was widely considered by interviewees to be about teacher-pupil ratios and specialist resources rather than the existence of a special pedagogy.

Another issue that stands out that is relevant to Ireland is the development of a closer relationship which occurred between health and education services. The introduction of a formal agreement for the provision of services onsite in a special school enabled visits by medical professionals to be timetabled and effective collaboration to be developed between medical and education staff. The model of using resource rooms to provide services such as occupational therapy, speech therapy and audiology within regular schools was also noteworthy; in particular the use of this type of resource room as a 'hub' for a cluster of schools within a community enabled the efficient deployment of

resources. Training licensed teachers to develop health related expertise brought about more timely and efficient use of resources to support pupils.

The stated position of parents within the system, as laid out in policy, was relatively powerful; for placement decisions, the final decision was made by the parents and they were able to liaise closely with schools well in advance of when the decision had to be made. However when parents identified a particular regular school for their child and that school felt placement there would not be appropriate, intense pressure could be placed on parents to accept the recommendation of placement in a special school.

The emphasis on meeting individual needs had meant that in most cases formal assessment, leading to a 'label', was necessary for a pupil to be identified as requiring special needs education, and to subsequently attract the necessary funding for this provision. Under such a model, the scope for additional resources to be deployed flexibly was restricted. As the following comment from an elementary school teacher in prefecture A highlights:

Now we are doing a mainstream system so we try to make the individual programme for each child depending on their difficulties or problems.  
(Interview site 23, in discussion with teaching and in-school staff)

The roles of teachers and assistants were clearly delineated; teachers were responsible for teaching and assistants provided non-teaching support. The evidence from this case study suggested that this distinction was adhered to as closely as possible.

In Japan, the response to the considerable challenge of achieving equity in provision between urban and rural locations had been through the extensive use of school buses to transport pupils to special schools, sometimes requiring journey times in excess of one hour each way. Whilst this approach had enabled many pupils to benefit from excellent facilities, very low teacher-pupil ratios and access to medical personnel, its effect in isolating children from their local community was a significant exclusionary concern.

A number of issues emerged from this case study which related to themes raised either within the literature or from the discussions in Ireland.

### **Space**

- The more physically segregated a system was, the less likely it was that movement between settings would happen.
- Dual enrolment arrangements would only work when both settings made a positive commitment to the arrangement.
- Opportunities for children to work collaboratively reduced the likelihood of internal exclusion in classrooms.

### **Staffing**

- Opportunities to work alongside medical professionals could enhance the professional skills of teachers.

- Formal service level agreements for medical services to be provided onsite in schools offered a successful framework for delivery and collaboration between education and medical professionals.
- A flexible view of the boundaries between the roles of health and education professionals offered scope for more timely and efficient use of resources to support pupils.
- A requirement for teachers to work in a range of settings during their career increased the propagation of knowledge and expertise about a wider range of needs, and helped instill a culture where entrenched practices and beliefs were challenged.

### **Students**

- Providing pupils in special classes in regular schools with frequent and planned opportunities to spend curriculum time with their peers based in regular classes went some way to counteracting social isolation for these pupils, but carried with it the danger of being tokenistic.
- The strength of the student voice was dependent on the extent to which teachers believed it was possible for the children they worked with to make a meaningful contribution.

### **Support**

- The actual extent of the influence attributed to parents in choosing a placement for their child was determined by the availability of resources and the willingness and ability of parents to contest the recommendation of an expert committee.

### **Strategies**

- When training and engaging in outreach work was timetabled and embedded into staff roles it took place more regularly and effectively.
- Justifications for 'special' education were often more to do with resources than the existence of a 'special' pedagogy.

### **Systems**

- When funding was linked to a label, the ability to deploy additional resources flexibly was restricted.
- Local schools clustered together to enable pupils to access specialist support which would not be viable for each school to provide individually.
- Some aspects of differences in provision between rural and urban areas were addressed by transporting children to special schools, but this could have a significantly exclusionary effect in terms of the extent to which the children concerned might feel a part of their local community.

## 9 A Synthesis of Findings in the Context of Ireland

This review examined the Irish context from two perspectives. Initially, as per Chapter 6, we examined research commissioned by the NCSE. This involved recent research literature within the Irish context related to: procedures used to diagnose a disability and to assess special educational needs; parental attitudes towards, and experiences of, local and national special education services; the education of children who are blind and visually impaired, who are deaf and hard-of-hearing, who have emotional disturbance/behavioural difficulties, and who have autistic spectrum disorders; a review of principles and practices relating to inclusive education for children with special educational needs; and an examination of special schools and classes in Ireland. These studies raised a number of key issues which, along with the Request for Tender aims, guided initial considerations of the Irish context. Subsequently interviews were conducted with a small cross-section of policy makers, teachers, administrators, health professionals and support staff, parent support groups, teacher trainers, school leaders and inspectors, providing insights both into mainstream and special education settings and the challenges currently faced by the Irish systems.

This chapter outlines the issues identified through these two research stages and then considers them in relation to the five further strands of research: the literature review, the analysis of the 55 countries, the ten country surveys, the vignettes and the case studies. We only produced a summary of the ten country surveys (see Appendix C) since a preliminary analysis suggested that the additional layers of detail, though essential in identifying the focus of the case studies, did not provide insights for the overall aims of the study additional to those from the other sources. However, in answering specific issues that have arisen in the Irish context a couple of models identified within the surveys can be usefully suggested within this synthesis.

### 9.1 An Overarching Conceptual Framework

The full range of the theoretical continua identified in Chapter 3 was in evidence across all the strands within this research. However, it has been very obvious that none of these continua operated in isolation from the others, though many interviewees spoke about aspects of continua as if they did. The range of continua in play and the recognition of their interweaving nature would appear to undermine the validity of the continuum as a construct. On the basis of these data, it seemed entirely appropriate that in aiming to reconceptualise the continuum, people had moved away entirely from a linear notion and towards one of layered circles. The concept of the continuum, useful for theorising fragments of the system, can neither represent what is actually happening, nor the aspirations of current policy.

This report advocates a shift to the concept of the community of provision. The notion of the community is fundamentally about the interplay of different players, practices and beliefs within a unifying frame. This seems to encapsulate far more effectively the complexity of factors which theorists and practitioners have associated with the learning

process and the development of support for those who are marginalised within that process. We would tentatively suggest the following definition:

A **community of provision** is the settings and services which work together to provide learning and support for all children and young people within their locality.

In this chapter we attempt to identify factors that emerged from the international review which can be applied to the Irish context, and which might also explicate how the notion of the community of provision might be developed in practice. In presenting the models of a community of provision it is also apparent that we will need conceptual tools that help move us away from entrenched special vs. mainstream positions by which a locality might be defined. As is evident in the international definition of segregation cited in Chapter 1, a continuum based solely upon time-in-a-place does little to identify and direct the individual's experience (and quality of experience) within that place. Given the spirit of much international and national law in relation to inclusion, and the subsequent logical need for a 'move towards greater commonality' (Norwich 2008), it would seem appropriate to move away from thinking about the individual students within an inclusive environment and instead to focus on the nature of the community of provision. We shall endeavour to explore this further in the conclusions to this chapter.

## 9.2 A Synthesis of Findings

In presenting this synthesis we have aimed to situate our discussion under the six perspectives which emerged from the initial literature review. In doing so, we briefly touch upon some issues that may be explored in more detail within a different perspective. This is partly to recognise the inherent overlapping nature of any perspectives and partly because, frequently, the views which emerged from the data were complex and cross thematic. We have attempted to resolve any apparent contradictions within the final summary of findings (Section 9.3), but recognise that many of the issues are placed under particular categories because of the emphasis placed upon them within the interview process, and that they can have relevance within other perspectives too.

One significant decision was to place issues of assessment under community strategies and not community support. In many administrations, assessment was fundamentally linked to the quantity and type of support within the community of provision; however, given that assessment was also closely allied to the quality of support provided and the growing recognition of the need to base support upon outcomes it seemed appropriate to view it primarily from this perspective.

### 9.2.1 Community space

The continua that emerged from the initial literature review in relation to community space were seen to comprise a range of settings, across ages, varying in degrees of inclusivity and segregation, degrees of which can also emerge within a single setting.

### 9.2.1.1 A focus on context

In Italy it was recognised that the key issue in the learning situation is the context, which includes the school, the leadership, the children and the parents. Collaboration and co-operation within this context are recognised as being essential for overcoming segregation. However, as was discussed in relation to Norway, traditional segregated spaces for learning can emerge in any context (even if the context aims to be inclusive), if that context is not explicitly focused on meeting the needs of all pupils who belong there. Without this focus, the child who does not fit in the 'ordinary' setting becomes perceived as problematic, and will drift to segregated placements, or be classified and put there.

### 9.2.1.2 Barriers to movement

A key issue emerging from the Irish literature and from the Irish interviews was how to ensure capacity to move along the continuum (Ware et al, 2009). Children primarily moved from mainstream to special settings at the transition from primary to secondary level. Otherwise, children were rarely seen to move between the spaces of special and mainstream schools, and within mainstream spaces. It was suggested that this was a consequence of issues of responsibility, accountability and fear of litigation. It was also suggested that parents can become resistant towards moving their children to a less 'special' mainstream setting because of the level of resources within the special system. Amongst almost all those we spoke to there was a fear that change within the system risks the loss of resources. The issue of resourcing was identified as a key factor in Norway, where additional resources allocated to individual pupils may encourage the movement of pupils to segregated settings. Funding for the individual encourages an expectation of someone else being accountable, of individual support and one-to-one teaching which is itself better conducted in a withdrawal situation. It also makes it more likely for the child to become the responsibility of an individual practitioner. As was recognisable in Ireland, the notion of the child being in the hands of someone who knows what to do with them, and who has access to a special pedagogy which others do not, discourages change.

It was evident within Japan that the more physically segregated a system, the less likely movement is to take place within a community of provision. In those regions with a greater concentration of provision in special schools there was less of an incentive to develop inclusive approaches, but in those where children were more likely to attend mainstream schools, the approach was far more in evidence. The capacity for pupils to move within the Italian community of provision was facilitated by its integrated system. By focusing upon all children in one class, aiming to teach them together, whilst following the same curriculum, those schools in the case study were able to overcome the physical barriers inherent within a system with special schools and classes. However, globally, many countries that have attempted to move away from the traditional continuum model have narrowed their spread and recreated it, to varying degrees, within mainstream settings. As was recognised in the Irish interviews, special classes within mainstream settings may be productive in some ways, but are counterproductive in others; there is a need to overcome the internal exclusion of special classes within



mainstream settings (Ware et al, 2009). Whichever system is in place, there seems to be a risk that children will become stuck at a particular point or be lost within the system.

A question raised by a reviewer of an earlier draft of this report was whether there was evidence to enable us to emphasise that the needs of the child should take precedence in any choice of educational placement. This seems a problematic aim, not simply because of the inherent contradictions around who defines the needs of an individual and in which context those needs are located. There was also no evidence from our international review of consistent placement, in any system, according to assessment of individual needs. Policies and practices may create specific protocols, but within all countries it would seem that it is the needs and attitudes of the system and those with authority within the system which ultimately decide where the child is placed. It was clear that all systems that allow for degrees of inclusion and separation will lead to segregation for some children, and that the same degree of inclusion and separation would not be experienced by a child if they were in other systems or other parts of the same system. To suggest that the needs of the child can take precedence in the choice of educational placement would seem therefore to create a false expectation. Given the evidence from all four countries regarding barriers caused by the continuation of practices established during previous policy contexts, any new policy which encourages the system to focus upon how the child is placed provides an automatic excuse for settings to maintain their old ways of working.

### **9.2.1.3 Notions of the class**

Globally, attempts to restructure the arrangement of classes and to introduce a diverse range of groupings appeared to be a common response to this concern with losing the child within the system, but may not have resolved their becoming stuck at a particular point. This was partly because these arrangements mirrored the traditional continuum and were constrained by bureaucratic and curricular criteria. In Ireland it was suggested that separate classes within mainstream settings, which are intended to prepare pupils for engaging with mainstream curriculum tasks, relied upon support teachers having a good knowledge of the mainstream class curriculum and activities, and mainstream teachers feeling they had the skills and knowledge to teach the child when they returned. In Italy, too, it was recognised that maintaining students on the main curriculum enabled them to reengage with exam-based study. A key component of this capacity to reengage required a clear understanding of the progress a child or a group of children was making. Globally, the apparent lack of a genuine and frequent reassessment of need, and assessment of the context in which the need was arising, was evident. A powerful explanation for a lack of movement, emerging from the 55 administrations review and Norway visit, was the greater emphasis upon a child being able to stay in one place for longer, to revisit topics and subject, rather than trying something new with their peers.

A significant factor for enabling movement, which emerged from the Italian case study, was the notion of the class as a flexible entity. There was discussion of grouping and working in ways that were not just dominated by notions of ability, age and curriculum levels; instead consideration was made of creating groups based around interests or the capacity to support others learning. Groups, not just closed special groups, could

work in different spaces with different staff. Creative, collaborative solutions were sought which began with the needs of the child who had the most difficulties accessing the curriculum, rather than with an assumption of what the average child could attain. In Japan too, it was recognised that opportunities for children to work collaboratively reduced the likelihood of internal exclusion in classrooms. As was evident from the case studies, however, issues of planning, staffing and the demands of the curriculum had a profound impact on the capacity to work in this way. It was essential to encourage staff to collaborate by giving them time to plan together for collaborative learning. Exclusion persisted in the classroom if there was a lack of collective capacity and pedagogic skill to engage all pupils in learning with their peers. In Ireland, however, it was suggested that many teachers are not prepared for working and planning with other adult staff within their class.

#### **9.2.1.4 Dual enrolment and placement**

Within the Irish literature, dual enrolment and/or placement was suggested as a possible solution to issues of placement, with questions raised about how to manage dual enrolment possibilities (Ware et al, 2009). Globally, dual enrolment was rarely mentioned in documentation. Reasons for the lack of policy on this issue were not clear, but it was suggested that it was made less attractive by issues of governance, including funding, and concerns over moving pupils and staff between different working practices and cultures. The practicalities of transport and curriculum coherence were also mentioned, as was the need for stability and predictability, which professionals suggested many children require but which are not obviously best provided by dual placements. A suggestion from the continuum review was that once people have put in the effort to establish provision within one setting they are far less willing to move the child. As such it seems likely that there is less pressure, on an international level, from the professional groups concerned with these decisions to be calling for this policy. In addition, in systems with a strong commitment to separate provision or a system with a strong commitment to inclusive provision, the notion of two sites might not make a sensible policy option.

In the Irish interviews, dual placement was seen to be restricted by funding streams and specifically by the real or perceived capacity of SNAs to work within different cultures of mainstream and special schools. The child's 'category' seemed to determine which school took responsibility for the child and funded them, rather than allowing more flexible arrangements to be put in place. This contrasted with an Australian solution, whereby once the student support group made the decision to have dual enrolment, the funding for the child was shared between the two settings. In Japan they did not discuss funding matters, and managed the process informally. Their experience was that dual enrolment only worked when both settings committed positively to the arrangement. It must also be noted that Japan provided excellent transport links for accessing special schools, for those both in rural and urban settings.

### 9.2.1.5 Changing special schools

One final issue not mentioned in any of the Irish interviews or the Irish literature is whether it is possible to move towards inclusive provision if special schools are maintained. The traditional continuum involving special schools was still widely in evidence in most countries; the interplay of private, state and religious provision providing an additional underlying tension to this. This review has not considered or sought evidence about the educational value or risks of separate or inclusive provision within countries. However, evidence from this study in relation to the robustness of previous policy contexts suggests that even if policy makers wished to move from the traditional continuum they faced pressures from established settings, participants within the systems and their ways of thinking and working which resist any serious reconstruction of this provision.

Globally, many non-mainstream settings were still organised around impairment types and marginalised social groupings, but there was a move away from this practice towards generalised special and mainstream settings. Two of the countries visited for the case studies had largely moved away from special schools. However, in Norway they informally re-emerged according to the priorities of the local administration, teachers and parents. In Italy, the number of special schools was unknown, but all evidence suggested there were very few left. The special school we did visit provided a fascinating model which could be considered as a way to develop collaboration between schools and a move towards the inclusive ideal within EPSEN. The solution of opening up special schools to mainstream students, so that they maintain the priorities of the original school and the skills that have been developed there, would create a new type of setting within the community of provision. Of course, as the director of the special school recognised, some schools would feel their learners could not be so easily integrated with large numbers of mainstream pupils. Issues of curriculum, teacher capacity, class structure and funding would all present considerable short term challenges; however, the key lesson from their experience were the needs to maintain the ethos of the school and to identify staff, support staff and families who shared that ethos.

## 9.2.2 Community staffing

The continua that emerged from the initial literature review in relation to staffing represented a spread of personnel across the diverse spaces and across professions, with a range of practices and responses and workload.

### 9.2.2.1 Roles in the class

Globally, a consistent approach to the role of the classroom teacher emerged. As was evident in the different case studies, though, there was variation around the degree to which classroom teachers are responsible for the pupil with special educational needs. Within the Norwegian context, the practitioner's contribution to inclusive teaching needed to be identified so that the resources of time and specific expertise could be directed towards enhancing the capacity of the setting to deliver inclusive pedagogy rather than disjointedly meeting the needs of individual pupils in isolation. Internationally, the size of the class and the level of support they received were very

variable, with no fixed systems for deciding this. Student-teacher ratios and workload were based on local priorities rather than a collective understanding of what is needed to support a child in their learning. It was evident from Norway and Italy however, that workloads need to reflect the time required to design inclusive approaches to class needs. It was a strong perception in Italy that, if left to goodwill, teachers were resistant to collaborative planning.

Within Ireland there was a clear suggestion that the system encouraged a range of staff to respond in a bureaucratic manner to a range of situations; for example, interviewees mentioned health and education staff and parents focusing upon the administrative assignment of support hours, complex arrangements in relation to school staff accessing training, and being faced with a rhetoric around integration of services as well as multiple layers of leadership. However, there appeared to be a mismatch between the bureaucratic processes and the timescales encountered in schools. Despite the majority of students being funded under the General Allocation Model, which does not require a formal diagnosis to access such resources, interviewees still focused upon the energy required to produce and obtain assessments. This was seen as having little direct impact on pedagogy or the nature of intervention, reducing the focus on educational responses and maintaining it on mechanisms of assessment, as well as the in-child deficit. Irish interviews highlighted the assessment of individual children, in an additive fashion, one by one, increasing demand on the system, and not reducing it. They also highlighted the pressures upon individual staff, particularly SENOs at a time of financial constraint, who had to be act as assessment co-ordinator, distributor of resources and communication link. The bureaucratic structures were also evident in relation to training support for staff, in which written permission had to be received from the head teacher before certain continuing professional development opportunities were made available to staff via centralised support networks. Within Italy this co-ordination burden was more widely shared, with the class co-ordinators and class councils sharing responsibility. It was widely understood in Italy that communication between class groupings facilitates management of resources, curriculum and staff.

An issue identified within the Irish literature was the need for better understanding of the role of key non-teaching professionals, namely SNAs (Rose et al, 2010). This need for clear job descriptions is particularly relevant given the range, globally and nationally, of other practitioners with whom teaching staff have to collaborate. The trained special education teacher (under different terms) was evident in many countries. There were also individuals responsible for care or for assisting with teaching, with socialisation or a mixture of the three. Within Norway and Italy, in particular, there was such a wide range of support staff and support services that interviewees frequently did not fully understand or could not give a clear definition of colleagues' roles and functions.

Such confusion was also evident within Ireland, particularly in relation to the SENOs and SNAs. The SENO role appeared to be not fully understood by those working in schools. The lack of clarity around the roles of SNAs meant that frequently they were carrying out tasks beyond the care roles outlined in their contracts. The SNA was described as often looking after pupils with the most difficult behaviours and being seen as a suitable person for filling gaps in the support of other services or administration. Within

Japan, the roles of teachers and assistants were clearly delineated and adhered to, with teachers having responsibility for teaching and assistants providing non-teaching support. Within Italy, the qualification level required of teachers and support teachers was equivalent, creating the opportunity for shared responsibility. It was also clearly recognised that shared class roles required a shared job description and status, though this was not always adhered to.

### 9.2.2.2 Attitudes towards pupils

The issue arose across jurisdictions of a rise in the number of children identified as not able to cope with the mainstream curriculum. This was both costly and a possible motivator for change. There seemed to be a growing recognition that categories are problematic not only economically, but also pedagogically and personally. Negative attitudes towards pupils with disabilities were reported as being strongly in evidence in many places and a few attempts had been made to challenge this. Some aspects of the policy message were that this should change, though other aspects seemed bound to perpetuate marginalisation. The division between mainstream and special was recognised in a few places as a key component in this, not just because 'special' frequently had lower status but also because 'special' is a marker of negative difference.

The bureaucratic barriers identified in Ireland in relation to assessment did not help overcome negative attitudes towards pupils with special educational needs. In considering the need to enhance staff belief in pupils with special educational needs (Rose et al, 2010), a strong association with labels was evident, which once applied stayed in place. These were seen to undermine staff belief in pupils with educational needs, their capacity to assess pupil progress and to provide appropriate support. It was suggested that limited opportunities in training and practice to experience effective team teaching was a barrier to this as well.

Internationally, the self-referencing nature of definitions of special was evident. The inability of the mainstream to engage with its responsibilities to all students perpetuated the need for the maintenance of 'special'. The universal feature of the 'special pupil' was not an aspect of their health, personality or behaviour but was the failure of the system to accommodate them.

There were suggestions from a number of the ten in-country researchers, particularly Scotland, Nova Scotia in Canada and Victoria in Australia, that the category of special did emerge from context. In Italy there was a powerful conceptualisation that the context was the barrier to inclusion. Within Ireland too, many of the interviewees spoke of the support system creating the learner's difficulties. The need to reconfigure a conceptualisation of ability and disability (Rose et al, 2010; Desforges and Lindsay, 2010) was highlighted by a recognition that, within Ireland, maintaining the concept of disability is essential because it allows access to resources. This linked back to the notion of sticky labels and the lack of trust both in the system and also among services, schools and parents that necessary resources will not be lost for children and their classes. It also emerged from the notion of special and mainstream, that those who could not be included within regular differentiation strategies did not have the ability to stay within

mainstream. The assessment process also seemed to encourage a notion that those outside education assess disability while those inside can only assess ability.

This Italian approach challenged many of the negative connotations associated with the medical model identified in Ireland and elsewhere. Disability was disassociated to a large degree from both resources and medical notions of the in-person deficit. Didactics and responsiveness to contextual factors dominated much of the thinking around support and classroom practice. In contrast, within Norway (where people spoke with absolute conviction about the need for inclusion and the right for inclusion), the impact of the learning context was discussed but seemed to have slipped far down the list of priorities. Thus strict adherence to the national curriculum, formal learning outcomes and traditional classroom methods overrode the need for a less teacher-centred pedagogy. Assumptions about pupils' abilities and disabilities, what they needed to learn and how they best could learn it, were carried over from an earlier policy context and long established theoretical positions. Specialist teaching had relocated into the mainstream school but had not been allowed to refocus, and so the old boundaries between special and ordinary were maintained within these different locations and scenarios.

Surprisingly perhaps, given their policy framework, attitudes within mainstream Japanese schools seemed to be facilitated by having a special system. The more open relationship between the settings enabled practitioners to re-evaluate what is meant by special education, and to develop practice based on inclusive pedagogy rather than a notion of a special pedagogy. It seems important too, that this appeared to be a relatively recent shift – an important first step in response to young legislation. Here special provision was about staffing ratios and resources rather than seeking a special pedagogy. This echoes a very noticeable aspect of the Italian approach: a conviction that teachers do not lack skills to teach anyone. Their view that every child should come to their school was underpinned by a belief that collectively they would have the knowledge to make it work, just so long as they kept open lines of communication with the different levels of the system. This contrasts markedly with evidence from the global survey, which suggests that a common response to children with special educational needs is that teachers (particularly mainstream teachers) and other classroom staff lack skills.

### **9.2.2.3 Health and education**

Globally, there was a strong emphasis upon collaboration between health and education personnel. Its benefits were implicit within the reports. Just why there should be a closer link between health and education is not discussed. Given the range of concerns raised about the negative impact of this relationship upon education, it is perhaps worth reconsidering what health and education services should be collaborating over.

Suggestions were made that health provision was more likely to be situated within special schools, but there were plenty of examples of local and regional centres providing the kind of support for which there are long delays in Ireland. There was reference to the need to improve or develop these working relationships, but not of the uncertainty

about the roles of health and education practitioners in relation to each other that was in evidence in Ireland, Italy and Norway.

In Ireland, questions were raised about how to encourage greater collaboration between health and educational professionals and between health professionals employed by different services (PWC, 2010; Desforges and Lindsay, 2010) and how to encourage greater communication between health and educational professionals and between health professionals employed by different services (Rose et al, 2010). Here again sticky labels and the bureaucratic burden had a role to play, particularly as a result of the assessment process which underpinned the relationship between education and other services.<sup>16</sup> This process did not emerge as an education conceptualisation. Information from health had to be 'translated' into educational practices, in order to have relevance. However, health and psychological professionals are under pressure to produce such assessments, and as such had limited time to work on interventions or support children and teachers in educational settings. The need to place children in diagnostic categories so as to allow an educational response was seen as unhelpful by all the health and educational professionals interviewed. Similar issues were evident in Italy and in Norway.

The clear separation in all three countries between health and education services causes a range of problems, which at first seem familiar to those in Ireland. However, the considerable distance between the two services and the conviction that healthcare is distinct from education and education is distinct from therapy means that in Italy and Norway the two services do not spend much time chasing after or creating space for each other. Access to therapy occurs outside school, and support is to some degree available for families. It is possible therefore to have relatively simple agreements which enable services to work effectively with each other. Schools can provide support without relying upon a health assessment. The need for better communication between the services is widely recognised, however, and there is a view that they need to learn to speak each other's languages.

Within the Irish interviews, solutions that emerged included health and educational professions having access to training in collaboration and in relation to the underlying concepts of each other's fields. This seemed particularly relevant to the provision of such services within the mainstream, which has less access and time than special schools to develop working relationships. It was also suggested that some services might work solely with mainstream schools. This would be attractive to mainstream providers and act as a link between families and the staff in relation to various services. In Norway and Italy, a number of roles attempt to straddle the divide. Within Norway, the *vernepleier* role seems to offer a starting point for a model of support that links the systems, whilst in Italy the role of pedagogic assistant seems a sensible approach to addressing this issue. Similarly, training licensed teachers in Japan to develop health related expertise has enabled better use of resources to support pupils.

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16 Subsequent to the interviews, a new general allocation was introduced in Ireland for high incidence disabilities at post-primary level for 2012-2013. Categories of students are still used within this model; however a diagnosis is now only required for low incidence disabilities at both primary and post-primary levels.

In the Italian special school included in this research, it was pointed out that the way to overcome the power divide was for schools to pay for services. This approach seemed to be developing in Japan; there, schools or a local administration directly employed the staff they needed. The introduction of a formal agreement had enabled the input of medical professionals to be timetabled and effective collaboration to be developed between medical and education staff. The extension of this approach was so that the resource room could act as a 'hub' for a cluster of schools within a community. Within Italy a short formal agreement between health and education leaders, involving a small number of agreed, significant deadlines and principles, was also very effective.

In Ireland, processes (particularly at secondary level) required education services to wait for and act upon the views of health professionals. This has been moderated to some degree in the other three countries. There, the emphasis was not about what health could do for education, but what education could do for health. Health practitioners came into schools, or attended meetings to carry out formal assessments from time to time, but if they came into the school to work with a child they knew they had to think in terms of the classroom. This shift in approach did not break down the professional hierarchy which places medical professionals above educationalists, but it did mean that the teachers felt more able to engage on their own terms. As was recognised in relation to Norway, the distinction between health and education needs to be clear so that the contribution of health professionals to the pupil's learning needs is delineated rather than used as a justification for the allocation of resources. It will be important to see if the extension of the General Allocation Model to secondary level in Ireland has an impact upon this relationship.

#### **9.2.2.4 Collaboration**

An implication from the Norwegian study is that different professionals making separate inputs requires more time overall than that involved in a more collaborative approach, centred on the learning of a pupil or a class. The Japanese experience suggested that opportunities to work alongside medical professionals enhanced teachers' professional skills, and that the flexible view of the boundaries between the roles of health and education professionals offered scope for more effective use of support resources. In contrast, the Irish system seemed to encourage staff and settings to act in self-interest, making them less likely to share resources. It would seem that if resources are linked to assessment, and if staffing numbers are linked to inflexible formulae, then holding onto those resources becomes more important than responding flexibly and collaboratively.

There was a strong belief in Norway, Italy and Ireland that it became harder for staff to include pupils with special educational needs as they progressed through the education system. This was perceived to be due to a combination of the curriculum, the focus upon academic outcomes, the subject teachers' reduced contact with individual pupils, and an increasing lack of empathy as children became older. In Italy, however, this was attributed to the fact that staff did not have formal time set aside to collaborate in planning and preparation to effect the socialisation and differentiation required. A message that came through from practitioners in Norway, too, was that primary and secondary schools should learn from kindergartens the value of working and playing



together. The perception of a problem created by children ageing and separating can be challenged rather than accepted as inevitable.

In Italy, the capacity for staff to collaborate was also seen to be linked to their experience as support teachers. Many class teachers began their work as support teachers, which meant they had shared training and experience. Not only did they appreciate the value of the support staff who were with them; they were also more open to collaborative approaches. Similarly, the requirement in Japan that teachers work in a range of settings during their career was shown to increase the spread of knowledge and experience and helps challenge entrenched practices and beliefs, and was part of a well established informal network for sharing between practitioners. In Italy, all training involved considerable time focusing upon support, inclusive didactics, and collaboration with colleagues and other services. There was also the much sought after provision of a sabbatical year to research and study, which created space for sharing knowledge and driving change in the system.

Other potentially useful collaborative approaches which emerged from Italy included: providing four teachers with equal responsibility for two classes; linking a support teacher to a subject teacher rather than a class; and providing a support teacher to a class regardless of its support needs. The use of the class council in this regard was also useful, and encouraged a focus upon the class and the children's needs, as well as the needs of the staff working with them. Another option that emerged is the training of classroom 'teams' (and school teams). This approach has the added value of moving the focus away from a resource by category approach. It also helps provide continuity for support staff who are currently assigned to classes by 'hours' on a category basis, creating a stability which supports a greater collective engagement with recording and reviewing pupil progress.

### **9.2.3 Community of students**

The continua that emerged from the initial literature review in relation to students represented a spread of need and possible ratios of children with disabilities and the children who are 'not-yet-disabled'.

#### **9.2.3.1 The place of the child**

There was strong evidence from the global search that a right to inclusive education in the mainstream does not exist in many places. The right for parents to have a say in where their child attends seemed to be more common in many countries. However, in Italy and Norway virtually all children attended a mainstream school and there was a conviction that going to the neighbourhood school was preferable to a system of parental choice, because it made children feel part of their community. It was evident, however, from the vignettes, that the health system significantly influenced children's educational lives and school placement. This occurred when a diagnostic category allocated them to a type of school or class and when it determined the provision of additional educational resources. It could also influence the placement of children within special schools when the health services are readily accessed from them.

The conceptualisation of children with special educational needs emerged from the global review in contradictory ways. The range of definitions for special educational needs and the broad number of categories used to identify those children who fell within its remit undermined any sense of there being a universal norm. The Irish definition was at the medical model end of a medical–social model divide, and its use of categories was more extensive than that of nearly all the other countries. However, those countries that had moved closer to a social model definition were still faced with the challenge of how to provide appropriate support within a mainstream system that caused so many pupils difficulty. Recognising that the context was the key to the problem did not seem to transform that context.

In Norway, Ireland and Italy it was recognised that the medical assessment rarely provided the teachers with any useful information for supporting the child in the school. In Norway, where they only required medical input if the PPT assessment centre requested it, they talked of 20 per cent of assessments needing medical input. Yet, for those 20 per cent the capacity of schools to translate the information for the benefit of the children’s education was limited. However, even by linking funds to the PPT assessment, the consequence is the same as in those countries where formal assessment is required by health practitioners for the label that leads to funding. The scope for additional resources to be deployed flexibly is restricted or non-existent. Evidently, emphasising and resourcing individual needs separately not only increases the risk of internal exclusion for the individual who is identified but also denies resources to those who are not.

An issue raised during the Irish interviews was that pupils found themselves in settings which were either inappropriate to the category of impairment into which they had been placed, or had become so. This relates to a range of issues raised throughout this report: first the degree to which categories could effectively encapsulate the child; secondly, the capacity of the child to move between settings; and thirdly, that an inevitable consequence of special provision was that the more specialised it became the more boundaries it created for people to fall outside, but the more general it became the closer it was to the mainstream for which it was intended to compensate. This last issue was identified as being of particular relevance for those identified with emotional, behavioural and attention issues who present some of the most significant challenges to schools.

The question arises: where is the child within all this? In none of the countries we visited, and in none of the global documents was there any serious consideration of using the child’s views and their interests as they perceived them when planning for their learning. Their participation within such things as their individualised education plan was minimal. As noted by interviewees in Japan, the attention paid to a child’s views depended on the extent to which the teacher believed the child could make a meaningful contribution. In Italy, where a greater focus on the child’s autonomy was in evidence, mention was made of making class rules or creating activities during social times. When grouping according to interests it tended to be the teacher who allocated pupils to different groups. It is also worth pointing out that a continuum of child participation or child engagement did not emerge as one of the continua in the original

review. The section on the child's participation is also the shortest in the synthesis. The questions were asked, but people had little to say. It was also the case that in none of the vignettes was there a mention of asking the child where they would like to be educated. The need to capture student voice has been raised elsewhere within the Irish literature (Rose et al, 2010; Desforges and Lindsay, 2010), but it is clearly a global issue.

### **9.2.3.2 A place where children mix**

It was evident from the Irish interviews that mainstream schools have to support a diverse range of pupils, and need to develop a flexible approach to their engagement. The difficulties associated with the curriculum were identified by a number of interviewees, as was the need for collaboration. Some contradictory suggestions identified both grouping by notions of ability and mixed-ability teaching as solutions. However, in Italy, socialisation of children frequently emerged as a key aim of education. This was not just about the social nature of learning but was also about creating a unified wider community.

The conviction that education needs to stay focused upon the socialisation of the child, and that schools have an essential duty in this regard, echoed the focus on context discussed earlier. This is not to suggest that other teachers in other countries are not concerned about the wellbeing of their pupils, but it appeared to be lower down the order of priorities. For example, in Norway an individualised curriculum intended to deliver high quality support meant children spent whole days isolated from their peers. Two strategies which emerged from the Italian system would seem to be particularly useful if education systems wish to rebalance these priorities: first, the requirement that schools report on the social outcomes of education and, second, that staff can be tasked with encouraging socialisation processes. This emphasis was recognised to increase in significance as the children moved further up the school system, into the subject-focused secondary settings. It was also recognised that teachers needed to have flexibility and time to work beyond the formal curriculum in this regard. For those children in special schools within Japan there were frequent planned opportunities to spend social and curriculum time with their peers based in regular classes in order to counteract social isolation for these pupils.

A final issue that emerged for Japan was the use of transport for special schools. It was recognised that some issues of access to provision, related to a possible rural and urban divide, were addressed by transporting children to special schools; however, its effect in isolating children from their local community was seen as a significant exclusionary issue.

### **9.2.4 Community support**

The continua that emerged from the initial literature review in relation to support represented a spread of support intensity, levels of response, levels of intervention and types of intervention. There was also a spread of care responses and of support for vocational development.

### 9.2.4.1 Types of support

Questions about formulae, levels and types of intervention did not emerge as issues of concern from the literature or interviews in Ireland. However, information on these issues was gathered as part of the questionnaire and vignette process and indirectly in response to other questions within the interview situations. Many of these issues are therefore subsumed into other category responses about the assessment process, classroom strategies and systems. An example of the crossover of this issue between quantity and quality emerged from Ireland in relation to the frequent discussions around the 'fight for hours'. It seemed that, in Ireland, many focused on achieving a quantity of hours rather than the quality of those hours. This provided protection for the rights of individual children, but teachers, parents and health professionals described how in some instances it could also maintain poor educational practices.

Globally, the range of intervention types was spread across the full range of health and social care systems, involving the broad spectrum of professionals associated with them. In Norway there was a discussion of schools run by medically trained professionals, particularly dealing with mental health issues.

There was also occasional mention of the need to change the intensity of support provided. In Ireland the use of repetition and pre-teaching was explored as a defining feature of a special pedagogy. Changing intensity also arose when discussing the point at which support could be removed, and became subsumed into a discussion about the need to maintain a label in order to maintain resources. This led to the notion of sticky labels, which remained with a child even if the intensity of support was no longer necessary. It also arose in relation to children achieving a level of support hours they did not require simply because those were the agreed hours for that label. Broadly, ratios of support staff or teachers to pupils were defined by resource availability. Pressure for this to occur seemed present, even where it was not allowed, for example in Norway. The solution being developed within the Norwegian system was to provide additional staffing for those schools that cut their applications for support and by implication were working in a more inclusive manner.

In Italy a key means of providing support was the reduction in class size if a certain number of pupils with certification were present. There was also an issue around the sharing of those hours between qualified teachers as support teachers and less qualified assistants. This use of less qualified staff was a key issue in all the jurisdictions studied here, and was not one which seemed to have been resolved. An Italian solution to delays in certification and to not having staff in place for those who did not have certification was to work out a generous average staffing level and to provide that to a class regardless of its certification status. This focus upon providing support to a class rather than an individual created the opportunity for such a flexible response.

The need for individual programmes for identified children was frequently mentioned across jurisdictions. Levels of intervention, degree and type of intervention were therefore unstated, and programmes were framed as a multidisciplinary team or individual staff working in conjunction with parents and school. The consultancy model of professionals visiting and carrying out therapy and modelling activities for teachers to carry out was little in evidence in Italy, Norway or Ireland, and more evident in Japan.

This is perhaps unsurprising given the earlier discussion of the health and education divide.

The need for vocational programmes was identified within a number of countries in the international review. In Italy and Norway the availability of different schemes and school types as students entered their mid-teens gave a different emphasis to this need for vocational training. Schools that had a focus upon less academic subjects were more able to provide the flexible support required by young people who were still inside the mainstream.

#### **9.2.4.2 Parents as mediators**

One issue that emerged from the Irish interviews was that supporting families was often not in the formal workload of school staff and yet this was often an essential part of supporting the child. The role of parent as mediator with the health services was recognised as a challenge for schools, either when they were lacking in capacity to achieve resources for the child or as a consequence of their capacity to achieve more than others. The capacity for some parents to pay for a non-educational assessment and therapies they need outside school increased the disparity of opportunity for some children too.

The position of parents was raised but was less in evidence in the global review than it was when visiting countries. The lack of an outlined appeal system was noticeable in many reports, as it was in Ireland. Within the Irish interviews, it was noted that parents were under pressure and at risk of being marginalised, and that they were 'on the back foot' when engaging with processes surrounding their children's education. It was suggested, for example, that parent's experiences very much depend on the attitude of the school principal and the goodwill of staff. The need to enhance communication with parents and to ensure parental views were listened to and that they were kept informed (PWC, 2010) also emerged from the Irish literature. This was underlined by the message from the Irish interviews that parents often feel they are 'on the back foot' when thinking about the school their child might attend. It was highlighted that knowledge of services and practice is not evenly distributed through the education and health systems and there can be a wide variation geographically in terms of available resources and support. Parents, in choosing schools for children with special educational needs, often relied upon 'word of mouth'. In addition, initiatives that aimed at providing the information needed to access schools and services had to be made more accessible for those who struggle to use the traditional or electronic media. The use of a key worker for individual families linking across services was raised as a possible solution in this situation, despite the SENO already having a duty to help parents find out about and co-ordinate education and health services. The role of the home school liaison officer was also raised in relation to parents who may feel uncomfortable visiting schools to discuss their children, as was the need for schools to engage in parent-friendly events.

In Japan, Italy and Norway, parents occupied a relatively powerful position and they seemed to be very much involved in decision making. Nonetheless, in all countries their power was compromised to varying degrees. In Italy, for example, they had to trust schools to provide appropriate levels of support for their child, as they did not have a

right to one-to-one support. Their position on the class council, however, gave parents a meaningful voice in decisions affecting learning and funding. The school's claims to provide wider social support would also be of use to families, as would their legal right to time off every month to attend appointments with services with their children with disabilities.

In Japan the power of parents was compromised in a different way. If a school felt it would not be an appropriate setting for a child, intense pressure was put on the parents to accept the recommendation of placement in a special school. The right of appeal was not deemed necessary in this context as placement has been agreed. In Ireland, there was little discussion about the need for an effective review system of a child's needs and a formal appeals systems that was accessible to all parents, although the need for the improvement of the whole application process was a theme of the Irish literature (PWC, 2010). In relation to this point, it is worth considering an issue that emerged in Norway. When being helped to access support, families were encouraged to believe that individualised support was the best way to secure an appropriate inclusive education for their child when a model of greater collective support might have been better for that child and their community.

Globally, parent participation within assessment was often minimal at best. There was little evidence of supporting parents to come to a decision as part of a collective understanding of the needs of their child. There was also very little mention of support to negotiate the systems around them. Key-working, mentioned in Ireland, was not an issue within the global review. In Italy, there was talk of a need for a trained educator who mediated between all the services, the child and the family. In Norway, the *vernepleier* could fill this role, providing a service for a person with a disability across their lifetime if necessary.

### 9.2.5 Community strategies

The strategy-related continua that emerged from the initial literature review addressed instruction (ranging from explicit to implicit), assessment outcomes, the degree of ubiquity of technologies, and staff support.

#### 9.2.5.1 Training of practitioners

The issue of mandatory and explicit training related to inclusion and special educational needs was raised in the Irish interviews, including as part of initial teacher training. The need to develop and encourage training for support staff was also evident in the Irish literature (Rose et al, 2010; Desforges and Lindsay, 2010; Ware et al, 2009). Within Norway it was evident, however, that different training routes for professionals working with pupils with special educational needs can promote separation and difference. This emerged partly because of the different traditions and underlying theoretical positions of the universities, but also because of the underlying differences in the professions for which they were being prepared. Unless there is joint endeavour to achieve a unified understanding of these different routes and traditions the training will more likely be incompatible, as will the practitioners it produces. Shared teaching and learning activities, collaborative working activities and collective grading were

some of the suggestions that arose in discussions in Italy. There, it was recognised that different training for support staff and class teachers reduced their capacity to work collaboratively.

Across the jurisdictions, there did not appear to be a consistent approach to training or one that provided effective preparation for class teachers and support staff for working with a diverse range of children including those with special educational needs. In a manner similar to the traditions in Norway, it seemed as if the training which did occur either prepared people for inclusive practice or provided knowledge of impairment categories and possible ways of working. CPD was equally sparse and inconsistent. There was little mention of preparing for collaborative working. A possible reason for the failure of ITT to prepare students, particularly at secondary level, was that effective approaches to teaching subjects were unlikely to be used by subject specialists. In both Italy and Norway much emphasis was placed upon the teaching of didactics, particularly subject specific didactics. When this was explored more deeply, however, this appeared to be more about the kinds of ways in which people learn subjects and less about practical (and more mundane) knowledge related to ways of working with people with special educational needs. So the mechanics of multimodal teaching or developing collaborative learning or peer tutoring are not explored in practice even if they are touched on in theory. Tools such as Numicon or symbol systems or signing are not taught but left to be picked up within the workplace. In discussions with teacher educators outside of the interviews it was suggested that all teachers should be better prepared with the very simple hands-on methods that work with all, and which break down barriers to learning. This need not replace the focus upon subject teaching, of course. Much of it could be explicitly used in that teaching.

It was evident in Italy and Norway that the teaching of clinical descriptions of impairments created problems for teachers. This was not because those descriptions did not have uses, but because they did not lead to effective practical didactics which could be easily transferred to the class. It was training that tended not to focus upon the support issues they faced when teaching. There were of course some practitioners who were fascinated by the clinical descriptions and the assessments used to identify them, but they too recognised that they were of little value without practical application. A possible solution in Japan was represented by the teachers, mentioned above, who have trained specifically in health issues and yet are more aware of the issues of the classroom. These teachers were specifically placed in schools to do this job. When timetabled and embedded into staff roles, training and outreach work was more likely to take place more regularly and effectively.

#### **9.2.5.2 Special pedagogy**

In our visits we found a relatively uniform approach to teaching. In primary schools, secondary schools, special school and special class settings, teacher-led activity dominated. All the countries we visited provided lots of evidence of the teacher-at-the-front approach, even when special support was going on. People in Italy, for example, talked about team teaching and wanting to engage in it, but it was suggested that generally they did not do so. They mostly experienced the partnership as one teacher

leading the class and the other working with a small group. Part of the solution they discussed was that teachers and support staff needed to know whether they could bring something qualitatively different in pedagogic terms.

In Ireland, specialist knowledge was suggested as essential for groups such as children identified as being upon the autistic spectrum or having profound and multiple learning difficulties. However, the interviewees seemed to recognise that this was knowledge to inform classroom practice. The need to develop knowledge of effective inclusive pedagogy for teachers (Rose et al, 2010) was supported in contradictory ways within the Irish interviews. In Japan, Norway and Ireland, special tended to be associated with resources, but at the same time in Ireland there seemed to be an underlying belief that a special pedagogy existed. However, the pedagogy to which they referred did not differ markedly from the description of inclusive teaching, or good teaching for all. The Irish system faces the challenge of overcoming this contradictory position. This left teachers feeling that they did not have skills that required specific training; yet when they explained what they were looking for it was not skills they described but experience of strategies and access to informed support. An important part of this contradictory position was that the discussions soon shifted to issues of resource allocation. After all, resource allocation is not the same thing as having access to informed support. The implication of this is that teachers need to understand the essence of 'inclusive pedagogy' and to design teaching collaboratively around this.

It was also noticeable within the global review that no mention was made of special pedagogies. What were evident were specific pedagogical supports. Signing is one example of this kind of support, which was evident within the vignettes in relation to Scotland. The vignettes also contained one mention of a specific pedagogy based on applied behavioural analysis for both children identified as being on the autistic spectrum and children with learning difficulties who self-harm. However, when visiting Japan, special pedagogy was generally seen as teaching that is funded to take place with support outside the mainstream class. It did not involve the perception that children with special educational needs learn in a different way.

In Ireland, special pedagogy seemed to be associated with location, degree of support, and a sense that more of it was required the further up the school system the child travelled. The transition from primary to secondary school created a clear division in the mind of some interviewees, as at this point it seemed that in the secondary setting, the curriculum could not be delivered to as many pupils in the mainstream class as it could in primary school. Part of this, as discussed above, related to the increasing focus upon academic and disparate outcomes; but part of it was also to do with a lack of belief in the capacity of differentiation to cover all pupils. There was a sense that good teachers were being put in an impossible position. Drawing on similar evidence in Norway, pedagogy may need to adapt for inclusive teaching but so too must expectations about norms of outcomes from the education system at different levels.

### **9.2.5.3 The curriculum barrier**

All of this links in with the issue of developing an appropriate curriculum for pupils with special educational needs (Rose et al, 2010). Many of the international accounts



included mention of the need to change the curriculum, frequently changing the learning context for one child or a group of children in relation to the majority of others. Within the vignettes these different contexts were framed as adapted, special or individualised. However, developing a separate curriculum produces an inevitable separation of the pupil and works against the principles of inclusion underlying the EPSEN act. This risk was encapsulated in the Norwegian experience of the adaptive curriculum. This adaptive curriculum arose from a notion of individualised access to the curriculum for all, and required teachers to have plans for everyone in the class. This was not a realistic ambition and seemed to slip from view for those who could be taught within the normal part of this adaptive curriculum. For those who could not, those who had special support, a specialised individual curriculum remained, with the potential to separate them from the rest of the school for the entire day.

Within the global review life skills represented the only component of this alternative curriculum; however, during interviews, a variety of other options were given. In Japan, special needs education had to be consistent with the regular curriculum, but could be adapted in response to individual needs so children have the knowledge, skills, attitudes and practices to face and deal with difficulties in life and learning. Several options were described in Ireland which supported, modified or ran parallel to the mainstream examined curriculum. Typically these revolved around a simplified version of what others were learning, and pre-teaching or re-teaching a topic or skill. There was some mention of behavioural approaches such as applied behavioural analysis; however, this was perceived quite differently in Ireland and in Italy. In Ireland, it was discussed in the context of specific schools for children identified with autistic spectrum disorder, whilst in the latter it was discussed as a useful strategy for teachers when considering how to work with a child in a mainstream context.

Perhaps significantly, the teachers in Italy talked about the curriculum in a different way to teachers in other countries. In Italy, the curriculum was more flexible, with a broad focus upon developing various competences, abilities, skills and knowledge. Teachers therefore were freer to respond to student need. This contrasted with a concern expressed in Italy, Norway and Ireland about the influence of international comparisons such as PISA. All felt that their governments were eager to climb the table, despite all being in the top half, and only Italy being slightly lower than the average score. In Norway and Ireland the pressure to climb was seen in a negative light, but in Italy it was vehemently dismissed for being irrelevant and not measuring the things they thought were important, in particular the socialisation of students.

#### **9.2.5.4 Student progress**

Another issue that emerged both from the Irish interviews and the Irish literature was the need for more consistent and more systematic approaches to recording the progress of pupils with special educational needs (Desforges and Lindsay, 2010) and a focus upon the outcomes of their learning. This also emerged as an issue from the global literature, where there was a growing interest upon outcomes for children with special educational needs as a measure of the effectiveness of systems. A singular picture of what progress might entail did not emerge. Progress was frequently an open concept, even though

it might be defined in many different ways; for example, positioned within certain developmental arenas (such as academic, social or emotional) or referenced against externally identified norms, or personal or group targets.

The focus upon student progress in Ireland seemed to relate to a range of issues already raised regarding the curriculum, pedagogy for all, and staff attitudes. Given the concerns raised earlier about the bureaucratic nature of key aspects of the system and complaints about the current focus on academic outcomes, it would seem advisable to steer away from excessive formalised recording mechanisms. Instead this would seem to be an important opportunity for developing training and in seeking to create collaboration opportunities. Already in Ireland (and in Italy) there was interest in developing a response-to-intervention approach, in which the practitioners' action depends upon assessing the effectiveness of a particular approach with a given child or group of children. This, however, does not entail new skills as such but, rather, a way of evaluating learning and the outcomes of learning; something which was mentioned as being needed by a number of interviewees. In Norway, there was some recognition that they needed to move beyond the individualised approach to the curriculum, and one approach was to train a whole commune in the use of assessment for learning. This concerted effort had been an ongoing priority for three years; the aim was that relevant practitioners would be able to move together in the same direction and at the same time.

The use of the individual education plan, as a tool to develop a learning pathway and assess the child's progress along it, was in evidence in many countries, though details about how it was operationalised were lacking. In a number of countries, such as Japan and Italy, there was also a longer term plan. In all three countries we visited there was a formal requirement for these documents to be reviewed at specified intervals of time. In Ireland this document was intended to become mandatory but was not yet required by law. Within Italy it was recognised that such individualised education plans shift the focus onto the child in isolation, making it harder to deliver learning goals on the plan with a wider group of children. As a consequence the plans need to consider socialisation and strategies for inclusion rather than learning aims largely arising from an assessment by health professionals. They also have a duty to produce different plans as a result of the certification of a child; some are the responsibility of the health system and some of the education system. A few countries in the global review identified an in-school support team who had responsibility for these plans, potentially facilitating collective ownership and use of the document.

The use of external centres, services and itinerant staff was clear across the international literature too, with some indication of their role in evaluating and reviewing progress. The relationship which emerged from being both an advisory service and an assessment service was complex. In Norway there were two systems, one (the legacy of the old special schools) being advisory and the other (the legacy of old multiagency teams) being both advisory and in charge of assessment; this seemed to cause some confusion and tension. In some countries the role of the centres, services and itinerant staff seemed to be entirely linked to the formal assessment system whilst in others it seemed to be associated with supporting the child's progress as a learner. Given concerns in

Ireland about the focus upon assessment for resources and the time this subsumes, it would seem valuable to switch the emphasis and create time and space to carry out reviews which support the child's progress as a learner.

#### 9.2.5.5 Assessment

A final issue that emerged for community strategies was the need to develop approaches to the process of resource allocation that break the link with an assessment and resultant categorisation of the child (Desforges and Lindsay, 2010). The use of an individual to coordinate assessment within an area, i.e. the SENO, seemed to only take place in Ireland. In many countries the development of teams or committees who had responsibility for assessment was more commonplace. In these cases, however, a strong health focus in the team makes it harder to move away from the problems associated with the individualised deficit model.

The relevance of this was highlighted in the international information, where it was evident that in many countries, as within Irish legislation, the view of special educational needs was that the issue emerged from the child. This seemed a significant constraining factor in overturning the notion of the child as something that can be represented effectively through assessment and categorisation. It also emerged from the vignettes and interviews that a non-educational assessment created a delay in receiving support, not only because of waiting lists but also because responsibility for the child was perceived to have shifted away from the classroom practitioners. It also acts as a barrier to the provision of support in an explicitly educational task if children are to access appropriate early support in a timely fashion.

Within the Irish interviews, assessment was not only an issue that affected pupils and staff expectations and attitudes, and, consequently, the kind of practices and behaviours that emerged. It also, as discussed above, had a significant impact upon the workload and working relationships of practitioners across the professions. It was evident that people were 'time poor' and that this process exacerbated that. It was also evident that the current system, for all its apparent rigour and clear links between diagnosis and hours of support, actually involved considerable negotiation between professionals, parents and the SENOs. Parents needed to negotiate the words on assessments, their children's entrance to school, and time off work to take their children to health services. Despite the formal process in which the SENO operates, the SENO role was discussed in terms of a negotiation around school resources. Support staff needed to negotiate working with class teachers and how children with the additional resource were taught. In contrast, when people spoke of what they wanted from assessment it was nothing like the system they had to work with. They were seeking an assessment process that would enable them to envisage their practice. They wanted a process that would inform how they worked with a child. Having a description of a condition or a label and having that label applied to a child did not help within a classroom situation. What was needed was a dynamic assessment which was rooted in the practices of teaching and learning.

It was evident in both Italy and Norway that funding did not need to be linked to a label, and that the legal requirement to provide additional resources did not have to depend upon certification by health professionals.

In Italy, where certification triggered resources for a class, the role of the class council seemed to be a simple and effective option for contextualised assessment with accountability. Policymakers were developing and using mechanisms that allowed them to put support in place so that if certification occurred, the resource was already there, and certification was considered as part of a far wider contextual assessment of need. A fundamental benefit of this system was its intention to target funding towards schools and classes and not directly to the child. The process of an assessment formula leading to provision for a class enables parents and children to recognise they are a direct benefit to the system as opposed to a drain upon it. It also shifts a system away from thinking that one-to-one support is the right of a child at the expense of others, thereby allowing the use of resources to support a range of learners.

In Norway the assessment was carried out by a local agency that called on medical evaluation when they felt it was necessary, and they were also developing funding processes that encouraged schools to use their resources collectively for the class. It was recognised that resource allocation methodologies needed to facilitate a shift of focus to how the individual pupil is enabled to be included in the class rather than whether they had a right to specific additional hours of individualised support. They saw that their assessment strategies had to focus on both the individual and the context in which they worked if they wished to develop that context to be inclusive.

Given the interest in Ireland around how to balance general and specific funding, breaking the link between assessment and labels, removing bias from the system and improving the application system, it would seem worth considering a shift to a teacher-centred assessment system linked to funding which operates at a school level. This shift would also provide an opportunity to encourage the growth in early intervention, which many countries favoured.

### 9.2.6 Community systems

Continua emerged from the initial literature review in relation to systems: the spread of programmes to support the individual or an aspect of the system, or programmes that encapsulated a continuum. There was a range of in-school programmes and services, policies to support provision and regulations. There was also recognition of the multiplicity of transition moments, systemic variables and possible approaches to the analysis of policy and practice.

#### 9.2.6.1 Funding mechanisms

Within the Irish literature two key issues were identified with the funding system. One was how to balance general funding to a setting and specific funding for identified need (Desforges and Lindsay, 2010) and the other was how to overcome bias in resource allocation as a result of education setting, socio-economic circumstances and geographical location (Ware et al, 2009). As was evident in Japan, when funding is linked to a label, the ability to deploy additional resources flexibly is restricted. In the Irish interviews there was some concern that the General Allocation Model was not always effective in areas of disadvantage and did not always provide enough to support those who required a low level of additional support. At secondary level the

individual allocation model was seen as a way to counteract this; however, it was the individual allocation model that brought with it the difficulties discussed above. It could also be seen as one of the barriers to the development of collaborative work between mainstream and special schools because of ownership of funds.

The vignettes and the global review suggested that pupils with special educational needs could be funded, across the countries, in many ways, and that policy makers and legislators had designed a broad range of frameworks with differing degrees of inclusivity and separation. Funding had various sources, was managed at a variety of levels within the system and had a spread of control mechanisms. In some areas these funds were additional to a general allocation (for example to disadvantaged areas); in other countries, this general allocation made up the entire educational fund. In some administrations individual pupils could be funded by NGOs; in many others it involved diagnosis by accredited, medical or psychological professionals. It was noticeable, however, that reliance upon the teacher as an assessor of need was very rarely considered a robust enough approach for funders. The lack of trust was underlined by this pervasive reliance upon health professionals, even though there was no evidence of countries requiring these health professionals to have a specific teaching qualification, nor were any calling for it. This reliance upon medically trained staff seems to suggest a global belief that such staff automatically understand the educational needs of children and schools without the need for training.

This is not to say that the only voice within the assessment processes, globally, is that of health professionals. Even though the diagnostic model dominated, many countries maintained a space for the views of the teacher and parent. There were a few countries which had maintained their separate provision and made a shift towards a more teacher-centred assessment system. In contrast, some of those countries which had taken significant steps towards the inclusion and which you might assume would move to a classroom-based model frequently maintained a strong diagnostic, medical element to their assessment.

As was discussed within the previous section, teachers can play a role in the allocation of funds. The evaluation of collective class processes can be a workable model, funding the necessary resources for supporting teachers and pupils. It also provides an opportunity to develop early intervention approaches which many countries favoured. The significance of this for the range of issues raised within this chapter was evident in Norway, where it was apparent that any system which allocated resources with respect to 'difference' and 'defined difference' by the resources allocated, encouraged those within the system to seek out difference, and then contend that the difference could not be managed without those additional resources. In addition, it was recognised that resources allocated to an individual pupil would not create systemic change, whilst those allocated to a setting to develop that context are more likely to achieve that change

#### **9.2.6.2 Two-way outreach**

A concern in the Irish interviews and the literature was how to develop effective consultative outreach services by special schools, given that their expertise and resources were not developed enough to take on this role yet (Ware et al, 2009). In Japan special

school teachers were beginning to spend timetabled blocks of time supporting the child in the mainstream and their mainstream teachers. However, drawing from both the literature review and the interviews it seemed that many Irish special schools did not yet feel they are in a position to share their experience with mainstream. A significant barrier to this sharing, which emerged from the interviews in Ireland, was the conviction that a special school head teacher was already overstretched for their remuneration and, additionally, that having worked so hard to develop their resources, special schools did not wish to share them with mainstream schools. The Ware report (2009) demonstrated also that the expertise and resources within special schools were not developed enough for most special schools to take on this role yet. This mainstream–special school divide was seen as a significant barrier to overcoming a range of the issues raised in this paper, creating two tracks which children, policy makers and practitioners needed to cross, and which overlapped with the health–education divide. Clearly it also presents a particular barrier for transition, as discussed above, and for greater coordination at this point, which is highlighted as an issue elsewhere (PWC, 2010; Ware et al, 2009). It is worth noting too, even though this was not a focus of this research, that most interviewees in Ireland suggested that the mainstream–special school divide was reinforced by traditional interests within the system, including the role of the church as the provider of much special provision.

The call for collaboration between special schools and mainstream schools was evident from the global review. A useful question which arose related to where responsibility should lie for this relationship. Is it for special schools to develop outreach services or is it the responsibility for mainstream schools to make the link with special schools so they can begin to learn from each other? It would perhaps be useful to develop the capacity of the mainstream to open up the experience contained within special, just as much as the special schools should be reaching out to them. The Japanese experience is particularly relevant. The special schools were at the centre of a community’s special needs education but, significantly – particularly at a time of legislative change – this was not simply a one way process with special schools supporting teachers and pupils within the mainstream. Special schools were seen to benefit from the mainstream’s experience and expertise, developed through supporting the needs of all pupils. The extended teacher exchange programme is a very useful model for the Ireland, with staff from the mainstream and special schools being seconded for up to three years to work in the other community space.

### **9.2.6.3 Co-ordination for inclusion**

One final factor emerged from the Irish literature: the need for co-ordination of services so schools have the capacity to include children with special educational needs (Rose et al, 2010; Ware et al, 2009). We have identified above the lack of training in relation to this, the division between health and education systems, and between secondary and primary schools, as well as the bureaucratic nature of many of the processes and the encouragement for settings to act in their own self-interest. All of these factors reinforce and are reinforced by the view of the child as an individual with a deficit problem, which is encapsulated in the Irish definition of special educational needs. Many of these issues have emerged in varying forms in the countries we have visited, and all of them are in

evidence when looking across the global spread of provision. Policies aimed at including pupils continued to identify and isolate those pupils. As was noted in relation to Italy, for example, a focus upon closed subject areas and standardised tests tended to make it more difficult to develop inclusive practice.

A key factor to emerge from the countries we visited was the value of leadership and planning to develop the community of provision. It should not be assumed, for example, that inclusive schools will need more support service input or more support teachers or that the provision of these things will create an inclusive school. Planning for inclusion and for the use of resources supporting inclusion is required at all levels and needs to be responsive to the plans coming up from the child, class and school. As was evident in both Italy and Norway, more localised control allowed more flexible management of resources, in a way that could be more responsive to the school context. Also evident in Italy was the recognition that it was a mistake to frame leadership as a top-down model, whereby a charismatic or well trained individual could transform a setting or system. Leadership was seen to operate at many levels within the system and needed to be encouraged to do so.

A couple of approaches emerged which can assist in this approach to changing systems. One, from Italy, was the use of the head teacher across a range of different age settings within an area. Working in conjunction with class councils and class co-ordinators, this created a collaborative underpinning for decision making with the school, providing a strategic overview which had to take collective needs into consideration, as well as the needs of individual schools and individuals within them. This linking and unifying model of multiple site leadership would also facilitate schools working together to ease transition between stages, so that the child was not simply supported to adjust to a new setting; instead, the requirements of that setting and their impact upon that child (and others) could be examined both in relation to the child and to common practices across sites.

Another approach, which emerged from the international review and the study of Japan, was a cluster approach in which schools shared knowledge and resources, and managed services. This also seemed to provide an opportunity to shift the balance of trust within the system, creating a collective resource for resolving challenges, as well as the opportunity to access services that might otherwise be hard for a single school to access. If carried out with changes to the assessment system, it would also offer a means to overcome delays in accessing services.

An advantage of having various collective layers within the system is that it provides a means to counterbalance self-interest, not only of individuals but also of the various other bodies operating within the system, particularly if they are co-ordinated through simple agreements of the sort identified in Japan and Italy. It also creates a shift away from the expert model, and means that individuals who have responsibility within the system have mechanisms for support. Clearly such an approach requires effective information sharing – something noted to be lacking in many countries in the global review – and feeds into the need for effective training around collaboration. It also requires a genuine commitment to collective support at a community, school, and

class level. If such a commitment is made, though, it will reduce the need for individual support without increasing cost and will offer the opportunity to transform practice.

### 9.3 Conclusion

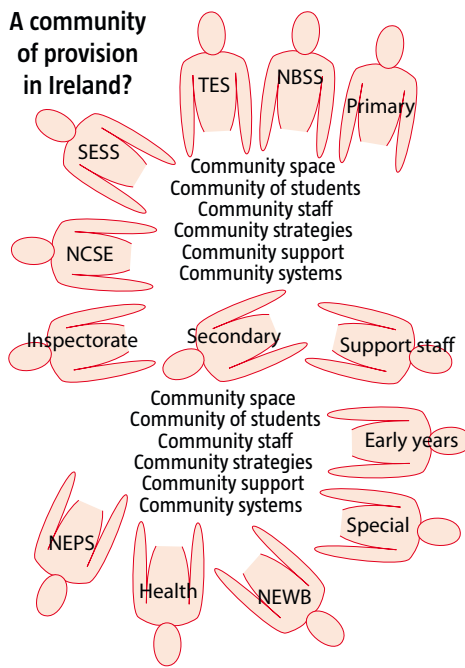
Rather than a multiplicity of continua, there emerged from the data a sense of a community of provision, but one that is discordant rather than unified. It often seemed as if people were unaware of how much they were at odds with each other or with some underlying contradiction in the system, despite speaking about the same things, frequently in much the same way. For example in Norway a number of different individuals spoke of themselves as the bridge between health and education, but others spoke of them as a barrier. In Japan they talked of the key role parents played in choosing a place for their child but that it could take a long time to get them to agree with the committee. In Italy they talked of the importance and value of those who had trained longest, the support teachers, who had a legal responsibility to share the teaching, and yet most support teachers chose to become class teachers as soon as they could. In Ireland, despite much funding already coming from the General Allocation Model, they all agreed that the assessment process is at the heart of their problems and that the medical diagnosis is of little value. However, when asked how it could be taken away most people talked it back into existence.

It was evident that the concept of the continua is a poor representation of provision as experienced in practice. The continuum is a useful metaphor applied to some associated established practices to give a sense of the situation being ordered, planned and controlled. In discussions across jurisdictions, interviewees talked about the systems in which they operated in terms of battles and gifts, negotiations and compromises, characters and social networks, endless work and slices of luck. That is not to say that there were not orders, plans and attempts at control. It was just that these things seemed to have a tendency to pull in different directions, creating contradictions and disjunctions. In pulling apart they created gaps, and this was where most people were operating, looking to the plans and order and controls for answers, but knowing that the other kinds of practices were the key to an effective response.

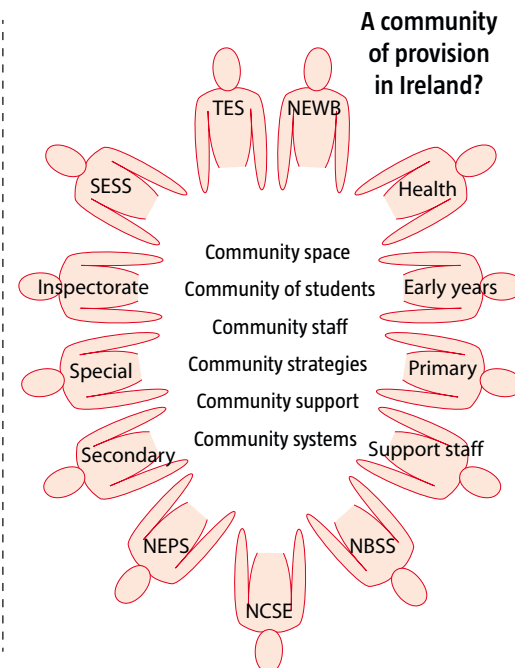
Based upon our discussions within Ireland we would suggest that current community of provision is an interconnected but diffuse collection of practices, services, policies and individuals (see Figure 9.1) but that the policy ambition is for them to be as a focused collection of practices, services, policies and individuals (see Figure 9.2).



**Figure 9.1 The current interconnected but diffuse collection of practices, services, policies and individuals?**



**Figure 9.2 The policy ambition for the community of provision as a focussed collection of practices, services, policies and individuals**



### 9.3.1 Implications for the Irish context

#### 9.3.1.1 Providing definitions

The Irish system and the aspirations of its legislation would be better represented as a community of provision rather than as a continuum. A community of provision has been defined in Section 9.1 as the settings and services which work together to provide learning and support for all children and young people within their locality. In developing this notion of a community of provision, however, we need to recognise the findings of this review and the evidence of systems which struggle to move away from the constraints of their earlier policy context. It would seem sensible to provide a wider definition of the community of provision, which encapsulates notions of policy and practice and which moves provision beyond a simple recreation of things as they currently are.

Based upon this review and the current policy environment, it would seem that a broader definition of the community of provision should recognise the interconnectedness of services and the need for agreements between them; it should acknowledge the significance of context and encourage collaboration at all levels; it should also encapsulate the aspiration to inclusive education within the EPSEN Act (2004) and much international legislation. A key tension, however, for the undefined nature of inclusion is that it can be situated as a wider social goal or it can be about a type of education in the mainstream. The broad social inclusion aim can be used to

support separate education which becomes segregatory, whilst the aim of education in the mainstream implicitly rejects such segregation. The wider notion of inclusion can therefore be used by those who wish to reject the narrower educational notion. It would seem sensible therefore to clarify the character of settings and services to which the community of provision aspires. In order to do this we suggest drawing upon the notion of the following representative principle:

The community and organisational structures of the setting are representative and inclusive of a full cross-section of the local community in all that it does (Rix, 2011, p275).

By implication such a principle would mean that any provision that met the international definition of segregation (see Section 1.12) would not be representative. However, this principle could be used to stimulate the kinds of collaboration between mainstream schools and special schools which emerged from this international review of provision. It could also encourage a move to a wider focus of inclusion, whereby the intention is not simply to include those with special educational needs, but is about the experience of all children. It would support a recognition of the views of children and young people, which this review has found to be lacking, and support the legislative drive to engage with parents and families. It could also be used to encourage a collaborative, distributed model of leadership, where participants take responsibility for the nature of their settings within a community of provision.

The wider definition of the community would need to look beyond a narrow focus upon settings however, since a community of provision is also about its services. It would also need to recognise that not everything can involve everybody and nor should it. Nonetheless, the broad scope of organisational activities can aim to be representative. So for example, teaching and learning may involve some separation for all participants at different times, but not so that it becomes segregatory; management may involve a team of senior practitioners, but mechanisms can exist to ensure the voice of all users impact on strategic decisions; training and professional development can focus upon a specialised set of knowledge and skills, but can give a meaningful amount of time to understanding underlying concepts and practices from other professions.

A broader definition for a community of provision, drawing upon this principle and the ideas underpinning it, is:

**A community of provision** is the collective delivery of services broadly related to learning, health and welfare involving a range of providers within a network of agreements. It is within this community of provision that support for children, families and practitioners is negotiated, mediated and experienced. It is within this community that needs, challenges and opportunities arise and are met. The community of provision requires leadership that coheres and supports practices and strategies, which emerge from and enhance collaborative working and planning. It aims, as a whole and within its constituent parts, for the community and organisational structures of each setting and service to be representative and inclusive of a full cross-section of their local communities in all aspects of their provision.

Three key clarifications are required for this broader definition.

- The community of provision would need to recognise that not everything can involve everybody and nor should it. The aim of representation and inclusion in all aspects of provision can be taken to mean that any provision that met the international definition of segregation (EADSNE, 2011a) would not be representative (i.e. any setting in which children were separated in special provision for the largest part (80 per cent or more) of the day).
- Secondly there is a need to specify what is meant by a local community, particularly given a lack of unitary authorities covering all aspects of provision. For reasons of transparency and practicality, we would advocate a geographical spread. There would need to be some flexibility around specificity in relation to rural and urban contexts and relative to the size of a setting; so for example an early years setting in a village would be representative of a smaller local community than that served by a secondary school within the same geographical location; however if members of that village were not represented in either of the settings these settings would be failing to meet the representative principle. Since the community of provision is also defined by its network of agreements, this can be seen to create an additional 'local community'. Such an approach was seen to operate in Italy, for example, where head teachers could have a governance role for a range of settings across commune boundaries and involving different healthcare providers. The suggestions that emerge from the current international review of provision are intended to assist in framing these networks.
- Finally, clarification is needed around the notion of 'inclusive'. This is taken to mean a context in which people participate alongside and with each other; the aim of a community of provision therefore is that a full cross-section of the community can participate alongside and with each other within all community services and settings. The nature and quality of participation is partly resolved by the association with the international definition of segregation; however of itself it is open to diverse interpretations. We would suggest that the quality of participation can be assessed with some certainty on the basis of individuals' own recognition of its effectiveness for them, and more tentatively can be surmised on the basis of individuals choosing to engage or showing levels of satisfaction on being engaged.

Further conceptual shifts that emerge from this review of provision would suggest consideration should be given to new definitions for special education and special educational needs. These are suggested because within Ireland the current definition of special educational needs focuses upon the individual deficit, whereas the ideas that emerge from this current international review of provision suggest an increasing focus upon learning difficulties arising within the context. In responding to this change it would seem appropriate to frame special educational needs as the need for special education which emerges because of restrictions within the curriculum, pedagogy and organisational processes. Moreover, only two factors emerged that seemed to be universally applicable to the notion of special education: additional time and space. This is not to say that some people did not identify other characteristics but these characteristics seemed to apply to all sources. Framing special education as educational

support that requires time or space that is additional or alternative relative to that available for the majority of learners within a community of provision would not constrain the use of particular pedagogic supports or approaches; however, it would clarify a concept that is clearly open to wide interpretation. Given that a range of learners require such provision this description also opens up the concept in accordance with many of the ideas that emerge from this review.

### **9.3.1.2 Shifting the focus of the community of provision within Ireland**

The following findings emerged from a review of the NCSE literature and interviews in Ireland. There was a clear suggestion from interviews that the Irish system encouraged responses to managing resources and support that could be bureaucratic and in the interests of staff and settings rather than learners. The system did not help to overcome negative attitudes towards pupils with special educational needs, nor did it help the reconfiguration of how ability and disability are understood. Echoing this wider systemic issue, resource allocation had a strong association with diagnostic labels which once applied stayed in place, so as to maintain access to resources, maintaining the concept of and focus upon disability. Despite the introduction of the General Allocation Model at primary level for those with high incidence disabilities, which does not require a formal diagnosis to access resources, the concern of many was the focus upon achieving a quantity of additional teaching hours rather than considering the quality of those hours.

The need to improve the application process for additional resources was highlighted. It was evident that inequities in provision results from socio-economic circumstances, geographical location, setting type and diagnosis of impairment. A wide range of practitioners were also 'time poor', as were many parents, and current assessment processes exacerbated this. It was widely recognised that medical assessments rarely provided the teachers with useful information for supporting the child in the school and that information from health services had to be 'translated' into educational practices, in order to have relevance. Respondents felt assessments needed to focus more upon outcomes, to be based upon the learning of pupils and to discourage bureaucratic responses. This would allow more time for collaboration between professions with a focus upon children's learning.

There were concerns about the physical segregation between "two tracks" of special and mainstream, and about the separation of pupils from their peers within the mainstream as a result of additional support needs. Some pupils may also be in settings inappropriate to their needs, frequently on the basis of the category into which they have been placed. There is a need to encourage movement within provision, to support transition between levels and settings, and to develop links between the two tracks. Health provision was more likely to be situated within special schools, creating challenges for greater collaboration and communication amongst health and educational professionals. There was also concern about developing expertise and resources within special schools to create effective outreach services, with suggestions that special schools were overstretched and protective of resources, which they had to fight for. The need for the mainstream to support those in special settings was also highlighted as they both could learn from each other.

The issue of mandatory, explicit training for all staff related to inclusion and special educational needs was raised, including as part of initial teacher training. Many teachers were not prepared for working and planning with other adult staff within their class and needed a better understanding of the roles of the SENOs, SNAs and health staff. There was also a tension in their understanding of general and special pedagogy which needed to be untangled. There was a belief in a special pedagogy but all interviewees described it in the same terms as good teaching for all. There was also a conviction that the need for special support increased as the child moved up the school system.

It was suggested that parents often feel under pressure and on the back foot in their relationship with schools; this involved professional and administrative attitudes towards them as well as access to settings and resources. The need for key-working and enhanced communication with parents was reiterated as was a desire for family support to be formally recognised within school staff workload. The need to capture student voice to inform services and practice did not emerge from interviews; it was only recognised in NCSE research.

The following significant practices were identified in the country reviews within this study, which could have implications within the Irish context.

- *The development of posts to build links within services and between services and service users:* In Italy, Norway and Japan there are models of teachers trained specifically in health issues, who support collaboration with staff, with scheduled training embedded in their staff roles. There are also staff trained in education and aspects of health and social work, who work with all those linked with a class, as well as advising and creating connections between services. Another potential model from Italy is a principal role, which is responsible for all settings within a cluster of schools across ages and setting types. They can build networks, and oversee assessment and planning, equitable allocation of funding and staff co-ordination.
- *The development of simple, formal agreements between services:* The need for health and education services to build closer and more effective working relationships is evident internationally. Data from Italy and Japan suggest that contracts of employment or short formalised agreements between health and education leaders with a few significant agreed deadline dates and principles about services to be delivered, to which they can be held accountable, can be effective and provide parents and practitioners with clear, accessible guidelines.
- *The development of staff understanding and collaboration between schools:* A variety of creative options could be considered, such as the Japanese exchange model of sharing teaching staff between mainstream and special schools or the Italian sabbatical training year which allows teachers to share practice, collaborate on in-class research with colleagues and build on links with local universities. Mechanisms from these countries can also facilitate mainstream and special provision to work more closely together. These include shared co-ordinators, planned curriculum time, extended teacher exchange programmes, and mainstream and special staff observing and supporting each other. It was clear that underlying all developments in countries we visited was a shared ethos. For example, shared ethos was seen as

the key to special schools opening their facilities and providing high quality teaching to mainstream students.

- The development of different staffing arrangements within the classroom, so as to create opportunities for new collaborative partnerships:* Drawing on models from Italy and Japan, for example, consideration could be given to introducing an arrangement whereby four teachers have equal responsibility for two classes, linking a support teacher to a subject teacher rather than a class, and providing a support teacher to a class regardless of its support needs. The need to support collaboration between staff who share responsibility for all students in the class is also evident, as is a contractual requirement to work collaboratively, accompanied by provision of adequate time for collaborative planning. Practice in these countries also highlights the social aspects of learning within planning.
- The development of initial teacher training and ongoing professional development:* Across all countries visited it was evident that training needs to include a substantial focus upon inclusive pedagogic tools, either relevant to specific subject areas or more generally applicable. They also require increased opportunity to experience collaboration and effective team teaching. It is recognised that the broad range of professionals involved with schools need to share periods of training prior to, and subsequent to, qualification, with a focus upon effective collaboration and communication between services.
- The development of new models of assessment which inform decisions about support; removing the necessity for categories and formal health assessments and placing the emphasis upon educational assessment of individual and collective needs:* The class council from Italy seems a powerful model to explore, particularly if an individual (such as a principal) has responsibility for provision across a number of settings. The class councils provide assessment guidance on the needs of the class to school administrators, identify class support needs and individual pupil's needs, sharing knowledge about curriculum and pedagogy across subject areas for that class. Plans for the class can include goals and teaching strategies for individuals who may need additional support and are kept under review and updated termly. The councils involve all teachers and support staff who work with the class, parent representatives and other involved professionals. Within secondary schools, limitations on how often the whole class council can meet mean a class co-ordinator from within each class council links with the administration and other class councils, and co-ordinates information sharing. The Italian experience demonstrates the need for clear workload decisions and role descriptions for those working on and with councils.
- The development of a focus on the class in resource allocation and deployment:* Evidence from Norway and Italy underlines the practical reasons for focusing both assessment and provision on the class rather than on the individual. An individualised curriculum and support plan risks isolating the pupils and removing them from their peers. A focus upon the class context need not result in individuals losing the focused support they require as long as they have appropriate co-ordinated plans produced collaboratively by relevant professionals. Evidence from

all countries in this review demonstrates that such planning needs to consider not only the child in the context of the class, but also effective pedagogic tools for inclusion. The need for ongoing dynamic assessment of children, which evaluates effective practices within the learning context, is also evident internationally.

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